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FOGSI

COUNSELLING CARDS

A Guide to Effective Contraception

INDEX

Checklist to be Reasonably Sure a Woman is not Pregnant

The goal of family planning provision is to provide the client with her preferred method on the same day as her visit. It is preferable to give a contraceptive method instead of having her leave and becoming pregnant. The risks associated with offering any contraceptive method to a woman who may be pregnant and not aware of it are low.

ASK THESE 6 QUESTIONS

1. Did your last monthly bleeding start within the past 7 days?*
2. Have you abstained from sexual intercourse since your last monthly bleeding, delivery, abortion, or miscarriage?
3. Have you been using a reliable contraceptive method consistently and correctly since your last monthly bleeding, delivery, abortion, or miscarriage?
4. Have you had a baby in the last 4 weeks?
5. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no monthly bleeding since then?
6. Have you had a miscarriage or abortion in the past 7 days?*

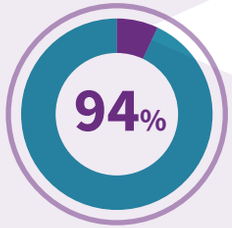
* If the client is planning to use a copper-bearing IUD, the 7-day window is expanded to 12 days.

If the client answered NO to all of the questions, pregnancy cannot be ruled out using the checklist. Rule out pregnancy by other means.

If the client answered YES to at least one of the questions, you can be reasonably sure she is not pregnant.

Progestin-only Injectables [Depot MedroxyProgesterone Acetate (DMPA) or Depo Sub Q]

EFFECTIVENESS:



Typical use in first year
Some missed or late injections – 6 pregnancies per 100 women

Types:

- **Intramuscular DMPA 150 mg or NET-EN**
- **Subcutaneous DMPA 104 mg (Sayana Press)**

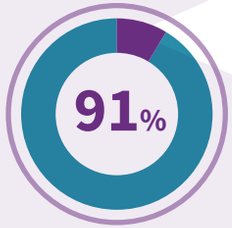
DMPA

Depo Sub Q

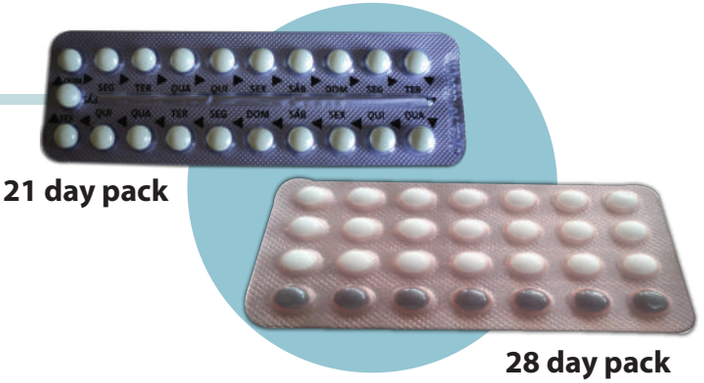
- The client gets an injection every 2 or 3 months, depending on type of injection.
- Safe for women who are breastfeeding a baby. For a woman who is breastfeeding but not using Lactational Amenorrhea Method (LAM), injectables can be started after 6 weeks. Fertility can return as early as 3 weeks postpartum, so clients should use a backup method such as condoms until they begin injectables.
- May cause irregular or no menstrual bleeding.
- There is a delayed return to fertility after the client stops the method. It takes longer than with most other methods. Return to fertility is, on average, 4 months for DMPA.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) even if she takes antiretroviral (ARV) medicines. Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.
- If a woman has unexplained vaginal bleeding, she should be further evaluated and treated prior to initiating this method.
- Not advised if woman has a history of breast cancer or if woman has major risk factors for venous cardiovascular disease, including older age, stroke, smoking, diabetes, hypertension or known dyslipidaemia.
- DMPA is now available in a special formulation, called depot-medroxyprogesterone acetate-subcutaneous (DMPA-SC), that is meant only for subcutaneous injection (just under the skin) and not for injection into muscle. Subcutaneous injection is easier to learn than intramuscular injection.
- DMPA-SC is available in two injection systems—in the Uniject device and in prefilled, single-dose, conventional syringes. Both have short needles meant for injection just below the skin.
- With the Uniject system, the user squeezes a flexible reservoir that pushes the fluid through the needle. DMPA-SC in the Uniject system is marketed under the brand name Sayana Press.

The Pill Combined Oral Contraceptives (CoCs)

EFFECTIVENESS:

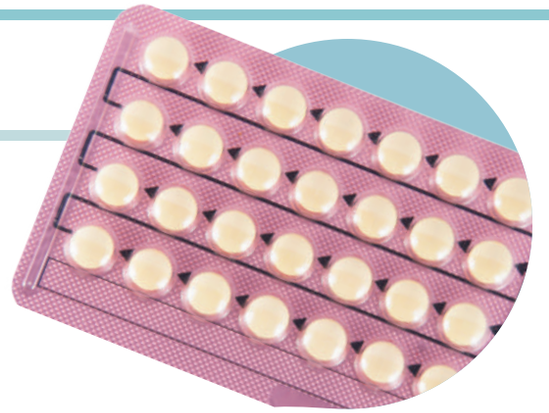


Typical use
Some missed pills – 9 pregnancies per 100 women

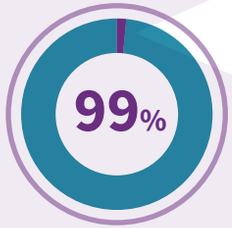


- Requires that the client takes 1 pill every day.
- Not advised if breastfeeding an infant less than 6 months old.
- Not advised if woman is within 21 days of giving birth, regardless of breastfeeding status.
- Bleeding changes are common but not harmful. Typically, there is irregular bleeding for the first few months and then lighter and more regular bleeding.
- In some cases, may cause other side effects including nausea, headache, bloating, breast tenderness, or weight change.
- Not advised if woman takes medicine for seizures or takes Rifampicin (for tuberculosis or other infections).
- Not advised if a woman has history of breast cancer.
- Not advised if a woman has migraines and is 35 years or older.
- Not advised if woman has major risk factors for venous cardiovascular disease, including older age, stroke, smoking, diabetes, hypertension or known dyslipidaemia.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) even if she takes antiretroviral (ARV) medicines.
- There are many different brands and formulations of combined oral contraceptives. Discuss available and most appropriate method with the client.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.
- Women can begin using COCs:
  - Without a pelvic examination
  - Without any blood tests or other routine laboratory tests
  - Without cervical cancer screening
  - Without a breast examination
  - Without a pregnancy test. A woman can begin using COCs at any time, even when she is not having monthly bleeding at the time, if it is reasonably certain she is not pregnant

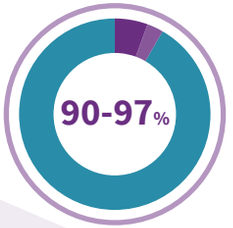
Minipill Progestin-only Oral Contraceptives



EFFECTIVENESS:



For breastfeeding women in first year
1 pregnancy per 100 women

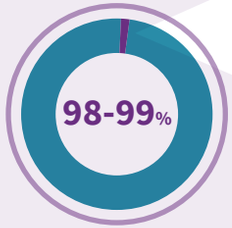


Typical use in first year
Some missed pills — 3 to 10 pregnancies per 100 women

- Requires that the client takes 1 pill every day.
- Safe for women who are breastfeeding. Women may begin the minipill after giving birth.
- May cause irregular monthly bleeding. For breastfeeding women, causes delayed return of monthly bleeding.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), even if she takes antiretroviral (ARV) medicines.
- Not advised if a woman takes medicine for seizures or takes Rifampicin (for tuberculosis or other infections).
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.
- Progestin-only pills:
  - Do not cause a breastfeeding woman's milk to dry up
  - Must be taken every day, whether or not a woman has sex that day
  - Do not make women infertile
  - Do not cause diarrhea in breastfeeding babies
  - Reduce the risk of ectopic pregnancy

Emergency Contraceptive Pills (ECPs)

EFFECTIVENESS:



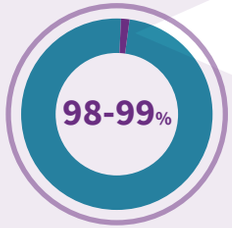
Correct use:

Most effective if taken within first 24 hours; can be taken within 3 days of having unprotected sex – 1-2 pregnancies per 100 women after one instance of unprotected sex depending on the ECP.

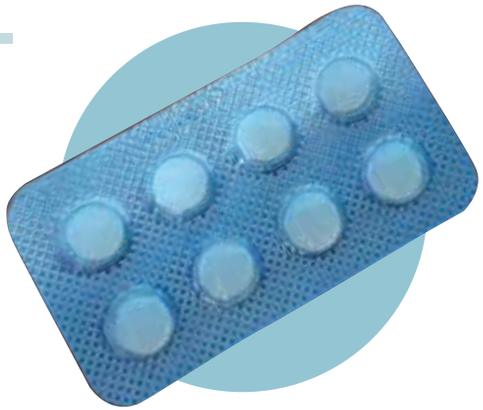
- One of the only methods that can help prevent pregnancy after a woman has had unprotected sex. Other effective emergency contraception includes Copper-bearing or levonorgestrel (LNG)-containing intrauterine devices (IUDs).
- Not recommended for regular use, but there is no harm to the user if used repeatedly. However, a woman using ECPs repeatedly should receive additional family planning counselling in order to select the most appropriate continuous method.
- Breastfeeding not recommended for one week after using UPA.
- Must be used within 5 days (120 hours) of unprotected sex.
- Safe for women who cannot use regular hormonal contraceptive methods, including postpartum breastfeeding women.
- Emergency contraceptive pills:
  - Can be used by women of any age, including adolescents
  - Do not prevent or affect implantation
  - Do not cause birth defects if pregnancy occurs
  - Are not dangerous to a woman's health
- ECPs do not disrupt existing pregnancy.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) even if she takes any type of antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

Centchroman

EFFECTIVENESS:



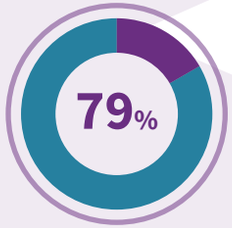
Failure rate is 1-2 pregnancies per 100 women.



- Centchroman (or 'Ormeloxifene') is a potent non-steroidal non-hormonal birth control method. Although it does not contain hormones, it acts on the hormones produced in the body, especially progesterone.
- May cause irregular bleeding during the first few months of use.
- Convenience of infrequent dose, i.e., once a week.
- Does not have the side effects which are commonly seen with hormonal contraceptives, e.g., nausea and weight gain.
- Quick reversibility of fertility when the use is stopped.
- It is a safe drug with an excellent therapeutic index.
- Has shown potential as a postcoital contraceptive also.
- No congenital or developmental anomalies have been reported in births in case of contraceptive failure.
- Safe for a woman with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

Female Condoms

EFFECTIVENESS:



Typical use

Not used consistently – 21 pregnancies per 100 women

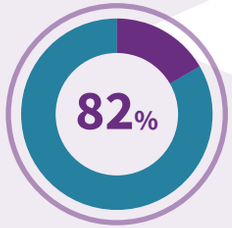
Types:

- Female Condom 2 / FC2
- Cupid

- The female condom is a sheath made of transparent plastic film (polyurethane). FC2 has a flexible ring at both ends. Cupid has a medical grade sponge at one end. It is the same length as a male condom.
- Before having sex, the woman places the female condom into her vagina up to eight hours before an anticipated sexual act. It fits loosely inside the vagina.
- The client must use a new condom for each act of sex.
- Protects against pregnancy and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), if used consistently and correctly.
- Preserves feeling of sex for men and women.
- Requires partner's cooperation.

Male Condoms

EFFECTIVENESS:



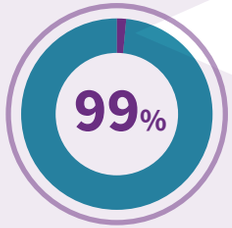
Typical use

Not used consistently — 18 pregnancies per 100 women

- Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
- If the client has had an allergic reaction to latex rubber, they should not use latex condoms. Use polyurethane condoms as a safe and effective alternative for people with a latex allergy.
- Before having sex, place the condom over the erect penis.
- The client must use a new condom for each act of sex.
- Protects against human immunodeficiency virus (HIV) pregnancy and sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation to use consistently and correctly.
- Male condoms:
  - Do not make men sterile, impotent, or weak.
  - Do not decrease men's sex drive.
  - Cannot get lost in the woman's body.
  - Do not have holes that HIV can pass through.
  - Are not laced with HIV.
  - Do not cause illness in a woman. Exposure to semen or sperm is not needed for a woman's good health.
  - Do not cause illness in men by making sperm "back up".
  - Not only for use outside marriage. They are also used by married couples.
  - Do not cause cancer and do not contain cancer-causing chemicals.

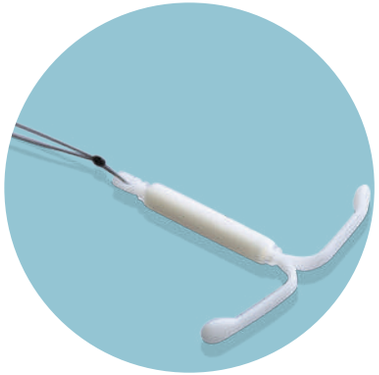
Intrauterine Device/System Levonorgestrel LNG IUD/IUS

EFFECTIVENESS:



First year of use

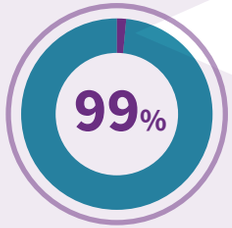
Less than 1 pregnancy per 100 women



- Provides long-term protection against pregnancy for up to 5 years.
- Is a small, flexible, plastic device placed in the uterus with an inner reservoir of levonorgestrel, a progestin hormone. The levonorgestrel (LNG) intrauterine system (IUS) has 1 or 2 thin strings that hang from the cervix into the vagina.
- A trained provider must insert and remove the LNG IUS.
- Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
- Typically causes lighter and shorter monthly periods of bleeding and may cause periods to stop all together.
- If a woman has unexplained vaginal bleeding, she should be further evaluated and treated prior to initiating this method.
- Not advised if a woman has a history of breast cancer.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) who is clinically well (WHO Stage 1 or 2 of HIV clinical disease) on antiretroviral (ARV) medicines.
- Not advised for a woman with very high risk of having sexually transmitted infections (STIs), particularly chlamydia or gonorrhoea. Evaluate the client for STI risk prior to initiating this method.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

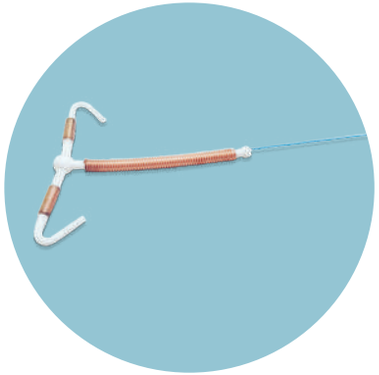
Intrauterine Device Copper-bearing IUD

EFFECTIVENESS:



First year of use

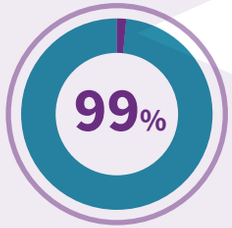
Less than 1 pregnancy per 100 women



- Provides long-term protection against pregnancy for 5-12 years.
- Is a small, flexible, plastic and copper device placed in the uterus. Most intrauterine devices (IUDs) have 1 or 2 thin strings that hang from the cervix into the vagina.
- It is a safe and effective method for almost all women, including women in the postabortion or postpartum period.
- A trained provider must insert and remove the IUD. This method can be used as emergency contraception.
- Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
- Typically causes slightly longer and heavier bleeding and more cramps or pain during monthly bleeding.
- If a woman has unexplained vaginal bleeding, she should be further evaluated and treated prior to initiating this method.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) who is clinically well (WHO Stage 1 or 2 of HIV clinical disease) on antiretroviral (ARV) medicines.
- Not advised for a woman with very high risk of having sexually transmitted infections (STIs), particularly chlamydia or gonorrhoea. Evaluate the client for STI risk prior to initiating this method.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

Hormonal Implants

EFFECTIVENESS:

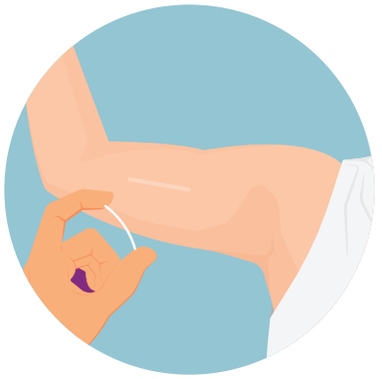


First year of use

Less than 1 pregnancy per 100 women

TYPES:

- Single rod (Implanon, Nexplanon/Implanon NXT)
- Double rod (Jadelle, Sino-plant II)



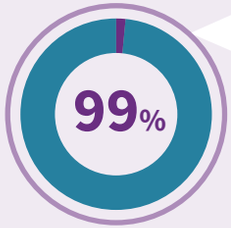
- Either 2 small rods or 1 small rod (about the size of a matchstick) put under the skin of upper arm.
- Provides long-term protection from pregnancy. Length of protection depends on the implant: – Jadelle: 5 years – Sino-plant II: 4 years – Implanon or Nexplanon: 3 years
- A trained provider must insert and remove implants.
- If a woman has unexplained vaginal bleeding, she should be further evaluated and treated prior to initiating this method.
- Safe for women who are breastfeeding. Women may get implants after giving birth.
- Not advised if a woman has a history of breast cancer.
- Causes changes in monthly bleeding. May cause absence of bleeding or temporary heavy bleeding for a few months.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

Can young women, including adolescents, use implants?

Yes. If a young woman wants to use implants, she can. In fact, implants and IUDs can be good methods for young women who want to be sure to avoid pregnancy for a number of years. They are highly effective and long-lasting methods. According to the Medical Eligibility Criteria, age is not relevant to implant use. Implant use will not affect a young woman's future fertility, whether or not she has already had children.

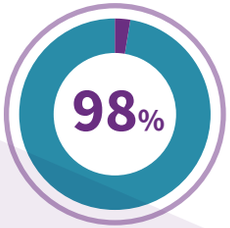
Tubal Ligation Female Sterilization

EFFECTIVENESS:



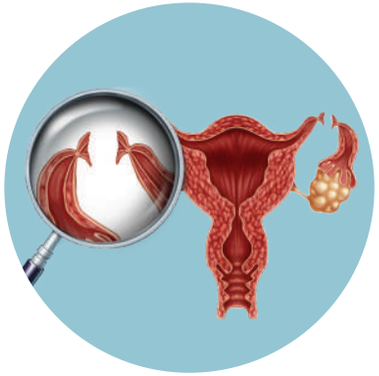
In first year

Less than 1 pregnancy per 100 women



Over 10 years

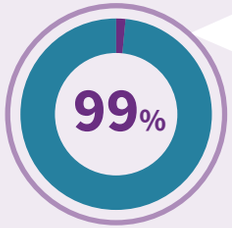
2 pregnancies per 100 women



- Permanent method for women who do not want more children.
- Involves a surgical procedure. There are both benefits, and certain risks involved in the procedure.
- Protects against pregnancy right away.
- Safe for a woman with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

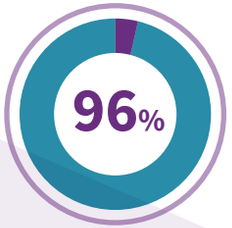
Vasectomy Male Sterilization

EFFECTIVENESS:



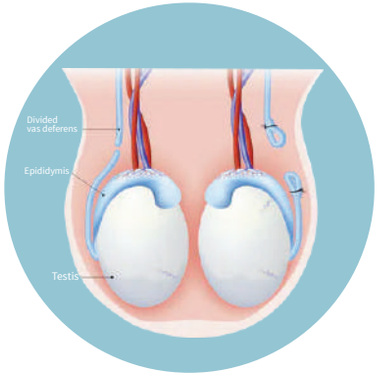
In first year

Less than 1 pregnancy per 100 women whose partner has had a vasectomy



Over 3 years

4 pregnancies per 100 women whose partner has had a vasectomy

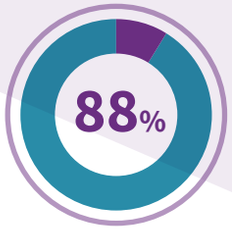


- Permanent, safe method for men who do not want more children.
- A safe, simple surgical procedure.
- Does not affect male sexual performance.
- Does not protect from pregnancy immediately. There is a 3-month delay before the method takes effect.
- The client must use condoms or another method for 3 months after the procedure.
- Safe for a man with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), even if he takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

Natural Family Planning Methods

1. Standard Days Method® (SDM)

EFFECTIVENESS:



Typical use in first year

12 pregnancies per 100 women

- Ideal for women whose menstrual cycles are usually between 26 and 32 days long. Women who have regular monthly bleeding fall within this range. Days 8 through 19 of every cycle are considered fertile days for all users of the Standard Days Method.
  - The couple avoids vaginal sex or uses condoms or a diaphragm during days 8 through 19. They can also use withdrawal or spermicides, but these are less effective.
  - The couple can have unprotected sex on all the other days of the cycle—days 1 through 7 at the beginning of the cycle and from day 20 until her next monthly bleeding begins.
- The client keeps track of their menstrual cycle to know the days they can get pregnant (fertile days).
- The client uses a calendar or CycleBeads®, a string of colour-coded beads, to track the days they can get pregnant and the days they are not likely to get pregnant.
- On the days the client can get pregnant, they must abstain from having unprotected sex. Or, they can use a condom or other barrier method.
- Postpartum or breastfeeding women must have 3 regular menstrual cycles before they can use SDM. An alternate method should be used in the interim.
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.
- Requires partner's cooperation.

2. Symptoms-based Methods

Symptoms-based methods depend on observing signs of fertility.

- Cervical secretions: When a woman sees or feels cervical secretions, she may be fertile. She may feel just a little vaginal wetness.
- Basal body temperature (BBT): A woman's resting body temperature goes up slightly after the release of an egg (ovulation). She is not likely to become pregnant from 3 days after this temperature rise through the start of her next monthly bleeding. Her temperature stays higher until the beginning of her next monthly bleeding.
- Examples: TwoDay Method, BBT method, ovulation method (also known as Billings method or cervical mucus method), and the symptom thermal method.
- Work primarily by helping a woman know when she could become pregnant. The couple prevents pregnancy by avoiding unprotected vaginal sex during these fertile days—usually by abstaining or by using condoms or a diaphragm. Some couples use spermicides or withdrawal, but these are among the least effective methods.

When to start using symptoms-based methods

Once trained, a woman or couple usually can begin using symptoms-based methods at any time. Women not using a hormonal method can practice monitoring their fertility signs before they start using symptoms-based methods. Give clients who cannot start immediately another method to use until they can start.

Woman's situation	Having regular menstrual cycles	No monthly bleeding	After childbirth (whether or not breastfeeding)	After miscarriage or abortion	Switching from a hormonal method	After taking emergency contraceptive pills
When to start	■ Any time of the month ■ No need to wait until the start of next monthly bleeding.	■ Delay symptoms-based methods until monthly bleeding returns.	■ She can start symptoms-based methods once normal secretions have returned. ■ Normal secretions will return later in breastfeeding women than in women who are not breastfeeding.	■ She can start symptoms-based methods immediately with special counselling and support, if she has no infection-related secretions or bleeding due to injury to the genital tract.	■ She can start symptoms-based methods in the next menstrual cycle after stopping a hormonal method	■ She can start symptoms-based methods once normal secretions have returned.

2. Symptoms-based Methods

How to use symptoms-based methods:

TwoDay Method:

IMPORTANT: If a woman has a vaginal infection or another condition that changes cervical mucus, the Two-Day Method will be difficult to use.

Check for secretions	▪ The woman checks for cervical secretions every afternoon and/or evening, on fingers, underwear, or tissue paper or by sensation in or around the vagina. ▪ As soon as she notices any secretions of any type, colour, or consistency, she considers herself fertile that day and the following day.
Avoid sex or use another method on fertile days	▪ The couple avoids vaginal sex or uses condoms or a diaphragm on each day with secretions and on each day following a day with secretions. They can also use withdrawal or spermicides, but these are less effective.
Resume unprotected sex after 2 dry days	▪ The couple can have unprotected sex again after the woman has had 2 dry days (days without secretions of any type) in a row.

Basal Body Temperature (BBT) Method

IMPORTANT: If a woman has a fever or other changes in body temperature, the BBT method will be difficult to use.

Take body temperature daily	▪ The woman takes her body temperature at the same time each morning before she gets out of bed and before she eats anything. She records her temperature on a special graph. ▪ She watches for her temperature to rise slightly—0.2° to 0.5°C (0.4° to 1.0°F)— just after ovulation (usually about midway through the menstrual cycle).
Avoid sex or use another method until 3 days after the temperature rise	▪ The couple avoids vaginal sex, or uses condoms or a diaphragm from the first day of monthly bleeding until 3 days after the woman's temperature has risen above her regular temperature. ▪ They can also use withdrawal or spermicides, but these are less effective.
Resume unprotected sex until next monthly bleeding begins	▪ When the woman's temperature has risen above her regular temperature and stayed higher for 3 full days, ovulation has occurred and the fertile period has passed. ▪ The couple can have unprotected sex on the 4th day and until her next monthly bleeding begins.

2. Symptoms-based Methods

Ovulation Method

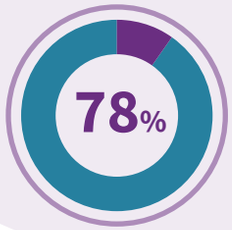
IMPORTANT: If a woman has a vaginal infection or another condition that changes cervical mucus, this method may be difficult to use.

Check cervical secretions daily	▪ The woman checks every day for any cervical secretions on fingers, underwear, or tissue paper or by sensation in or around the vagina.
Avoid unprotected sex on days of heavy monthly bleeding	▪ Ovulation might occur early in the cycle, during the last days of monthly bleeding. Heavy bleeding could make mucus difficult to observe.
Resume unprotected sex until secretions begin	▪ Between the end of monthly bleeding and the start of secretions, the couple can have unprotected sex, but not on 2 days in a row. (Avoiding sex on the second day allows time for semen to disappear and for cervical mucus to be observed.) ▪ It is recommended that they have sex in the evenings, after the woman has been in an upright position for at least a few hours and has been able to check for cervical mucus.
Avoid unprotected sex when secretions begin and until 4 days after "peak day"	▪ As soon as she notices any secretions, she considers herself fertile and avoids unprotected sex. ▪ She continues to check her cervical secretions each day. The secretions have a “peak day”—the last day that they are clear, slippery, stretchy, and wet. She will know this has passed when, on the next day, her secretions are sticky or dry, or she has no secretions at all. She continues to consider herself fertile for 3 days after that peak day and avoids unprotected sex.
Resume unprotected sex	▪ The couple can have unprotected sex on the 4th day after her peak day and until her next monthly bleeding begins.

Natural Family Planning Methods

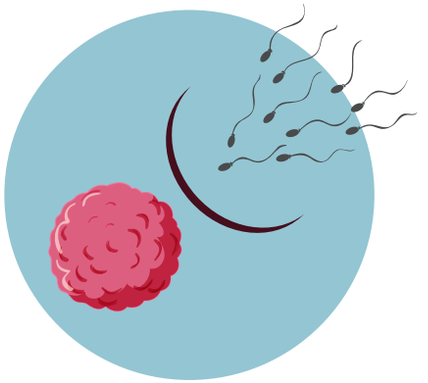
3. Withdrawal Coitus Interruptus/"Pulling Out'

EFFECTIVENESS:



Typical use

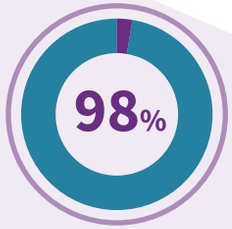
22 pregnancies per 100 women



- The man withdraws his penis from his partner's vagina before ejaculation, and he ejaculates outside of the vagina.
- Is one of the least effective methods yet offers better protection than no method at all.
- Not suitable for men who cannot sense consistently when ejaculation is about to occur or ejaculate prematurely.
- Does not protect against sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). Emphasize the need for dual protection with the client.
- Requires partner's cooperation.

Lactational Amenorrhea Method (LAM)

EFFECTIVENESS:



Typical use

First 6 months after childbirth when all 3 criteria are met — 2 pregnancies per 100 women

- LAM is for women who are exclusively breastfeeding their baby. All women who have infants six months or younger should be encouraged to **exclusively breastfeed** for the well-being of their baby.
- LAM requires 3 conditions. All 3 must be met: 1) The client's monthly bleeding has not returned since giving birth 2) The baby is exclusively breastfed, day and night 3) The baby is less than 6 months old.
- LAM is a temporary family planning method used after pregnancy. A woman using LAM should plan to visit her provider before she starts to use supplemental feeding to talk about switching to another modern method once the 3 conditions for LAM are no longer met. If the woman is willing, initiate the conversation now about what method she plans to use once LAM is no longer effective.
- Safe for a woman living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) when she exclusively breastfeeds. There is a chance, however, that mothers with HIV may transmit HIV to their infants through breastfeeding if they are not on ARVs. Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.
- Dispensing emergency contraceptive pill (ECP) when counselling on LAM increases pregnancy protection and timely transition to another method. Counselling on ECP should suggest to clients to use it as a backup if they fail to meet one of the LAM criteria before they are able to obtain another method.

Sources:

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