



USAID
FROM THE AMERICAN PEOPLE

مشروع تعزيز تنظيم الأسرة
Strengthening Family Planning Project



Strengthening Health Outcomes
through the Private Sector

General Family Planning Counseling & Management Of Contraceptives Side Effects



**BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT**

Objectives

At the end of the training participants will:

1. Define counseling, shared decision making, client provider interaction (CPI), and EBM/CATs
2. List 6 factors that might affect FP decision
3. Identify roles of providers and clients in shared FP decision making
4. List 3 important skills that are needed for good FP counseling
5. Define contraception side effects.
6. Identify commonly encountered contraception side effects
7. Follow basic guidelines in management of the contraceptives side effects of

Introduction

Family planning decision

Contraception choice

Family Planning Situation In Jordan

DHS 2009

- Among reasons behind the plateauing of TFR for 2009 are:
 - Providers' bias against some modern methods especially long acting and hormonal methods
 - The data reflected from the DHS 2009 show that the discontinuation rate of Injectables is 64.30 %, Pills is 5-90% and IUD is 15.10 percent
 - Increased discontinuation rate of family planning due to *improper counseling and managing of side effects.*

Family Planning Decision

- **Family planning involves cognitive decision and behavioral practices that enable a woman to conceive a wanted pregnancy and avoid an unintended pregnancy whether unwanted or badly timed**
- **Family Planning means planning when and how many times to have a pregnancy , not to prevent pregnancy.**
- **Contraception use help couples implement their plans and achieve their reproductive goals- family size avoiding unplanned or unwanted pregnancy**
- **FP services is considered as one of the *preventive measures* in order to reduce the maternal and infant morbidity and mortality**

Family Planning Decision

- **Family planning decision-making is a process that continues throughout a client's reproductive years and often begins at home**
- **The decision to use a FP method is influenced by:**
 - **Knowledge and attitude of married couple**
 - **Psychological and sociocultural factors and norms**
 - **Spiritual and religious beliefs and values**



Factors Affecting Method Choice

- **Method choice for FP planning is influenced by:**
 - **Availability and quality of methods and services**
 - **Accessibility to services (physical, Cost . Time)**
 - **The individual psycho- social factors**
 - **Concerns about adverse events, or dissatisfaction with a method's side effects**



Factors Affecting Method choice –cont.

Other factors:

- **Reproduction plans** (number of children, timing of next pregnancy)
- **Personal preferences**
- **Husband influences and concerns**
- **Ability to use the method successfully**
- **Prior method-specific experiences**
- **Ease of repeat administration**
- **Supportive care from the health care provider**

Family planning counseling

Shared Decision Making

Client-Provider Interaction

FP Counseling/ Shared Decision Making

**Successful counseling &
Shared Decision Making (SDM)
rely on proper
*Client Provider Interaction (CPI)***





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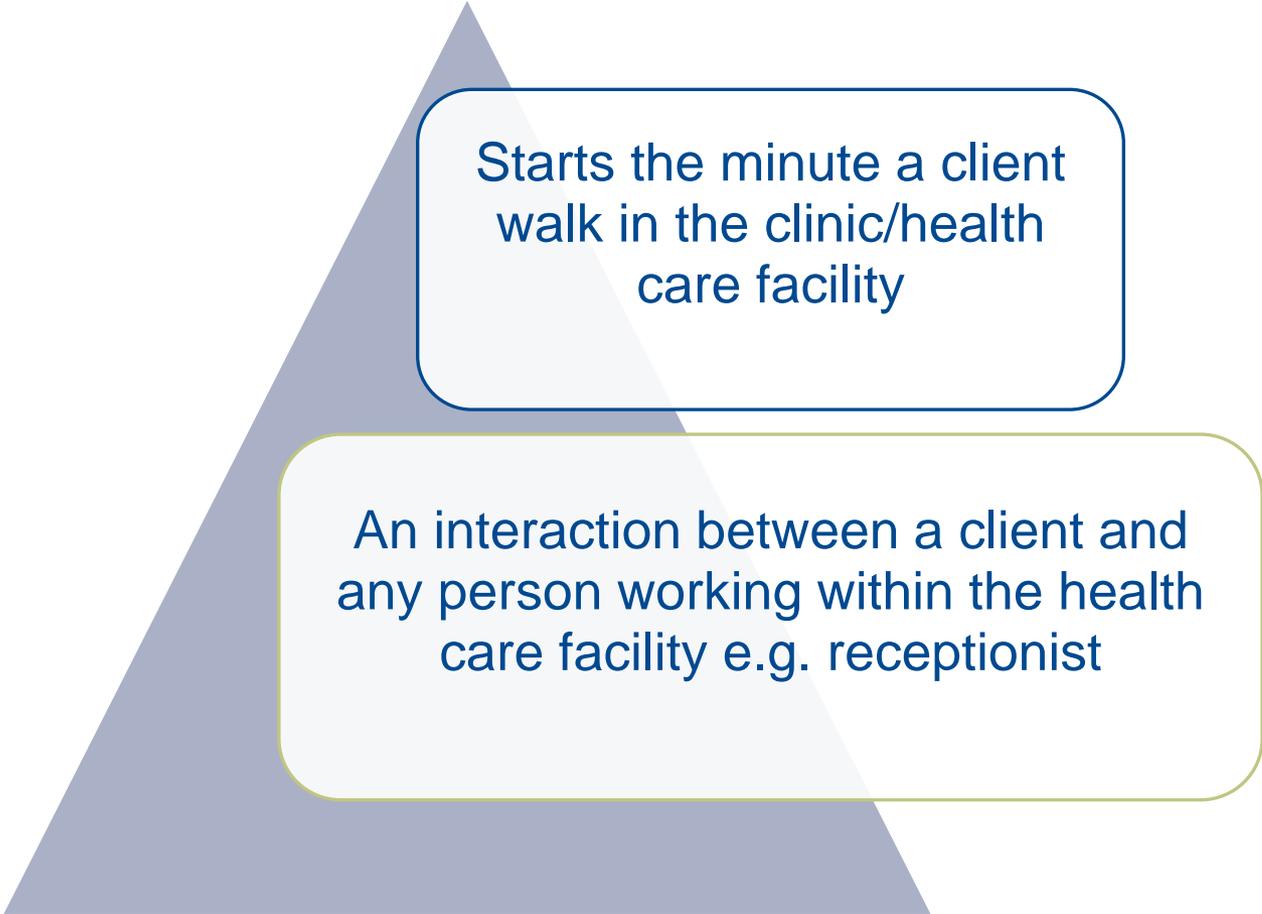
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Client Provider Interaction (CPI)



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Client Provider Interaction (CPI)

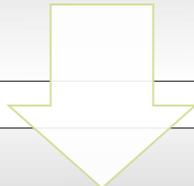


Starts the minute a client walk in the clinic/health care facility

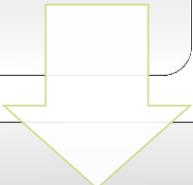
An interaction between a client and any person working within the health care facility e.g. receptionist

Counseling

Dialogue between a client and a service provider based on interpersonal communication skills, knowledge and technical competency



Helps clients make a decision based on accurate information or reinforces their decision



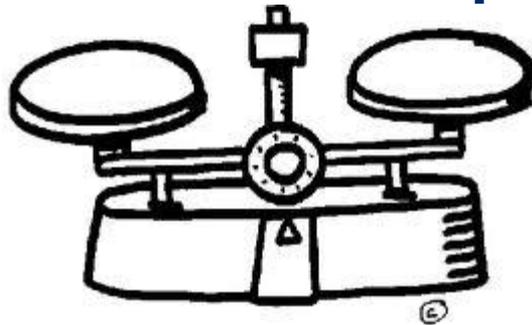
Ensures that the clients get the service/method they want and continue using it

Counseling

- ***Two-way communication*** process that involves clients and providers in which messages are sent and received
- Counselling is ***client-centred, interactive*** communication process in which one-person helps others make free, informed decisions about their personal behaviour and provides support to enable them to act on their decisions.
- Enables the woman to be informed about different FP methods; ask questions and make an informed decision based on accurate information
- Gives a feeling of confidence about how to use the method correctly
- It is ongoing with each encounter

Shared Decision Making (SDM)

- It is a decision making process jointly shared by the provider and the client
- The purpose is to make the client play an active role in FP decision making (client-centered)
- SDM is based on the best evidence of the risks and benefits of all available options



Counseling-Shared decision making (SDM) objectives

**Establishing a context in which clients views
about method options and reproductive plans are
valued and deemed necessary**

Eliciting patients' preference

Transferring technical/medical information

Responding to clients concerns and worries,

Supporting continuation/dealing with side effects

Counseling: Two experts in the room

1. **The health care provider** is the medical, technical expert who can provide basic information about contraceptive methods
2. **The woman** is the expert about her needs, her life circumstances, her previous contraceptive experiences, and her expectations for a contraceptive method



Client's Role



Provides accurate information about her personal and medical status



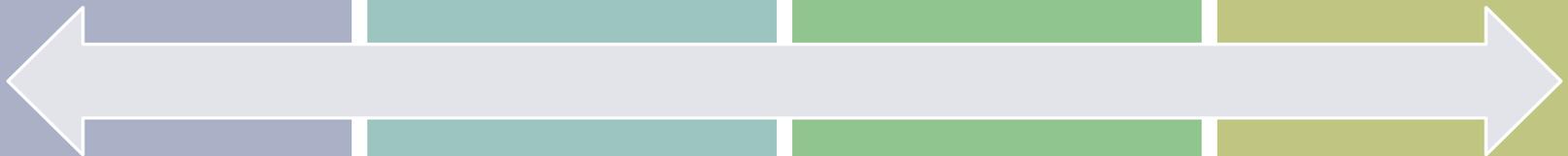
Asks questions



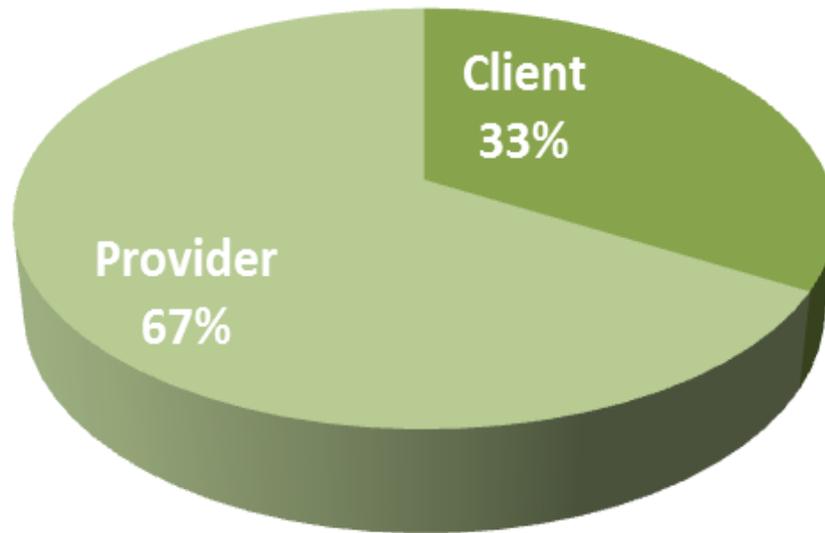
Participates in decision making on the appropriate method to be used



Seeks information about problems she might face and actively participate in their solving



How much do clients talk



- من المهم تشجيع المراجعات/المستفيدات على الحديث وطرح الأسئلة

Service Provider's Role



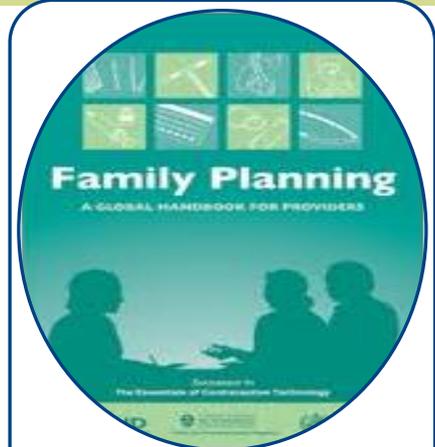
**Assess personal
and medical
history**



**Assess
reproductive
plans**



**Perform physical
exam**



**Provide EB
information about
the methods in
general and the
chosen method in
detail**

**Establish a rapport, put the client at ease,
use CPI skills appropriately**

Tools for effective FP counseling



1- Evidence Based Health Information

1. Composition and mode of action
2. Effectiveness
3. Advantages & Disadvantages:
4. Side effects & Complications
5. How to use:

1. التركيب و آلية العمل

2. الفعالية

3. الفوائد والمضار الصحية للوسيلة

4. الأضرار الجانبية و المضاعفات

5. كيفية استعمال الوسيلة:.

1- Evidence Based Medicine

EBM is a new paradigm:

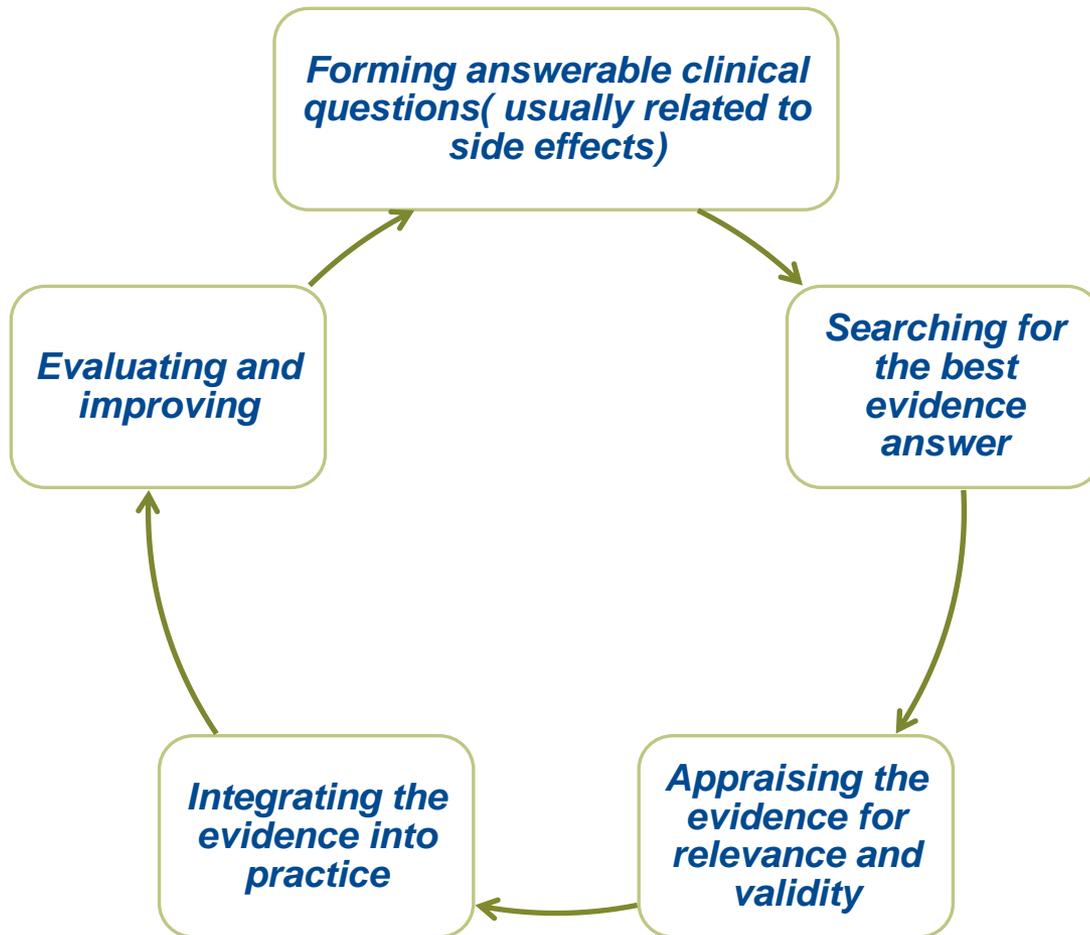
- from authority to evidence
- from anecdotes to outcomes
- maximizes relevance, validity
- minimizes work (use of pre-validated concise summaries that are the CATs)



A CAT (Critically Appraised Topic) is a concise evidence based summary that answers a question that emerges in clinical practice.

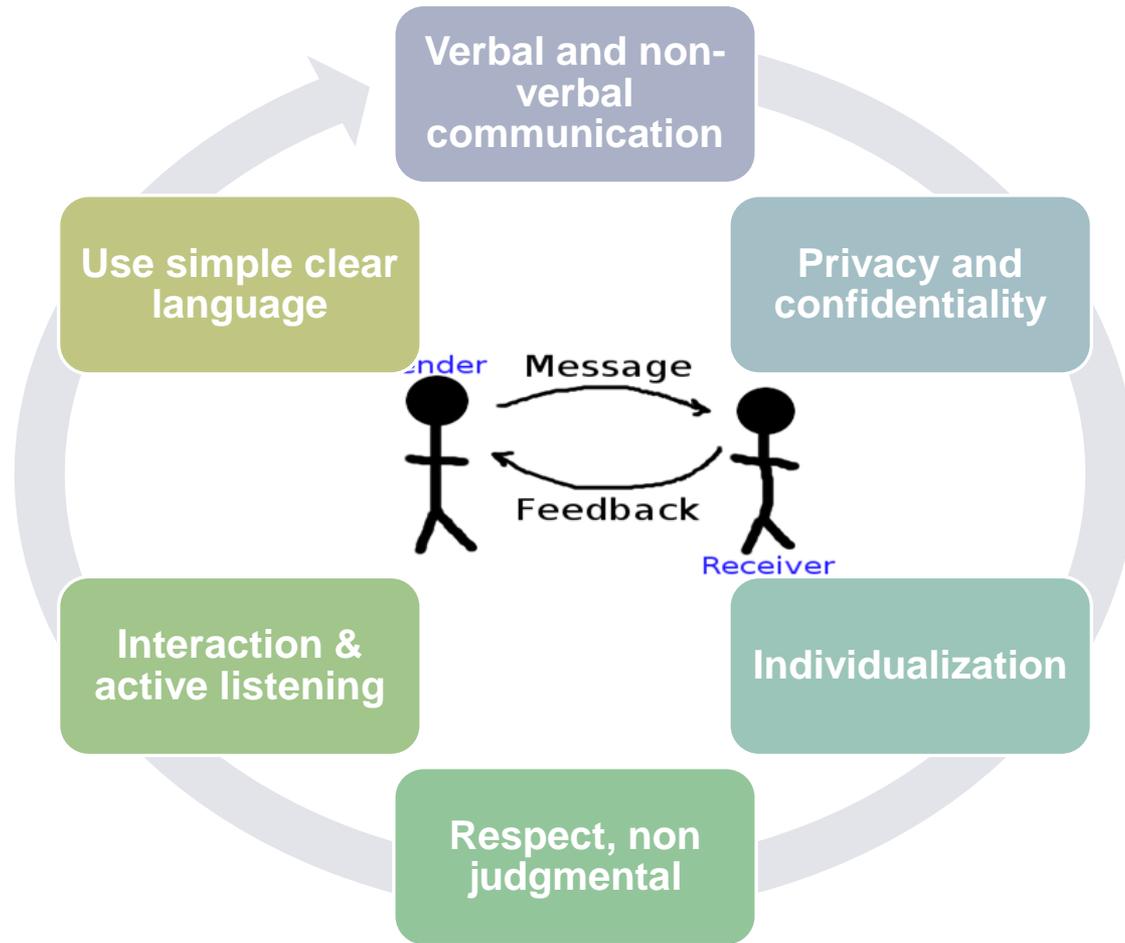
It is based on the appraisal of articles that were chosen after an extensive literature search because of their relevance in addressing the question or problem that we have

CATs production Cycle



2- Interpersonal Communication Skills

effective CPI



3. Focus on Client's Needs

To be able to focus on client's need the provider needs to know to which category the client belong:

I. *New client*

1. **With a method in mind**
2. **With no method in mind**

II. *Returning client:*

1. **No problems or concerns/ for refill**
2. **Experiencing problems or has concerns**
3. **Wishes to switch to another method**
4. **Wishes to discontinue the method**

III. *Potential client:* any client coming to the clinic for other reason should be counseled on FP e.g. a woman coming for breast exam or post-partum care.



Steps of Family planning counseling

Steps of FP counseling

Identify to which category the client belong, explore her needs, preference, personal & medical conditions (*Clinical Assessment*)

Based the WHO MEC decide which methods can be used and briefly explain about each method

Based on the personal condition and preferences, narrow options let the woman choice and explain in detail about the method chosen

Implement the shared decision and plan for continuity of care

3-4

1

Clinical Assessment- Personal

Ask the woman about:

- 1. Age**
- 2. Parity and Reproductive plans**
- 3. Previous FP experiences**
- 4. Preference of a method**
- 5. Present and Past Medical History**
- 6. Smoking**

Clinical Assessment- Reproductive System

- 1. Last delivery**
 - a) Method of delivery NVD vs C/S**
 - b) Breast feeding exclusive vs partial or none**
- 2. Last menstrual period, vaginal bleeding pattern**
- 3. History of previous ectopic or abortion**
- 4. Reproductive system problems: vaginal bleeding, dysmenorrhea, endometriosis, STI, PID, fibroids, trophoblastic diseaseetc**

Clinical Assessment- other medical

1. History of any known illnesses/diseases

- **Neurology:** migraine headache, epilepsy, depression, CVA, TIA
- **Cardiovascular system:** HTN, Dyslipidemia, MI, DVT, PE.....etc.
- **Breast:** current or past history of breast cancer
- **GI:** liver hepatitis/tumor/cirrhosis, current GB stones
- **Endocrine:** DM with complications

Clinical Assessment- other medical

- **Hematology: anemia, sickle cell disease**
- **Rheumatology: SLE**
- **Cancers: cervical, endometrial, ovarian**

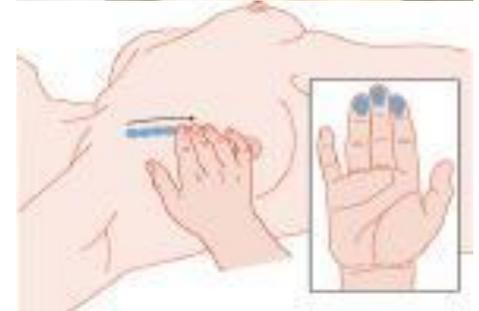
2. Medication history: anti-convulsants, rifampicin, anti- depressants

3. History of pelvic surgeries

Physical Examination

Before deciding on the best FP method it is preferred to perform at least the following:

1. Blood pressure measurement and the BMI
2. Clinical breast Examination (CBE)
3. Pelvic exam in case IUD is to be inserted



Medical Eligibility Criteria, الأهلية الطبية



Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use –
to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD)

CONDITION		COC	DMPA	Implants	Cu-IUD
Pregnancy		NA	NA	NA	Red
Breastfeeding	Less than 6 weeks postpartum	Red	Red	Red	Red
	6 weeks to < 6 months postpartum	Green	Green	Green	NC
	6 months postpartum or more	Green	Green	Green	Green
Postpartum	Less than 21 days, non-breastfeeding	Green	Green	Green	NC
	< 48 hours including immediate post-placental	Green	Green	Green	Green
	≥ 48 hours to less than 4 weeks	NC	NC	NC	Green
	Puerperal sepsis	Red	Red	Red	Red
Postabortion		Green	Green	Green	Green
Smoking	Age ≥ 35 years, < 15 cigarettes/day	Green	Green	Green	Green
	Age ≥ 35 years, ≥ 15 cigarettes/day	Red	Red	Red	Red
Multiple risk factors for cardiovascular disease					
Hypertension	History of (where BP cannot be evaluated)	Red	Red	Red	Red
	BP is controlled and can be evaluated	Green	Green	Green	Green
	Elevated BP (systolic 140 - 159 or diastolic 90 - 99)	Red	Red	Red	Red
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)	Red	Red	Red	Red
	Vascular disease	Red	Red	Red	Red
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE	Red	Red	Red	Red
	Acute DVT/PE	Red	Red	Red	Red
	DVT/PE established on anticoagulant therapy	Green	Green	Green	Green
	Major surgery with prolonged immobilization	Red	Red	Red	Red
Known thrombogenic mutations					
Ischemic heart disease (current or history of) or stroke (history of)		Red	Red	I C	Red
Known hyperlipidemias					
Complicated valvular heart disease		Red	Red	Red	Red
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies	Red	Red	Red	Red
	Severe thrombocytopenia	Green	I C	Green	I C
	Immunosuppressive treatment	Green	Green	Green	I C
Headaches	Non-migrainous (mild or severe)	I C	Green	Green	Green
	Migraine without aura (age < 35 years)	I C	Green	Green	Green
	Migraine without aura (age ≥ 35 years)	I C	Green	Green	Green
	Migraines with aura (at any age)	Red	I C	I C	Red
Vaginal bleeding patterns	Irregular without heavy bleeding	Green	Green	Green	Green
	Heavy or prolonged, regular and irregular	Green	Green	Green	Green
	Unexplained bleeding (prior to evaluation)	Green	Green	Green	I C

- Category 1 There are no restrictions for use.
- Category 2 Generally use; some follow-up may be needed.
- Category 3 Usually not recommended; clinical judgment and consulting access to clinical services are required for use.
- Category 4 The method should not be used.

CONDITION		COC	DMPA	Implants	Cu-IUD
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels	Green	Green	Green	Green
	Persistently elevated β-hCG levels or malignant disease	Red	Red	Red	Red
Cancers	Cervical (awaiting treatment)	Green	Green	Green	I C
	Endometrial	Green	Green	Green	I C
	Ovarian	Green	Green	Green	I C
Breast disease	Undiagnosed mass	*	*	*	Green
	Current cancer	Red	Red	Red	Red
	Past w/ no evidence of current disease for 5 yrs	Green	Green	Green	Green
Uterine distortion due to fibroids or anatomical abnormalities					
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea	Green	Green	Green	I C
	Vaginitis	Green	Green	Green	Green
	Current pelvic inflammatory disease (PID)	Green	Green	Green	I C
	Other STIs (excluding HIV/hepatitis)	Green	Green	Green	Green
	Increased risk of STIs	Green	Green	Green	Green
	Very high individual risk of exposure to STIs	Green	Green	Green	I C
Pelvic tuberculosis					
Diabetes	Non-vascular disease	Green	Green	Green	Green
	Vascular disease or diabetes for > 20 years	Red	Red	Red	Red
Symptomatic gall bladder disease (current or medically treated)					
Cholestasis (history of)	Related to pregnancy	Green	Green	Green	Green
	Related to oral contraceptives	Red	Red	Red	Red
Hepatitis	Acute or flare	I C	Green	Green	Green
	Chronic or client is a carrier	Green	Green	Green	Green
Cirrhosis	Mild	Green	Green	Green	Green
	Severe	Red	Red	Red	Red
Liver tumors (hepatocellular adenoma and malignant hepatoma)					
HIV					
AIDS	High risk of HIV or HIV-infected	Green	Green	Green	Green
	No antiretroviral therapy (ARV)	Green	Green	Green	I C
	Clinically well on ARV therapy	Green	Green	Green	Green
	Not clinically well on ARV therapy	Green	Green	Green	I C
Drug interactions, including use of:	Nucleoside reverse transcriptase inhibitors	Green	Green	Green	Green
	Non-nucleoside reverse transcriptase inhibitors	Green	Green	Green	Green
	Ritonavir, ritonavir-boosted protease inhibitors	Green	Green	Green	Green
	Rifampicin or rifabutin	Red	Red	Red	Red
	Anticonvulsant therapy**	Green	Green	Green	Green

Unlike previous versions of the MEC Quick Reference Chart, this version includes a complete list of all conditions classified as Category 3 and 4 by WHO.

I/C (Initiation/Continuation): A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. For example, a client with current PID who wants to initiate IUD use would be considered as Category 4, and should not have an IUD inserted. However, if she develops PID while using the IUD, she would be considered as Category 2. This means she could generally continue using the IUD and be treated for PID with the IUD in place. Where I/C is not marked, the category is the same for initiation and continuation.

NA (not applicable): Women who are pregnant do not require contraception.

NC (not classified): The condition is not part of the WHO classification for this method.

* Evaluation of an undiagnosed mass should be pursued as soon as possible.

** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

Source: Adapted from Medical Eligibility Criteria for Contraceptive Use. Geneva: World Health Organization, updated 2008. Available: <http://www.who.int/reproductive-technology/publications/mec>

Successful FP counseling



- Deal with each client respectfully, listen actively, ensures privacy and confidentiality, show sympathy.....etc.
- Clients differ and their situations differ,
- Allow interactive discussion & let the woman ask questions
- Do not overload them with unnecessary information and use simple language
- Warn about serious signs that need immediate care (ACHES)
- Mention common side effects and their management
- Plan a return visit
- Use job aids and IEC materials

Enhancing Compliance and Continuation

A report by the Guttmacher Institute recommended the following strategies for improving women's contraceptive use :

- Provide *ongoing support* for contraceptive use based on *regular assessment* of the client's needs
- Improve the *client's knowledge* of different contraceptive methods and their risks and benefits, including non-contraceptive benefits
- Anticipate and manage *side effects*

Learning outcomes

By the end of the session, participants should be able to:

- ✓ Define side effects Vs. complications
- ✓ Identify commonly encountered contraceptives side effects

Definition

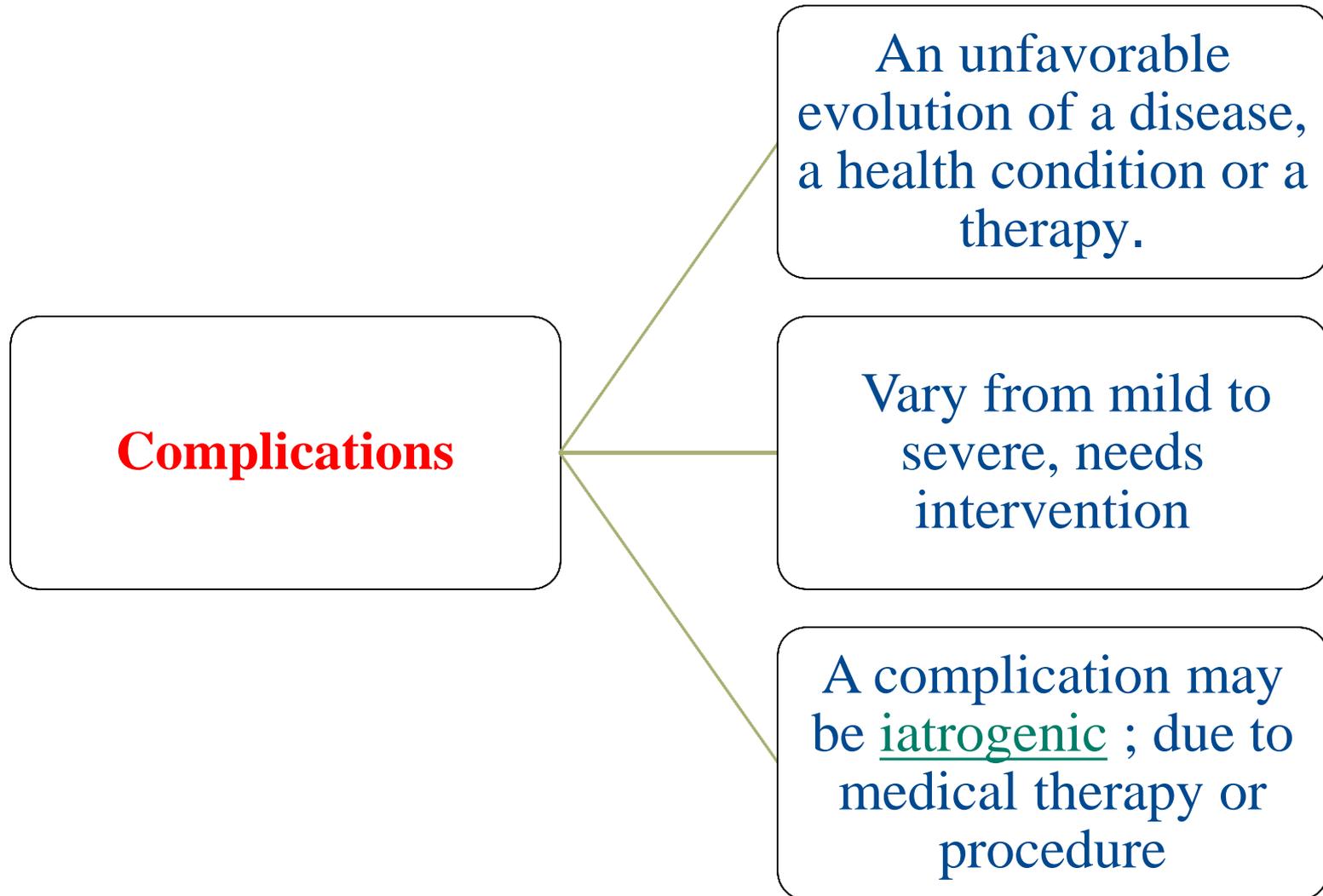
Side Effect

```
graph LR; A[Side Effect] --- B[Problems that occur in addition to the desired therapeutic effect]; A --- C[Problems that occur when treatment goes beyond the desired effect]
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Problems that occur
in addition to the
desired therapeutic
effect

Problems that occur
when treatment goes
beyond the desired
effect

Definition

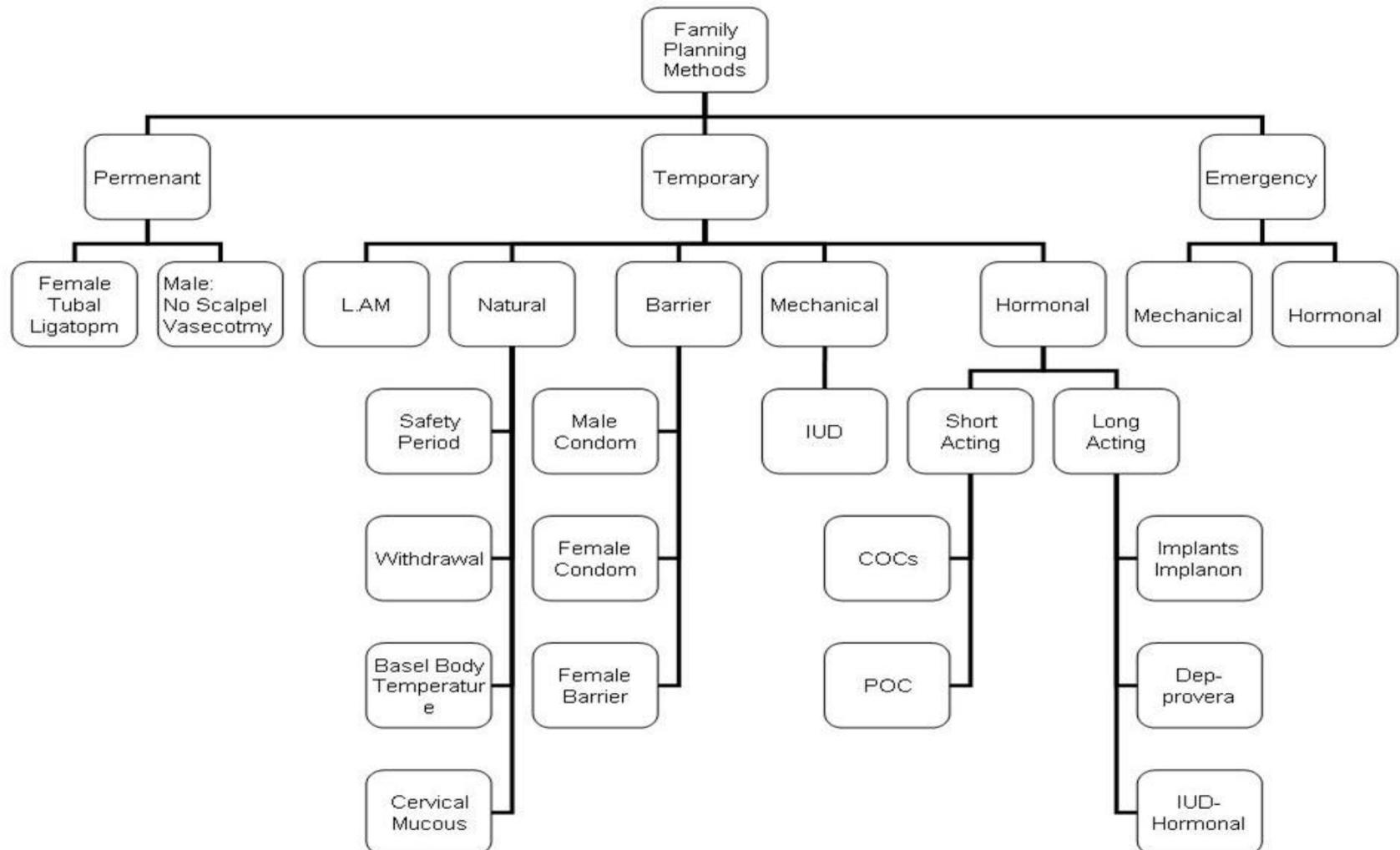


Basic Principles of Contraceptives Side Effects' Management

4 Basic principals

- 1. Clarify the composition and mechanism of action of the contraceptive method.**
 - This could be known common side effect of the method used
- 2. Start with proper clinical assessment to rule out other causes.**
 - Most of the side effects are caused by other medications and health problems
 - Assessment includes; proper hx, physical ex and related laboratory tests when needed
- 3. Provide proper reassurance and counseling.**
- 4. Manage accordingly.**

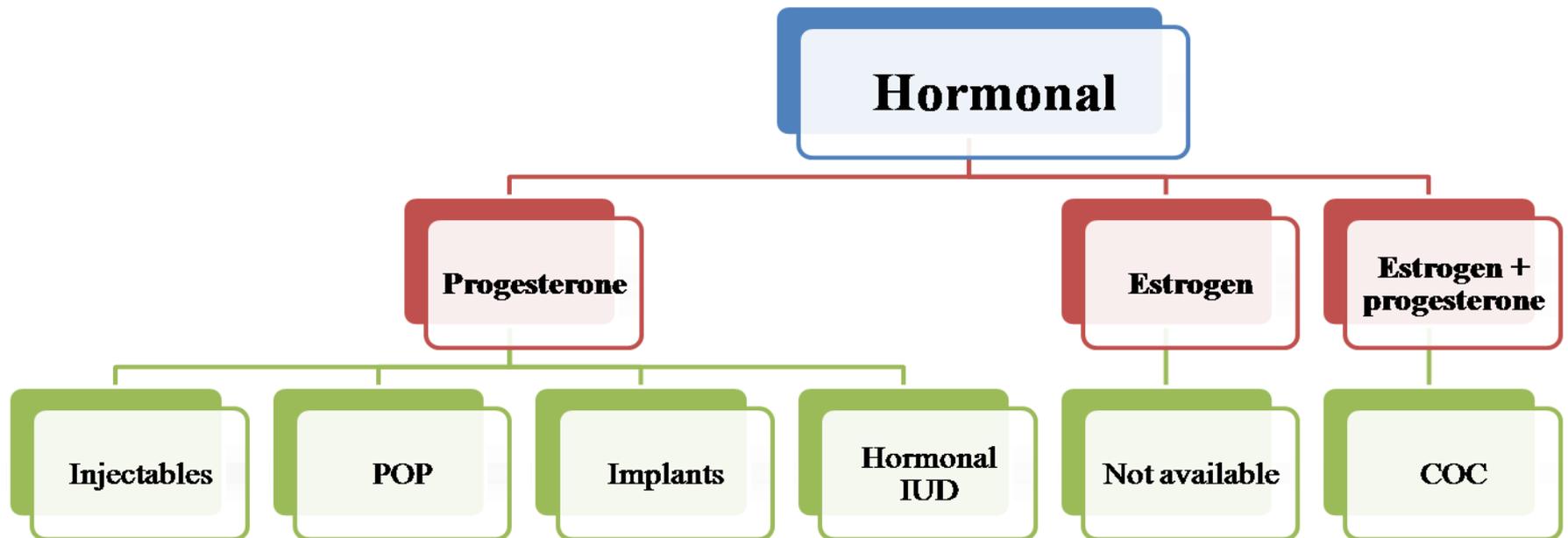
Family Planning Map



Commonly encountered contraceptives side effects

- **Change in menstrual bleeding patterns**
- **Abdominal pain**
- **Weight gain**
- **Headache**
- **Nausea**
- **Mood changes**
- **Delayed return to fertility**
- **Allergy**

Hormonal Contraception Methods



Estrogen (Ethinyl estradiol) related side effects

	Negative effects	Positive effects
Short-term	<p>Vaginal bleeding or spotting</p> <p>Enlarge fibroids, Breast tenderness</p> <p>Migraine headaches</p> <p>Abdominal bloating</p> <p>Nausea, Skin rashes</p> <p>Increase triglycerides</p> <p>Coronary artery disease (with progestin)</p> <p>Thrombophlebitis, Stroke</p>	<p>Reduce hot flushes</p> <p>Less gain of abdominal fat</p> <p>Increase HDL cholesterol</p> <p>Decrease LDL cholesterol</p> <p>Helps vaginal atrophy</p>
Long-term	<ul style="list-style-type: none">• Gall stones• Breast cancer (especially with progestin)• Endometrial cancer (if no progestin)	<p>Fewer osteoporotic fractures</p> <p>Decrease risk of colon cancer</p> <p>Improves pelvic musculature</p> <p>Prevents collagen loss in skin (fewer wrinkles)</p>

Progesterone related side effects

Progesterone side effects are mainly due to its androgenic effect and related to the specific generation of the progesterone used

- Change in menstrual cycle (spotting, irregular bleeding or amenorrhea)
- Mood Changes; Anxiety and nervousness
- Minimal weight gain - 2 lbs. on average
- Breast tenderness
- Decreased libido
- Increase or decrease in acne
- Enlarged ovarian follicles
- Increase or decrease in facial and body hair
- Bone density loss

أنواع البروجستين المستعملة في حبوب تنظيم الأسرة

الخصائص	نوع البروجستين	الجيل
قليلة النشاط الإستروجين والبروجستروني ، وأقل تأثير أندروجيني من الجيل الثاني (فيمولين - أحادية)	<p>1. نورثاندرون</p> <p>2. أسيتيت نورثاندرون</p> <p>3. ثنائي أسيتيت إثنوديول</p>	الأول
ذات درجات نشاط متفاوتة من الخصائص الأندروجينية والإستروجينية	<p>4. ليفونورجستريل</p> <p>5. نورجستريل</p>	الثاني
أقل آثار الأندروجينية قد تحتوي على مخاطر أعلى لحدوث تجلطات الدم.	<p>6. ديزوجستريل</p> <p>7. نورجيسستيميت</p>	الثالث
أحدث بروجستين وهو الوحيد المشتق من 17 أ - سبايرولاكتون، وليس من مشتقات 19 -نورتيسستويرون	8. دروسبيرينون	الرابع
<ul style="list-style-type: none"> مضاد للبروجستين والأندروجين موجود في (ديان) و غالبا ما يوصف هذا المستحضر لعلاج حب الشباب وفرط الشعر ذكري النمط. 	<u>السيبروترون أسيتيت</u>	

Group work/Case studies

COC side effects

- Change in menstrual bleeding patterns
- Nausea and vomiting
- Headache
- Mood changes
- Breast tenderness
- Weight gain
- Acne, chloasma
- Reduced libido

POP side effects

- Change in menstrual bleeding patterns
- Weight gain
- Fluid retention
- Breast tenderness
- Decreased libido
- Mood changes

IUD side effects

- Menstrual Cramping
- Prolonged/ heavy menstrual bleeding
- Missing strings
- Expulsion of IUD
- Pelvic infection

DMPA side effects

- Change in menstrual bleeding patterns
- Headache
- Weight gain
- Mood changes

Implants side effects

- Disturbance of menstrual pattern
- Breast tenderness, fluid retention
- Weight gain
- Skin disorders (note: pre-existing acne may improve with Implanon)
- Mood changes.

Menstrual irregularities are the most commonly encountered Implanon side effects

- Amenorrhea at 3 years was **14%-20%**.
- **Infrequent v.Bleeding / spotting** episodes; less than 3 attacks of v.Bleeding in 90 days is **(26.1%)**
- **frequent v.Bleeding / spotting** episodes; more than 5 attacks V.Bleeding in 90 days is **(6%)**.
- **prolonged V.Bleeding spotting** episodes ; more than 14 consecutive V.Bleeding days in 90 days is **(11.8%)**.

عدم انتظام الدورة الشهرية هي الآثار الجانبية الأكثر شيوعاً أثناء استعمال الكبسولة

- انقطاع العادة الشهرية خلال الثلاث سنوات بين **14% - 20%**.

- النزف المهبلية / التنقيط قليل التكرار

(أقل من ثلاث مرات من النزف المهبلية خلال 90 يوم) **26.1%**.

- النزف المهبلية / التنقيط المتكرر

(أكثر من 5 مرات من النزف المهبلية خلال 90 يوم) **6%**.

- زيادة فترة النزيف المهبلية / التنقيط (أكثر من 14 يوم متتابة خلال 90 يوم)

11.8%.

Case studies

Case study 1

IUD group

A 30 years old women, P3, presented to your clinic after 3 months of IUD (Cu T 380) insertion, complaining of pre-menstrual spotting and heavy cycle

- 1. What would be pertinent questions to be asked?*
- 2. What to look into in the physical ex?*
- 3. How to manage this case?*

Case study 2

IUD group

A 25 years old woman, P1, presented to your clinic for IUD check. Complained of menstrual cramps since IUD insertion 6 months ago that is annoying her

- 1. What would be pertinent questions to be asked?*
- 2. What to look into in the physical ex?*
- 3. How to manage this case?*



Case study 3-Long Acting Hormonal -- Implanon

A 28 year old, married woman, G 2 P2 visited the clinic for family planning. After the counseling, she chose Implanon . No precaution to the use of the method was noted. She was advised to return to the clinic in 3 in case of concerns or side effects

Two months later, the client returned to the clinic complaining of prolonged moderate vaginal bleeding , and dizziness. The client was very much bothered by the bleeding and thinking of stopping the method.

How would you manage this case?

Case study 4

Long Acting Hormonal -- Depo-Provera

A 40 year old married woman, G5P5, came to the clinic complaining of severe headaches and on and off spotting. She is a DMPA user who received her third injection of DMPA two months ago. During her last visit her record showed that she had gained 2 kg from her initial weight of 65 kg and her BP was 130/90. Prior to this visit, no medication was given and counseling was given by the physician.

How would you manage this case?



Case study 5

COC group

A 32 year old woman started on COC 2 months ago. Came for follow up visit. Complained of frontal headache of 2 months duration that is annoying her

- 1. What would be pertinent questions to be asked?*
- 2. What to look into in the physical ex?*
- 3. How to manage this case?*



A 30 year old woman started on COC 2 months ago. Presented to your clinic complaining of intermenstrual vaginal spotting since started on the pills

- 1. What would be pertinent questions to be asked?*
- 2. What to look into in the physical ex?*
- 3. How to manage this case?*

A 30 year old women, partially breast feeding. Started on POP for the last 2 months. P resented to your clinic with a complaint of irregular vaginal spotting

- 1. What would be pertinent questions to be asked?*
- 2. What to look into in the physical ex?*
- 3. How to manage this case?*

A 24 year old woman, partially breast feeding to an 8 months old baby. On POP for the last 5 months. Presented to your clinic with hx of no menstrual cycle of 2 months duration

- 1. What would be pertinent questions to be asked?*
- 2. What to look into in the physical ex?*
- 3. How to manage this case?*

New Client: Method in Mind



**New
Client**

- Check that client's understanding of method is accurate.
- Support client's choice, if client is medically eligible for the method.
- Help client choose another method, if needed.
- Discuss how to use method.
- Tell client about possible side effects and how to cope with them.
- Provide method/supplies.
- Schedule return visit.

The best method is the method that the woman prefers

New Client: No Method in Mind

New Client

- Discuss client's situation, plans, and what is important to her about a method.
- Help client consider methods that might suit her. If needed, help her reach a decision.
- Support client's choice.
- Give instructions on use.
- Discuss how to cope with side effects.
- Mention that switching methods is possible and allowed.
- Schedule return visit.

The best method is the method that the woman prefers

Decision-Making for New Clients

- ✓ Provide information on her desired method (or about FP methods that would best suit her needs).
- ✓ Ensure she is medically eligible to use FP method.
- ✓ Discuss possible side effects.
- ✓ Discuss how to use FP method.
- ✓ Discuss when she can start using FP method.
- ✓ Review important points she should remember.
- ✓ Ask client to summarize important points.
- ✓ Provide supplies.

Returning Client: Experiencing Problems or Concerns

Returning Client

- Ensure client is using the method correctly/check IUD
- Explore and understand problem.
- Help client resolve problem: Is problem side effects, or difficulty using method?
- Help client understand and manage side effects.
- Help client change methods or discontinue method.
- Schedule return visit.

Take Home Messages

- **FP is a preventive measure to unwanted or unplanned pregnancy**
- **FP initiation and continuation of use is affected by proper FP counseling**
- **Successful FP counseling includes CPI, SDM**
- **Encourage the woman to ask questions and voice her concerns and worries**
- **Provide accurate, evidence based information that is not influenced by provider's bias and own beliefs**

Take Home Messages

When choosing a method

- **The best method is the method that the woman chooses**
- **Explain the effect and side effects that are expected and how to manage them**
- **Mention non-contraceptive benefit**
- **Make sure the woman knows the warning signs**
- **Give her choices**
- **Show her the method or use Job Aids and IEC materials**

Take Home Messages

- **Before discontinuation of a method or switching make sure that the woman is using the method correctly, dispel rumors and manage any side effects or problems**
- **Outweigh the risks vs. the benefits and remember the risks associated with pregnancy e.g. risk of DVT , osteoporosis**

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