General Family Planning Counseling & Management Of Contraceptives Side Effects
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
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 Injectable 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
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)
Client Provider Interaction (CPI)
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

- Client: 33%
- Provider: 67%

• 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
<table>
<thead>
<tr>
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<th>Composition and mode of action</th>
<th>التركيب و آلية العمل</th>
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<tr>
<td>2</td>
<td>Effectiveness</td>
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<td>Advantages &amp; Disadvantages:</td>
<td>الفوائد والمضار الصحية للوسيلة</td>
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<td>4</td>
<td>Side effects &amp; Complications</td>
<td>الأضرار الجانبية و المضاعفات</td>
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<td>5</td>
<td>How to use:</td>
<td>كيفية استعمال الوسيلة:.</td>
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</tbody>
</table>
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

- Forming answerable clinical questions (usually related to side effects)
- Searching for the best evidence answer
- Integrating the evidence into practice
- Appraising the evidence for relevance and validity
- Evaluating and improving
2- Interpersonal Communication Skills effective CPI

- Verbal and non-verbal communication
- Use simple clear language
- Privacy and confidentiality
- Interaction & active listening
- Individualization
- Respect, non-judgmental

Communication cycle:
Sender → Message → Feedback → Receiver
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

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

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

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

4. Implement the shared decision and plan for continuity of care
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 disease ....etc
1. History of any known illnesses/diseases
   • Neurology: migraine headache, epilepsy, depression, CVA, TIA
   • Cardiovascular system: HTN, Dyslipidemia, MI, DVT, PE….etc.
   • Breast: current of 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

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>COC</th>
<th>DMPA</th>
<th>Implants</th>
<th>Cu-IUD</th>
</tr>
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<tbody>
<tr>
<td>Pregnancy</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NC</td>
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<tr>
<td>Breastfeeding</td>
<td>Less than 6 weeks postpartum</td>
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<td>NA</td>
<td>NC</td>
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<tr>
<td>Breastfeeding</td>
<td>6 weeks to &lt;6 months postpartum</td>
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<td>NA</td>
<td>NC</td>
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<tr>
<td>Breastfeeding</td>
<td>6 months postpartum or more</td>
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<tr>
<td>Breastfeeding</td>
<td>&lt;48 hours including immediate post-placental</td>
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<td>Breastfeeding</td>
<td>Postpartum</td>
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<td>NC</td>
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<td>Breastfeeding</td>
<td>Postabortion</td>
<td>Immediate post-septic</td>
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<td>Postabortion</td>
<td>Immediate post-septic</td>
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<tr>
<td>Breastfeeding</td>
<td>Smoking</td>
<td>Age ≥ 35 years, &lt;15 cigarettes/day</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Smoking</td>
<td>Age ≥ 35 years, &gt;15 cigarettes/day</td>
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<tr>
<td>Breastfeeding</td>
<td>Multiple risk factors for cardiovascular disease</td>
<td>History of coronary artery disease</td>
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<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Multiple risk factors for cardiovascular disease</td>
<td>BP is controlled and can be evaluated</td>
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<tr>
<td>Breastfeeding</td>
<td>Multiple risk factors for cardiovascular disease</td>
<td>Elevated BP (systolic &gt;140 or diastolic &gt;90-99)</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Multiple risk factors for cardiovascular disease</td>
<td>Elevated BP (systolic ≥160 or diastolic ≥100)</td>
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<tr>
<td>Breastfeeding</td>
<td>Vascular disease</td>
<td>History of deep venous thrombosis</td>
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<tr>
<td>Breastfeeding</td>
<td>Deep venous thrombosis (DVT)</td>
<td>History of DVT/PTE</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Deep venous thrombosis (DVT)</td>
<td>Acute DVT/PTE</td>
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<td>Breastfeeding</td>
<td>Deep venous thrombosis (DVT) and pulmonary embolism (PE)</td>
<td>DVT/PTE established on anticoagulant therapy</td>
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<tr>
<td>Breastfeeding</td>
<td>Known thrombogenic mutations</td>
<td>Major surgery with prolonged immobilization</td>
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<td>Breastfeeding</td>
<td>Ischemic heart disease (current or history of) or stroke (history of)</td>
<td>Coronary artery disease</td>
<td>NA</td>
<td>NA</td>
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<td>Breastfeeding</td>
<td>Known hyperlipidemia</td>
<td>Coronary artery disease</td>
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<td>Complicated uterine fibroids</td>
<td>History of pelvic surgery</td>
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<td>Uterine malformations</td>
<td>History of pelvic surgery</td>
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<tr>
<td>Breastfeeding</td>
<td>Uterine malformations</td>
<td>History of pelvic surgery</td>
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<td>Breastfeeding</td>
<td>Systemic lupus erythematosus</td>
<td>Severe lupus erythematosus</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Systemic lupus erythematosus</td>
<td>Severe lupus erythematosus</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Headaches</td>
<td>Non-migrainous (mild or severe)</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Headaches</td>
<td>Migraine without aura (age &lt;35 years)</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Headaches</td>
<td>Migraine without aura (age ≥35 years)</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Breastfeeding</td>
<td>Headaches</td>
<td>Migraine with aura (at any age)</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Vaginal bleeding patterns</td>
<td>Irregular without heavy bleeding</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Vaginal bleeding patterns</td>
<td>Heavy or prolonged, regular and irregular</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Vaginal bleeding patterns</td>
<td>Unexplained bleeding (prior to evaluation)</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

- Problems that occur in addition to the desired therapeutic effect
- Problems that occur when treatment goes beyond the desired effect
An unfavorable evolution of a disease, a health condition or a therapy.

Vary from mild to severe, needs intervention

A complication may be *iatrogenic*; due to medical therapy or procedure
Basic Principals 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

Permanent
- Female Tubal Ligatoprr
- Male: No Scalpel Vasectomy

Temporary
- LAM
- Natural
- Barrier
  - Male Condom
  - Female Condom
- Mechanical
  - IUD
  - Short Acting
  - Long Acting
  - COCs
  - POC

Emergency
- Mechanical
- Hormonal
Commonly encountered contraceptives side effects

- Change in menstrual bleeding patterns
- Abdominal pain
- Weight gain
- Headache
- Nausea
- Mood changes
- Delayed return to fertility
- Allergy
# Estrogen (Ethinyl estradiol) related side effects

<table>
<thead>
<tr>
<th></th>
<th><strong>Negative effects</strong></th>
<th><strong>Positive effects</strong></th>
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<tbody>
<tr>
<td><strong>Short-term</strong></td>
<td>Vaginal bleeding or spotting</td>
<td>Reduce hot flushes</td>
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<tr>
<td></td>
<td>Enlarge fibroids, Breast tenderness</td>
<td>Less gain of abdominal fat</td>
</tr>
<tr>
<td></td>
<td>Migraine headaches</td>
<td>Increase HDL cholesterol</td>
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<tr>
<td></td>
<td>Abdominal bloating</td>
<td>Decrease LDL cholesterol</td>
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<tr>
<td></td>
<td>Nausea, Skin rashes</td>
<td>Helps vaginal atrophy</td>
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<tr>
<td></td>
<td>Increase triglycerides</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coronary artery disease (with progestin)</td>
<td></td>
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<tr>
<td></td>
<td>Thrombophlebitis, Stroke</td>
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<tr>
<td><strong>Long-term</strong></td>
<td>• Gall stones</td>
<td>Fewer osteoporotic fractures</td>
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<tr>
<td></td>
<td>• Breast cancer (especially with progestin)</td>
<td>Decrease risk of colon cancer</td>
</tr>
<tr>
<td></td>
<td>• Endometrial cancer (if no progestin)</td>
<td>Improves pelvic musculature</td>
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<td></td>
<td></td>
<td>Prevents collagen loss in skin (fewer wrinkles)</td>
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</table>
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

<table>
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<th>الخصائص</th>
<th>نوع البروجستين</th>
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<td>قليلة النشاط الإستروجين والبروجستروني، وأقل تأثير أندروجيني من الجيل الثاني (فيمولين - أحادية)</td>
<td>نورثإندرون</td>
<td>الأول</td>
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<td>ذات درجات نشاط متفاوتة من الخصائص الأندروجينة والإستروجينة</td>
<td>نورثإندرونون أسيتيت طبيعية</td>
<td>الأول</td>
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<td>أقل آثار الأندروجينية قد تحتوي على مخاطر أعلى لحدوث تجلطات الدم.</td>
<td>نورجزستيلين والثاني (أسيتيت إثينوديول)</td>
<td>الثاني</td>
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<td>أحدث بروجستين وهو الوحيد المشتق من 17 أ – سبايرولاكتون، وليس من مشتقات 19 –نوريستوسيرون</td>
<td>ديزوجستريلفنورجستيدين</td>
<td>الثالث</td>
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<td>مضاد للبروجستين والأندروجين موجود في (ديان) و غالبا ما يوصف هذا المستحضر لعلاج حب الشباب وفرط الشعر ذكري النمط.</td>
<td>دروسيبرينون السبيروتيرون أسيتيتي</td>
<td>الرابع</td>
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</tbody>
</table>
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%).

- انقطاع العادة الشهرية خلال الثلاث سنوات بين 14% - 20%.
- النزف المهالي / التنقيط قليل التكرار أقل من ثلاث مرات من النزف المهالي خلال 90 يوم (26.1%).
- النزف المهالي / التنقيط المتكرر أكثر من 5 مرات من النزف المهالي خلال 90 يوم (6%).
- زيادة فترة النزيف المهالي / التنقيط (أكثر من 14 يوم متتابعة خلال 90 يوم) 11.8%.
Case studies
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?
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?
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?
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 inter-menstrual 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?
Case study 7  
POP group

A 30 year old woman, partially breast feeding. Started on POP for the last 2 months. Presented 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 examination?

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

- 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

- 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

- 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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