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**Contraceptive Technology Update
and
Quality Client Care Services**



A Guide for Pharmacists

PROFIT Project/USAID

I am a Pharmacist

I am a specialist in medications

I supply medicines and pharmaceuticals to those who need them.
I prepare and compound special dosage forms
I control the storage and preservation of all medications in my care.

I am a custodian of medical information

My library is a ready source of drug knowledge
My files contain thousands of specific drug names and tens of thousands of facts about them.
My records include the medication and health history of entire families.
My journals and meetings report advances in pharmacy from around the world.

I am a companion of the physician

I am a partner in the case of every patient who takes any kind of medication.
I am a consultant on the merits of different therapeutic agents.
I am the connecting link between physician and patient and the final check on the safety of medicines.

I am a counselor to the patient

I help the patient understand the proper use of prescription medication.
I assist in the patient's choice of nonprescription drugs or in the decision to consult a physician.
I advise the patient on matters of prescription storage and potency.

I am a guardian of the public health

My pharmacy is a center for health-care information.
I encourage and promote sound personal health practices.
My services are available to all at all times.

This is my calling • This is my pride

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HELPING CUSTOMERS CHOOSE AND USE MODERN CONTRACEPTIVES: A GUIDE FOR PHARMACISTS

Introduction

Men and women who want to space their children or limit their pregnancies need accurate information about their modern contraceptive choices. They also should be reassured that once they select a contraceptive it will be consistently available and affordable in the market.

Zimbabwe is committed to the following:

- providing education about modern contraceptive methods,
- increasing the number of available contraceptive choices in the market,
- creating interest in and consumer demand for contraceptives,
- expanding access to these contraceptives by facilitating consistent and affordable supply, and
- training service providers in contraceptive technology so they can help those who need contraception to make informed choices.

The Pharmacist's Role

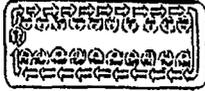
Pharmacy personnel play an important role in helping clients make informed choices about modern contraceptive methods. This is accomplished by educating people about the methods, supplying them with products, discussing possible side effects, and referring them to other health care providers as necessary.

How To Use This Guide

This guide is designed to be a quick reference guide. It will help you to remember details regarding the various modern contraceptive methods, as well lead you through the basic steps for providing contraceptive services and supplies.

NOTES

1. OVERVIEW OF COMBINED ORAL CONTRACEPTIVE



WHO CAN USE:

- Clients who want a method that does not interfere with intercourse
- Clients who want to reduce monthly bleeding or cramps
- Clients who can make it an easy habit to take a pill daily
- Clients who are breastfeeding AFTER 6 months postpartum

CONTRAINDICATIONS:

- Pregnancy
- History of heart/circulatory problems
- Abnormal vaginal bleeding between periods
- Undiagnosed lumps in the breast or breast cancer
- Liver disease (yellow skin or eyes)
- Smoker over 35 years of age
- Breastfeeding before 6 months postpartum
- Abnormal vaginal bleeding

PRECAUTIONS:

- Smoker under 35 years of age
- Diabetes
- Chronic high blood pressure
- Chronic bad headaches

POSSIBLE SIDE EFFECTS:

- Breakthrough bleeding
- Breast tenderness
- Headaches
- Mild Depression
- Acne/oily skin
- Weight gain
- Nausea

WARNING SIGNS:

- Severe abdominal pain
- Severe leg pain
- Severe chest pain, cough, or shortness of breath
- Loss of vision or blurred vision; headaches; dizziness; weaknesses
- No period after long period of regular menses

2. SCREENING CHECKLIST COMBINED ORAL CONTRACEPTIVE

IF A CUSTOMER ANSWERS "NO" TO ALL OF THE BELOW AND SHE IS NOT BREASTFEEDING OR IS BREASTFEEDING A BABY SIX (6) MONTHS OR OLDER, SHE IS A CANDIDATE FOR A COC.

CONTRAINDICATION . Customers who answer "YES" to any of these questions should be advised to use a different method or REFERRED to their medical provider for further examination.

PRECAUTION. Customers who answer "YES" to any of these questions may be able to use the method safely. REFER them to their medical provider to confirm their suitability for a method.

CUSTOMER SCREENING Checklist :		YES	NO
Combined Oral Contraceptive (COC)			
CONTRAINDICATION			
1.	Do you think you could be pregnant?	1.	
2.	Do you have chest pains, shortness of breath, swelling or pain in the legs, or swollen veins? (may indicate heart/circulatory problems.)	2.	
3.	Do you have unexplained vaginal bleeding between periods?	3.	
4.	Do you have or suspect you have breast or endometrial cancer?	4.	
5.	Do you have liver disease, yellow eyes, or yellow skin?	5.	
6.	Are you 35 years old or older and a cigarette smoker?	6.	
7.	Are you currently breastfeeding?	7.	
PRECAUTION			
8.	Do you have high blood pressure?	8.	
9.	Do you have severe headaches or severe depression?	9.	
10.	Are you on any medication?	10.	
11.	Do you have any other health problems?	11.	

3. EDUCATION FOR COMBINED ORAL CONTRACEPTIVE

I. WHAT TO TELL YOUR CUSTOMER ABOUT TAKING THE PILL

⇒ Explain How the Pill Works

The pill contains hormones that stop your body from releasing an egg. Without an egg to be fertilized, you cannot become pregnant.

When used correctly, oral contraceptives are 99% effective in preventing pregnancy. However, pill-taking mistakes occur, so in typical use, it is only about 96-97% effective in preventing pregnancy.

To use the pill, you must swallow one tablet every day.

⇒ Give Tips for Pill-Taking

√ When to Take the First Pill

- You can advise your customer to take the first pill anytime during the menstrual cycle as long as you are sure the customer is not pregnant. If the pill is started without menses, a back-up method should be used for 7 days.
- Tell your customer:

"You can take your first active pill on the FIRST day of menstrual bleeding. Until then you will need to avoid having sex or to use condoms or spermicide."

√ How to Take Pills Correctly

- Show your customer a packet of the pills that she will use. Tell her that there are other types of pills and pill packages. Then she will not be confused if she sees or hears about other types. Tell your customer the new low dose and low dose triphasic pills are all in 28-day packets.

- Show your customer how to remove the first pill from the packet. Next, show her how to follow the directions or arrows on the packet and take each pill in turn. **It is especially important that your customer understands that she must follow the order exactly if she has selected the triphasic pills.**
- Tell Your Customer:
 - TAKE ONE PILL EVERY DAY. When you finish one packet, take the first pill from a new packet on the very next day.
 - Take each pill at the same time every day. This is easier to remember. It also helps the pills to be most effective.
 - Use a back-up method when taking antibiotics and for seven days after taking antibiotics.
 - You also may want to take your pill just before going to sleep or with a meal. This is easier to remember and may help prevent nausea and other side effects.
 - If you have a little bleeding or spotting when you do not expect it, **do not worry. Keep taking your pills regularly.**

√ What to Do About Missed Pills

Experts disagree on the best advice for women who miss more than one pill. The following rules are recommended for the low dose pills.

- **Tell the customer if she misses 1 pill:**

She should take the pill as soon as she remembers and then take the next pill at the regular time. This may mean that she takes two pills on one day.

- **Tell the customer if she misses 2 pills:**

She should not take the forgotten pills but should take the next pill at the regular time. She should use another "back-up" method for 7 days, such as condoms and/or spermicides.

- **Tell the customer if she misses 3 or more pills:**

She should throw away the remaining pills in that pack and that she will probably start her period within a few days.

On the first day of her period, she should start a new pack of pills.

She is not protected from getting pregnant so she should use a condom and/or spermicides until she starts her next period.

If she has had intercourse in the last 72 hours, she may be pregnant. Ask if she wants to get emergency contraception?

If she missed any of the last 7 inactive pills, she should throw the missed pill or pills away. She should take any remaining pills, one a day. She should start the next packet on time. She does not need a backup method.

If a customer continues to miss pills often, tell her she should consider getting a different contraceptive method.

II. TELL YOUR CUSTOMER THE ADVANTAGES OF THE PILL

⇒ Contraceptive Benefits

- Provides safe and very effective contraception when used correctly. Use of effective contraception lowers risk of maternal and infant illness and death.
- Prevents pregnancy and unplanned childbirth.
- At least three times safer to use pills to prevent pregnancy than to undergo abortion to end unwanted pregnancy.
- Easy to stop if you want to get pregnant.
- Can be used immediately after an abortion.

⇒ **Non-Contraceptive Benefits**

In addition to pregnancy prevention, the pill has several non-contraceptive benefits. Women taking the pill have less menstrual bleeding and pain, and more regular periods. The pill can also help to decrease the risk of :

- Benign breast disease
- Anemia
- Pregnancy outside the womb
- Pelvic inflammatory disease
- Ovarian and endometrial cancers
- Some types of ovarian cysts
- Does not interfere with lovemaking.

III. TELL YOUR CUSTOMER THE DISADVANTAGES OF THE PILL

- Side effects such as stomach upset, headaches, sore breast, weight gain, bleeding or spotting on unexpected days and/or dizziness. These side effects are not dangerous and generally stop after the first few months of use. The majority of women experience no discomforts at all.
- Some rare but serious illnesses have occurred in a few women, usually older, who smoke. These include high blood pressure, blood clots in the legs or lungs, heart attack or stroke. Women usually have warning signs before these problems occur, so they can be avoided.
- The pill, tumors, and cancer. Scientists are still studying if the pill increases women's risk of developing cancer of the breast at a young age or cancer of the cervix (the neck of the womb), but the evidence points toward no increase in risk of developing breast, cervical or liver cancer. However, until conclusive results are obtained, pills are not recommended for use in women with these cancers. For almost all women the benefits of the pill far outweigh any possible drawbacks.

IV. REVIEW THE POSSIBLE SIDE EFFECTS OF THE PILL

- Tell your customer about side effects. This will help to keep her from worrying if they occur. The possible side effects include:
 - nausea (stomach upset)
 - mild headaches
 - breast tenderness
 - slight weight gain
 - bleeding or spotting on unexpected days
 - dizziness.
- Tell your customer:
 - Many women who use the pill never have any of these problems, and she may not either.
 - These problems are not dangerous.
 - These side effects usually go away in 3 months or less.
 - If any of these problems occur, keep taking her pills regularly.
 - Skipping pills can make some of these problems worse.
 - If these problems bother her too much, please come back to me or go to her doctor for help.

V. EXPLAIN THE 5 WARNING SIGNS OF COMPLICATIONS

The pill can cause severe illnesses in some women. There are 5 warning signs of these illnesses.

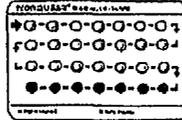
- Tell your customer to use the word A-C-H-E-S as the memory hook for remembering these five signs:
 - Abdominal pains. Severe pains in the stomach area.
 - Chest pain or shortness of breath.
 - Headaches that are severe/throbbing or on only one side of the head.
 - Eye problems -- blurred or double vision, blindness.
 - Swelling or severe pain in one leg.

- Tell your customer that a woman with any of these warning signs may be developing a heart attack, blood clots in the legs or lungs, a stroke or liver tumors. If she stops taking the pill, she usually can avoid illness. She should stop taking the pills and use another non-hormonal contraceptive method until she sees a doctor.
- Tell your customer you can give her information and supplies on non-hormonal contraceptive methods.

Combined Oral Contraceptives
INSTRUCTIONS TO THE CLIENT

1. Start first pill today. If you are not having a monthly period, use another “ back-up” method for 7 days.
2. Take one pill about the same time everyday, even if you don't have sexual intercourse.
3. Always start a new packet of pills the day after you have finished one even if you have not bled, are still bleeding, or have finished bleeding. Report back if you have not had a monthly period.
4. If you forget to take one pill, take it as soon as you remember and then take your next pill at the regular time. This may mean that you take two pills on one day.
5. If you forget to take two or more pills, don't take the forgotten pills, but take the next pill at the regular time (even if you have a little spotting). Use back-up method for 7 days.
6. If you have diarrhoea or vomiting, use a back-up method for the time you are having diarrhoea and for 7 days after diarrhoea stops.
7. Use a back-up method when taking antibiotics and for 7 days after finishing antibiotics.
8. If you are worried at all, talk to a health care provider.
9. Always store pills in a dry, safe place that is out of children's reach.
10. Use condoms in addition to pill if you think there is a chance you/your partner are at risk of exposure to sexually transmitted infections.
11. Nausea, vomiting, or spotting may occur during the first 3 months after starting the pill. These usually disappear. Do not worry, but report to health care provider if these symptoms persist past 3 months.
12. If you go for treatment for anything else, report that you are on the pill.
13. Return for more pills before the last packet of pills is finished.
14. Report to a health care provider at **ONCE** if you experience any of the following danger signs:
 - Severe abdominal pain
 - Severe chest pain, cough, or shortness of breath
 - Severe headache, dizziness, weakness, or numbness
 - Loss or blurring of vision
 - Severe leg pain

4. KEY MESSAGES COMBINED ORAL CONTRACEPTIVE



- Effective, safe, convenient
- Swallow one pill each day
- Side effects, if any usually go away
- Who should not use this pill:
 - over 35 and smoke
 - pregnant
 - have certain types of heart disease
 - have liver disease
 - have or have had breast cancer or undiagnosed breast lumps
- Does not prevent HIV/AIDS or other sexually transmitted diseases (STDs) - **USE CONDOM FOR PROTECTION!**
- You are welcome back at any time, for questions

5. REFERRALS AND RETURN VISITS COMBINED ORAL CONTRACEPTIVE

REFERRALS

Refer customer to a specific doctor/clinic

- if deemed not a low-risk user
- for regular exams and check-ups

You should always refer a customer to a physician and/or a clinic when you know you are unable to handle the customer's questions or situation. It is better to say "I don't know" and refer your customer to a medical provider who can help her. This honesty will build a trusting relationship that ensures your customers will return. It is best to refer a customer in writing so that the medical provider to whom you refer clearly understands WHY you have referred the customer and how you see her situation.

RETURN VISITS

TO ENSURE THAT CUSTOMERS RETURN WHEN SCHEDULED:

- ⇒ Mark their reminder card with the date of their next visit and record that date in your customer record log.
- ⇒ You may send a card similar to this to women who have requested that you do so at last injection/last refill visit. Some women do not wish to have any communication because this would be a breach of privacy for them.

Satisfied customers return for continuation of their method as well as to purchase other products.

When a contraceptive user returns, you need to:

1. Smile, greet her pleasantly, and inquire about the reason for her return.
2. Ensure complete privacy, to the extent possible.
3. When she returns for her follow up contraceptive visit, check your records to be sure she is within the appropriate time since her refill/injection.
4. Ask if she is satisfied with her method and if she is having any side effects.
5. Manage side effects, if any or REFER as necessary.

6. Ask if she has any questions and try to respond. If you do not have an answer, say so and try to obtain an answer for her.
7. Give her a definite appointment for her next contraceptive refill or injection.
8. Record this visit (and the action taken) in your log. Write with the date for the next visit on her reminder card and in your log. Reconfirm that it is acceptable to send her a reminder notice.
9. Before she leaves, ask if you can be of service in any other way.

1. OVERVIEW OF PROGESTIN-ONLY CONTRACEPTIVE



WHO CAN USE:

- Client who is breastfeeding AFTER 6 weeks postpartum
- Client who cannot take combined pills because of estrogen side effects

CONTRAINDICATIONS:

- Pregnancy
- Unexplained abnormal vaginal bleeding
- Breastfeeding a baby less than 6 weeks old
- History of ovarian cysts
- Liver disease (yellow skin or eyes)

PRECAUTIONS:

- Inability to take pills regularly

POSSIBLE SIDE EFFECTS:

- Irregular bleeding throughout cycle

WARNING SIGNS:

- Severe abdominal pain
- Vision difficulties

2. SCREENING CHECKLIST

PROGESTIN-ONLY CONTRACEPTIVE

IF A CUSTOMER ANSWERS "NO" TO ALL OF THE BELOW AND SHE IS NOT BREASTFEEDING OR IS BREASTFEEDING A BABY SIX (6) WEEKS OR OLDER, GIVE HER A POP.

CONTRAINDICATION. Customers who answer "YES" to any of these questions should be advised to use a different method or REFERRED to their medical provider for further examination.

PRECAUTION. Customers who answer "YES" to any of these questions may be able to use the method safely. REFER them to their medical provider to confirm their suitability for a method.

CUSTOMER SCREENING Checklist :		YES	NO
Progestin-Only Pill (POP)			
CONTRAINDICATION			
1.	Do you think you could be pregnant?	1.	
2.	Do you have chest pains, shortness of breath, swelling or pain in the legs, or swollen veins? (may indicate heart/circulatory problems.)	2.	
3.	Do you have unexplained vaginal bleeding between periods?	3.	
4.	Do you have or suspect you have breast or endometrial cancer?	4.	
5.	Do you have liver disease, yellow eyes, or yellow skin?	5.	
PRECAUTION			
6.	Have you ever had an ectopic pregnancy?	6.	

3. EDUCATION FOR PROGESTIN-ONLY CONTRACEPTIVE

I. WHAT TO TELL YOUR CUSTOMER ABOUT TAKING THE PILL

⇒ Explain How the Pill Works

The pill contains hormones that stop your body from releasing an egg. Without an egg to be fertilized, you cannot become pregnant.

When used correctly, oral contraceptives are 99% effective in preventing pregnancy. However, pill-taking mistakes occur, so in typical use, it is only about 96-97% effective in preventing pregnancy.

To use the pill, you must swallow one tablet every day.

⇒ Give Tips for Pill-Taking

√ When to Take the First Pill

- Tell your customer:
 - Take your first active pill on the FIRST day of menstrual bleeding. Until then you will need to avoid having sex or to use condoms or spermicide.

√ How to Take Pills Correctly

- Show your customer a packet of the pills that she will use. Tell her that there are other types of pills and pill packages. Then she will not be confused if she sees or hears about other types. Tell your customer the new low dose and low dose triphasic pills are all in 28-day packets.
- Show your customer how to remove the first pill from the packet. Next, show her how to follow the directions or arrows on the packet and take

each pill in turn. **It is especially important that your customer understands that she must follow the order exactly if she has selected the triphasic pills.**

- **Tell Your Customer:**
 - **TAKE ONE PILL EVERY DAY.** When she finishes one packet, she should take the first pill from a new packet on the very next day.
 - Take each pill at the same time every day. This is easier to remember. It also helps the pills to be most effective.
 - Use a back-up method when taking antibiotics and for seven days after taking antibiotics.
 - She may want to take her pill just before going to sleep or with a meal. This is easier to remember and may help prevent nausea and other side effects.
 - If she has a little bleeding or spotting when she does not expect it, **she should not worry. She should keep taking her pills regularly.**

√ **What to Do About Missed Pills**

Experts disagree on the best advice for women who miss more than one pill. The following rules are recommended for the low dose pills.

- **Tell your customer if she misses 1 pill:**

She should not take the forgotten pill, but take the next pill at the usual time. She should use another “back-up” method for 7 days, such as a condom and/or spermicides.

- **Tell your customer if she misses 2 pills:**

She should not take the forgotten pills, but take the next pill at the regular time. She should use another “back-up” method for 7 days, such as a condom and/or spermicides.

- **Tell your customer if she misses 3 or more pills:**

She should throw away the remaining pills in that pack and will probably start her period within a few days.

On the first day of her period, she should start a new pack of pills.

She is not protected from getting pregnant so she should use a back-up method, such as a condom and/or spermicides until she starts her next period.

If she has had intercourse in the last 72 hours, she may be pregnant. Ask if she wants to get emergency contraception.

If she missed any of the last 7 inactive pills, she should throw the missed pill or pills away. She should take any remaining pills, one a day. She should be sure to start the next packet on time. She does not need a backup method.

If a customer continues to miss pills often, tell her she should consider getting a different contraceptive method.

II. TELL YOUR CUSTOMER THE ADVANTAGES OF THE PILL

⇒ Contraceptive Benefits

- Lactating women may use this pill.
- Women over 35 years of age may use this pill.
- Provides safe and effective contraception when used correctly. Use of effective contraception lowers risk of maternal and infant illness and death.
- Prevents pregnancy and unplanned childbirth.
- At least safer to use pills to prevent pregnancy than to undergo abortion to end unwanted pregnancy.
- Easy to stop if you want to get pregnant.
- Can be used immediately after an abortion.

⇒ Non-Contraceptive Benefits

In addition to pregnancy prevention, the pill has several non-contraceptive benefits. Women taking the pill have less menstrual bleeding and pain, and more regular periods. The pill can also help to:

- Decrease menstrual cramps, pain, heavy bleeding, and length of period
- Decrease premenstrual syndrome symptoms
- Decrease anemia
- Decrease risk of endometrial and ovarian cancer
- Decrease risk of pelvic inflammatory disease
- Not interfere with lovemaking

III. TELL YOUR CUSTOMER THE DISADVANTAGES OF THE PILL

- The progestin-only contraceptive has few serious disadvantages. Side effects such as irregular menstrual bleeding, including spotting, breakthrough bleeding, prolonged cycles, and no period may occur. Additionally, stomach upset, headaches, weight gain, breast tenderness, or dizziness may occur, but less frequently than with combined oral contraceptive. These side effects are not dangerous and generally stop after the first few months of use. The majority of women experience no discomforts at all.
- Required regularity in pill taking and attention to timing.
- Increased risk of functional ovarian cysts.
- Ectopic (outside the uterus) pregnancy is more likely.
- The pill and cancer. Scientists are still studying if the pill increases women's risk of developing cancer of the breast. Until conclusive results are obtained, pills are not recommended for use in women with cancer. For almost all women the benefits of the pill far outweigh any possible drawbacks.
- Does not protect against sexually transmitted disease (STDs).

IV. REVIEW THE POSSIBLE SIDE EFFECTS OF THE PILL

- Tell your customer about side effects. This will help to keep her from worrying if they occur. The possible side effects include:
 - nausea (stomach upset)
 - mild headaches
 - breast tenderness
 - slight weight gain
 - bleeding or spotting on unexpected days
 - dizziness.

- Tell your customer:
 - Many women who use the pill never have any of these problems, and she may not either.
 - These problems are not dangerous.
 - These side effects usually go away in 3 months or less.
 - If any of these problems occur, keep taking her pills regularly.
 - Skipping pills can make some of these problems worse.
 - If these problems bother her too much, please come back to me or go to her doctor for help.

V. EXPLAIN THE WARNING SIGNS OF COMPLICATIONS

The pill can cause severe illnesses in some women. There are 2 warning signs of these illnesses.

- Abdominal pains. Severe pains in the stomach area may be due to an ovarian cyst or ectopic pregnancy. Do not stop taking the pill, but contact your doctor/clinic right away.

- Eye problems -- blurred or double vision, blindness.

Progestogen Only Pill
INSTRUCTIONS TO THE CLIENT

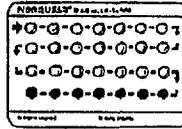
1. Start first pill of first packet of pills today. If you are not having a monthly period, use another “back-up” method for 7 days.
2. Be sure to take one pill the same time everyday. Follow the direction of the arrows until the packet is finished, even if you do not have sexual intercourse.
3. Always start a new packet of pills the day after you have finished one even if you have not bled, are still bleeding, or have finished bleeding.
4. If you forget to take one or more pills, do not take the forgotten pills, but take the next pill at the usual time. Use a back-up method for 7 days.
5. If you have diarrhoea/vomiting, use a back-up method for the time you are having diarrhoea and for 7 days after the diarrhoea/vomiting has stopped.
6. Use a back-up method when taking antibiotics and use a back-up method for 7 days after finishing the antibiotics.
7. If you are worried at all, talk to a health care provider.
8. Always store pills in a dry, safe place away from heat and out of children’s reach.
9. Use condoms in addition to pill if you think there is a chance you/your partner are at risk of exposure to sexually transmitted infections.
10. If you go for treatment for anything else, report that you are on the pill.
11. Return for more pills before the last packet of pills is finished.
12. Note the day of the week you start taking the pill from the first packet, e.g. Monday. Therefore you will start each new line (of a seven pill line) on the same day (Monday) and each subsequent cycle on the same week day.
13. Report to a health care provider at **ONCE** if you experience any of the following danger signs:
 - Severe abdominal pain
 - Vision difficulties

Reference

Adapted from the Clinical Procedure Manual - Zimbabwe National Family Planning Council (ZNFPC), November 1994

4. KEY MESSAGES

PROGESTIN-ONLY CONTRACEPTIVE



- Effective, safe, convenient
- Swallow one pill each day
- Side effects, if any usually go away
- Who should not use this pill:
 - pregnant
 - have liver disease
 - have a history of ovarian cysts
 - have or have had breast lumps or breast cancer
 - breastfeeding a baby less than six weeks old
 - unable to take pills regularly
- Does not prevent HIV/AIDS or other sexually transmitted diseases (STDs) - **USE CONDOM FOR PROTECTION!**
- You are welcome back at any time, for questions

5. REFERRALS AND RETURN VISITS PROGESTIN-ONLY CONTRACEPTIVE

REFERRALS

Refer customer to a specific doctor/clinic

- if deemed not a low-risk user
- for regular exams and check-ups

You should **always** refer a customer to a physician and/or a clinic when you know you are unable to handle the customer's questions or situation. It is better to say "I don't know" and refer your customer to a medical provider who can help her. This honesty will build a trusting relationship that ensures your customers will return. It is best to refer a customer in writing so that the medical provider to whom you refer clearly understands **WHY** you have referred the customer and how you see her situation.

RETURN VISITS

TO ENSURE THAT CUSTOMERS RETURN WHEN SCHEDULED:

- ⇒ Mark their reminder card with the date of their next visit and record that date in your customer record log.
- ⇒ You may send a card similar to this to women **who have requested that you do so at last injection/last refill visit.** Some women do not wish to have any communication because this would be a breach of privacy for them.

Satisfied customers return for continuation of their method as well as to purchase other products.

When a contraceptive user returns, you need to:

1. Smile, greet her pleasantly, and inquire about the reason for her return.
2. Ensure complete privacy, to the extent possible.
3. When she returns for her follow up contraceptive visit, check your records to be sure she is within the appropriate time since her refill/injection.
4. Ask if she is satisfied with her method and if she is having any side effects.
5. Manage side effects, if any or REFER as necessary.

6. Ask if she has any questions and try to respond. If you do not have an answer, say so and try to obtain an answer for her.
7. Give her a definite appointment for her next contraceptive refill or injection.
8. Record this visit (and the action taken) in your log. Write with the date for the next visit on her reminder card and in your log. Reconfirm that it is acceptable to send her a reminder notice.
9. Before she leaves, ask if you can be of service in any other way.

1. OVERVIEW OF EMERGENCY CONTRACEPTIVE PILLS

REGIMENS:

- Combined-pill regimen:
 - (Yuzpe method): Two (2) high-dose combined oral contraceptive pills taken as soon as convenient but no later than 72 hours (3 days) after unprotected intercourse. These should be followed by two (2) additional pills taken 12 hours after the first dose. Each tablet contains 50 mcg of ethinyl estradiol (EE) and 0.25 mg of levonorgestrel (LNG). (Low-dose pills containing 30 mcg of EE and pills containing norgestrel also may be used).
 - When only low-dose pills containing 30 mcg ethinyl estradiol and 0.15 mg levonorgestrel (or 0.30 mg norgestrel) are available, then four (4) pills should be taken as the first dose as soon as convenient but no later than 72 hours (3 days) after unprotected intercourse. These should be followed by another four (4) pills 12 hours later.
- Progestin-only regimen (emerging data indicate that an alternate hormonal regimen consisting of progestin-only pills is equally effective as the Yuzpe regimen but has a significantly lower incidence of side effects):
 - One (1) 0.75 mg pill of levonorgestrel taken as the first dose as soon as convenient but no later than 72 hours (3 days) after unprotected intercourse. This should be followed by one (1) additional pill taken 12 hours after first dose.

WHO CAN USE:

- Women who have had unprotected intercourse within the last 72 hours

CONTRAINDICATIONS:

- Women who are pregnant

PRECAUTIONS:

- Women who have pregnancy symptoms

POSSIBLE SIDE EFFECTS:

- Temporary nausea
- Headaches or dizziness
- Breast tenderness

WARNING SIGNS:

- None

2. SCREENING CHECKLIST

EMERGENCY CONTRACEPTIVE PILLS

IF A CUSTOMER ANSWERS "NO" TO ALL OF THE BELOW, SHE IS A CANDIDATE FOR A ECP.

CONTRAINDICATION . Customers who answer "YES" to any of these questions should be advised to use a different method or REFERRED to their medical provider for further examination.

PRECAUTION. Customers who answer "YES" to any of these questions may be able to use the method safely. REFER them to their medical provider to confirm their suitability for a method.

CUSTOMER SCREENING Checklist :		YES	NO
Emergency Contraceptive Pills (ECPs)			
CONTRAINDICATION			
1.	What was the date of your last normal menstrual period? _____		
2.	Are you or do you think you could be pregnant?	2.	
3.	Did client have unprotected intercourse more than 72 hours ago? What was the date and time of unprotected intercourse? _____	3.	
PRECAUTION			
4.	Have you had breast tenderness?	4.	
5.	Have you felt nauseous?	5.	
6.	Did you miss a menstrual period in the last month?	6.	
7.	Was there a change in your last period (light flow, short duration, etc.)?	7.	
8.	Have you had increased urinary frequency?	8.	

3. EDUCATION FOR EMERGENCY CONTRACEPTIVE PILLS

I. WHAT TO TELL YOUR CUSTOMER ABOUT EMERGENCY CONTRACEPTIVE PILLS

⇒ Explain How the Pill Works

Depending on when a customer receives ECPs during her menstrual cycle, the medication can prevent ovulation, fertilization, or implantation. (Van Look and Von Hertzen, 1993)

ECPs are not abortifacients; they are not effective once the implantation has begun.

⇒ Give Tips for Pill-Taking

√ When to Take the Pills

- Tell your customer:
 - Take the specified number of tablets as soon as convenient but no later than 72 hours (3 days) after unprotected sex.
 - Take the second dose of tablets 12 hours after the first dose.

√ How to Take Pills Correctly

- Tell your customer:
 - Try to time the first dose so that taking the second dose will be convenient (for example, 8 PM and 8 AM). Treatment should not be delayed unnecessarily, however, as effectiveness may decline with time.
 - Taking the tablets with food or milk or prior to sleep may help reduce nausea.

- If you vomit within 2 hours of taking the tablets, take another dose as soon as possible.

√ Other Instructions

- Tell your customer:
 - Use a barrier method, like condoms, until you begin your menstrual period.
 - Go to a doctor/clinic if your menstrual period is more than a week late
 - Emergency contraceptive pills should not be used on a regular basis to prevent pregnancy. Educate her on other contraceptive methods.

II. TELL YOUR CUSTOMER ABOUT ECP EFFECTIVENESS AND SAFETY

- ECPs prevent most pregnancies, but they are not 100 percent effective. The treatment fails in approximately 2 percent of women using it correctly.
- There are no known long- or short-term health-risks associated with ECP use.
- There is no evidence to suggest that ECPs cause birth defects in the event that a pregnancy results.

III. TELL YOUR CUSTOMER THE DISADVANTAGES OF ECP

- The emergency contraceptive pill may cause side effects such nausea, vomiting, headaches, dizziness, cramping, or breast tenderness. These side effects are not dangerous and generally do not last for more than 24 hours.
- There is a higher chance of pregnancy if a woman uses ECPs as a regular contraceptive
- Does not protect against sexually transmitted disease (STDs).

IV. REVIEW THE POSSIBLE SIDE EFFECTS OF ECP

Telling your customer about side effects will help to keep her from worrying if they occur. The possible side effects include: nausea, vomiting, headaches, dizziness, cramping, or breast tenderness.

V. EXPLAIN THE WHAT TO DO AFTER USING ECPs

- Tell your customer:
 - There will not be any immediate signs showing whether or not the ECPs worked. Your menstrual period should come on time (or a few days early or late).
 - That ECPs will not cause her menstrual period to come immediately.
 - If the period is more than a week later than expected or if she has concerns, she go to her doctor/clinic.
 - If she has unprotected sex AFTER using ECPs, pregnancy will not be prevented.

VI. TELL YOUR CUSTOMER THERE ARE NO WARNING SIGNS

4. KEY MESSAGES

EMERGENCY CONTRACEPTIVE PILLS

- Only method effective after intercourse
- Effective and safe
- Should not be used regularly as a contraceptive method
- Side effects, if any usually go away
- Who should not use this pill:
 - a pregnant woman
- Does not prevent HIV/AIDS or other sexually transmitted diseases (STDs) - **USE CONDOM FOR PROTECTION!**
- You are welcome back at any time for questions

5. REFERRALS AND RETURN VISITS

EMERGENCY CONTRACEPTIVE PILLS

REFERRALS

Refer customer to a specific doctor/clinic

- if pregnant
- has a delay in her next menstruation
- wants to use clinical contraceptive methods
- for regular exams and check-ups

You should **always** refer a customer to a physician and/or a clinic when you know you are unable to handle the customer's questions or situation. It is better to say "I don't know" and refer your customer to a medical provider who can help her. This honesty will build a trusting relationship that ensures your customers will return. It is best to refer a customer in writing so that the medical provider to whom you refer clearly understands **WHY** you have referred the customer and how you see her situation.

RETURN VISITS

Satisfied customers return for continuation of their method as well as to purchase other products.

When a contraceptive user returns, you need to:

1. Smile, greet her pleasantly, and inquire about the reason for her return.
2. Ensure complete privacy, to the extent possible.
3. When she returns for her follow up contraceptive visit, check your records to be sure she is within the appropriate time since her refill/injection.
4. Ask if she is satisfied with her method and if she is having any side effects.
5. Manage side effects, if any or REFER as necessary.
6. Ask if she has any questions and try to respond. If you do not have an answer, say so and try to obtain an answer for her.
7. Give her a definite appointment for her next contraceptive refill or injection.

8. Record this visit (and the action taken) in your log. Write with the date for the next visit on her reminder card and in your log. Reconfirm that it is acceptable to send her a reminder notice.
9. Before she leaves, ask if you can be of service in any other way.

1. OVERVIEW OF CONDOMS



WHO CAN USE:

- Anyone at any time
- Anyone to protect from STDs

PRECAUTIONS:

- Sensitive to rubber or spermicidal lubricants

POSSIBLE SIDE EFFECTS:

- Rare – irritation from lubrication on condom

2. EDUCATION FOR CONDOM USE

I. WHAT TO TELL YOUR CUSTOMER ABOUT USING CONDOMS

⇒ Explain How the Condom Works

The condom is put on the man's erect penis before entering partner and worn during sexual intercourse. It is a barrier method that prevents pregnancy by holding sperm leaving the man's body and preventing it from entering the woman's vagina.

In practice, condoms are 88% effective in preventing pregnancy.

Customers will need instructions from the service provider, if they haven't used a condom before.

⇒ Explain How the Condom Prevents STDs, including HIV/AIDS

The condom also prevents the man's semen or open sores on the penis from coming in contact with the anus or vagina of the sexual partner, and prevents infection from STDs, including HIV/AIDS.

⇒ Give Tips for Correct Condom Use

- Tell Your Customer:
 - Do not use oils-based lubricants such as petroleum jelly (Vaseline) to make condoms slippery. These make condoms break. Use only a jelly or cream that does not have oil in it.
 - Use a condom every time you have sexual intercourse.
 - Use each condom only once.
 - Store condoms in a cool, dry place.
 - For protection from STDs/HIV/AIDS, use rubber, or latex, condoms-never "natural", animal skin condoms.

- Do not use a condom if:
 - the manufacture date stamped on the package is more than five years, but preferably not more than only three years old.
 - the package is broken.
 - the condom is brittle or dried out.
 - the condom is unusually sticky.
 - the color is uneven or changed.

√ **Who Can Use Condoms?**

Any one at any time. Condoms are particularly suited for:

- Persons at risk giving or getting a sexually transmitted disease (STD) including HIV/AIDS.
- Persons/couples who cannot use other methods, such as hormonal methods.
- Persons who want a safe, effective method.
- Breastfeeding women and their partners.

√ **Who Should Not Use Condoms (Precautions)?**

Persons who have severe sensitivity to rubber.

II. TELL YOUR CUSTOMER THE ADVANTAGES OF USING A CONDOM

⇒ **Contraceptive Benefits**

- Can be used by anyone at anytime
- There are no known complications
- Effective
- Appropriate for breastfeeding women
- Easy to use
- Relatively inexpensive
- Usually easy to obtain
- Allows the man to share responsibility in family planning and prevention of STDs, including HIV/AIDS

⇒ **Non-Contraceptive Benefits**

- Protects against STDs, including HIV/AIDS, if used consistently and correctly
- May help the man maintain erection longer during sexual intercourse
- Often prevents premature ejaculation

III. TELL YOUR CUSTOMER THE DISADVANTAGES OF USING A CONDOM

- It must be used with each act of intercourse
- It can break
- It can come off during intercourse

IV. REVIEW THE POSSIBLE SIDE EFFECTS OF USING A CONDOM

Tell your customer about the side effects. This will help to avoid concern if they occur. The possible side effect includes some irritation from the lubricant on a condom. This side effect, however, rarely occurs.

3. KEY MESSAGES

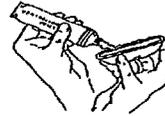
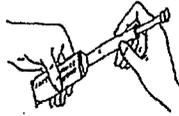
CONDOMS



- **Safe**
- **Immediately effective**
- **Protects against STDs/HIV/AIDS**
- **Can break if not used properly**
- **Place on an erect penis**
- **You can return at any time to ask questions**

1. OVERVIEW OF

SPERMICIDES



WHO CAN USE:

- Anyone at any time

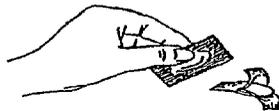
PRECAUTIONS:

- None

POSSIBLE SIDE EFFECTS:

- Rare - minor irritation of the penis or vagina

FOAMING TABLETS



WHO CAN USE:

- Anyone at any time

PRECAUTIONS:

- None

POSSIBLE SIDE EFFECTS:

- Rare - minor irritation of the penis or vagina

2. EDUCATION FOR SPERMICIDE USE

I. WHAT TO TELL YOUR CUSTOMER ABOUT USING SPERMICIDES

⇒ Explain How Spermicides Work

They are inserted into the vagina up to an hour before intercourse and contain a soap-like agent that kills sperm. They cause the sperm cell membrane to break, affecting sperm movement (motility and mobility) and its ability to fertilize the egg. Spermicides may cover the opening of the cervix and block sperm from entering the uterus and eventually fertilizing an egg.

Spermicides are 79% effective in practice. They are more effective if used with a condom.

- **Tell Your Customer About the Different Types of Spermicides**
 - Aerosol foam
 - Creams
 - Film
 - Jellies
 - Vaginal suppositories
 - Vaginal tablets

⇒ Give Tips for Correct Use of Spermicides

- **Tell Your Customer How to Use Foaming Tablets and Suppositories:**
 - A new tablet/suppository should be inserted into the vagina and must be used every time a couple has sexual intercourse.
 - **Moisten foaming tablet** with clean water or saliva.
 - The woman holds the foaming tablet/suppository between her fingers and inserts it high up into her vagina.
 - The couple must wait 7 to 10 minutes before having intercourse for the tablet/suppository to dissolve and become effective.

- Effective for only one hour after insertion. Therefore, if intercourse has not occurred after one hour, it should be inserted again.
- **Tell Your Customer How to Use Foam, Creams, Jellies:**
 - Spermicides must be used every time a couple has sexual intercourse.
 - The woman inserts the foam, cream, or jelly **ONE HOUR** or less before sexual intercourse.
 - For **foam**, the woman should shake the can of foam very well, put the application over the nozzle of the can, then gently tilt the applicator so it fills with foam; insert the foam-filled applicator into the vagina, and push the plunger to express the foam.
 - For **cream or jelly**, the woman should put the applicator over the opening of the tube and squeeze the tube until the applicator is filled.
 - When lying down, she inserts the applicator into her vagina as far as possible, then pushes on the plunger of the applicator so that the spermicide is pushed out of the applicator into the vagina. She then removes the applicator from the vagina.
 - Reinsert after one hour if intercourse has not occurred and for each act.

√ **What are the Important Things to Remember?**

- Foaming tablets, suppositories, foam, cream, and jelly must be stored in a cool, dry place out of children's reach.
- Women should wait at least six hours after having sexual intercourse before douching.
- After use, the applicator should be washed in warm, soapy water.

√ **Who Can Use Spermicides?**

- any one at any time
- customers who do not want to or cannot use hormonal contraceptives
- customers who are breastfeeding
- customers who want or need extra lubrication during intercourse

√ **Who Should Not Use Spermicides?**

- Persons who have severe sensitivity to ingredients in spermicides

II. TELL YOUR CUSTOMER THE ADVANTAGES TO USING SPERMICIDES

⇒ **Contraceptive Benefits**

- Can be used by anyone at anytime
- Can provide lubrication
- Appropriate for breastfeeding women
- Easy to obtain, use, relatively inexpensive, and a good back-up method

⇒ **Non-Contraceptive Benefits**

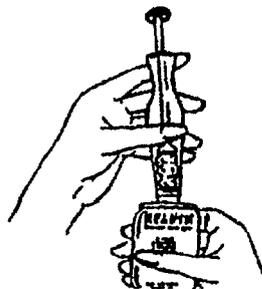
- Offer some protection against GTIs and STDs (e.g. HBV, HIV/AIDS)

III. REVIEW THE POSSIBLE SIDE EFFECTS OF USING SPERMICIDES

Tell your customer about the side effects. This will help to avoid concern if they occur. The possible side effects include:

- Rarely, minor irritation of the penis or vagina from some ingredients

3. KEY MESSAGES SPERMICIDE



- Safe
- Rapidly effective
- Safe for breastfeeding mothers
- Easy to use
- Offers some protection against GTIs and STDs (HBV, HIV/AIDS)
- You can return any time to ask questions

Contraceptive Methods Overview

METHOD	How effective is it in practice?	Who can use it?					
		Breastfeeding	Age	Parity	Smoker	Post-Abortion	Postpartum
Condom	88-98%	Yes	Any	Any	Yes	Yes	Yes
Spermicides	79%	Yes	Any	Any	Yes	Yes	Yes
Oral Contraceptives							
· Combined	97%	Yes after 6 months	Any	Any	No	Yes	Yes (if not breastfeeding)
· Progesterone	97%	Yes after 6 weeks	Any	Any	Yes	Yes	Yes (if not breastfeeding)
IUDs:							
· Copper	94-99%	Yes	Any	Any	Yes	Yes (no evidence of infection)	Yes
· Progesterone	94-99%	Yes	Any	Any	Yes	Yes (" ")	Yes
Injectables:							
· DMPA	99.6%	Yes after 6 weeks	Any	Any	Yes	Yes	Yes (if not breastfeeding)
Norplant	99.5-99.8%	Yes after 6 weeks	Any	Any	Yes	Yes	Yes (if not breastfeeding)

Contraceptive Methods Overview¹

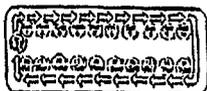
METHOD	WHAT IT IS/ HOW IT WORKS	ADVANTAGES	DISADVANTAGES
CONDOM	Thin rubber sheath that is put over erect (hard) penis immediately before intercourse to prevent sperm from entering vagina. Each condom must be used only once. Use with water NOT oil based lubricant.	Protects against STDs including HIV, male method, inexpensive	Must be stored away from heat and light, can fail if not put on or removed correctly, in rare cases may cause allergic reaction
DIAPHRAGM WITH SPERMICIDE OR CONTRACEPTIVE SPONGE	Diaphragm: a soft rubber cup that must be used with spermicide. Sponge: a soft round sponge that contains spermicide. Either is placed in the vagina by the user and prevents pregnancy by killing sperm and blocking entrance to uterus.	Reliable when used correctly, can be inserted prior to intercourse, diaphragm can be re-used many times after cleaning	Diaphragm, additional spermicide must be used before each intercourse, may cause bladder infection in susceptible women. Sponge may tear and be hard to remove. Occasional allergy to rubber or spermicide.
FERTILITY AWARENESS/ NATURAL FAMILY PLANNING	The woman learns (over several months) to recognize the fertile days of her cycle and avoids have intercourse on those days.	Natural, inexpensive	Partner may not abstain during fertile days, difficult for women with irregular periods, must chart mucus and/or temperature everyday.
IMPLANTS Norplant	Six matchstick size capsules implanted by a trained health professional under the skin in the arm. Releases progestin that changes the texture of the cervical mucus and uterine lining. Suppresses ovulation in about half of women.	Easy to use, very effective and long-lasting. Prevents pregnancy for up to 5 years. Immediate return to fertility after capsules removed.	Irregular, light bleeding very common. Customers must be willing to accept irregular menstrual pattern.

¹ Adapted from "INTRAH Guidelines for Clinical Procedures in Family Planning", third edition, 1995.

Contraceptive Methods Overview

METHOD	WHAT IT IS/ HOW IT WORKS	ADVANTAGES	DISADVANTAGES
INJECTABLES DMPA	Injections given every 2-3 months containing progestin that prevents pregnancy chiefly by suppressing ovulation and thickening cervical mucous.	Very effective, long-lasting but reversible, convenient, easy to use, does not interfere with breastfeeding. Offers protection against endometrial cancer.	During first few injections irregular bleeding is common. After first year absence of periods altogether is common. Delay in return to fertility.
IUD	A tiny plastic device (with or without copper or progesterone) which is inserted by a health professional into the uterus to prevent pregnancy.	Easy to use and very effective. Many IUDs are effective long term. The Copper T 380A is effective for up to 10 years.	Spotting, heavy bleeding, spotting, cramping, and amenorrhea common for first 3 months. Not recommended for women at risk of STD or nulliparous women.
ORAL CONTRACEPTIVES	One pill each day stops ovaries from releasing eggs. Progestin-only pills useful for women who cannot use estrogen (i.e. breastfeeding mothers)	Very effective, decreases risk of pelvic infection, uterine and ovarian cancer, and benign breast disease, regulates menstrual period and decreases cramping and blood flow.	Minor side effects (nausea, headaches, weight gain) during first 3 months. With progestin only pills, menses are not usually regular.
VOLUNTARY SURGICAL CONTRACEPTION (VSC)	An operation performed on a male or female to permanently prevent conception	Permanent, no need for another contraceptive. Does not affect sexual desire or ability.	Rarely reversible. Small risk of surgical complications.

COMBINED ORAL CONTRACEPTIVE



WHO CAN USE:

- Clients who want a method that does not interfere with intercourse
- Clients who want to reduce monthly bleeding or cramps
- Clients who can make it an easy habit to take a pill daily
- Clients who are breastfeeding AFTER 6 months postpartum

CONTRAINDICATIONS:

- Pregnancy
- History of heart/circulatory problems
- Abnormal vaginal bleeding between periods
- Undiagnosed lumps in the breast or breast cancer
- Liver disease (yellow skin or eyes)
- Smoker over 35 years of age
- Breastfeeding before 6 months postpartum
- Abnormal vaginal bleeding

PRECAUTIONS:

- Smoker under 35 years of age
- Diabetes
- Chronic high blood pressure
- Chronic bad headaches

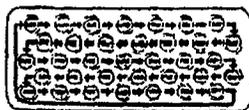
POSSIBLE SIDE EFFECTS:

- Breakthrough bleeding
- Breast tenderness
- Headaches
- Mild Depression
- Acne/oily skin
- Weight gain
- Nausea

WARNING SIGNS:

- Severe abdominal pain
- Severe leg pain
- Severe chest pain, cough, or shortness of breath
- Loss of vision or blurred vision; headaches; dizziness; weaknesses
- No period after long period of regular menses

PROGESTIN-ONLY CONTRACEPTIVE



WHO CAN USE:

- Client who is breastfeeding AFTER 6 weeks postpartum
- Client who cannot take combined pills because of estrogen side effects

CONTRAINDICATIONS:

- Pregnancy
- Unexplained abnormal vaginal bleeding
- Breastfeeding a baby less than 6 weeks old
- History of ovarian cysts
- Liver disease (yellow skin or eyes)

PRECAUTIONS:

- Inability to take pills regularly

POSSIBLE SIDE EFFECTS:

- Irregular bleeding throughout cycle

WARNING SIGNS:

- Severe abdominal pain
- Vision difficulties

EMERGENCY CONTRACEPTIVE PILLS

REGIMENS:

- Combined-pill regimen:
 - (Yuzpe method): Two (2) high-dose combined oral contraceptive pills taken as soon as convenient but no later than 72 hours (3 days) after unprotected intercourse. These should be followed by two (2) additional pills taken 12 hours after the first dose. Each tablet contains 50 mcg of ethinyl estradiol (EE) and 0.25 mg of levonorgestrel (LNG). (Low-dose pills containing 30 mcg of EE and pills containing norgestrel also may be used).
 - When only low-dose pills containing 30 mcg ethinyl estradiol and 0.15 mg levonorgestrel (or 0.30 mg norgestrel) are available, then four (4) pills should be taken as the first dose as soon as convenient but no later than 72 hours (3 days) after unprotected intercourse. These should be followed by another four (4) pills 12 hours later.
- Progestin-only regimen (emerging data indicate that an alternate hormonal regimen consisting of progestin-only pills is equally effective as the Yuzpe regimen but has a significantly lower incidence of side effects):
 - One (1) 0.75 mg pill of levonorgestrel taken as the first dose as soon as convenient but no later than 72 hours (3 days) after unprotected intercourse. This should be followed by one (1) additional pill taken 12 hours after first dose.

WHO CAN USE:

- Women who have had unprotected intercourse within the last 72 hours

CONTRAINDICATIONS:

- Women who are pregnant

PRECAUTIONS:

- Women who have pregnancy symptoms

POSSIBLE SIDE EFFECTS:

- Temporary nausea
- Headaches or dizziness
- Breast tenderness

WARNING SIGNS:

- None

CONDOMS



WHO CAN USE:

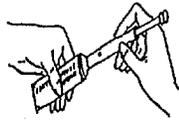
- Anyone at any time
- Anyone to protect from STDs

PRECAUTIONS:

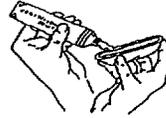
- Sensitive to rubber or spermicidal lubricants

POSSIBLE SIDE EFFECTS:

- Rare - irritation from lubrication on condom



SPERMICIDES



WHO CAN USE:

- Anyone at any time

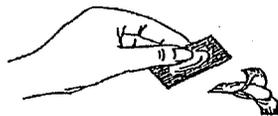
PRECAUTIONS:

- None

POSSIBLE SIDE EFFECTS:

- Rare – minor irritation of the penis or vagina

FOAMING TABLETS



WHO CAN USE:

- Anyone at any time

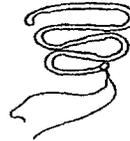
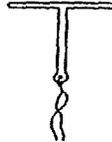
PRECAUTIONS:

- None

POSSIBLE SIDE EFFECTS:

- Rare – minor irritation of the penis or vagina

IUD



WHO CAN USE:

- Any reproductive age or parity
- Have used an IUD successfully before
- Breastfeeding mothers
- Postabortion women with no evidence of infection
- Prefer not to use hormonal methods or should not use them
- At low risk of GTIs and other STDs

PRECAUTIONS:

- Pregnancy
- Active cervical or pelvic infection
- Pelvic inflammatory disease (PID) in past (except CuT380A)
- Genital cancer
- History of tubal pregnancy (not for CuT380A or for women with subsequent pregnancy)
- Severe anemia (hemoglobin < 90 g/l)
- Risk of exposure to STDs including HIV/AIDS

POSSIBLE SIDE EFFECTS:

- Heavier menstrual period and cramps
- Spotting between periods
- Increased risk of PID
- Partial expulsion

WARNING SIGNS:

- Abnormal spotting or heavy bleeding
- Abdominal pain
- Abnormal vaginal discharge
- Fever, chills
- String is missing, shorter or longer
- No period after long period of regular menses

NORPLANT



WHO CAN USE:

- Women any reproductive age or parity
- Breastfeeding mothers AFTER 6 weeks postpartum
- Women who cannot use COCs due to estrogen related problems
- Postabortion women

CONTRAINDICATIONS:

- Pregnancy
- Jaundice, active liver disease or benign or malignant liver tumors
- Active thromboembolic disorders
- Undiagnosed vaginal bleeding
- Breast lumps or known or suspected breast cancer

PRECAUTIONS:

- Diabetes mellitus
- Hypertension
- Severe vascular or migraine headaches
- Epilepsy or tuberculosis
- Depression
- Smoking

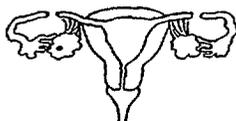
POSSIBLE SIDE EFFECTS:

- Spotting
- Heavy Bleeding
- No monthly period

WARNING SIGNS:

- Heavy bleeding, twice as much or twice as long as normal menses
- Migraine headaches or blurred vision
- Severe lower abdominal pain
- Severe arm pain

TUBAL LIGATION



WHO CAN USE:

- Women certain they want no more children
- Women whose age or health problems might cause high-risk pregnancy
- Women who understand and voluntarily give informed consent

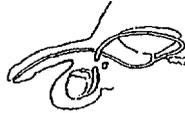
PRECAUTIONS:

- Desire for more children
- Known or suspected pregnancy
- Active pelvic infection or other serious infection
- Acute systemic infection
- Pressure from someone else
- Depression
- Marital problems
- Single
- Has no children
- Diabetes
- Documented heart disease or clotting disorders
- Obesity (over 200 lbs/90 kgs)
- Documented history of pelvic infection
- Multiple lower abdominal incisions

POSSIBLE SIDE EFFECTS:

- Rare - infection from surgery

VASECTOMY



WHO CAN USE:

- Men certain they want no more children
- Men who understand and voluntarily give informed consent

PRECAUTIONS:

- Desire for more children
- Acute systemic infection
- Depression
- Marital problems

POSSIBLE SIDE EFFECTS:

- Rare - infection from surgery

DMPA (Injectables)



WHO CAN USE:

- Women any age, any parity
- Breastfeeding women AFTER 6 weeks postpartum
- Women who cannot use COCs due to estrogen related side effects
- Postabortion women
- Women who have recently had rubella immunizations
- Women who have sickle cell disease
- Women smokers

CONTRAINDICATIONS:

- Pregnancy
- Unexplained vaginal bleeding
- Current breast cancer
- Viral hepatitis and liver tumor
- Diabetes
- Current and history of ischemic heart disease
- Past evidence of breast cancer
- Blood pressure 180+/110+ or severe vascular disease
- Severe cirrhosis of the liver

PRECAUTIONS:

- Benign breast cancer or family history of breast cancer
- Diabetes, non-vascular, non-insulin and insulin-dependent
- Familial hyperlipidemia
- Hypertension
- Undiagnosed breast mass
- Migraine headaches
- Deep venous thrombosis or superficial venous thrombosis
- Endometrial, ovarian cancer
- Cervical intraepithelial neoplasia
- Cervical cancer
- Uterine fibroids
- Heavy or prolonged bleeding
- Trophoblast disease
- History of cholestasis
- Cirrhosis

DMPA (cont.)



PRECAUTIONS (continued):

- Vascular heart disease
- PID, STDs, HIV/AIDS, biliary tract disease
- Drug use - antibiotics or anticonvulsants

POSSIBLE SIDE EFFECTS:

- Weight gain
- Irregular menstrual patterns - no period and spotting

WARNING SIGNS:

- Heavy bleeding, twice as long or twice as much as usual
- No period after a long period of regular menses
- Migraine headaches or blurred vision
- Severe lower abdominal pain
- Frequent urination (may indicate pregnancy)

SOME FINAL NOTES...

⇒ What About HIV/AIDS?

- √ **The pill does not protect a woman against HIV/AIDS.**
It prevents pregnancy. Any woman who has sex with more than one man, or whose partner has sex with other women or men, might get HIV/AIDS.
- √ **The ways a woman can protect herself from getting HIV/AIDS during sexual contact are:**
 - She can stop having sex
 - She can use a latex condom every time she has sex.
- √ **A woman cannot get HIV/AIDS from pills**
- √ **A woman who already has the HIV/AIDS virus or thinks that she might can**
 - keep taking the pills every day to avoid getting pregnant. A woman with the HIV/AIDS virus can pass it to her baby during delivery.
 - use condoms to avoid spreading the virus.

⇒ What Is "A Back-up Method"

Pill users sometimes need another method of contraception -- a backup method -- in addition to the Pill. However, most women do not use backup methods when they need to. Therefore, it is important to explain why a backup method is important and how to use it. The imaginary conversation below explains backup methods.

Customer: *"If I am going to use the Pill, why do I need another method?"*

Pharmacist: *"Do you remember that you should take the first pill on the first day of your menstrual bleeding? Until then, you need a way to prevent pregnancy."*

Customer: *"But after I start taking the pills, I won't need a backup method, will I?"*

Pharmacist: *"You might, so it is best to keep supplies on hand. You will need a backup method if:*

- You forget to take your pills two or more days in a row,*
- You run out of pills and cannot get more or*
- You have one of the warning signs and have to stop taking pills until you see a doctor."*

Customer: *"What are the backup methods?"*

Pharmacist: *"Have you used any of these methods before? Are you using one of them now? If so, it is probably best to use this method -- especially right now, until you can start the pills."*

Sell your customer some condoms or spermicides, if possible. Explain how to use the method. If she plans to avoid having sex, ask her if she is sure that her sexual partner will agree and how she will discuss it with him.

⇒ **It's Your Customers' Choice**

Today, your customers have a choice of modern methods of contraception. It is important that you provide your customers with correct information so they can make an informed choice about which method is right for them.

**ASSESS HOW WELL YOU PROVIDE YOUR CUSTOMERS WITH
QUALITY SERVICES**

PROVIDER PRACTICE CHECKLIST

Check yourself on these essential items that ensure that quality services are provided to the customer

AREA TO ASSESS	YES	NEED IMPROVEMENT
COMMUNICATION SKILLS		
Smiled, was friendly, polite, and made the customer feel welcome and comfortable		
Showed interest in and respect for the customer		
Guarded customer's privacy to the extent possible		
Asked customer the reason for the visit. (Did not assume that I knew)		
Encouraged the customer to talk openly and ask questions		
Asked questions that the customer could respond to		
Remained neutral; did not judge the customer		
Spoke appropriately, using simple language and terms that the customer used		
Used praise to reinforce correct answers		
ALL METHODS:		
Explained how method works		
Explained details of how to use method		
Explained effectiveness of method		
Explained possible side effects		
Used information checklist to ensure customer receives complete and accurate education		
Asked customer if there are any questions		
Customer left with the method s/he wanted		

AREA TO ASSESS	YES	NEED IMPROVEMENT
OCs: FIRST TIME USER:		
Used screening checklist to determine if this is appropriate method for the customer		
Referred customer to a specific doctor/clinic if deemed not a low-risk user		
Established a specific date for return visit, wrote it on the return visit form, and gave it to the customer		
Completed customer record form		
OCs: CONTINUING USER:		
Asked customer if she is satisfied with method		
Asked customer if she is having any problems with use or side effects		
Encouraged customer to come at any time if she has questions/problems		
CONDOMS		
Told customer to use it consistently		
Told customer not to use it with oil-based lubricant		
Told customer to use it with spermicides for more effective pregnancy prevention		
SPERMICIDES		
Told customer to use it consistently		
Told customer to use it with condoms for more effective pregnancy prevention and to protect from STDs/HIV/AIDS		

TECHNICAL INFORMATION

1. Oral Contraceptives

Background

Over 60 million women around the world are now using oral contraceptives. In most countries "the pill" has long been the most popular form of reversible contraception. Why? Because the pill offers a means of preventing pregnancies that is very effective, easy to use, and safe for most women.

From the start there has been little doubt about the contraceptive effectiveness of combined progestin-estrogen pills. When used properly, they rank with injectables, the more recently developed hormonal implants, and the latest generation of IUDs as almost perfectly effective, reversible contraception. Some pregnancies do occur, however, when women do not take their pills correctly.

Possible side effects and Health Risks

Oral contraceptive use has non-contraceptive side effects, both good and bad, both minor and serious. Some users experience headaches, nausea, cramps, irregular menstrual bleeding, breast tenderness or weight gain. These side effects generally are temporary and, except for a certain type of headache, do not appear to be symptomatic of more serious problems. They are annoying, however, and lead some women to stop using pills.

Use of oral contraceptives has also been linked with thromboembolic disease and stroke and heart disease in women with certain health conditions.

Oral contraceptives also have beneficial health effects, such as protection from PID (pelvic inflammatory disease) and helping prevent cancer to the endometrium and the ovaries.

The principal methods of reducing side effects and health risks have been:

- Lower the doses of both estrogen and progestin (i.e. develop "lower dose" pills).
- Develop new progestins, in hopes of minimizing side effects while maintaining contraceptive effectiveness.
- Screen women buying pills more carefully.

Low-Dose Pills

The most popular pill today is the low-dose estrogen-progestin pill. Modern low-dose pills contain one-quarter less estrogen and substantially less progestin than the first pills introduced more than 30 years ago. Defined as containing less than 50 micrograms of estrogen, low-dose pills now account for most of the pills sold worldwide today.

Low-dose pills seem to cause fewer unpleasant side effects, such as nausea and dizziness. Low doses also are thought to minimize the chances of developing certain diseases of the circulatory system linked to the pill.

With lower doses, taking pills correctly is more important than with higher dose pills. Skipping pills and other inconsistent use can lead to pregnancy, perhaps more often with low-dose pills. Skipping pills also increases breakthrough bleeding, a major reason why women stop using pills. Pill-taking mistakes appear to be common and may explain many unintended pregnancies. It is important to remind women of the importance of taking pills correctly, every day.

Triphasic Pills

The first triphasic low dose oral contraceptives alter the dosage of both estrogen and progestin components of combined oral contraceptives periodically throughout the pill-taking cycle. The objective of the triphasic approach is to maintain effectiveness while further decreasing the total hormonal dose.

Triphasics may minimize some of the minor side effects, such as nausea and thus promote continued use for some women. However, correct pill-taking is even more important with triphasics than other low dose pills.

2. ORAL CONTRACEPTIVES: DOSE AND ADMINISTRATION

Method	Composition	# of Pills	Breastfeeding	Side Effects	Age	Return to Fertility
COCs						
Eugynon	Ethinyl Oestradiol 50 mcg Norgestral 500 mcg HIGH DOSE	Monophasic 21	After 6 months Between 6 weeks & 6 months with precautions	<ul style="list-style-type: none"> · Amenorrhea · Bleeding & Spotting · High BP · Nausea/Dizziness & Nervousness 	Less than 35	Can delay
Microgynon	Ethinyl Oestradiol 30 mcg Levonorgestral 150 mcg LOW DOSE	Monophasic 21	same	same	Less than 35	Can delay
POPs						
Levonorgestrel (Microlut)	30 mcg	35	yes after 6 weeks	<ul style="list-style-type: none"> · Amenorrhea · Bleeding & Spotting · Weight Gain/Loss · Lower Abdominal/Pelvic Pain 	Any age	Immediate
Norethindrone (Micronor)	350 mcg	35	yes after 6 weeks	same	Any age	Immediate
Norgestrel (Ovrette)	75 mcg	28	yes after 6 weeks	same	Any age	Immediate

ORAL CONTRACEPTIVES: DOSE AND ADMINISTRATION

Method	Composition	# of Pills	Breastfeeding	Side Effects	Age	Return to Fertility
Emergency Contraceptive Pills: COCs Yuzpe Neogynon, Noral, Nordiol, Ovidon, Ovran Eugynon 50, Ovral	Ethinyl Oestradiol 50 mcg Levonorgestrel 0.25 mg (250 mcg) OR Ethinyl Oestradiol 50 mcg Norgestrel 0.50 mg (500 mcg) HIGH-DOSE	1st Dose: 2 tablets 2nd Dose: 2 tablets 12 hrs. later	The one time use of ECPs is safe even for women who should not take OCs on a regular basis. See OCs above.	Temporary nausea Headaches or dizziness Breast tenderness	Any age	Immediate
COCs Microgynon 30, Nordette, Rigevidon OR Lo/Femeral, Ovral L	Ethinyl Oestradiol 30 mcg Levonorgestrel 0.15 mg (150 mcg) OR Ethinyl Oestradiol 30 mcg Norgestrel 0.30 mg (300 mcg) LOW-DOSE	1st Dose: 4 tablets 2nd Dose: 4 tablets 12 hrs. later	The one time use of ECPs is safe even for women who should not take OCs on a regular basis. See OCs above.	Temporary nausea Headaches or dizziness Breast tenderness	Any age	Immediate

Adapted from Consortium for Emergency Contraception. *Emergency Contraceptive Pills: Medical and Service Delivery Guidelines* (December 1996)

Method	Composition	# of Pills	Breastfeeding	Side Effects	Age	Return to Fertility
Emergency Contraceptive Pills:						
POPs Postinor	Levonorgestrel 0.75 mg (750 mcg)	1st Dose: 1 tablet 2nd Dose: 1 tablet 12 hrs. later	The one time use of ECPs is safe even for women who should not take OCs on a regular basis. See OCs above.	Temporary nausea Headaches or dizziness Breast tenderness	Any age	Immediate
POPs Microlut, Microval, Norgeston OR Ovrette	Levonorgestrel 0.03 mg (30 mcg) OR Norgestrel 0.075 mg (75 mcg)	1st Dose: 20 tablets 2nd Dose: 20 tablets 12 hrs. later	The one time use of ECPs is safe even for women who should not take OCs on a regular basis. See OCs above.	Temporary nausea Headaches or dizziness Breast tenderness	Any age	Immediate

3. Classification of Oral Contraceptive Products

Group	Product	Oestrogen	Progestogen
1. Low dose Estrogen and Progestogen Pill (Combined Oral Contraceptive)	<u>Lo Femenal</u> (Monophasic)	E.O. 30 mcg.	Norgestrel 300 mcg.
	Nordette	E.O. 30 mcg.	Levonorgestrel 0.15 mg.
	<u>Trinordiol</u> (Triphasic)		
	6 brown tablets	E.O. 30 mcg.	Levonorgestrel 50 mcg.
	5 white tablets	E.O. 40 mcg.	Levonorgestrel 75 mcg.
	10 yellow tablets	E.O. 30 mcg.	Levonorgestrel 125 mcg.
	<u>Logynon ED</u>		
	6 brown tablets	E.O. 30 mcg.	Levonorgestrel 50 mcg.
	5 white tablets	E.O. 40 mcg.	Levonorgestrel 75 mcg.
	10 yellow tablets	E.O. 30 mcg.	Levonorgestrel 125 mcg.
	<u>Trinovum</u>		
	7 tablets	E.O. 35 mcg.	Norethisterone 0.5 mg.
	7 tablets	E.O. 35 mcg.	Norethisterone 0.75 mg.
	7 tablets	E.O. 35 mcg.	Norethisterone 1 mg.
	2. Progestogen Only Pill	<u>Ovrette</u>	
<u>Micronor</u>			Norethindrone 350 mcg.
<u>Microval</u>			Levonorgestrel 30 mcg.

* E.O. = Ethinyl Oestradiol

Note: *The table above refers to oral contraceptives currently available in Zimbabwe. Other preparations with low dose estrogen or progestogen only may be available later. High dose oral contraceptives are currently not being used in Zimbabwe.*

Reference: Blumenthal P.D. and McIntosh N. "Pocket Guide for Family Planning Service Providers", JHPIEGO - Baltimore 1995.

4. ORAL CONTRACEPTIVE (OC) INTERACTIONS WITH OTHER DRUGS¹

A. Medications that May Reduce the Efficacy of OCs			
Type of Medication	Generic Name	Management of customer if: taking less than 1 week	Management of customer if: taking more than 1 week
Antibiotics:	rifampin/rifampicin	Advise customer to use back-up method in addition to OCs while taking the medication and for 2 weeks thereafter.	Advise customer to switch to an effective non-hormonal method.
	Others including: penicillin, tetracycline, chloramphenicol, cephalosporins, methonidazole, sulfonamides, nitrofurantoin	In some places, standard practice is to recommend that customers use a back-up method in addition to OCs when taking these antibiotics and for 1 week thereafter. Presently available evidence does not support this conservative approach, however.	A conservative approach is to recommend use of a back-up method for the first month. Intestinal bacteria eventually develop resistance to the antibiotic, thus use of a back-up past the first month is unnecessary.
Anti-convulsants:			
· barbiturates	Phenobarbital (Gardnale) primidone (Mysoline)	Advise customer to use back-up method in addition to OCs while taking the medication and for 2 weeks thereafter.	Advise customer to switch to an effective non-hormonal method if possible. If not possible and if seizures well controlled, use low-dose OCs. If breakthrough bleeding develops, increase to dose of 50 mcg estrogen. With phenytoin use, watch for symptoms of phenytoin toxicity.
· others	carbamazepine (Tegretol) ethosuximide (Zarontin) phenytoin (Dilantin, Epanutin)		
Antifungal:	griseofulvin (Fulcin, Grisovin)	Rarely taken as a short course.	If a prolonged course is needed, advise customer to switch to an effective non-hormonal method or, if no contraindications, increase to an OC with 50 mcg estrogen.

¹ Source: "Outlook", PATH, Volume 9, Number 1, April 1991

B. Medications Affected by OC Use				
Type of Medication	Generic Name	Possible Affect on Medication	Management of customer if: taking for less than 1 week	Management of Customer if: taking for more than 1 week
Antibiotic	troleandomycin -TAO	Increase risk of liver toxicity	Avoid simultaneous use of TAO and OCs, try another antibiotic if possible.	Avoid simultaneous use of TAO and OCs, try another antibiotic if possible.
Anti-convulsant	phenytoin (Epanutin)	Increased side effects	Caution customer to watch for medication side effects. Advise customer to use back-up method in addition to OCs while taking the medication and for 1 week thereafter.	Advise customer to switch to an effective non-hormonal method, if possible. If not possible, and if seizures well controlled, use low-dose OCs (35 mcg or less). If amenorrhea or breakthrough bleeding develops, increase to formulation with 50 mcg estrogen. Watch for symptoms of phenytoin toxicity.
Anti-coagulants	warfarin (Coumadin) heparin	Decreased efficacy	Advise customer to use non-estrogen containing method.	Advise customer to use non-estrogen containing method.
Anti-depressants & Tricyclics	colmipramine (Anafranil) amitriptyline (Laroxl, Limbitrol, Trepeline, Tryptizol) imipramine (Melipramine, Tofranil)	Increased effect	Rarely taken as a short course.	If evidence of toxicity, reduce dose of tricyclics. With imipramine, give 2/3 normal dosage. If possible, use an effective non-hormonal method.
Anti-diabetic agents	insulin and oral hypoglycemic agents, including sulfonylureas	Decreased efficacy	Rarely taken as a short course.	Recommend low-dose OCs (35 mcg or less), a low-dose progestin-only method, or non-hormonal method.
Anti-hypertensive agents	methyl dopa (Aldomet, Aldoril, Hypolar, Sembirna) guanethidine (Esimil, Ismelin)	Decreased efficacy	Rarely taken as a short course.	Recommend lowest possible dose of OCs. If blood pressure still not controlled, progestin-only pills can be used.
	beta blocking agents including atenolol, metoprolol, propranolol	Increased effect	Seldom taken as a short course.	Monitor customer for excessive bradycardia (slow heart rate).

B. Medications Affected by OC Use

Type of Medication	Generic Name	Possible Affect on Medication	Management of customer if: taking for less than 1 week	Management of Customer if: taking for more than 1 week
Anti-anxiety agents & Benzodiazepines	Group A: alprazolam chlordiazepoxide (Librium) diazepam (Atensisine, Dialar, Kratium, Valium) triazolam	Increased effect	Recommend continued use of OCs but caution customer to watch for side effects, especially depression.	OCs not first choice but can be used if customer tolerating benzodiazepines well. Benzodiazepine dose may need to be reduced.
	Group B: lorazepam (Ativan, Tran-qil) oxaline, temazepam (Levanxol, Normison)	Decreased effect	Dosage change not normally required.	Dosage change not normally required.
Theophylline preparations (for asthma)	aminophylline (Phyllocontin, Theodrox) theophylline (Quibron, Tedral, Somophyllin)	Increased risk of toxicity	Advise customer to use an effective non-hormonal method, if possible. If OCs continued, carefully monitor drug side effects. Begin with 2/3 normal starting dose; reduce dose if evidence of toxicity.	Advise customer to use an effective non-hormonal method, if possible. If OCs continued, carefully monitor drug side effects. Begin with 2/3 normal starting dose; reduce dose if evidence of toxicity.

SAMPLES AND FORMS

PHARMACY FAMILY PLANNING CLIENT RECORD**NAME OF PHARMACY:**

Name of Client: _____		Pharmacy Ref. No: _____					
Age: _____		Current Method: _____					
Address: _____		Phone: _____					
	Y	N	Date	FP Method or Service required	BP	WT	COMMENTS (Referred, Counseled)
A	---	---	---	---	---	---	---
B	---	---	---	---	---	---	---
S	---	---	---	---	---	---	---
O	---	---	---	---	---	---	---
L	---	---	---	---	---	---	---
U	---	---	---	---	---	---	---
T	---	---	---	---	---	---	---
E	---	---	---	---	---	---	---
P	---	---	---	---	---	---	---
R	---	---	---	---	---	---	---
E	---	---	---	---	---	---	---
C	---	---	---	---	---	---	---
A	---	---	---	---	---	---	---
U	---	---	---	---	---	---	---
T	---	---	---	---	---	---	---
I	---	---	---	---	---	---	---
O	---	---	---	---	---	---	---
N	---	---	---	---	---	---	---
Date of Last Pap Test ____/____/____			Date of Last Physical Examination ____/____/____				

Combined Oral Contraceptives
INSTRUCTIONS TO THE CLIENT

1. Start first pill today. If you are not having a monthly period, use another "back-up" method for 7 days.
2. Take one pill about the same time everyday, even if you don't have sexual intercourse.
3. Always start a new packet of pills the day after you have finished one even if you have not bled, are still bleeding, or have finished bleeding. Report back if you have not had a monthly period.
4. If you forget to take one pill, take it as soon as you remember and then take your next pill at the regular time. This may mean that you take two pills on one day.
5. If you forget to take two or more pills, don't take the forgotten pills, but take the next pill at the regular time (even if you have a little spotting). Use back-up method for 7 days.
6. If you have diarrhoea or vomiting, use a back-up method for the time you are having diarrhoea and for 7 days after diarrhoea stops.
7. Use a back-up method when taking antibiotics and for 7 days after finishing antibiotics.
8. If you are worried at all, talk to a health care provider.
9. Always store pills in a dry, safe place that is out of children's reach.
10. Use condoms in addition to pill if you think there is a chance you/your partner are at risk of exposure to sexually transmitted infections.
11. Nausea, vomiting, or spotting may occur during the first 3 months after starting the pill. These usually disappear. Do not worry, but report to health care provider if these symptoms persist past 3 months.
12. If you go for treatment for anything else, report that you are on the pill.
13. Return for more pills before the last packet of pills is finished.
14. Report to a health care provider at ONCE if you experience any of the following danger signs:
 - Severe abdominal pain
 - Severe chest pain, cough, or shortness of breath
 - Severe headache, dizziness, weakness, or numbness
 - Loss or blurring of vision
 - Severe leg pain

Progestogen Only Pill
INSTRUCTIONS TO THE CLIENT

1. Start first pill of first packet of pills today. If you are not having a monthly period, use another "back-up" method for 7 days.
2. Be sure to take one pill the same time everyday. Follow the direction of the arrows until the packet is finished, even if you do not have sexual intercourse.
3. Always start a new packet of pills the day after you have finished one even if you have not bled, are still bleeding, or have finished bleeding.
4. If you forget to take one or more pills, do not take the forgotten pills, but take the next pill at the usual time. Use a back-up method for 7 days.
5. If you have diarrhoea/vomiting, use a back-up method for the time you are having diarrhoea and for 7 days after the diarrhoea/vomiting has stopped.
6. Use a back-up method when taking antibiotics and use a back-up method for 7 days after finishing the antibiotics.
7. If you are worried at all, talk to a health care provider.
8. Always store pills in a dry, safe place away from heat and out of children's reach.
9. Use condoms in addition to pill if you think there is a chance you/your partner are at risk of exposure to sexually transmitted infections.
10. If you go for treatment for anything else, report that you are on the pill.
11. Return for more pills before the last packet of pills is finished.
12. Note the day of the week you start taking the pill from the first packet, e.g. Monday. Therefore you will start each new line (of a seven pill line) on the same day (Monday) and each subsequent cycle on the same week day.
13. Report to a health care provider at **ONCE** if you experience any of the following danger signs:
 - Missed period (may be pregnant)
 - Severe abdominal pain
 - Vision difficulties

Reference

Adapted from the Clinical Procedure Manual - Zimbabwe National Family Planning Council (ZNFPC), November 1994

Emergency Contraceptive Pills
INSTRUCTIONS TO THE CLIENT

1. Take one tablet as soon as convenient after unprotected sex. Make sure to take the first dose at a time when it will be convenient to take the second dose 12 hours later. Do not delay treatment unnecessarily as effectiveness may decline with time.
2. **Important:** If more than 72 hours (3 days) have passed since you had unprotected sex, do not start using ECPs. See your health care provider as soon as possible to discuss other options.
3. Take the remaining tablet 12 hours after taking the first tablet.
4. If you vomit within 2 hours of taking a dose, take another tablet as soon as possible. If the vomiting occurred after the first dose, you will still need to take the second dose 12 hours later. To reduce the nausea, take the tablets after eating.
5. If you vomit more than 2 hours after taking the pill, do not worry. The medication is already in your system.

RETURN VISIT REMINDER:

Date: _____

Dear Mrs. _____

This is a reminder that we expect a visit from you on (day of week, date) _____ for your next refill. If this is impossible, come anytime in the two weeks before the appointment.

Provider

Address

FOLLOW-UP ON LATE RETURNS:

If a customer does not come for her next refill when expected:

Date: _____

Dear Mrs. _____

I was expecting you on (date) _____ for your next refill. Please come in as soon as possible so you may continue to be protected. If you are having any problems, please come so we can discuss them.

Provider

Address

LOCAL REFERRALS

COMPLETE THIS REFERRAL LIST, TAKE IT OUT, AND POST IT SOMEWHERE WHERE YOU CAN USE IT EASILY!

SERVICE PROVIDER NAME	REFERRAL SPECIALTY	PHONE/ADDRESS

REFERRAL FORM

TO:

Dr. _____
Clinic _____

I have requested that Mrs. _____ come to your facility as soon as possible because

- () She wishes to use METHOD: _____ but she
(*example: has a lump in her breast*) _____
- () She has been using METHOD: _____ since (date) ____ and had developed
(*example: very heavy bleeding*) _____
Her last refill was on (date) ____
- () She has been using METHOD: _____ since (date) ____ but she
wishes to use another method which you provide
(*example: IUD, Norplant*) _____
Her last refill was on (date) ____
- () Other: _____

Please communicate with me if you have any further questions or suggestions for Mrs. _____ that I can be of use in.

Thank you.

Provider

STOCK CARD

Product: _____						Maximum Stock Balance: _____	
Warehouse Location: _____						Minimum Stock Balance: _____	
Stock Number: _____						Unit of Packing: _____	
Date	Requisition and Issue Voucher No	Quantity				Balance on Hand	Remarks
		Requested	Rec'd	Issued	Loss/Adjustment		

DAILY ACTIVITY REGISTER

Date	Customer Name	Customer Type		Types of CT											Comments/Remarks		
		New	Return	OCS: Type				Injec tables:		Norplant	IUDS		Condoms	Foaming Tablets			
								DMPA	NET-EN		CuT	Other					
Page	Totals																

QUARTERLY REPORT & REQUEST FOR CONTRACEPTIVES

Province: _____ District: _____ Location: _____

Facility Type: Depot Pharmacy Clinic Other

Report for Quarter Beginning _____, 19____

Ending _____, 19____

Contraceptive	Beginning Balance	Received This Quarter	Dispensed or Issued	Losses	Ending Balance	Quantity Needed
Micronor						
Lo Femenal						
Nordette						
Condoms						
Foaming Tablets						
Gloves						

New Customers	
Revisits	
Referrals	

Explanation of Losses:

Signature: _____

Date: _____

REMEMBER:

WHAT YOU PROVIDE (COMPLETE AND
ACCURATE INFORMATION)

+

HOW YOU PROVIDE IT (SKILLS-POLITE
AND CARING MANNER)

=

QUALITY SERVICE!!!



YOU CAN
ENSURE

**SAFE, EFFECTIVE,
CONTINUED
CONTRACEPTIVE USE
BY PROVIDING
COMPLETE AND ACCURATE
INFORMATION
IN A
POLITE AND CARING MANNER!!!**

SK

**The PROFIT Project in Zimbabwe was funded
by USAID from September 1995 through September 1997.**

PROFIT

**Promoting Financial Investments and Transfers
to Involve the Commercial Sector in Family Planning**



PROFIT seeks to mobilize the resources of the commercial sector to expand and improve the delivery of family planning services in selected developing countries. PROFIT is a consortium of five firms, led by the international management consulting firm of Deloitte Touche Tohmatsu and including the Boston University Center for International Health, Multinational Strategies, Inc., Development Alternatives, Inc. and Family Health International.

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