



# Five Simple Ways to Improve Oral Contraceptive Provision and Use

- **Unnecessary service delivery barriers often prevent women from initiating and continuing oral contraceptive use.**
- **Providers can employ five simple strategies to reduce medical barriers to oral contraceptive provision resulting in faster and safer delivery, and improved counseling and use of OCs.**

Globally, oral contraceptive (OC) pills are among the most commonly used methods of reversible contraception. OCs are highly effective when used correctly and consistently and serve as an important tool for millions of women wishing to regulate their fertility. Too often, however, unnecessary medical, service delivery, and other barriers prevent women from initiating OC use when they would like. Such obstacles can also lead to discontinuation of OCs before clients are ready to become pregnant. Providers can overcome these unnecessary barriers, improve services, and increase access to family planning, however, by employing five simple strategies:

**1. Use the Pregnancy Checklist:** Traditionally, providers have instructed women to initiate OC use during the first five days of their menstrual bleeding to ensure they are not pregnant. In many contexts providers still remain skeptical of providing non-menstruating women with OCs to either start at time of provision or upon onset of menses. Women are often sent home and told to come back when they are menstruating, a practice that puts women at risk of unwanted pregnancy. The checklist “How to be Reasonably Sure a Client is Not Pregnant,” contains a set of questions shown to be 99% effective in predicting non-pregnancy when used correctly<sup>1</sup>. This checklist can be used to overcome the menstruation requirement for OC initiation. The pregnancy checklist is a simple and inexpensive tool that can be used by clinic and non-clinic-based providers offering OCs (or any other contraceptive or medication that requires non-pregnancy for use). By overcoming the menstruation requirement through use of the pregnancy checklist, clients can start using OCs at the initial visit.

## Five strategies to improve OC provision include:

- Screen clients using the pregnancy checklist;
- Screen clients using the OC checklist;
- Use the *Quick Start* method;
- Provide multiple packs of OCs in advance;
- Follow the newly-developed WHO instructions for missed pills.

**2. Use the OC Checklist:** Like the pregnancy checklist, the OC checklist allows providers to use a simple list of questions to determine whether a woman might be a candidate for OC use. The OC checklist can be used by providers at all levels including community agents, pharmacists, midwives, nurses, doctors, and others. It offers providers the most accurate and up-to-date medical eligibility information on OCs in simple language and a clear format that can be understood by both health care worker and client. The OC checklist can help providers ensure their clients’ safety by screening for conditions or health problems that might prevent safe use of OCs and/or refer women who may need further evaluation to a higher-level provider before initiating OC use.

**3. Use the Quick Start Method:** Studies carried out in the United States have demonstrated that women who take their first oral contraceptive pill under the supervision of a health care worker during their first clinic visit regardless of the time in their menstrual cycle—an initiation method called *Quick Start*—were more likely to continue OC use than women who were instructed to wait until the onset of menstruation to begin the pills<sup>2,3</sup>. The objection that women cannot begin OC use any time other than the beginning of their cycles can be



overcome by using the pregnancy checklist (described above) to establish non-pregnancy. The *Quick Start* method has not been shown to increase menstrual side effects.

**4. Provide Multiple Packs of OCs in Advance:** Providing multiple packs of pills reduces client costs and supports method continuation. Clients who receive three to twelve pill packages in advance require fewer clinic visits, thus decreasing the likelihood of method discontinuation due to failure to obtain more pills on time or stockouts at the clinic. In many developing country settings women are not given more than one pack of pills at the initial contact with a provider. Providers may fear stockouts, assume women will waste the pills, or believe follow-up is required with OC users every month or every three months. These concerns can be easily addressed, however, through increased ordering of OC supplies and appropriate counseling with clients. Providers should also be reassured that, in most cases, client health monitoring will not be required on a monthly or tri-monthly basis. In cases where pregnancy cannot be ruled out, or for women who wish to wait until their next period to begin using OCs, multiple packs of pills should be provided for later initiation with clear instructions on when to start taking the pills.

**5. Provide Missed Pill Instructions:** Recently the WHO simplified its recommendations for women who miss any number of combined oral contraceptive pills (COCs). Providers should clearly explain and be sure clients fully understand these new instructions before initiation of COC use. The new instructions are as follows:

- If a woman misses **one or two** active (hormonal) pills, she should take two pills when she remembers and continue taking one pill each day as usual.
- If a woman misses **three or more** active pills in a row or starts a new pack more than three days late:
  - Take two pills and continue taking one pill each day.
  - Also use condoms, withdrawal, spermicides, or abstain from sex until she has taken active pills for seven days in a row.
  - If pills were missed in the **first week** of the pill pack and the woman has had unprotected sex, she may wish to consider using emergency contraception.
- If a woman misses **three or more** pills during the **third week** of the pill pack:
  - Follow the instructions for 3 or more pills above
  - Throw away all the reminder pills
  - Start a new pack on the next day
  - She should also use condoms, withdrawal, spermicides, or abstain from sex until she has taken active pills for seven days in a row.

Clinics/family planning programs may find it beneficial to develop “how to make up missed pills” instructions for clients to take home with them (see Figure 1).

<sup>1</sup> J. Stanback, et al. “Checklist for ruling out pregnancy among family planning clients in primary care,” *Lancet* 354 (1999); 566.  
<sup>2</sup> C. Westoff, et al. “Quick start: novel oral contraceptive initiation method,” *Contraception*. 2002 Sep;66(3):141-5.  
<sup>3</sup> E. Lara-Torre, et al. “Adolescent compliance and side effects with Quick Start initiation of oral contraceptive pills,” *Contraception* 66 (2002); 81-85.  
<sup>4</sup> For a larger version of this chart, see <http://www.inforhealth.org/inforeports/spr/spr2.shtml>.

Where to get more information: [www.maqweb.org](http://www.maqweb.org)

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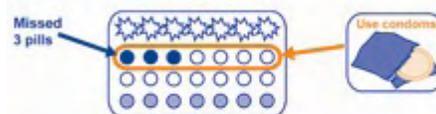
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Figure 1. What To Do If You Miss Hormonal Pills\*

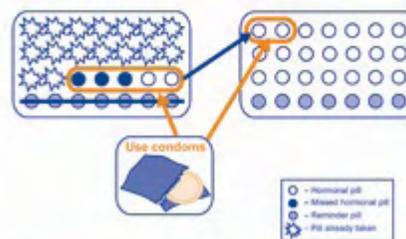
Always take a hormonal pill as soon as you remember and continue to take one pill each day.

Missed 3 or more hormonal pills?  
You must take hormonal pills for 7 days in a row to get back full protection.

SO — Starting with the first pill you missed, keep taking one pill each day, AND use condoms or avoid sex until you have taken hormonal pills for 7 days in a row.



ALSO, if you missed 3 or more hormonal pills in week 3: Finish *only* the hormonal pills in that pack, throw away the reminder pills, and then start a new pack the next day.



\*These instructions apply to combined oral contraceptive pills containing more than 20µg of the estrogen ethinyl estradiol.  
 If you follow a pill-taking schedule that involves starting on a certain day of the week, you must throw away the missed hormonal pills if you want to maintain your schedule. Get back on your daily pill-taking schedule by starting with the current day's hormonal pill (not shown in the diagram).



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