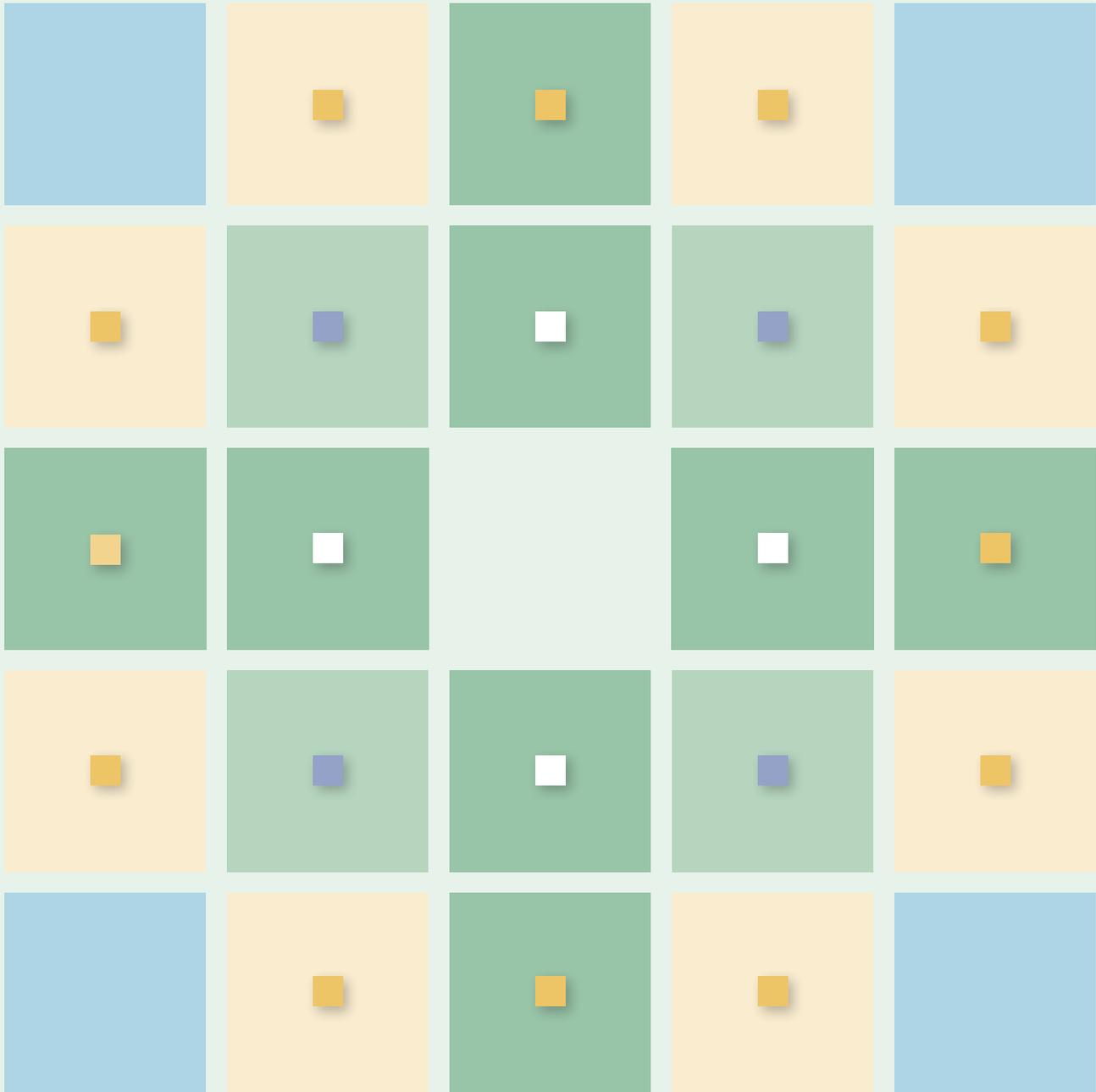


Training and Reference Guide for a Screening Checklist to Identify Women Who are Not Pregnant



This *Training and Reference Guide for a Screening Checklist to Identify Women Who are Not Pregnant* was developed by Family Health International (FHI), a nonprofit organization working to improve lives worldwide through research, education, and services in family health. Similar guides, providing training and reference materials on other FHI provider checklists, are also being published.

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Introduction

This training and reference guide was developed for family planning service providers interested in using the checklist entitled *How to be Reasonably Sure a Client is Not Pregnant*, commonly referred to as the “Pregnancy Checklist”. Designed to serve as both a training and reference tool, the guide is composed of two parts: a training module and a collection of essential, up-to-date reference materials. This guide is part of a series to train on other checklists, including the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives*, the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*, and the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*.

The Pregnancy Checklist was developed to assist service providers in ruling out pregnancy among women who wish to initiate their contraceptive method of choice. This simple job aid is based on criteria endorsed by the World Health Organization (WHO) and provides an alternative to pregnancy testing for women who are not menstruating at the time of their visit to their provider. The Pregnancy Checklist has been shown to be 99 percent accurate in identifying women who are not pregnant.

Health care providers may need to rule out pregnancy before providing clients with certain medical regimens (for example, certain antibiotics or anti-seizure drugs). They are also generally required to rule out pregnancy before providing contraceptives. This is because women who are pregnant do not require contraception and also because it is considered good practice to avoid all unnecessary drugs during pregnancy. (There is, however, no evidence that hormonal contraceptives can harm pregnancy or a developing fetus.) Furthermore, methods such as IUDs should never be initiated in a pregnant woman because doing so might lead to septic miscarriage, which is a serious complication. Pregnancy can be reliably determined with pregnancy tests, but in many areas of the world these tests often are either unavailable or unaffordable. In such cases, clients who are not menstruating at the time of their visit (occasionally referred to in this guide as “nonmenstruating women”, for the sake of simplicity) are often denied contraception by providers who rely on the presence of menses as an indicator that a woman is not pregnant. Usually, these women are required to wait for their menses to return before they can initiate a contraceptive method, thus putting them at risk of an unwanted pregnancy.

The Pregnancy Checklist questions have been incorporated into the other checklists for provision of COCs, DMPA (or NET-EN) and IUDs, since it is part of the screening process for clients who want to initiate these contraceptives.

Purpose of the Training and Reference Guide

This publication is intended to provide program managers, administrators, trainers, and service providers with:

- a training module on how to use the Pregnancy Checklist;
- an overview of the Pregnancy Checklist and guidance for adapting it for local use;
- information on the most current research regarding the validity, effectiveness and use of the Pregnancy Checklist.

Intended Users of this Guide

This guide can be used by:

- trainers, facilitators, program managers and administrators responsible for training service providers to use the Pregnancy Checklist;
- service providers who need to apply the Pregnancy Checklist in their practice and are responsible for teaching themselves how to use it;
- policy-makers and program managers interested in introducing the Pregnancy Checklist for use in their community.

Intended Participants of the Training

Training on the Pregnancy Checklist would benefit both clinical and non-clinical service providers, including:

- facility-based family planning counselors and service providers;
- community-based health workers;
- pharmacists and others who sell drugs and are authorized to dispense certain medications that should be avoided during pregnancy (such as some antibiotics or certain anti-seizure drugs);
- health care providers who integrate family planning services into HIV/AIDS prevention and care services, such as voluntary counseling and testing (VCT) counselors and health staff at antiretroviral treatment sites;
- health care providers in resource-constrained settings, such as refugee camps.

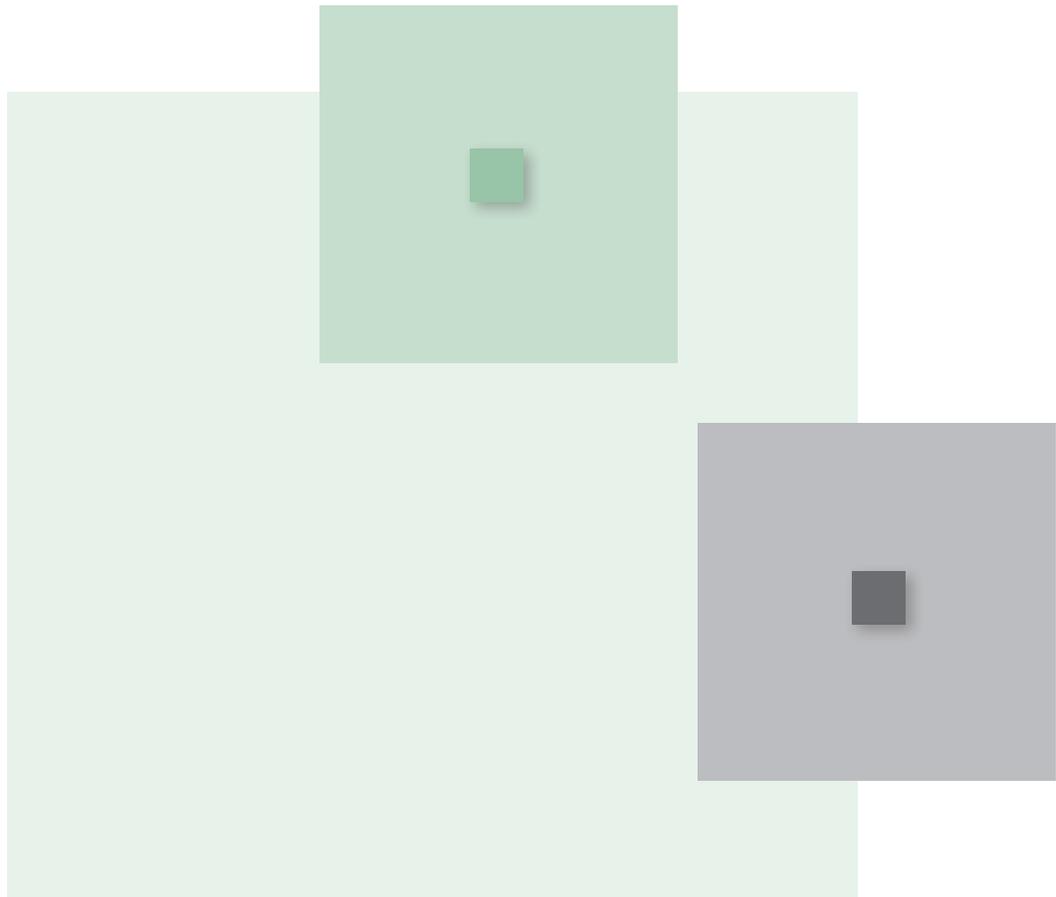
How to Use this Guide

Using the guide as a training tool

This guide provides a curriculum for training service providers to use the Pregnancy Checklist. Training on the Pregnancy Checklist can be completed in approximately four hours. Facilitators are free to adapt the training to better serve the needs of their particular audience and may add or delete activities or use the information provided to create their own training. Additional tools that may assist the facilitator in adapting the training include a CD-ROM and training schedules for different types of audiences. The CD-ROM is located in the pocket inside the back cover, and the training schedules may be found in the section entitled Supplementary Training Schedules, page 51.

Using the guide as a reference tool

This guide also provides reference information that supplements the training. This information includes recommendations on adapting the checklist to the local context, basic evidence-based information about the Pregnancy Checklist, and an annotated bibliography.



Learning Objectives

By the end of the training, participants will have learned or become familiar with:

- the rationale, purpose, and design of the Pregnancy Checklist; and
- proper use of the checklist.

Number of participants

No more than 30 people are recommended per training.

Time

A minimum of four (4) hours is required to complete all sessions. This includes the Optional Session but does not include breaks.

Structure of the Module

Session	Time	Topic	Training Method
1	30 minutes	Welcome and introductions Exercise A: <i>Peel the Cabbage</i>	Large group activity; group discussion
2	20 minutes	Rationale and purpose of the Pregnancy Checklist	Facilitator presentation
	20 minutes	Exercise B: <i>Demonstrating the Benefits of Using the Pregnancy Checklist</i>	Large group activity
3	30 minutes	Design of and instructions for using the Pregnancy Checklist	Facilitator presentation
	90 minutes	Exercise C: <i>Practice Using the Pregnancy Checklist</i>	Small group activity
4	15 minutes	Wrap-up	Group discussion
Optional Session	15 minutes	Summary of Research Findings	Facilitator presentation

Each training session has four components:

- **Objective** — a short description of the purpose and learning objective(s) for the session
- **Time** — anticipated length of the session
- **Training Steps** — basic steps that guide the trainer through the activities
- **Facilitator's Resource** — detailed information to convey to participants, as indicated in the training steps

Training Materials

Facilitators will need the following materials:

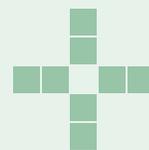
- flip chart paper
- tape
- markers
- colored pencils for all participants (red and green are recommended)
- training handouts, found on pages 31-40 and on the CD-ROM, including:
 - the checklist entitled *How to be Reasonably Sure a Client is not Pregnant*
 - Scenario Exercises for Participants
 - Answer Guide to Scenarios

Advance Preparation for Trainers

In order to understand the purpose, content, and approach of the training, we recommend that facilitators master the information in this guide, as well as the materials on the CD-ROM. Facilitators should also be very familiar with the training handouts used in conjunction with the participant exercises. Some sessions require advance preparation, such as photocopying, preparing flip charts, or preparing components for exercises. Facilitators should know their audience and adapt the training accordingly.

The trainer should be knowledgeable about research findings in the following three areas: (1) pregnancy as a barrier to accessing family planning services, (2) the validity of the checklist as a tool for ruling out pregnancy with a reasonable degree of certainty, and (3) its effectiveness in improving access to family planning by reducing the proportion of clients who are denied contraception.

Key information for the facilitator is noted throughout the training module with the following symbol.

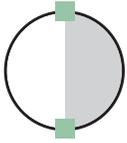


The CD-ROM



The CD-ROM accompanying this module provides information on all four screening checklists to enhance the training for a variety of participant groups. The CD-ROM contains the following materials.

1. Suggested schedule for a combined training on all four checklists
2. *PowerPoint* presentations for orienting different audiences on the checklists:
 - *PowerPoint* presentation A: How to Use Screening Checklists to Initiate Use of Contraceptives (for facilitators)
 - *PowerPoint* presentation B: Screening Checklists to Initiate Use of Contraceptives — Tools for Service Providers (for policy-makers and program managers)
3. Handouts for participants:
 - Scenario Exercises for Participants
 - Answer Guide to Scenarios
 - Quick Reference Charts
 - Four Screening Checklists
 - Certificate of Attendance (sample)
4. Electronic versions of all four Training and Reference Guides
5. Basic, essential, evidence-based information on COCs, DMPA, and IUDs:
 - *Medical Eligibility Criteria for Contraceptive Use*, WHO 2004
 - *Selected Practice Recommendations for Contraceptive Use*, WHO 2004
 - *PowerPoint* presentation C: Overview of COCs
 - *PowerPoint* presentation D: Overview of Injectables — DMPA and NET-EN
 - *PowerPoint* presentation E: Overview of the IUD
 - *PowerPoint* presentation F: Hormonal Contraceptives — Considerations for Women with HIV and AIDS



**30
minutes**

- Objectives:**
- To present the learning objectives of the training.
 - To facilitate introductions among participants and facilitator(s).
 - To develop a common understanding of training expectations and group norms.
 - To “break the ice” and help participants become engaged in the training.

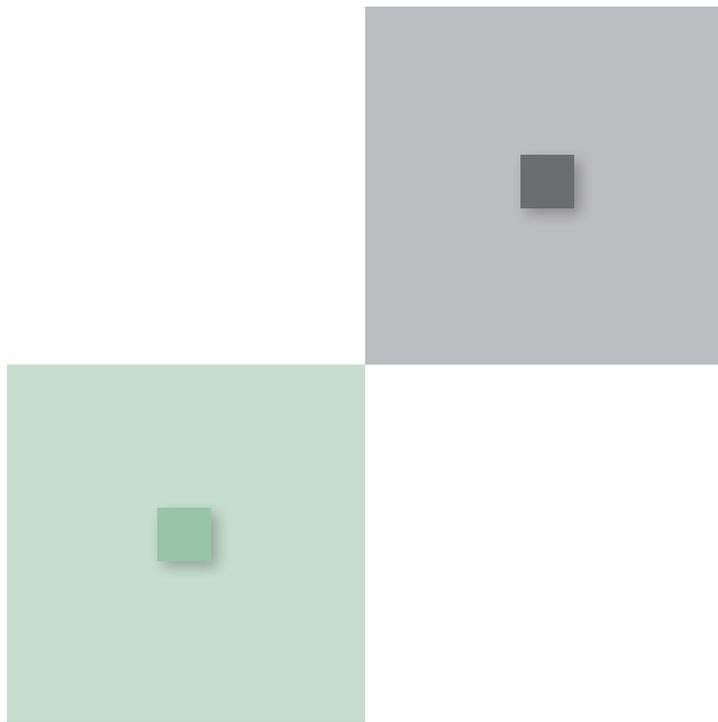
Training Steps:

1. Welcome the participants and introduce yourself and any other facilitators. Provide an opportunity for participants to also introduce themselves. You may choose to have participants do this by stating their name and area of expertise or by using the icebreaker activity in the shaded box below. The icebreaker activity will also help you to better understand your audience.
2. Ask participants to state what they expect to learn from the workshop. Write their expectations on flip chart paper and save them until the end of the workshop. These expectations will be valuable at the end of the workshop as an evaluation tool.
3. Ask participants to suggest guidelines, or norms, to be followed by the group during the training session. Group norms could include: switching off mobile phones, respecting others’ right to speak, etc.
4. Launch the training by discussing the title of the Pregnancy Checklist and the learning objectives of the training. Highlight any relevant expectations that were previously expressed by participants.

Icebreaker Activity

Each participant talks to the person next to them for five minutes to find out: a) their name, b) the name of their organization and the nature of their work, and c) why they are attending the training today. Participants should then present this information back to the group.

5. Conduct Exercise A (page 12) to engage participants in an introductory discussion of their current practices for determining if a woman is not pregnant.
6. Explain that the checklist entitled *How to be Reasonably Sure a Client is not Pregnant*, which we will often refer to as the “Pregnancy Checklist”, was developed to help providers rule out pregnancy among women seeking to initiate their contraceptive method of choice.
7. Explain that participants will review the Pregnancy Checklist and will practice using it later in the training. In so doing, they will discover the answers to the following questions.
 - Why was the Pregnancy Checklist developed?
 - How should service providers use the Pregnancy Checklist?
 - What is the basis for the Pregnancy Checklist?
 - How does the Pregnancy Checklist work?



Exercise A: Peel the Cabbage

Advance Preparation

Prior to the training, write the following three questions at least four times, each on a different piece of paper. You should have at least 12 pieces of paper. Mix the pages up and then layer and crumple them so that they resemble a cabbage. Include additional questions on additional pieces of paper, as appropriate. Also write these three questions on the flip chart, each on a different page, and tape them up for all to see.

Name one situation that can occur during the delivery of health services in which pregnancy needs to be ruled out. State the reason(s) for this.

Name one approach that you currently follow to rule out pregnancy.

Name one situation that will prevent a provider from ruling out pregnancy in a nonmenstruating woman.

Objective: Participants will discuss their current practices for ruling out pregnancy among nonmenstruating women.

1. Toss “the cabbage” to one of the participants. The person holding the cabbage must peel off the top layer and answer the question. After answering the question, the participant “tosses the cabbage” to another participant to answer the next question. If this question has already been asked, the participant cannot repeat the same answer. Continue tossing the cabbage until all the questions are answered. Possible answers are given below.

Name one situation that can occur during the delivery of health services in which pregnancy needs to be ruled out. State the reason(s) for this.

Answers could include: (1) A woman wishes to begin using her contraceptive method of choice. (2) A provider needs to ensure a woman can start using certain medications. (3) A client says she has been experiencing nausea and vomiting.

Reasons could include: For answer 1: pregnant women do not require and should not be given contraception; the importance of avoiding all unnecessary drugs during pregnancy; an IUD inserted in a pregnant woman could lead to a serious complication

(septic miscarriage). For answer 2: pregnancy is a contraindication for some medications, such as certain antibiotics which can cause fetal abnormalities. For answer 3: pregnancy needs to be ruled out as one of the possible causes of symptoms.

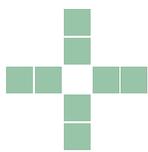
Name one approach that you currently follow to rule out pregnancy.

Answers could include: a pregnancy test, presence of menses, pelvic exam, checklist, etc.

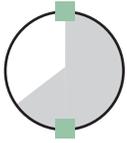
Name one situation that will prevent a provider from ruling out pregnancy in a nonmenstruating woman.

Answers could include: lack of pregnancy tests, lack of skills to do abdominal or pelvic exams, etc.

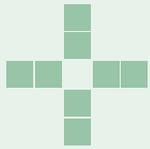
2. If appropriate for your audience, you may chose to make the exercise fun by having the group give some form of mild “penalty” to participants who cannot answer their question. This might include such things as raising one hand, bending their head to one side or standing on one foot until the cabbage is completely peeled. Let the participants be creative.
3. Conclude the exercise by telling participants that they will have the opportunity to see whether their answers were correct or not at the end of Exercise B in Session Two.



Remember that participants may already have extensive knowledge and practical experience in family planning. Make an effort to incorporate participants’ questions, knowledge, and experiences into your training session, as appropriate.



40
minutes



If there are national guidelines or protocols for family planning provision, it is important to link the checklists to these documents to promote utilization of the checklist.

Objective: To learn why and how the checklist was developed.

Training Steps:

1. Hold up a copy of the Pregnancy Checklist to show participants, **but do not distribute it until Step 5 of Exercise B.** Check to see if they are already familiar with the checklist, by asking the following questions.
 - How many of you currently use this checklist to rule out pregnancy?
 - For those who use the Pregnancy Checklist, do you find it useful in your work? How?
2. Explain what the Pregnancy Checklist is and why it was developed. If appropriate for your audience and if needed, you may also choose to discuss the research on the rationale for the Pregnancy Checklist, located in the Optional Session, page 28.
3. Engage participants in a discussion on how service providers should use the Pregnancy Checklist. Ask participants the following question to emphasize the use of this job aid to improve efficiency in their daily work.
 - In your daily work, are pregnancy tests easily available and accessible? If not, why not?
4. Discuss the basis for the two sets of questions on the Pregnancy Checklist.
 - Introduce the concept of Pregnancy Checklist questions, what they are, and why they were developed.
 - Perform Exercise B (page 15) to help participants understand the usefulness of the questions for ruling out pregnancy among women who are not menstruating at the time of their visit.

Exercise B: Demonstrating the Benefits of Using the Pregnancy Checklist

Advance Preparation

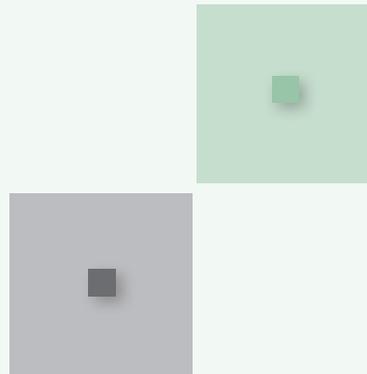
In advance of the training, write each of the following statements on a separate piece of paper. The statements represent six circumstances that prevent a woman from becoming pregnant and one that does not.

- **Client 1:** "I've not had sexual intercourse since my last menstrual period."
- **Client 2:** "I always use condoms during intercourse, but I want to start using something else."
- **Client 3:** "I just started my menses six days ago."
- **Client 4:** "I have a 3-week-old baby."
- **Client 5:** "Five days ago, I had a miscarriage."
- **Client 6:** "I am fully breastfeeding my 5-month-old baby. Since having my baby, I have not had my menstrual period."
- **Client 7:** "It has been two weeks since I had my last menstrual period."

Objective: Participants will gain a better understanding of the benefits of using the Pregnancy Checklist by visually comparing the number of women who would potentially receive contraception at the time of their visit when providers do and do not use the checklist. This exercise is based on studies of the Pregnancy Checklist done in Kenya, Guatemala, Mali, Senegal, and Egypt.

1. Ask 7 participants to come to the front of the room. They will represent 7 female clients seeking a contraceptive method who are not menstruating at the time of their visit.
2. Tell the rest of the participants they will act as providers and will be asked to determine as they would usually do (i.e., based on their current practices) if these women are not pregnant. For example, participants might suggest that the client would be:
 - sent home with condoms and asked to return when they are menstruating, or to return four weeks later for an exam if they are not menstruating, whichever comes first;
 - given a pregnancy test;
 - given a pelvic or abdominal exam;
 - asked more questions; or
 - provided with her method of choice.

3. Distribute the above statements, one to each client. Have the first volunteer “client” read their statement out loud, then ask the group acting as providers if pregnancy can be ruled out for this client — Yes or No, and why. Require participants to explain their answers and correct any mistakes as you go along.
4. Repeat the exercise for all seven clients.
5. Distribute a copy of the Pregnancy Checklist to all participants.
6. Conclude the exercise by stating that clients 1-6 represent the six questions on the Pregnancy Checklist that allow pregnancy to be ruled out. Emphasize that if these questions were not asked, these clients would not be able to receive their method of choice right away, and more time and resources would be needed to rule out pregnancy. Point out that the Pregnancy Checklist prompts providers to inquire about all six of these conditions when facing a client. Explain that for client 7 pregnancy has not been ruled out. Since it has been two weeks since her last menstrual period, there is a possibility she might be pregnant. However, the Pregnancy Checklist cannot determine that this woman is, in fact, pregnant.



Facilitator's Resource:

Why was the Pregnancy Checklist developed?

- The checklist was developed to address the lack of pregnancy tests in health facilities and the need to rule out pregnancy among women seeking contraceptive services at a time when they are not menstruating. The checklist allows family planning providers to determine with reasonable certainty that a woman is NOT pregnant before providing her contraceptive method of choice.
- Family planning providers must always determine whether a woman seeking contraceptive services might already be pregnant. One reason for this is that women who are pregnant do not require contraception. Furthermore, in the case of an IUD, this device should never be inserted into the uterus of a pregnant woman because it could lead to a septic miscarriage, which is a serious complication. In countries where resources are limited and pregnancy tests are often unavailable or unaffordable, providers worry that women who are not menstruating at the time of their visit could be pregnant (unless they are within four weeks postpartum). In the absence of pregnancy tests, providers rely on the presence of menses as an indicator that a woman is not pregnant. Often these women are sent home without any contraception, to await the onset of menses. Those who are unable to return because of time and money constraints risk having an unplanned pregnancy.
- The Pregnancy Checklist is also an integral component of three other checklists designed for screening clients who want to initiate COCs, DMPA, or the IUD. All four checklists are used by both clinical and non-clinical health workers, who may include:
 - facility-based family planning counselors and service providers;
 - community-based health workers;
 - health care providers who integrate family planning services into HIV/AIDS prevention and care services, such as voluntary counseling and testing (VCT) counselors and health care staff at antiretroviral treatment sites;
 - health care providers in resource-constrained settings, such as refugee camps.
- The Pregnancy Checklist can also be used by health care providers who offer services other than family planning, including providers who prescribe and pharmacists who dispense medications that should be avoided during pregnancy, such as certain antibiotics or anti-seizure drugs.

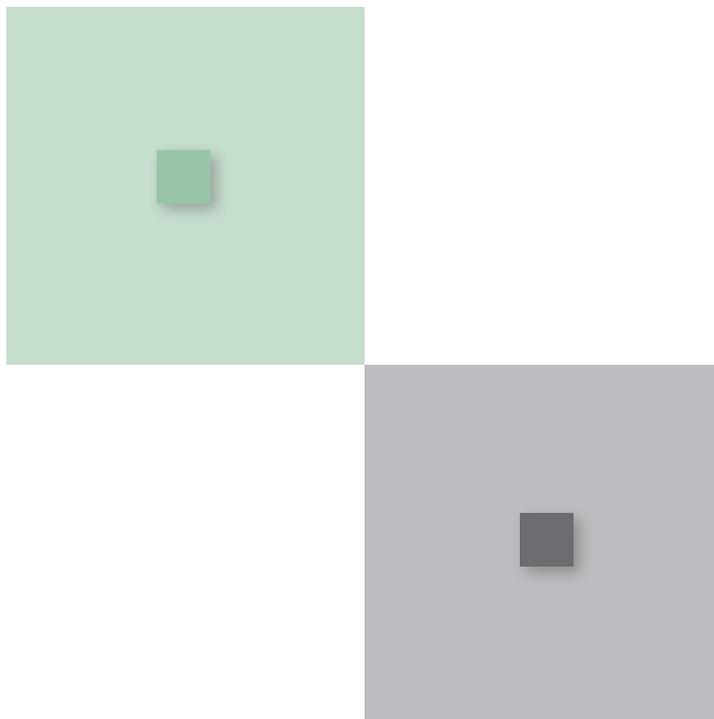
How should service providers use the Pregnancy Checklist?

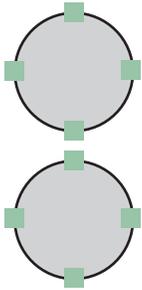
- As a screening/decision-making tool
 - The Pregnancy Checklist can be used as a screening tool to determine with reasonable certainty that a woman is not pregnant or that other means are required to rule out pregnancy. **It is not a test for diagnosing pregnancy.**
 - The Pregnancy Checklist can be used to complement family planning counseling sessions. For example, a provider may wish to determine that a client is not pregnant before conducting a counseling session. Providers should be properly trained in counseling techniques and contraceptive options. The checklist itself is not a counseling tool.
- As a job aid for using resources more efficiently
 - Pregnancy tests — The Pregnancy Checklist can help prioritize who should get a pregnancy test, which is particularly useful when pregnancy tests are costly or in limited supply. Clients who answer yes to any one question on the checklist do not need a pregnancy test.
 - Hormonal contraceptives — Similarly, the Pregnancy Checklist can help determine if a client should be given an advance supply of oral contraceptives. In some programs, providers give multiple packs of pills to women who are not menstruating at the time of their visit and instruct them to start taking the pills on the first day of menses. However, if the woman does not subsequently get her period, she will not need the pills, which means both money and resources will have been wasted. A woman who answers yes to any one question on the checklist may be given several months' supply of oral contraceptives without fear of them being wasted.
 - Time — The Pregnancy Checklist can save time for both providers and clients. It eliminates the need for most nonmenstruating clients to return when they are menstruating, or to return for a pelvic exam if their menses does not arrive.

What is the basis for the Pregnancy Checklist?

- The Pregnancy Checklist is based on criteria endorsed by the World Health Organization (WHO) and provides an alternative to a pregnancy test for ruling out pregnancy in women who are not menstruating at a time of their visit. Unlike the pregnancy test, **the checklist is not a diagnostic tool for determining if a woman is pregnant.** (Note that women in whom pregnancy was not ruled out by these questions are not necessarily pregnant.)

- Each question describes a situation that effectively **prevents** a woman from becoming pregnant. Women who are in the first seven days of their menstrual cycle, who have had a miscarriage or an abortion in the past seven days, or who are in their first four weeks postpartum are protected from unplanned pregnancy because the possibility of ovulation in each of these situations is extremely low. Women who satisfy the three Lactational Amenorrhea Method (LAM) criteria (i.e., they are in their first six months postpartum, are fully or nearly-fully breastfeeding, and are amenorrheic) are also protected from unplanned pregnancy because of the effects of lactational amenorrhea on the reproductive cycle. Likewise, women who consistently and correctly use a reliable contraceptive method are effectively protected from pregnancy, as are those who have abstained from sexual intercourse since their last menstrual period.





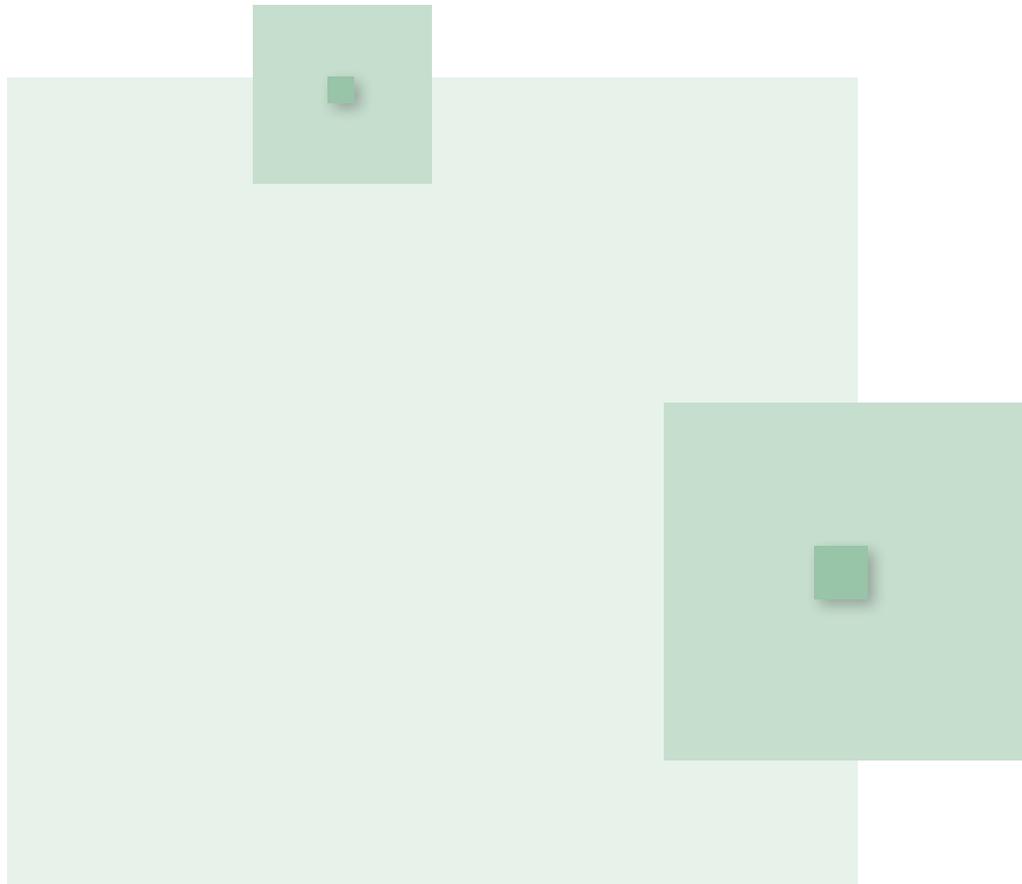
2 hours

Objectives: To understand the design of the Pregnancy Checklist.

To practice using the Pregnancy Checklist in different scenarios to ensure that participants are comfortable using it.

Training Steps:

1. Discuss the checklist’s design and explain how to use the checklist. Then ask participants if they have any questions, and clarify anything they did not understand.
2. Conduct Exercise C to allow everyone in the group to practice administering the checklist.



Exercise C: Practice Using the Pregnancy Checklist

Advance Preparation

Prior to the training:

- photocopy the Scenario Exercises for Participants (pages 31-32);
- make sure you are familiar with the information provided in the Answer Guide to Scenarios (pages 33-37);
- make photocopies, if desired, of the Answer Guide to distribute at the end of the session;
- prepare a flip chart page containing the following questions:
 - Is pregnancy ruled out for this woman?
 - Why or why not?
 - What course of action would you take next? (For example: counsel, refer, provide client's contraceptive method of choice, provide medication to treat a medical condition, send client home with condoms to await menses, administer a pregnancy test, etc.)
 - Did you experience any problems applying the checklist to your scenarios?

Objective: To help participants become comfortable using the Pregnancy checklist.

1. Introduce the scenario exercises and explain that participants will be grouped into pairs. Each pair will receive two scenarios. Within each pair, one participant will play the role of the client and the other will play the provider administering the checklist. Participants will then switch roles for the second scenario and repeat the process. This way, everyone will have a chance to practice using the checklist and to experience both roles.
2. Explain that after they role-play their scenarios, each pair should discuss and be able to answer the questions on the flip chart.
3. Divide the participants into pairs and distribute two scenarios to each pair. Participants will have 10 minutes to role-play each scenario and 10 minutes to answer the questions on the flip chart (40 minutes total). Give the following instructions, according to the role the participants will play:

For participants acting as providers

- Make sure you have read and understood the checklist questions and explanations before administering the checklist to the client.

- Ask the client the checklist questions and follow instructions to determine if the client is not pregnant.
- Trust the client’s response.
- Base your decisions on the Pregnancy Checklist questions only, and not on any assumptions about the client. Doing so could lead you to the wrong conclusion and cause you to unnecessarily deny your client access to contraception.
- You may answer questions or define terms, if necessary. However, do not make substantive changes to the checklist questions; for example, do not separate one question into two questions or combine two questions into one.

For participants acting as clients

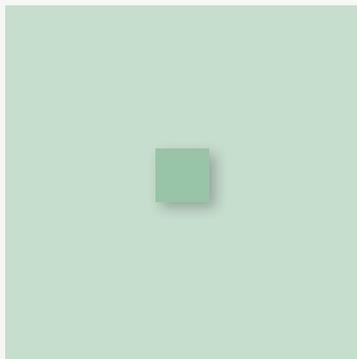
- Read the scenario carefully and answer the checklist questions based on the situations outlined in the scenario.
- If a situation is not specifically described in the scenario, you should answer “NO”. For example, if the scenario does not specify that the woman’s last menstrual period started within the past seven days, you, as a client, should answer NO to that question.

4. Reconvene the group and discuss each scenario with the whole group. Depending on the number of participant pairs, this part of the exercise may take between one and a half to two hours. For each scenario, ask a participant pair to share their answers to the questions on the flip chart. If they do not answer questions 1 or 2 correctly, or if additional possibilities exist in answer to question 3, solicit responses from the other participants, or provide it from the answer guide.
5. For each checklist question, discuss any concerns participants have about its phrasing or clarity. Help the group find ways to explain or rephrase the question without changing its meaning. **Be familiar with the information in the Adapting the Checklist to the Local Context section of this guide, page 43.**
6. When discussing a scenario in which pregnancy cannot be ruled out, emphasize that the client should be told she is not **necessarily** pregnant, but that, due to her responses, another approach will be needed to rule out pregnancy (either a pregnancy test, a pelvic exam, or awaiting her next menses). If she has to wait to rule out pregnancy, always provide her with some form of protection against pregnancy, such as condoms.

7. After all the scenarios have been discussed, the Answer Guide to Scenarios (page 33) may be distributed to the participants for their future reference.
8. Providers should make an effort to build trusting relationships with clients before administering the Pregnancy Checklist. For example, the provider might wish to convey to the client the necessity of answering as accurately and as honestly as possible, in order to avoid possible complications which could develop if certain contraceptive methods were initiated in women with certain medical conditions. The majority of women will answer honestly to the best of their ability.
9. The scenarios have been designed to work with any provider training group. To further adapt the training to meet the needs of a specific audience, scenarios may be modified by the facilitator or by another qualified person. Additional scenarios may also be created.

Optional approaches for conducting scenarios

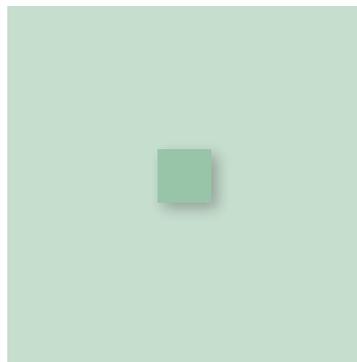
- Ask one or more of the participant pairs to role-play in front of the larger group. Have the whole group discuss each scenario before going on to the next one.
- Instead of role-playing in pairs, ask participants to work individually, each one developing a response to their scenario(s). Then have some participants present their response to the larger group.
- Ask participants to work individually and then find two or three people who had the same scenario. They should discuss their responses and see how they differ. These small groups could then share with the larger group.



Facilitator's Resource:

How does the Pregnancy Checklist work?

- The checklist consists of six questions, as well as instructions to follow based on clients' responses. Each question asks about a condition that effectively prevents a woman from getting pregnant. Because the questions are targeted in this way, there is practically no chance a woman is pregnant if she has any one of these conditions.
- The checklist is also designed to use the provider's time efficiently. Notice that the instructions at the top of the checklist state: "As soon as the client answers **YES** to **any question**, stop, and follow the instructions."
 - **"Yes" response** — you should stop at this question and follow the instructions at the end of the set of questions. If a woman answers "YES" to any **one** question and is free from signs and symptoms of pregnancy, providers can be 99 percent sure she is not pregnant.
 - **"No" response** — you should continue asking questions until you either get a "YES" response or reach the last question. In either case, you should then follow the instructions at the bottom of the checklist. If a woman answers "NO" to **all** the questions, the provider knows that the woman has not been protected from pregnancy. To rule out pregnancy in these women, the provider will need to do a pregnancy test, conduct a pelvic exam, or have the woman return when she is menstruating. If the client is seeking contraception and is sent home, always provide her with condoms and, if she is seeking oral contraceptives, provide her with an advance supply to begin using on the first day of her menses.

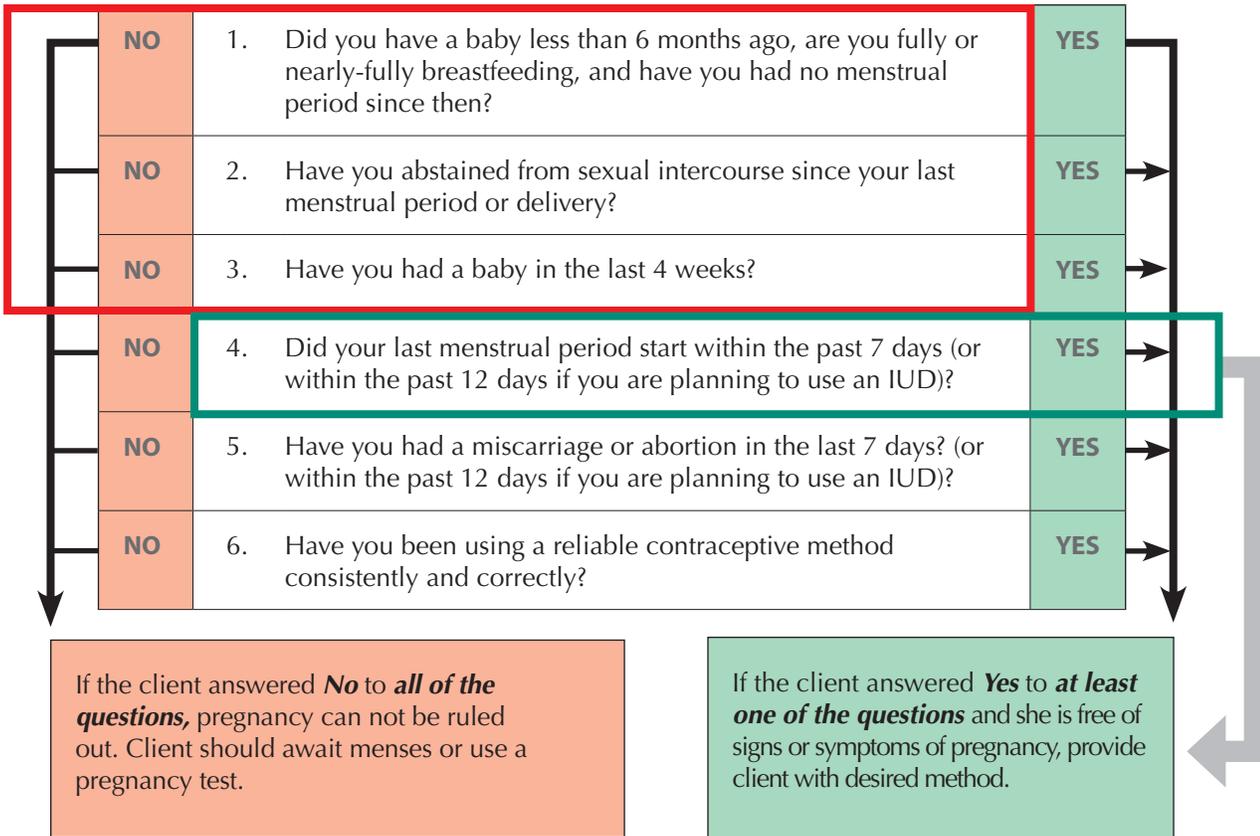


Example:

A woman answers “NO” to questions 1, 2, and 3, but then answers “YES” to question 4 — her last period started within the past seven days. The provider can now stop asking questions because a “YES” response to any of the questions means it is highly unlikely that the woman is pregnant. Therefore, there is no need to continue asking the remaining questions.

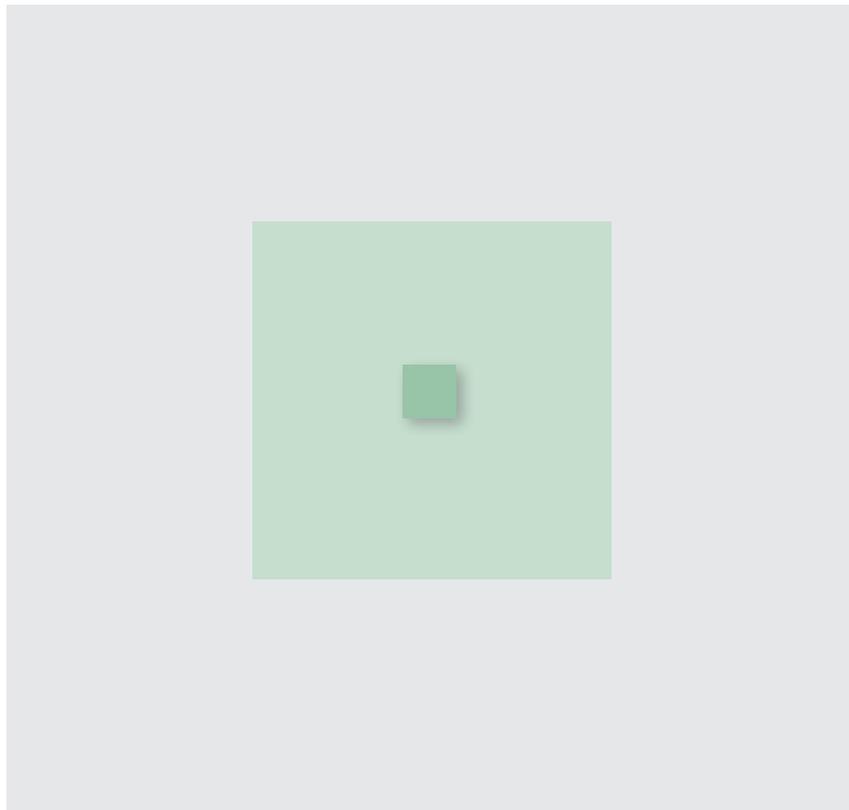
How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1-6. As soon as the client answers **Yes** to **any question**, stop and follow the instructions.

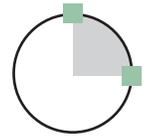


Optional information: If participants are curious and asking questions about the design elements of the checklist, such as arrows and colors, an explanation is provided below for your use in addressing these questions. It is important to note that while these design elements provide visual cues, they are secondary to the main instructions on the checklist, which participants must follow.

- The arrows next to the “YES” responses and the straight lines next to the “NO” responses offer cues as to how to proceed through the questions. The arrows indicate the provider should end the questioning and jump directly to the instruction box below that set of questions. The straight lines indicate the provider must proceed to the next question.
- If the client’s response falls **in any one** of the GREEN boxes, pregnancy can be ruled out, and if her response falls **in all of the** RED boxes, pregnancy cannot be ruled out.



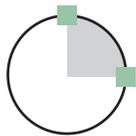
- Objectives:** To summarize what was accomplished during the training session.
- To address any remaining issues.
- To thank participants for their attention and participation.

**15 minutes****Training Steps:**

1. Briefly summarize the objectives and accomplishments of the training.
2. Show participants the flip chart page containing the expectations they expressed at the beginning of the training. Ask participants if these expectations have been met.
3. Engage participants in a wrap-up discussion, by asking the following questions:
 - Was the Pregnancy Checklist easy to use?
 - Was it easy to explain questions to the client?
 - What problems did you encounter while using the checklist?
 - Do you foresee any barriers to using the checklist in your work? How could these barriers be overcome?
 - What would help you to use the checklist in your work?
 - Do you have any suggestions for improving the checklist or for getting more providers to use it?
 - What did you find helpful about the training?
 - Could the training be improved in any way? If so, how?

This is a good way to end the training, because it allows you to address any issues or concerns that participants may have. Also, FHI requests that you compile these responses and forward them to our staff at publications@fhi.org for future improvements to this guide.

4. Thank the participants for their time and energy. Tell them whom they should contact for more information or materials.
5. Distribute certificates of attendance to each participant.



15 minutes

Objective: To understand the research surrounding the need for and the effectiveness of the Pregnancy Checklist.

Training Steps:

1. Summarize the research on the rationale for the Pregnancy Checklist.
2. Summarize the research validating the Pregnancy Checklist.

Facilitator's Resource:

Research on the rationale for the Pregnancy Checklist

- The checklist was developed to reduce barriers to contraception for women who are not menstruating at the time of their visit. Research on menstruation requirements has been done in several countries.
 - Kenya — an estimated one-third of all new clients were sent home without a contraceptive method because of a menstruation requirement (Stanback et al. 1999).
 - Ghana — 76 percent of health care providers said they would send a client home if she was not menstruating at the time of her visit (Twum-Baah and Stanback 1995).
 - Cameroon — only one-third of nonmenstruating clients received hormonal contraceptive methods because providers were unsure of clients' pregnancy status (Nkwi et al. 1995).
 - Jamaica — 92 percent of clients were required to be menstruating or to have a negative pregnancy test at the time contraceptives were provided (McFarlane et al. 1996).
- Additional research evaluated whether using the checklist reduced the number of women denied contraceptives because they were not menstruating at the time of their visits.
 - In Guatemala, 16 percent of nonmenstruating women were denied their contraceptive choice when no checklist was used. After providers began using the checklist, only 2 percent of women were denied (Stanback et al. 2005).
 - In Senegal, the situation was similar; fewer women were denied their contraceptive method of choice after providers were introduced to the checklist — 11 percent were denied without the checklist versus 6 percent when the checklist was available (Stanback et al. 2005).

Research on the validity of the Pregnancy Checklist

- The Pregnancy Checklist has been extensively tested to ensure that it is valid and that women identified by the checklist as not pregnant truly are not pregnant. Research has been done in Kenya, Guatemala, Mali, Senegal, and Egypt. Those studies posed several questions to determine the checklist's validity.

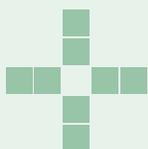
Does the checklist accurately predict that a woman is not pregnant?

Yes — Researchers compared the checklist results with a pregnancy test and found that more than 99 percent of the time the checklist was correct in ruling out pregnancy. In the very rare cases where the checklist ruled out pregnancy but the client was actually pregnant, the reasons included contraceptive failure or inaccurate answers given by the client.

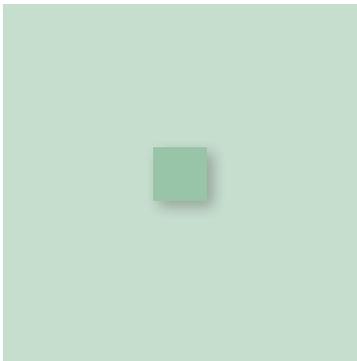
Does the checklist accurately predict that a woman is pregnant?

No — Most women who are identified as possibly pregnant are, in fact, not pregnant. Researchers gave pregnancy tests to women who answered no to all questions and found that less than 15 percent were actually pregnant. If pregnancy is not ruled out by the checklist, the woman should be referred for additional evaluation or a pregnancy test, or should await menses.

Optional information: At the end of the Pregnancy Checklist, it states that “If the client answered **YES to at least one of the questions** and she is free of signs or symptoms of pregnancy, provide client with desired method.” Research shows that the six questions are much more reliable in determining whether a woman is not pregnant than are signs and symptoms. If a provider is trained to do so, signs and symptoms should be assessed in addition to, but not instead of, administering the checklist. If a provider is not trained to assess signs and symptoms of pregnancy, the provider should feel confident that pregnancy has been ruled out based on the questions alone. (Symptoms may include nausea, mood changes, and missed menstrual period(s), and signs may be uterine softness and breast tenderness.)



Emphasize that the checklist was developed to RULE OUT pregnancy and to minimize barriers women face in seeking contraception. The checklist CANNOT be used to diagnose pregnancy.



1

Pregnancy Scenario

You are a 31-year-old married woman in a monogamous relationship. You would like an IUD because you feel you have enough children and your youngest child is two years old. Your last pregnancy was unplanned, but you miscarried four days ago, when you were only about eight weeks pregnant.

2

Pregnancy Scenario

You are a 17-year-old single woman who wants to start using oral contraceptives. You are regularly having sex (every two to three days) with your partner, who has been using condoms most of the time, but not always. You do not have any children, and your last menstrual period started 14 days ago.

3

Pregnancy Scenario

You are a 32-year-old woman who would like to start using COCs. Your youngest child is four years old. Your last menses began about two weeks ago. You have not had sex in about a month.

4

Pregnancy Scenario

You are a 20-year-old woman who has only one partner, and you are not using any form of contraception. You do not want a child any time soon and so would like to begin using DMPA. You gave birth 22 days ago to a healthy son, and you have not had a menstrual period since. You are not breastfeeding your son.

5

Pregnancy Scenario

You are a 23-year-old woman who has been in a refugee camp for a month with your two children, a three-year-old and a four-month-old. You were raped the night before and friends brought you to a nurse to receive care for your wounds. You are concerned that you may have gotten pregnant, since you were not on contraception. You have been fully breastfeeding your infant and have not had any menstrual bleeding since you gave birth.

6

Pregnancy Scenario

You are a 27-year-old married woman who has been using DMPA for three months and are returning for a reinjection. You do not have any children and do not want to conceive in the near future. Although you have had a normal period within the past six days, you are worried about being pregnant because you are late for your injection by three weeks and had sexual intercourse yesterday.

7

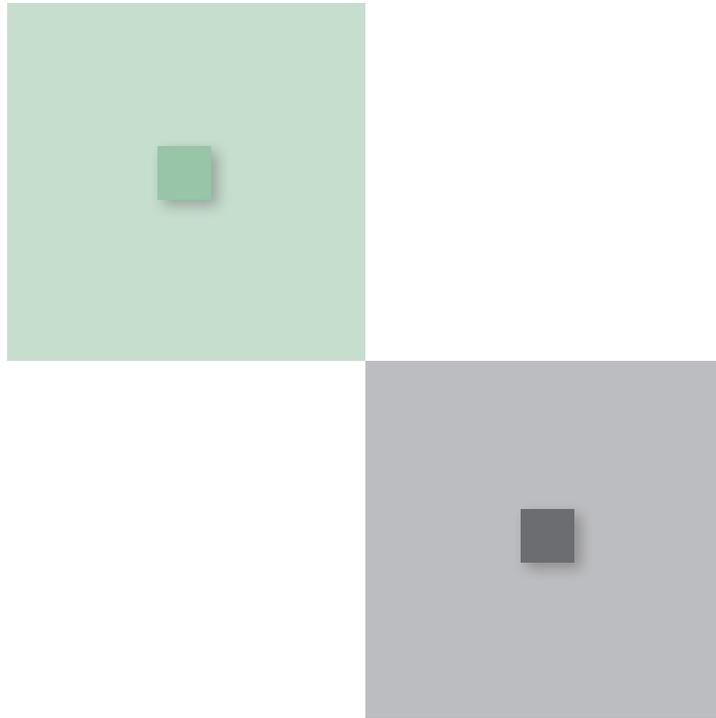
Pregnancy Scenario

You are a 35-year-old married woman who started using DMPA a year ago. You are returning to the provider because you have not had any menstrual period for the past several months and you are worried that you may be pregnant. You have never missed an injection. You have a one-year-old child and do not want to conceive in the near future and so far you are otherwise satisfied with your method of choice.

8

Pregnancy Scenario (*optional scenario for training pharmacists*)

You are a 30-year-old woman waiting at a pharmacy for a medication to treat chlamydia (such as doxycycline). You started your period three days ago.



Pregnancy Scenario 1

You are a 31-year-old married woman in a monogamous relationship. You would like an IUD because you feel you have enough children and your youngest child is two years old. Your last pregnancy was unplanned, but you miscarried four days ago, when you were only about eight weeks pregnant.

1. Is pregnancy ruled out for this woman?

Yes.

2. Why or why not?

She has had a miscarriage in the past four days and, hence, would answer “YES” to question 5 — *Have you had a miscarriage or abortion in the past seven days (or within the past 12 days if you are planning to use an IUD)?*

3. What course of action would you take next?

Continue screening for the client’s medical eligibility for the IUD and, if she is a good candidate, insert an IUD (or refer to a higher-level provider for insertion).

Pregnancy Scenario 2

You are a 17-year-old single woman who wants to start using oral contraceptives. You are regularly having sex (every two to three days) with your partner, who has been using condoms most of the time, but not always. You do not have any children, and your last menstrual period started 14 days ago.

1. Is pregnancy ruled out for this woman?

No.

2. Why or why not?

Because the client has effectively responded “NO” to all six questions:

- She does not have children, so her response would be “NO” to questions 1 and 3.
- She is having sexual intercourse with her partner and he uses condoms MOST, but not ALL, of the time. Hence, her response to questions 2 and 6 should be “NO.”
- She started her last menstrual period 14 days ago. Therefore, her response to questions 4 and 5 should be “NO.”

3. *What course of action would you take next?*

Since pregnancy cannot be ruled out, the woman cannot initiate oral contraceptives at this time. If pregnancy tests are available, use one to determine if she is pregnant. If a test is not available, advise the client to come back during her next menses and provide her with condoms to use in the meantime. (**Note:** If there are no other contraindications, she may also be given an advance supply of pills to start taking as soon as she gets her next menses.) If she misses her next menstrual period, tell her to come back in four weeks for an exam or refer to a higher level of care to confirm pregnancy

Pregnancy Scenario 3

You are a 32-year-old woman who would like to start using COCs. Your youngest child is four years old. Your last menses began about two weeks ago. You have not had sex in about a month.

1. *Is pregnancy ruled out for this woman?*

Yes.

2. *Why or why not?*

Even though her responses to questions 1, 3, and 4 would be “NO,” she responded “YES” to question 2, indicating she has not had sex in about a month and her last menses began two weeks ago. This means she has abstained from sexual intercourse since her last menstrual period.

3. *What course of action would you take next?*

Screen the client to determine if she is medically eligible to use COCs, and if she is, provide her with COCs.

Pregnancy Scenario 4

You are a 20-year-old woman who has only one partner, and you are not using any form of contraception. You do not want a child any time soon and so would like to begin using DMPA. You gave birth 22 days ago to a healthy son and you have not had a menstrual period since. You are not breastfeeding your son.

1. *Is pregnancy ruled out for this woman?*

Yes.

2. Why or why not?

Even though her responses to questions 1, 2, 4, 5, and 6 would be “NO,” she responded “YES” to question 3, indicating that she gave birth 22 days ago. This means she has had a baby in the last four weeks.

3. What course of action would you take next?

If you or another qualified provider has determined that she is medically eligible to use DMPA, proceed with administering her DMPA injection. The client will need to abstain from sex or use additional contraceptive protection for the next seven days.

Pregnancy Scenario 5

You are a 23-year-old woman who has been in a refugee camp for a month with your two children, a three-year-old and a four-month-old. You were raped the night before and friends brought you to a nurse to receive care for your wounds. You are concerned that you may have gotten pregnant, since you were not on contraception. You have been fully breastfeeding your infant and have not had any menstrual bleeding since you gave birth.

1. Is pregnancy ruled out for this woman?

Yes.

2. Why or why not?

She would respond “YES” to question 1, indicating that she has been fully breastfeeding her infant of four months and has not had any menstrual bleeding. This means she fulfills the LAM criteria of having a baby less than 6 months old, fully or nearly-fully breastfeeding, and having had no menstrual period since delivery. She is therefore protected against pregnancy.

3. What course of action would you take next?

Counsel her on available contraceptive options to use after she no longer meets the LAM criteria. If the client is concerned about pregnancy even after LAM has been explained, you may provide emergency contraception without fear of harming the mother or the breastfeeding child. The provider should counsel the client about risk of STIs/HIV, describe possible signs of infection, explain available options (presumptive treatment, future screening/testing), and where to obtain these services if needed. Depending on the resources available and your level of training, you could also collect forensic evidence, perform a physical exam, and prescribe treatment.

Pregnancy Scenario 6

You are a 27-year-old married woman who has been using DMPA for three months and are returning for a reinjection. You do not have any children and do not want to conceive in the near future. Although you have had a normal period within the past six days, you are worried about being pregnant because you are late for your injection by three weeks and had sexual intercourse yesterday.

1. Is pregnancy ruled out for this woman?

Yes.

2. Why or why not?

Although she is late for her injection and has had sex after the allowed two week grace period, she would respond “YES” to question 4, since she had her menstrual period within the past six days. Hence, she is still within seven days from the start of her menses, when pregnancy is highly unlikely.

3. What course of action would you take next?

You can be reasonably sure that this woman is not pregnant. Counsel her on the importance of not missing her injections and give her the date to return for her next injection. If the client would like to continue using DMPA, check for any new conditions to determine if she is still a good candidate. If she is, reinject the woman with DMPA.

Pregnancy Scenario 7

You are a 35-year-old married woman who started using DMPA a year ago. You are returning to the provider because you have not had a menstrual period for the past several months and you are worried that you may be pregnant. You have never missed an injection. You have a one-year-old child and do not want to conceive in the near future, and so far you are otherwise satisfied with your method of choice.

1. Is pregnancy ruled out for this woman?

Yes.

2. Why or why not?

Pregnancy is ruled out because she would respond “YES” to question 6, indicating that she has been using DMPA for a year and has never missed an injection. Hence, she has been using a reliable contraceptive method consistently and correctly.

3. What course of action would you take next?

Counsel her on the side effects of DMPA, one of which is amenorrhea, or lack of menses. Amenorrhea often develops after DMPA is used for a year or so. Assure the woman that this is not a harmful condition. It is not a sign of illness and, in this case, it is not a sign of pregnancy. If the client would like to continue using DMPA, check for any new conditions to determine whether she is still a good candidate for this method. If she is, adhere to the woman's regular schedule for injections.

Pregnancy Scenario 8 *(optional scenario for training pharmacists)*

You are a 30-year-old woman waiting at a pharmacy for a medication to treat chlamydia (such as doxycycline). You started your period three days ago.

1. Is pregnancy ruled out for this woman?

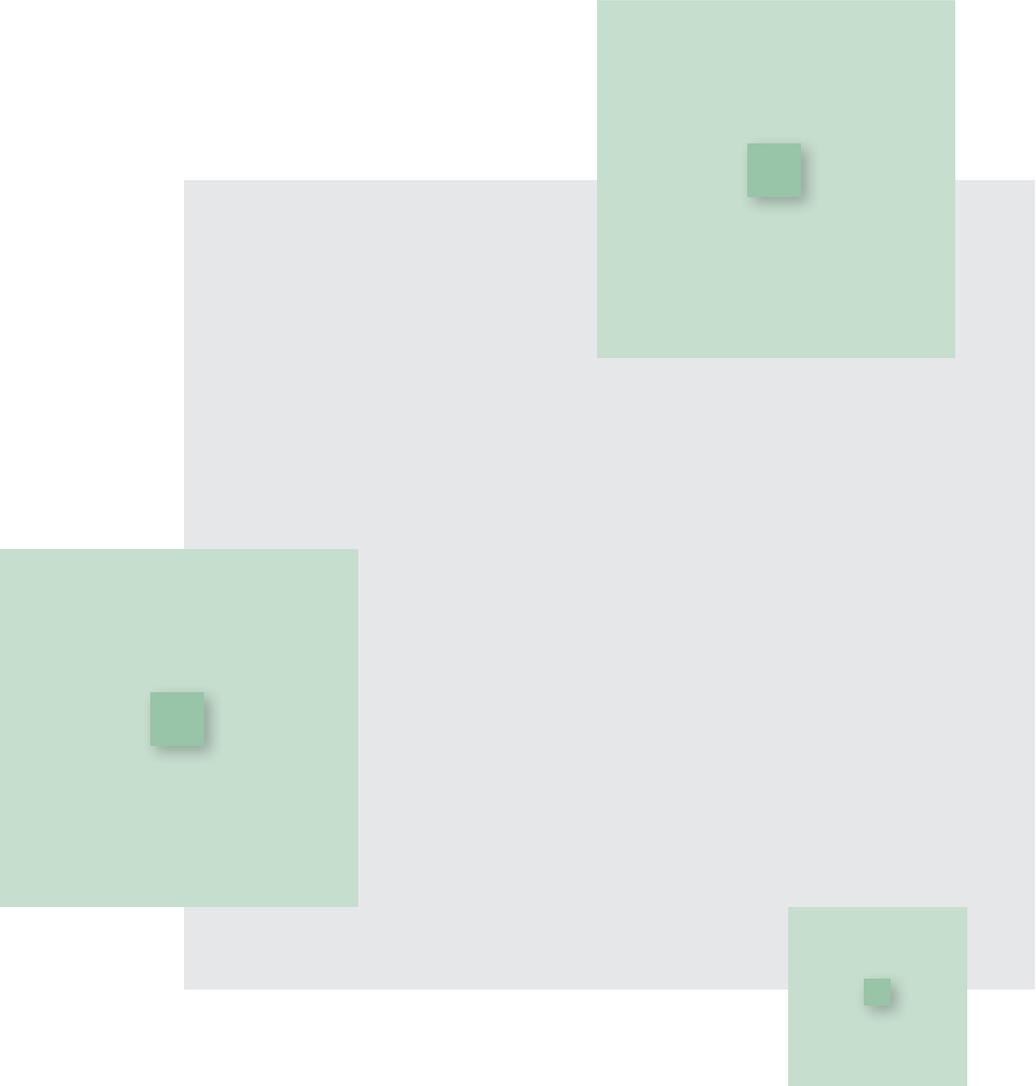
Yes.

2. Why or why not?

Pregnancy is ruled out because she would respond "YES" to question 4, indicating that her period started three days ago. Hence, she is still within the first seven days of her menstrual cycle.

3. What course of action would you take next?

You can be reasonably sure that this woman is not pregnant. You may wish to thank her for her honesty and state the complications that might have occurred if she had not answered truthfully. Provide her with medication for a chlamydial infection.



How to Be Reasonably Sure a Client is Not Pregnant

Before initiating a medical regimen, health care providers often need to assess whether a woman is pregnant because some medications may have side effects that are potentially harmful to the fetus. Similarly, family planning providers must always determine whether a woman seeking contraceptive services might already be pregnant because women who are currently pregnant do not require contraception. In addition, methods such as IUDs should never be initiated in pregnant women because doing so might lead to septic miscarriage, which is a serious complication. Although pregnancy can be reliably determined with pregnancy tests, in many areas, such tests are either not available or affordable for clients. In such cases, many clients who are not menstruating at the time of their visit are denied contraception as providers rely on the presence of menses as an indicator that a woman is not pregnant. These women are often required to wait for their menses to return before they initiate a contraceptive method.

Other approaches can be used to rule out pregnancy in the absence of menses or laboratory tests. Family Health International (FHI), with support from the U.S Agency for International Development (USAID), developed a simple checklist for use by family planning providers to help nonmenstruating clients safely initiate their method of choice. The checklist is based on a criteria endorsed by World Health Organization (WHO) to determine with reasonable certainty that a woman is not pregnant. Evaluation of the checklist in family planning clinics has demonstrated that the tool is very effective in correctly identifying women who are not pregnant. Furthermore, recent studies in Guatemala, Mali, and Senegal have shown that use of these checklists by family planning providers significantly reduced the proportion of clients being turned away due to menstrual status and improved women's access to contraceptive services.

Although the original checklist was developed for use by family planning providers, the checklist can be used by other health care providers who need to determine whether a client is pregnant. For example, pharmacists may use this checklist when prescribing certain medications that should be avoided during pregnancy (e.g., certain antibiotics or certain drugs that prevent seizures).

This checklist is part of a series of provider checklists for reproductive health services. The other checklists include the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*, the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives (COCs)*, and the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*. For more information about the provider checklists, please visit www.fhi.org.

Explanation of the Questions

The checklist consists of six questions that providers ask clients while taking their medical history. If the client answers "yes" to any of these questions, and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure that the woman is not pregnant.

Women who are in the first seven days of their menstrual cycle, who have had a miscarriage/abortion in the past seven days, or who are in their first four weeks postpartum are protected from unplanned pregnancy because the possibility of ovulation in each of these situations is extremely low. With the IUD, the possibility of pregnancy is very low before day 12 of the menstrual cycle because of the additional contraceptive effectiveness of the copper IUD. Women who satisfy the lactational amenorrhea method criteria (women who are in their first six months postpartum, are fully or nearly-fully breastfeeding, and are amenorrheic) are protected

from unplanned pregnancy because of the effects of lactational amenorrhea on the reproductive cycle. Likewise, women who consistently and correctly use a reliable contraceptive method are effectively protected from pregnancy, as are those who have abstained from sexual intercourse since their last menstrual period.

Sources:

- ¹ Technical Guidance/Competence Working Group (TG/CWG). *Recommendations for Updating Selected Practices in Contraceptive Use: Volume II*. Washington: U.S. Agency for International Development, 1997.
- ² Stanback J, Qureshi Z, Nutley T, Sekadde-Kigondu C. Checklist for ruling out pregnancy among family-planning clients in primary care. *Lancet* 1999;354(August 14):566.
- ³ Stanback, John, Diabate Fatimata, Dieng Thierno, Duarter de Morales, Cummings Stirling, and Traore Mahamadou. Ruling Out Pregnancy Among Family Planning Clients: The Impact of a Checklist in Three Countries. *Studies in Family Planning* 2005;36[4]:311–315.

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers YES to any question, stop, and follow the instructions.

NO	<p>Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?</p> <p>1.</p>	YES
NO	<p>Have you abstained from sexual intercourse since your last menstrual period or delivery?</p> <p>2.</p>	YES
NO	<p>Have you had a baby in the last 4 weeks?</p> <p>3.</p>	YES
NO	<p>Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?</p> <p>4.</p>	YES
NO	<p>Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUD)?</p> <p>5.</p>	YES
NO	<p>Have you been using a reliable contraceptive method consistently and correctly?</p> <p>6.</p>	YES

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out. Client should await menses or use a pregnancy test.

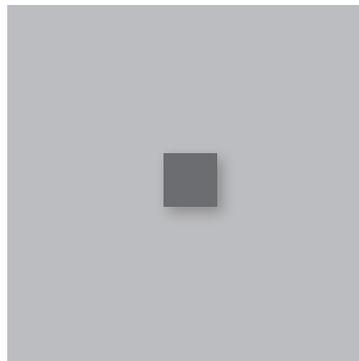
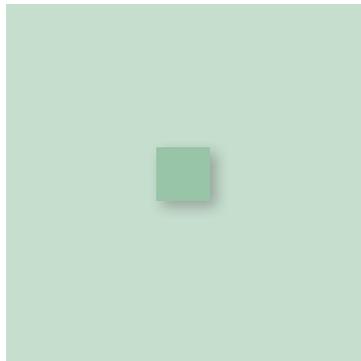
If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, provide client with desired method.

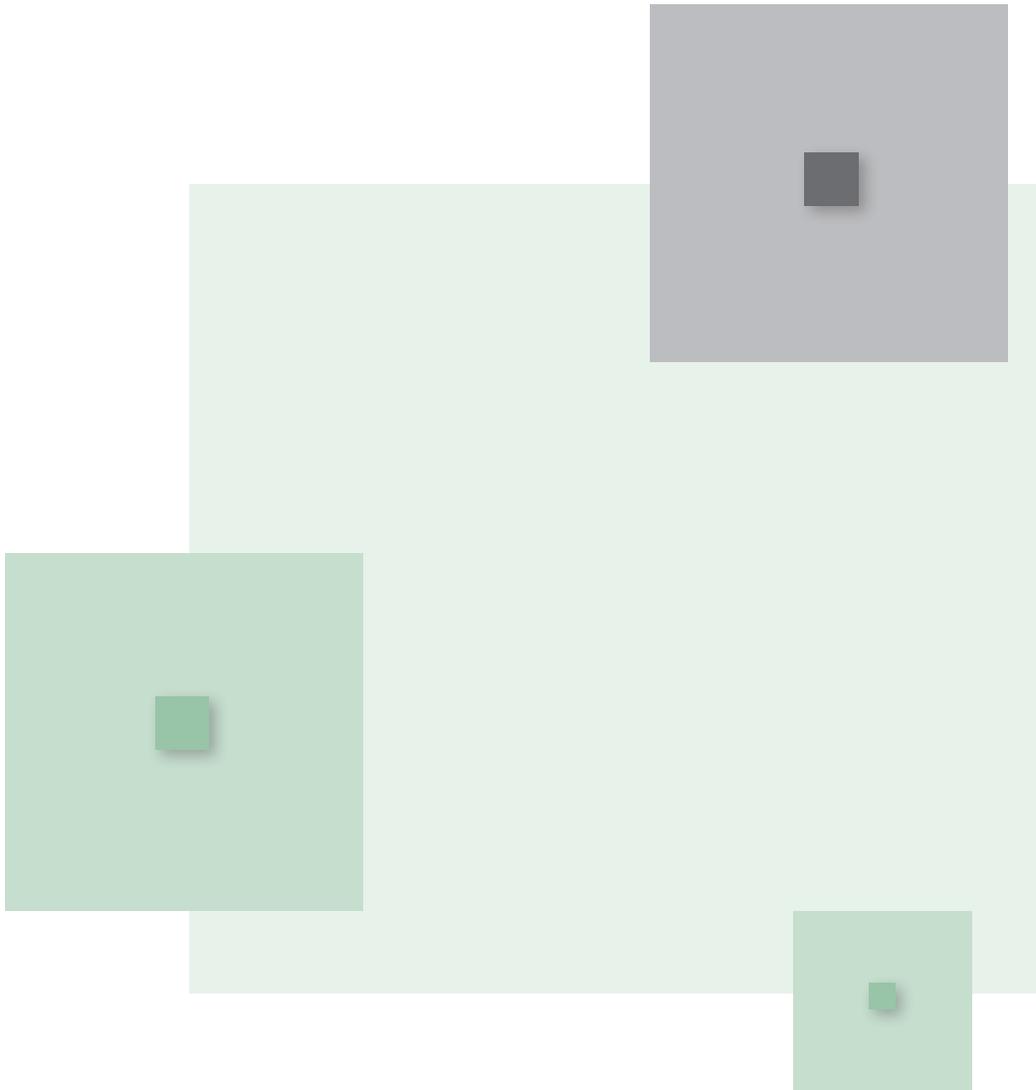


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The purpose of this reference guide is to provide essential information that supplements the training module. This information includes:

- recommendations on adapting the checklist to the local context;
- basic evidence-based information on pregnancy; and
- an annotated bibliography.





The Pregnancy Checklist can be adapted to meet the specific needs of a local area or program, or to align with national guidelines that may apply. However, before the adapted version is finalized and put into use, we strongly recommend that any changes be reviewed by an expert who understands the medical basis for the checklist. Likewise, the corresponding training module should be adjusted to reflect any changes. The intent of each question is explained on the reverse side of the checklist to help with these adaptations. The following are examples of situations in which adaptation may be needed.

■ **Adapting the checklist to the local language and style**

Whenever necessary, the checklist should be translated and the style adapted to meet the cultural and linguistic needs of the intended users of the checklists and their clients. In addition to English, the checklist has been produced in French, Spanish, Kiswahili and several other languages. These checklists are available on FHI’s web site, www.fhi.org.

■ **Adapting for local culture**

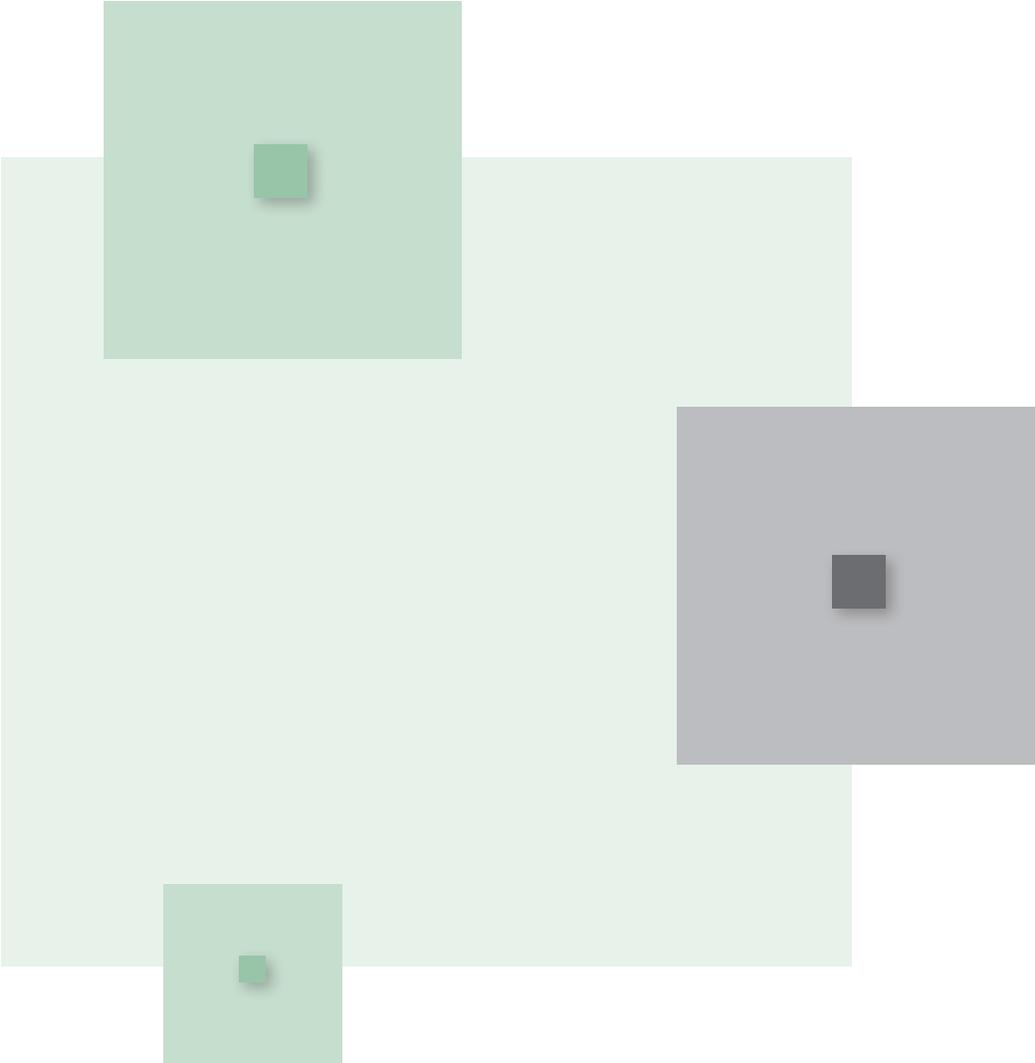
Some of the questions on the checklist deal with personal issues and may need to be asked in a sensitive manner. For example, question 5 asks about miscarriage and abortion. To help ensure that the client feels safe and comfortable answering honestly, it may be useful to rephrase the question to “Have you lost a pregnancy in the last 7 days (or within the past 12 days if you are planning to use an IUD)?”

■ **Adapting the checklist for comprehension**

Adaptations may also be made if the questions are too technical to be understood. Be careful, however, not to inadvertently change the intent of the question, because even small changes in wording can cause significant changes in meaning. For audiences with low literacy levels, it may be helpful to develop materials that convey key messages through illustrations with simple captions. Illustrations also should be appropriate for the local target audience.

The following is an example of a **poorly adapted** checklist question.

Original Question	Poorly Adapted Question	Reason
Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no menstrual period since then?	Did you have a baby less than 6 months ago? Are you fully or nearly fully breast-feeding? Have you had no menstrual period since you had your baby?	This adaptation has separated the original question into three parts. By doing so, the most important aspect of the original question is misinterpreted; a client must answer “YES” to all three components of the question in order for her response to qualify as a “YES” that would rule out pregnancy. If not, a woman may be incorrectly identified as not pregnant. Separating the three parts of the question is a poor adaptation and could potentially put a pregnant woman and/or her fetus at risk.



No More Waiting!

Using a Checklist to Rule out Pregnancy is an Effective Way to Increase Access to Contraceptives

Summary

Nonmenstruating women need not wait for the onset of their menses to initiate their contraceptive method of choice. Several research studies conducted in various countries show that a simple checklist developed to help providers rule out pregnancy among such clients is correct 99 percent of the time and is effective in reducing the proportion of clients denied contraceptive services. Using this checklist offers an effective and inexpensive alternative to laboratory tests and increases women's access to essential family planning services.

Family planning providers are required to determine whether a woman might already be pregnant before initiating use of her contraceptive method of choice. When pregnancy tests are unavailable or unaffordable, health providers often rely on the presence of menstruation as an indicator to rule out pregnancy. When women do not present with menses at the time of their visit, they are sent home — often without any contraception — to await the onset of menses. This is because providers fear that contraception can harm an unrecognized pregnancy. Data analyzed from family planning programs in Cameroon, Ghana, Jamaica, Kenya and Senegal have found that a significant proportion of new, nonmenstruating clients (25% to 50%) are denied their desired method as a result of their menstrual status.¹ Clients sent home because of such menstruation requirements risk unplanned pregnancies, if they are unable to return due to time and financial constraints.

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1-6. As soon as the client answers **YES** to **any question**, stop, and follow the instructions.

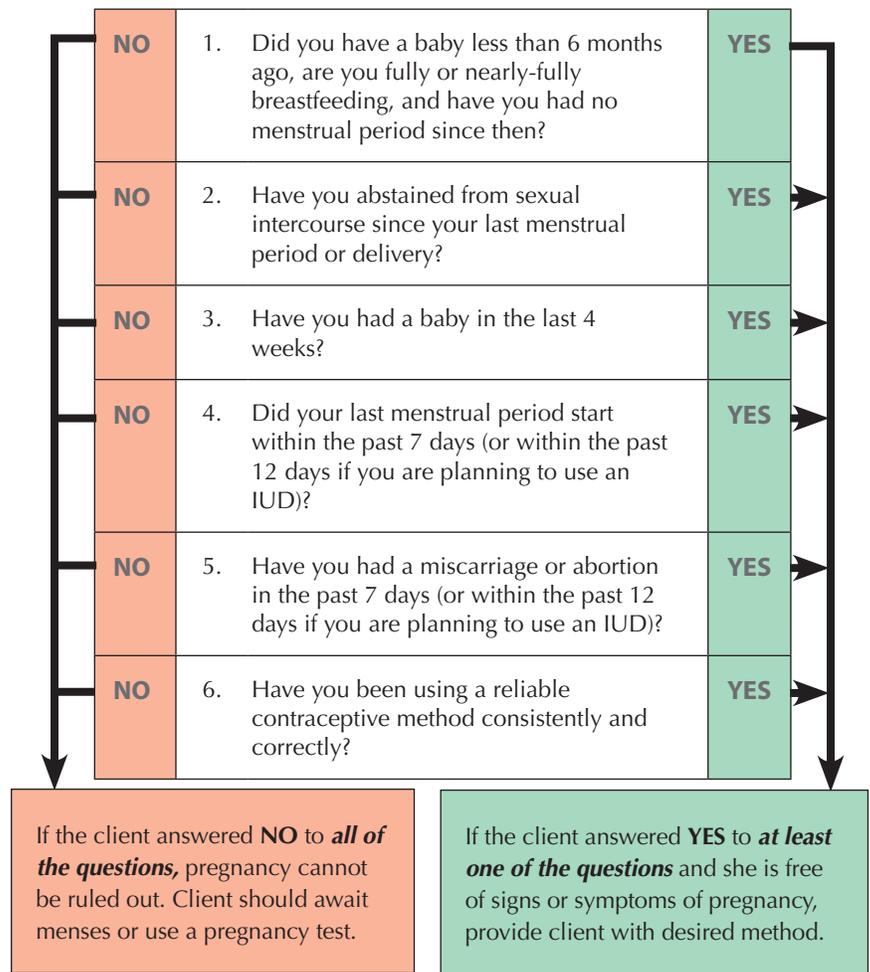


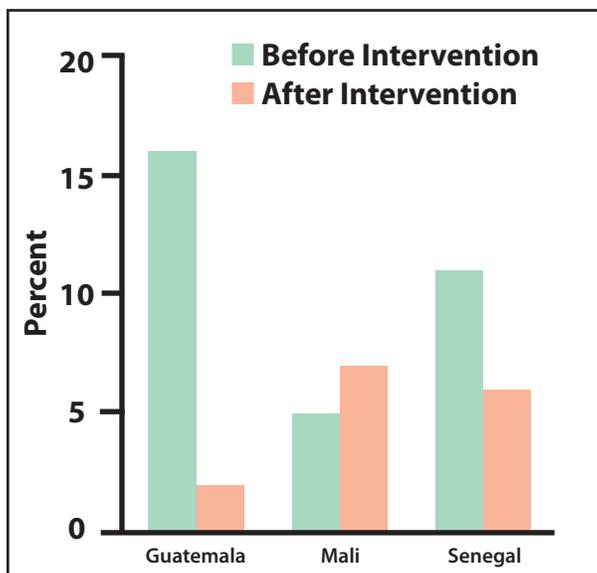
Figure 1

Family Health International (FHI) developed a simple checklist to rule out pregnancy among such clients with a reasonable degree of certainty. The checklist consists of six questions that providers ask clients while taking their medical history. If the client answers “yes” to any of these questions, and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure that the woman is not pregnant. (See Figure 1.) The six questions are based on criteria established by the World Health Organization (WHO) that indicate conditions that effectively prevent a woman from getting pregnant.

Checklist Correctly Rules Out Pregnancy

A study to test the validity of the checklist against a standard pregnancy test was first conducted in Kenya² in 1999 and later repeated in Egypt in 2005. In both studies, the checklist correctly ruled out pregnancy 99% of the time. In addition, each of the six individual questions indicated a high predictive value in ruling out pregnancy. As a result, both studies concluded that in low resource settings, where pregnancy tests are not available, nonmenstruating women should not leave a family planning clinic without an effective method, given that providers can be reasonably sure a woman is not pregnant as determined by a “yes” response to any of the six questions on the checklist.

Figure 2
Percentage of all new family planning clients denied their desired method as a result of their menstrual status, before and after the checklist intervention, in Guatemala, Mali, and Senegal, 2001-03



1. Stanback J, Thompson A, Hardee K, Janowitz B. Menstruation requirements: a significant barrier to contraceptive access in developing countries. *Stud Fam Plann* 1997;28(3):245-50.

2. Stanback J, Qureshi Z, Sekadde-Kigundu C, Gonzalez B, Nutley T. Checklist for ruling out pregnancy among family planning clients in primary care. *Lancet* 1999;354(9178):566.

3 Stanback J, Diabate F, Dieng T, Duarte de Morales T, Cummings S, Traoré M. Ruling out pregnancy among family planning clients: the impact of a checklist in three countries. *Stud Fam Plann* 2005;36(4):311-15.

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Read more about the Pregnancy Checklist and download electronic copies at www.fhi.org. For more information or to order hard copies, please e-mail publications@fhi.org.

Checklist Allows Significantly More Women Access to Contraceptives

An operations research study was conducted in Guatemala, Mali, and Senegal from 2001 to 2003 to determine the impact of the checklist on family planning services.³ The study results showed that where denial of services to nonmenstruating family planning clients was a problem, introduction of the pregnancy checklist significantly reduced denial rates and improved access to contraceptive services.

Among new family planning clients, denial of the desired method due to menstrual status decreased significantly — from 16 percent to 2 percent in Guatemala and from 11 percent to 6 percent in Senegal. In Mali, denial rates were essentially unchanged, but were low from the start. (See Figure 2.)

Uses of the Pregnancy Checklist Beyond Family Planning

Although originally developed as a tool for family planning providers, the pregnancy checklist may prove useful to other health providers in low-resource settings who also need to rule out pregnancy. For example, providers who prescribe and pharmacists who dispense medications that should be avoided during pregnancy, including certain antibiotics or anti-seizure drugs, can adapt the pregnancy checklist for use in their settings.

Shelton J, Angle M, Jacobstein R. Medical barriers to access to family planning. *Lancet* 1992;340:1334-1335.

While well-intentioned and based partly on medical rationale, some service delivery practices are unnecessary and can prevent access to family planning services for women and men who could safely use methods. There are six types of medical barriers: inappropriate or out-of-date contraindications; too-stringent eligibility criteria; unnecessary physical exams and laboratory tests; provider biases; limiting contraception provision to physicians only; and government regulations that limit the types of contraceptives available. To reduce medical barriers, providers must work as a group to assess all service delivery practices, to determine whether they are essential to provision of contraception. The medical community should develop standard guidelines on contraceptive use. Family planning should be viewed as less medical: Women and men should be seen as clients, not patients, and increased emphasis should be placed on delivery of methods through community-based, over-the-counter and social marketing outlets. Additional research should be conducted to assess contraceptive risks and benefits, to evaluate ways to reduce unnecessary restrictions and to understand clients' perceptions of family planning methods and services.

Stanback J, Diabate F, Dieng T, Duarte de Morales T, Cummings S, Traoré M. Ruling out pregnancy among family planning clients: the impact of a checklist in three countries. *Stud Fam Plann* 2005;36(4):311-315.

Women in many countries are often denied vital family planning services if they are not menstruating when they present at clinics, for fear that they might be pregnant. A simple checklist based on criteria approved by WHO has been developed to help providers rule out pregnancy among such clients, but its use is not yet widespread. Researchers in Guatemala, Mali, and Senegal conducted operations research to determine whether a simple, replicable introduction of this checklist improved access to contraceptive services by reducing the proportion of clients denied services. From 2001 to 2003, sociodemographic and service data were collected from 4,823 women from 16 clinics in the three countries. In each clinic, data were collected prior to introduction of the checklist and again three to six weeks after the intervention. Among new family planning clients, denial of the desired method due to menstrual status decreased significantly — from 16 percent to 2 percent in Guatemala and from 11 percent to 6 percent in Senegal. Multivariate analyses and bivariate analyses of changes within subgroups of nonmenstruating clients confirmed and reinforced these statistically significant findings. In Mali, denial rates were essentially unchanged, but they were low from the start. Where

denial of services to nonmenstruating family planning clients was a problem, introduction of the pregnancy checklist significantly reduced denial rates. This simple, inexpensive job aid improves women's access to essential family planning services.

Stanback J, Nakintu N, Qureshi Z, Nasution M. Does assessment of signs and symptoms add to the predictive value of an algorithm to rule out pregnancy? *J Fam Plann Reprod Health Care* 2006;32(1):27-29.

A WHO-endorsed 'pregnancy checklist' has become a popular tool for ruling out pregnancy among family planning clients in developing countries. The checklist consists of six criteria excluding pregnancy, all conditional upon a seventh 'master criterion' relating to signs or symptoms of pregnancy. Few data exist on the specificity of long-accepted signs and symptoms of pregnancy among family planning clients. A study based on a previous observational study in Kenya (n=1,852) found that signs and symptoms of pregnancy were rare (1.5 percent), as was pregnancy (1 percent). Signs and symptoms were more common (18.2 percent) among the 22 clients who tested positive for pregnancy than among the 1,830 clients (1.3 percent) who tested negative, but did not add significantly to their predictive value. Although the 'signs and symptoms' criterion did not substantially improve the ability of the checklist to exclude pregnant clients, several reasons (including use of the checklist for IUD clients) render it unlikely that the checklist will be changed.

Stanback J, Nutley T, Gitonga J, Qureshi Z. Menstruation requirements as a barrier to contraceptive access in Kenya. *East Afr Med J* 1999;76(3):124-126.

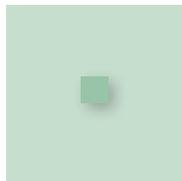
A study was conducted in Kenya in 1996 to determine whether menstruation requirements pose a barrier to new clients seeking family planning services. Data were collected from eight public-sector health centers and one hospital in two provinces. Health providers tracked the menstrual status of women using a simple tally sheet. Forty-five percent of the women seeking services were not menstruating. Among the 345 nonmenstruating women, 51 percent were breastfeeding and amenorrheic, while 49 percent were between menstrual periods. Providers considered nonmenstruating women pregnant unless they were within six weeks postpartum. Women were told to go home and await the onset of menses or to have a pregnancy test at another facility. Researchers estimated that 78 percent of nonmenstruating women were sent home without their chosen method, and that up to one-third of all women were turned away. In most cases, pregnancy could have been ruled out with a simple checklist. Policy-makers should consider adopting national guidelines that remove the unnecessary menstruation requirement.

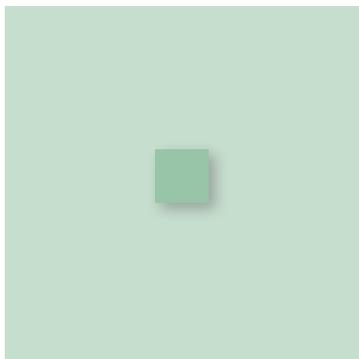
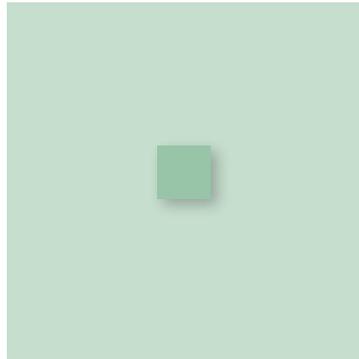
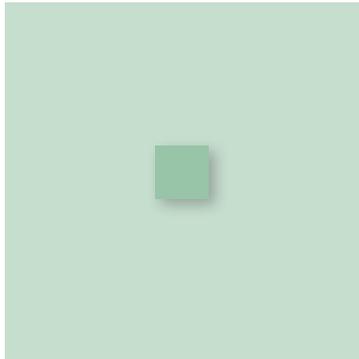
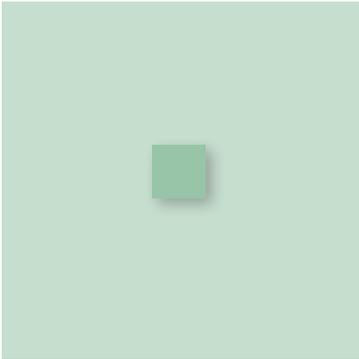
Stanback J, Qureshi Z, Sekadde-Kigundu C, Gonzalez B, Nutley T. Checklist for ruling out pregnancy among family-planning clients in primary care. *Lancet* 1999;354(9178):566.

Where pregnancy tests are unavailable, health providers, fearing possible harm to fetuses, often deny contraception to nonmenstruating clients. In Kenya, a trial (n=1,852) of a simple checklist to exclude pregnancy showed a negative predictive value of more than 99 percent. Use of this simple tool could improve access to services and reduce unwanted pregnancies and their sequelae.

Stanback J, Thompson A, Hardee K, Janowitz B. Menstruation requirements: a significant barrier to contraceptive access in developing countries. *Stud Fam Plann* 1997;28(3):245-250.

Some family planning clinics require women seeking hormonal contraception or IUDs to be menstruating before they can receive their chosen method. Studies in Ghana, Kenya, Cameroon, Senegal, and Jamaica have found that menstruation requirements negatively affect access to services for clients who could safely use contraceptives. As many as one-fourth to one-half of new clients seeking contraceptive services are sent home to await the onset of menses. These clients risk an unplanned pregnancy, and many are unable to return to the clinic because of time and money constraints. Because pregnancy is a contraindication to contraceptive use, health providers have used menstruation as a proxy for expensive pregnancy tests. Another rationale for menstruation requirements is timing — hormonal methods are usually initiated and IUDs typically inserted during menses. In addition, some providers believe pregnant women may use contraceptives to induce abortion. While many providers believe that women know about menstruation requirements, data from Kenya and Cameroon show that clients do not. Denial of contraceptive methods to nonmenstruating women is a serious obstacle to services that could be reduced by using a simple checklist to rule out pregnancy.



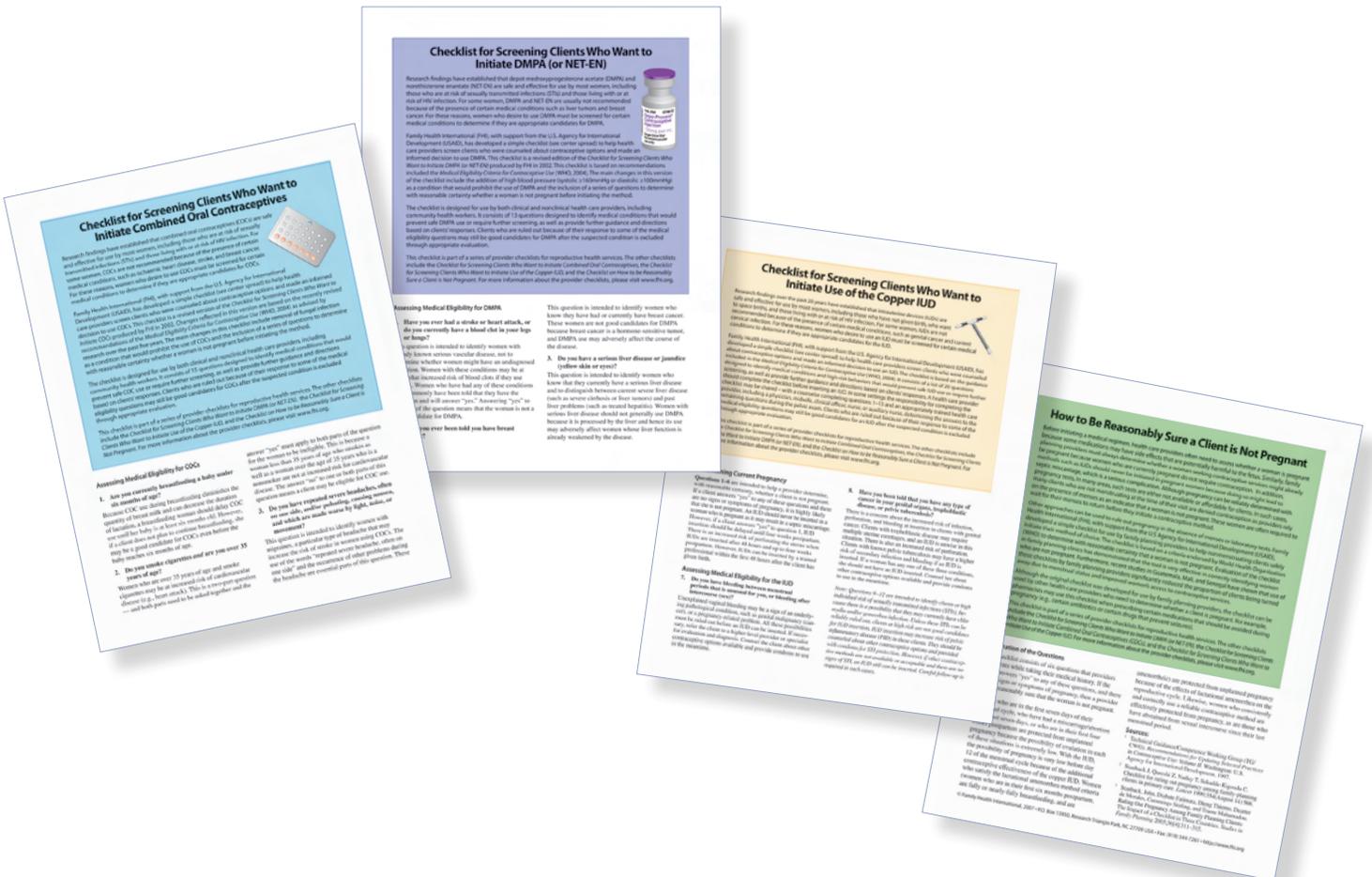


Supplementary Training Schedules

A. Combined Training Schedule for All Four Provider Checklists

FHI has produced a series of four easy-to-use checklists designed to assist clinical and non-clinical family planning service providers in screening women who want to initiate use of COCs, DMPA/NET-EN, or the IUD. The fourth checklist helps providers rule out pregnancy among nonmenstruating women seeking to initiate the contraceptive method of their choice. It is recommended that service providers be trained on how to use all four checklists, unless a particular checklist is not applicable to their scope of work.

A training and reference guide has also been produced for each checklist. Familiarity with all four guides is necessary for conducting a combined training. The schedule on pages 52 and 53 is recommended for a combined training and follows the same structure used in the individual training guides. The Notes section of the outline will assist facilitators in determining what to include and how to adapt a section. Facilitators should carefully consider the training needs of participants when adapting the training.



Session Overview and Schedule (Combined Training)

Time: 9 hours

Session	Time	Topic	Notes
1	40 minutes	Welcome and Introductions Exercise A: Peel the Cabbage	Adapt from any of the checklist trainings. Use the questions: <ul style="list-style-type: none"> • What practice is currently used to determine if a woman is medically eligible to receive contraception? (Consider COCs, DMPA and IUD.) • How is pregnancy ruled out? • Can you name some conditions that prevent women from using COCs, DMPA or an IUD? (Create a separate list of conditions for each contraceptive method.)
2	20 minutes	Rationale and Purpose	Adapt from the COC, DMPA or IUD Checklist trainings. <ul style="list-style-type: none"> • Show all four checklists but do not distribute them to participants at this time. • Emphasize that all checklists were designed to assist providers in safely screening women for contraceptive eligibility and, therefore, to reduce barriers to contraceptive use. The Pregnancy Checklist may have other purposes as well. • Note that the checklists were designed for a variety of providers and can be used in a variety of settings. The IUD Checklist differs from the others in that it requires that some of the questions be administered by a provider trained to conduct a pelvic exam.
	60 minutes	Exercise B: Review of the WHO Medical Eligibility Criteria	<ul style="list-style-type: none"> • Follow steps 1-6 under Exercise B for COCs and DMPA and Exercise C for IUDs, with the following exceptions: Step 3: Choose a maximum of four conditions for each of the three contraceptive methods and allow a total of 20 minutes to complete the task. The following conditions are suggested for the exercise. <i>COCs and DMPA:</i> diabetes, high blood pressure, HIV/AIDS, and endometrial cancer. <i>IUDs:</i> nulliparous, STI, PID, and HIV and AIDS. Step 4: Allow 20 minutes for participants to assess whether their answers were correct or incorrect. Step 6: Distribute a copy of the COC, DMPA, and IUD checklists and complete the step. • Additional IUD discussion points should be brought up at this point (see Significant Issues Affecting Medical Eligibility in Facilitator's Resource for Session 2 of the IUD Guide).
	10 minutes	Exercise C: Demonstrating the Benefits of Using the Pregnancy Checklist	Additional detail on the research related to the Pregnancy Checklist can be found in the Optional Session.

Session	Time	Topic	Notes
3	30 minutes	Design of and Instructions for Using the Checklists	<p>All the checklists have the same basic design and instructions for use. Therefore, the training presented in this guide can be easily adapted to apply to all the checklists. Some notes:</p> <ul style="list-style-type: none"> • The Pregnancy Checklist contains one set of questions, the COC and DMPA Checklists contain two sets, and the IUD Checklist contains three sets. • The Pregnancy Checklist contains no questions related to medical eligibility.
	3-6 hours	Exercise D: Practice Using the four checklists	<p>Provide participants the opportunity to use the COC, DMPA and IUD Checklists. The time will vary depending on the number of scenarios selected. To save time, do not independently practice the Pregnancy Checklist, since it is incorporated into the other checklists. Review the optional approaches for conducting the scenarios as potential time-saving tools. The option chosen should be the most appropriate for the needs of the participants.</p>
4	20 minutes	Wrap-up	Modify as needed from this or any of the trainings.

B. Introducing Provider Checklists to Policy-makers and Program Managers

A slide presentation (*Powerpoint* presentation B) with expanded notes can be found on the CD-ROM that accompanies this training and reference guide. This presentation is targeted to policy-makers and program managers who may be interested in introducing the checklists in their service delivery settings.

The presentation focuses on introducing all four checklists and includes an explanation of their rationale and a discussion of general issues regarding their use. It does not go into details on how to use the checklists. Also included is a section that can be adapted to issues specific to local areas, such as checklist dissemination and resources.

Sample Energizers

Energizers are highly recommended during training sessions, in particular during trainings involving lectures. In this training, an energizer is recommended between sessions two and three.*

■ Coconut

The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together.

■ The sun shines on...

Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out “the sun shines on...” and names a color or articles of clothing that some in the group are wearing. For example, “the sun shines on all those wearing blue” or “the sun shines on all those wearing socks” or “the sun shines on all those with brown eyes”. All the participants who have that attribute must change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out “the sun shines on...” and names a different color or type of clothing.

■ Body writing

Ask participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his or her name with several body parts.

■ Football cheering

The group pretends that they are attending a football game. The facilitator assigns specific cheers to various sections of the circle, such as ‘Pass’, ‘Kick’, ‘Dribble’ or ‘Header’. When the facilitator points at a section, that section shouts their cheer. When the facilitator raises his/her hands in the air, everyone shouts “Goal!”

*Adapted from International HIV/AIDS Alliance. *100 ways to energise groups: games to use in workshops, meetings and the community*. Brighton, UK: International HIV/AIDS Alliance, 2002.

Sample Certificate of Attendance

Name of Sponsoring Organization

certifies that

Name of Participant _____

has successfully completed training on the

Screening Checklist to Identify Women Who Are Not Pregnant

(Date)

(Place)

Name of Person issuing certificate

Name of Person issuing certificate

Title

Title

Sponsoring Organization

Sponsoring Organization

