

FAMILY PLANNING

LEARNING OBJECTIVES

- To provide the woman with the most appropriate, safe, effective family planning method for her.
- To educate the woman about the importance of family planning for her health, family and society.
- To provide monitoring and follow up care to avoid unwanted discontinuation of birth spacing.
- To provide other reproductive health promotion services like screening for breast and cervical cancer.
- To provide diagnosis and treatment of genital infections and STD's

TEACHING STRATEGIES

- Group discussion together with lecture presentation
- Role play of counseling situations
- Use of teaching models or simulators to practice application of condoms, insertion of IUD, insertion of Norplant

MATERIALS OR EQUIPMENTS NEEDED

- White Board , Flip Charts
- Overhead Projector
- Markers
- Pelvic models for practice in pelvic exam and IUD insertion
- (When appropriate) – arm model for practice in Norplant insertion
- Penile models (or bananas) for practice in condom use

LEARNING POINTS

Introduction

In 1976, the average Jordanian woman had 7-8 children during her reproductive years. This has steadily decreased recently, and in 1999, the average woman has fewer than 4 children overall. Much of this decline has been because of the use of birth spacing methods, especially the use of modern methods of birth control. Currently, almost 55% of all Jordanian women of reproductive age are using some form of birth spacing, and 34% are using some form of modern birth control method. The National Population Strategy would like to increase the use of effective methods of birth control, especially among the young and the rural women.

A woman and her husband must consider many factors in deciding upon a method of birth control, such as desired spacing between pregnancies, age of onset of child-bearing, total number of children desired, and the advantages and potential disadvantages of the various methods. The couple must be carefully counseled about the options available, and the advantages and disadvantages of each. In addition, the health care provider must consider the various contraindications of each method, and match desired methods with the individual medical situation of the client. To accomplish this task, the health care provider must be knowledgeable in the various birth control methods, and be able to effectively communicate with the woman or couple regarding this sensitive area.

Types Of Counseling

- Definition of counseling:
Counseling is a two way process of communication by which one person helps another to identify her or his reproductive health needs and to make the most appropriate decisions concerning those needs. This is characterized by an exchange of information, ideas discussion and deliberation.

- General counseling
 - Takes place on first visit
 - Needs of clients discussed
 - Options given
 - Questions answered
 - Misconceptions / myths discussed
 - Decision made

- Method or service specific counseling
 - Decision and choice made
 - More information given
 - Screening process and procedures explained
 - Instructions given
 - What to do if problems develop
 - When to return
 - Handouts given to take home

- Return and follow up counseling
 - Problems and side effects discussed and managed
 - Continuation encouraged unless major problems exist
 - Instructions should be repeated
 - Questions answered and client concerns addressed

The six principles of counseling

1. Treat each client well
 - Be polite
 - Show respect
 - Create a feeling of trust
 - Provider and client speak openly
 - Answer questions patiently
 - Ensure confidentiality

2. Interact

- Listen
 - Learn
 - Respond
 - Understand needs, concerns and individual situations
 - Encourage
3. Tailor information to the client
 - Learn what information the client needs
 - Personalize the information to the clients needs
 4. Avoid too much information
 - Don't overload
 - Keep time for questions, concerns and opinion
 5. Provide the method that the client wants
 - Help client make their own informed choice
 - Respect that choice
 - Gently correct mistaken ideas
 6. Help the client understand and remember
 - Show samples and materials available
 - Give printed materials
 - Remind clients what to do
 - Repeat information as needed

Family Planning Issues to Discuss

When discussing a contraceptive method, consideration should be focused on the following;

- Effectiveness
- Advantages and disadvantages
- Side effects and complications
- How to use
- STD prevention
- When to return

Characteristics of effective counselors

- Understands and respects the client's rights
- Earns the client's trust
- Understands the benefits and limitations of all contraceptive methods
- Understands the cultural and emotional factors that affect a woman's decision to use a particular contraceptive method.
- Encourages the client to ask questions
- Uses non-judgmental approach which shows the client respect and kindness
- Presents information in an unbiased, client sensitive manner
- Actively listens to the client's concerns
- Understands the effect of non-verbal communication
- Recognizes when she/he cannot sufficiently help a client and refers the client to someone who can

Communication Techniques

Non verbal communications like nodding , or hand movement for greeting , smiling for welcome – the ROLE principle:

R - relax

O - open and approachable

L - listen

E - eye contact

Verbal communication - the CLEAR principle:

C - clarify

L – listen

E - encourage

A – acknowledge

R - reflect and repeat

PREVENTION ISSUES and HEALTH EDUCATION MESSAGES

- Birth spacing is important for the health of the mother, and to enhance family structure
- Birth spacing provides significant economic benefits for young families
- Address social, religious, and other messages about contraception
- Because of the many methods of birth spacing available, a method acceptable to the couple should be available
- The decision regarding whether or not to use contraception and which method should involve the marriage couple, not just one or the other
- At the first visit, ALL methods appropriate for the couple should be described and discussed.
- If the client is not ready to make a decision, do not force the issue – make a note in the medical record to review the issues at later visits

CRITICAL POINTS FOR REFERRAL TO SPECIALIST

Rarely a client needs special counseling skills specially if verbal communication is not feasible, however these special situations are managed by involvement of other family members .

CASE STUDY

It is suggested that role play and group participation in the observation of counseling practice be done where all can attribute in feed back and reflections , the whole participants should have the opportunity to demonstrate , and improve his or her skill under guidance from trainer.

Roles to be adopted :

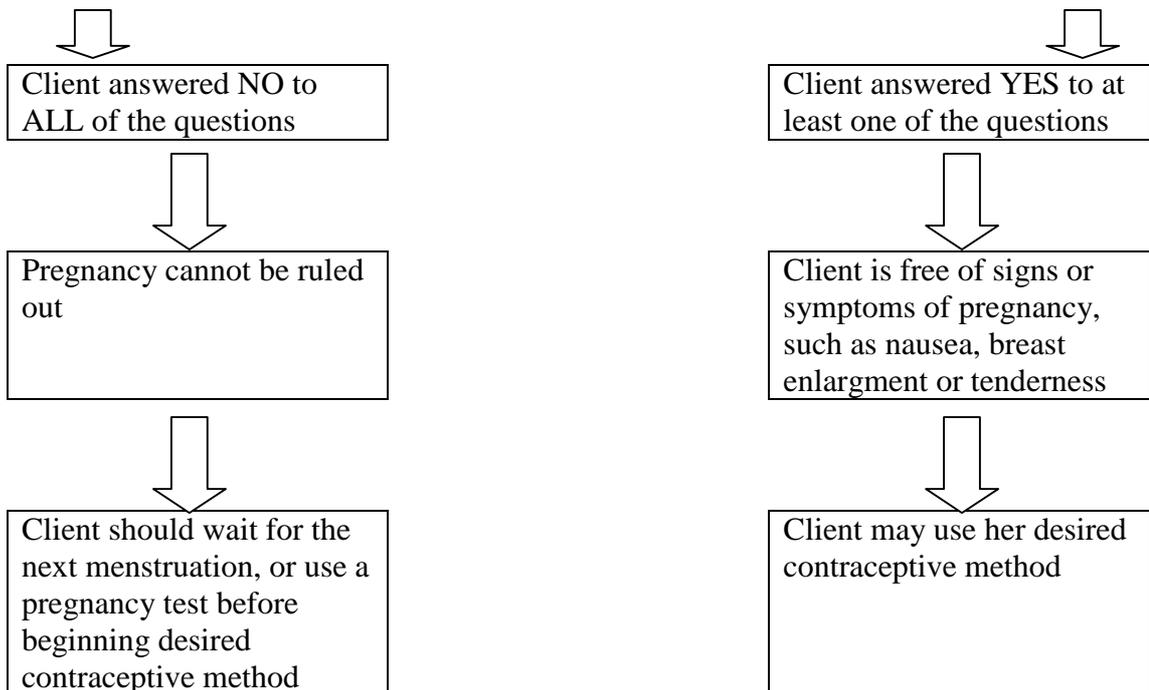
- A client with difficulty in memorizing, understanding, needing to repeat instructions several times , when assigning role to participant , the participant having the role of provider should not be informed beforehand .
- One participant playing a role of a disinterested client with difficulty in concentrating , and keeping track with what is said.

CLIENT ASSESSMENT FOR PREGNANCY BEFORE CONTRACEPTIVE USE

HOW TO BE REASONABLY SURE A CLIENT IS NOT PREGNANT

You can be reasonably sure a client is not pregnant using the following checklist of questions:

NO		YES
	1. Are you less than 6 months postpartum AND breastfeeding completely AND are free from menstrual bleeding since your delivery?	
	2. Have you had NO sexual intercourse since your last menstruation?	
	3. Have you given birth in the last 4 weeks?	
	4. Did your last menstrual period start within the past 7 days?	
	5. Have you had a spontaneous abortion in the past 7 days?	
	6. Have you been using a reliable contraceptive method correctly and consistently?	



(from: Family Health International)

When a woman is more than 6 months postpartum you can still be reasonably sure she is not pregnant if:

- She has kept her breastfeeding frequency high,
- Has still had no menstrual bleeding (amenorrheic), and
- Has no clinical signs or symptoms of pregnancy.

Pelvic examination is seldom necessary, except to rule out pregnancy of greater than 6 weeks, measured from the last menstrual period (LMP).

Pregnancy testing is unnecessary except in cases where:

- It is difficult to confirm pregnancy (i.e., 6 weeks or less from the LMP);or
- The results of the pelvic examination are equivocal (e.g., the client is overweight, making sizing the uterus difficult).

In these situations, a sensitive urine pregnancy test (i.e., detects <50 mIU/ml of hCG) may be helpful, if readily available and affordable. If pregnancy testing is not available, counsel the client to use a temporary contraceptive method or abstain from intercourse until her menses over or pregnancy is confirmed.

CLIENT ASSESMENT

Table 1. Summary: Client Assessment Requirement for All Contraceptive Methods

ASSESSMENT	NATURAL, LAM OR WITH-DRAWAL	BARRIER METHODS (Condom, Diaphragm, or Spermicide)	HORMONAL METHODS (COC, POP, DMPA, or Norplant)	IUD	VOLUNTARY STERILIZATION (Female/Male)
Reproductive Health Background	Yes	Yes	YES (See Client Assessment Checklist)	YES (See Client Assessment Checklist)	YES (See Guiding Assessment Checklist)
History of STD	NO	NO	Yes	Yes	Yes
PHYSICAL EXAMINATION					
Female General (including BP)	NO	NO	^b No	^b No	Yes
Abdominal	NO	NO	^b No	Yes	Yes
Pelvic Speculum	NO	NO	^{b,c} No	Yes	Yes
Pelvic Biannual	NO	YES ^a	^c No	Yes	Yes
Male (groin, penis, testes and scrotum)	NO	NO	N/A	N/A	Yes

^a Required to size /fit diaphragm.

^b If screening checklist responses all negative (**NO**), examination is not necessary.

^c Only necessary if pregnancy is suspected and pregnancy test is not available

COMBINED ORAL CONTRACEPTIVES (COCs)

Description

Combined oral contraceptive are preparations of synthetic estrogen and progesterone which are highly effective in preventing pregnancy

Effectiveness

0.1 pregnancies per 100 women each year when taken consistently

Mechanism of Action

- Suppress ovulation through inhibition of hypothalamic-pituitary axis.
- Thicken cervical mucous (prevents sperm penetration.)
- Change endometrium (making implantation less likely.)
- Reduce sperm transport in upper genital tract (Fallopian tubes.)

COC Indications for Use

- Couples needing birth control for birth spacing.
- Nulliparous women.
- Nonlactating postpartum women (combined oral contraceptives.)
- Need for short or long-term reversible contraception.
- Need for postcoital birth control (emergency contraception.)
- Immediate postabortion period.
- Acne.
- Heavy or painful menstrual periods.
- Recurrent ovarian cysts.
- Family history of ovarian cancer

COC Advantages

- Ingestion unrelated to sexual activity.
- 99% effective if used correctly and consistently.
- Greater effectiveness.
- Reversible, rapid return of fertility.
- Correction of menstrual alterations.
- Prevention against ovarian, endometrial and breast cancer.
- Prevention against benign diseases of the breast.

COC Disadvantages and Potential Side Effects

Serious, but very rare:

- Thrombophlebitis and pulmonary embolus
- Stroke
- Hypertension

Not serious, but somewhat more frequently seen

- Non menstrual weight gain
- Nausea
- Dizziness
- Acne

- Breast tenderness
- Headaches; occasionally migraine
- Mood changes
- Chloasma.
- Changes in libido
- Irregular vaginal bleeding
- Amenorrhea

Types of COC

- **Monophasic:** a fixed concentration of estrogen and progesterone hormone through out the cycle – 21 and 28 day packages
- **Multiphase :** biphasic or triphasic variations of concentration of estrogen and /or progesterone throughout the cycle

COC Specific counseling

1. If client chooses COCs :
 - assure client knowledge of COCs including myths and rumors prior use of COCs
 - explain in clear and non-technical language:
 - advantages of COC including non contraceptive benefits
 - how the pill works and the need to take it every day
 - common side effects of the COC as above
2. Respond appropriately to clients' questions.
3. Screen client for COC precautions using checklist for COC users:
 - ask all questions on history checklist
 - perform health assessment as detailed below
 - determine that no contraindications exist
4. Explain and demonstrate appropriately the following:
 - how to use
 - when to start
 - what to do if client misses one or more pills
 - how client uses condoms / spermicide
 - when a back up method is needed to be used
5. Ask client to repeat back instructions and correct any errors.
6. Explain in an non alarming way to give early pill danger signs, and instruct client what to do if any occur.
7. Ask client to repeat key instructions.
8. Provide client with at least a three month supply of COCs. Provide client with condoms and / or spermicide
9. Reassure client that she may change the pills or try another method if she does like these COCs. Reassure the client that the doctor is available to see her if she has any problems, questions or needs advice.
10. Plan for a return visit and give the client a definite return date.
11. Document the visit on the client record.

Health Assessment

The purpose of the health assessment is to determine the clients suitability for oral combined contraceptive. Health assessment should include:

A. *Medical history :*

- Drug history
- Age
- Relevant family and past medical history
- Gynecological history including LMP and menstrual pattern
- Smoking history and current medication.

B. *Physical examination that includes:*

- Weight
- Blood pressure
- Examination of extremities for varicosity's or sign of phlebitis
- Check skin and eyes for jaundice
- Breast examination (with instructions for self examination)
- Bimanual pelvic examination and inspection of the cervix
- Other examinations as indicated by medical history

C. *Laboratory tests:*

- Urine for glucose and protein
- Pap (cervical) smears for screening purposes.
- Others as indicted by medical and/or physical examination.
- COCs should not be withheld due to an absence of part or all of the physical or laboratory examinations, if no contraindications are found or exist in the medical history.
- The required examinations should be scheduled within the following three months.
- The medical history and the results of the examinations must be documented in the clinical records of each client especially the presence or absence of any possible contraindication and/or special situation.

Contraindications to Use of COC (Absolute and Relative)

- Pregnant
- Breastfeeding (less than 6 months postpartum)
- Active smoking and over age 35
- Increased risk of cardiovascular disease (hypertension, diabetes with vascular complications, history of deep vein thrombosis or embolus, severe headaches with focal neurologic symptoms)
- Pre-existing conditions such as active breast cancer, tumors of the liver
- Unexplained vaginal bleeding
- Current use of some drugs (especially long-term antibiotics, rifampicin, phenytoin, cabamazepine, barbiturates, primidone, grizeofulvin)

Initial client instructions

1. Start with combined monophasic preparation containing 30-35 microgram of estrogen (i.e. Microgynon)
2. Change the type of pill only if there are side effects significant enough to cause the client to consider discontinuing or changing pills
3. Provide the instructions clearly in a language appropriate to the background of the client.

4. Client can start taking pills:
 - Anytime the woman is not pregnant
 - If the woman wishes to start the pills on a particular day that is beyond the 7 days of her menstrual cycle, she has to use backup method for the next 7 days
 - Days 1-7 of the menstrual cycle
 - Postpartum after 6 months if using LAM
 - After 3-4 weeks if not breast feeding
 - Post abortion (immediately or within 7 days)
5. The client should take one pill everyday at the same time until the cycle is finished.
6. If the client is using 21 pill cycle, she should skip seven days before starting a new cycle.
7. Client should be advised that if she misses one or more pill, she may have some spotting or break through bleeding, but more important, she will be at greater risk of becoming pregnant.
8. In case of missed pills:
 - o If one pill is missed, the client should take the pill as soon as she remembers
 - o If two pills in the first two weeks are missed, the client should take two pills on two consecutive days and then continue the rest of the cycle as usual (backup method should be used).
 - o If two pills are missed in the third week, or if three or more pills are missed at any time, the client should discard the current cycle and start a new one immediately.
 - o In all previous cases, the client should use a backup method for a minimum of one week.

Return visit counselling

1. Ask client if she is satisfied with the COC.
2. Ask client if she is having any problems or experiencing any side effects. If yes, manage as appropriate.
3. Ask client to describe / how she is taking the COCs.
4. Repeat the history check list.
5. Update the medical history and perform:
 - blood pressure
 - weight
6. Briefly review key messages/instructions and ask client to repeat.
7. Provide at least another 3 cycles of COCs.
8. If client wants to discontinue the COC, help her make an informed choice of another method.
9. Encourage client to come back at any time if she has questions or problems.

COMBINED ORAL CONTRACEPTIVE

Interactions With Other Drugs

COMMONLY USED OR PRESCRIBED DRUGES	ADVERSE EFFECTS	COMMENTS AND RECOMMENDATION
Analgesics Acetaminophen (Tylenol , paracetamol others)	Possible decrease pain_relieving effect (increased drug excretion)	Monitor pain-relieving response.
Antibiotics ___ griseofulvin and rifampin NO documented clinical effect or significance has been established for penicillins, tetracycline, cephalosporins and other commonly used antibiotics. Hormonal methods be used no backup method is routinely necessary with these antibiotics.	Decreased contraceptive effect with COCs and CICs, especially with low-does COCs, 30-35 ug ethiny1 estradiol (EE).	Help client choose another method or use higher estrogen pill (50 ug EE) or backup method (e.g., condoms). ^a
Antidepressant (Elavil , Novpramin , tofranil and others)	Possible increase antidepressant effect	Use with caution. Low doses are probably safe.
Antihypertensives Methyldopa (Aldoclor , aldomet and other)	Possible decrease antihypertensive effect	Use COCs and CICs with caution, monitor BP.
Antiseizure Braiturates (phenobrabitol and others) Carbamazepine (tegerol) Phonation (dilation) Primidone (Mysoline)	Decreased contraceptive effect with COCs and CICs, especially if lowest does COC used. Possible increase phenytoin effect	Help client choose another method or use higher pill (50 ug EE) or backup method (e.g., condoms). ^a
Beta_blockers (Corgard , inderal , loperssor , tenormin)	Possible increase beta-blocker effect	Monitor cardiovascular status.
Bronchodilators Theophlyline (bronkotabes , marax , primatene , quiborn terdal , theor dur and others)	increase theophylline effect	Monitor for symptoms of theophylline overdose.
Hypoglycemics (diabinese , orinese , tolbutamide , tolinase)	Possible decreased hypoglycemic effect	Monitor blood glucose as for any diabetic patient.
Tranquilizers Benzodiazepine (Ativan , librium , serax , tranxene , valium , xanax and others)	Possible increased or decreased tranquilizer effects including psychomotor impairment	Use with caution. Commonly prescribed dosages are unlikely to result in significant effects.

PROGESTERONE-ONLY PILLS (POPs)

Description:

The Progesterone only pills (POPs) is an oral hormonal contraceptive containing only progesterone in a smaller dose than in the combined pills.

Effectiveness:

When taken at the same time every day (0,5 – 0,10 pregnancies per 100 women during the first year.)

Types:

35-pill pack	→	300-mg lovonorgestrel
28 pill pack	→	75 mg norgestrel (Overate, Femulen)

Advantages of POP

- Same as for COC
- May be taken while breast feeding
- May eliminate some of the side effects noted with COC, such as hypertension, breast tenderness, weight gain, peripheral edema

Disadvantages and Potential Side Effects of POP

- Irregular menstrual bleeding
- Headaches
- Chloasma of face
- Depression

Contraindications to use of POP (absolute and relative)

- Pregnancy
- Active breast cancer
- Unexplained vaginal bleeding
- Liver disease (active viral hepatitis, cirrhosis, tumors)
- Current use of some drugs (especially long-term antibiotics, rifampicin, phenytoin, cabamazepine, barbiturates, primidone, grizeofulvin)

Client instructions

- Provide instruction clearly and in a language appropriate to the backgrounds of the client
- client should start the first cycle of POP :-
 - within the first five days of the menstruation preferably first day
 - any time the client is sure she is not pregnant
 - postpartum , after 6 month if using LAM ,after 6 week's if breast feeding (not on LAM) immediately or within 6 weeks if not breast feeding
 - post abortion :immediately
- Client should take one pill every day at same time until the cycle is finished.
- She should start a new cycle the day after she previous cycle without a break .
- Client should be informed , if she misses one or more pill , she could have some spotting , break through bleeding or pregnancy , she should start taking the pill as

soon as possible and she should use backup method for the next 48 hours after restarting the pills.

- Diarrhea and vomiting interfere with the effectiveness of the pill . In these cases the use of backup method for at least seven days is required.
- Client should consult the clinic if she experiences side effects, has any concern or problem concerning the pill.
- Client should have a date for the next visit and the name of the pill she has been given.
- Encourage the client to ask questions to clarify any uncertainties and request her to repeat the basic instructions to check for understanding.
- Client should be advised about the following side effects during the first three cycle and then usually disappear. They should not be a reason to discontinue the method:
 - break through bleeding
 - nausea, dizziness
 - breast tenderness
 - headaches (mild)
- Acute vomiting, diarrhea and few medicines the POP effectiveness and for this reason the use of backup method is required.
- Client should consult the clinic if pregnancy is suspected or if she experiences any of the following warning signs of complications:
 - severe abdominal pain
 - severe chest pain, cough, shortness of breath
 - severe headache
 - eye problems - loss of vision or blurring
 - severe leg pain in calf or thigh
 - jaundice
- Client should be given the date for her next visit and the name of the pill she took
- Client should be encouraged to ask questions to clarify any uncertainties and requested to repeat the basic instructions to check for understanding.

Follow up care

The client should be seen after the first cycle and then every 3 months

Three months follow up protocol:

- Update the client's address and how to contact her.
- Assess the client's satisfaction with the method.
- Determine if the client has had any problems or side effects and, if so record them in her clinical record.
- Update the medical history and perform:
 - blood pressure
 - weight
 - any other examination if indicated
- Provide appropriate counselling as required
- Review with the client the pill danger signs and the instructions for taking the pill
- Encourage the client to contact the clinic any time if she has any questions or complaints.

DMPA (DEPO-PROVERA)

Description:

Depot medroxy progesterone acetate

Trade name: Depo Provera, is a highly effective reversible contraceptive method. It is a three month injectable, containing a synthetic progestine which resembles the female hormone progesterone. Each dose contains 150 mg. which is released slowly into the blood stream and provides the user with a safe and highly effective form of contraception.

Type and Dosage:

Depo Provera 150 mg, (NET-EN) 200mg 2 months

Effectiveness:

Pregnancy rate usually lower than one per 100 woman years with standard regime, effect comparable to Norplant , TCU 380 A IUD, and voluntary sterilization.

Mode of Action:

- Inhibits ovulation
- Thickens the cervical mucus
- Thins the endometrial lining

Indications:

Appropriate for any woman who:

- Desires an effective long-acting reversible method
- Prefers a method that requires no preparation before intercourse
- Wants a convenient method
- Does not want others to know about it
- Does not want to keep the method at home
- Cannot comply with oral contraceptives
- Cannot use estrogen containing method
- Completed her family size, but does not desire sterilization

Advantages of DMPA:

- Reduces frequency of fibrosis
- Reduces frequency of ovarian cysts
- Reduces incidence of pelvic inflammatory disease
- Relieves premenstrual tension
- Prevents anemia
- Reduces symptoms of endometriosis
- Reduces sickle cell crisis in Africans with sickle cell disease or trait
- Decrease the frequency of epileptic seizures in women with epilepsy

Disadvantages:

- Long acting cannot be easily discontinued or removed
- Does not protect against HIV/STDs
- Irregular menstrual bleeding

- Headaches
- Chloasma of face
- Depression

Contraindications to Use of DMPA

- Pregnancy
- Active breast cancer
- Unexplained vaginal bleeding
- Liver disease (active viral hepatitis, cirrhosis, tumors)
- Current use of some drugs (especially long-term antibiotics, rifampicin, phenytoin, cabamazepine, barbiturates, primidone, grizeofulvin)

Other considerations for caution in use (May be given, but client must be monitored closely)

- Diabetes
- Hypertension
- Depression

Timing of DMPA

- First injection may be given any of the following times when the woman is not pregnant:
 - First 7 days after the start of menses
 - Immediately or within 14 days following induced or spontaneous abortion
 - Immediately postpartum or up to 38 days after delivery if not breast feeding
 - Between 6 weeks and 6 months if breast feeding
 - At any time if the woman has not had intercourse since her last menses
 - At any time if reliably using another effective method of contraception
- Injections repeated every three months up to 2 weeks after last injection, or 4 weeks prior to scheduled date

Potential Complications and Side Effects

- Menstrual changes, irregular, prolonged bleeding or spotting usually occurs.
- Increased appetite causing weight gain.
- Delay in return to fertility.
- Headaches
- Mood changes
- Nausea
- Abdominal pain
- Breast tenderness
- Heavy bleeding may occur

Information Needed at Followup Visits

Relevant information needed about:

- Blood pressure
- Menstrual changes
- Weight gain
- Headaches
- Minor side effects

- Heavy menstrual bleeding

DMPA method specific counseling

1. Ask her what she knows about DMPA. Correct any myths/rumors or misinformation.
2. Explain how DMPA works and its effectiveness in preventing pregnancy
3. Explain the potential side effects of DMPA:
 - Changes in menstrual periods (irregular spotting, not periods)
 - Possible delay in return to fertility of average eight months
 - She may gain weight
 - She may feel some depression
 - Explain with client how irregular or increased bleeding may affect her daily life, and if a delay in return to fertility is important to her.
 - Explain what to expect regarding injection, frequency of return visits.
 - Ask the client if she has any questions and respond to them.
 - Screen for precautions using DMPA screening checklist (attached).
 - Ask all questions on history checklist
 - Check weight and blood pressure
 - Record findings

Administration of DMPA

If no concerns are present, prepare and administer DMPA injection according to following steps:

1. Wash hands
2. Check vial for contents (dosage)
3. Gently shake DMPA vial
4. Open sterile package
5. Attach needle to syringe
6. Draw DMPA into syringe
7. Wipe site of injection and allow antiseptic to dry
8. Administer 150 mg deep IM in deltoid or gluteal area
9. Do not massage site of injection
10. Wash hands
11. Repeat the following important instructions to client:
 - (a) DMPA injections take effect immediately if given between 1-7 days of menstrual cycle, other wise client must use backup method or abstain from intercourse for 24 hours following first injection.
 - (b) Return for next injection in 3 months, client may be up to 2 weeks late in returning and still be protected from pregnancy. However, it is better for client to return on time.
 - (c) Remind client of menstrual changes she may experience and possibility of weight gain.
 - (d) Remind client to inform other health care providers she is on DMPA.
 - (e) Reassure client she may return at any time is she has questions or concerns.
 - (f) Discuss with client returning immediately if she has any of the following problems:
 - Heavy vaginal bleeding
 - Excessive weight gain
 - Headaches

- Severe abdominal pain
- 12. Have client repeat back to you important instructions
- 13. Give client booklet with next appointment (time & date)
- 14. Document / record the visit according to local clinic guidelines

Return visits

Ask for any problems or complaints.

- Repeat the history checklist.
- Check blood pressure and weight.
- If client has developed any concerning symptoms or wants to discontinue DMPA, help her make an informed choice for other methods.
- If client is satisfied with DMPA method, no concerning symptoms (such as suspected pregnancy, severe headaches, or severe vaginal bleeding) exist, and she wishes to continue, give repeat DMPA injection.

Follow up

- Discuss her experience with the method
- Ask about satisfaction
- If having side effects:
 - Perform physical examination
 - Reassure
 - Manage accordingly
 - If cannot be managed – refer to gynecologist
 - Use back up method if needed
 - Give injection if satisfied
 - Choose another method if dissatisfied
 - Reassure that she can come any time, or every 3 months

NORPLANT

Description

Small capsules containing progesterone (Levonorgestrel) which are implanted under the skin of the upper arm, and release the medication slowly over 5 years.

Effectiveness

Pregnancy rate usually lower than one per 100 woman years

Indications for Use – A woman who:

- Desires an effective long-acting reversible method
- Prefers a method that requires no preparation before intercourse
- Cannot comply with oral contraceptives
- Cannot use estrogen containing method because of smoking or age or side effects
- Completed her family size, but does not desire sterilization

Advantages of Norplant

- Reduces frequency of fibrosis
- Reduces frequency of ovarian cysts
- Reduces incidence of pelvic inflammatory disease
- Relieves premenstrual tension
- Prevents anemia by reducing menstrual blood loss
- Reduces symptoms of endometriosis
- Reduces sickle cell crisis in Africans with sickle cell disease or trait
- Decrease the frequency of epileptic seizures in women with epilepsy

Disadvantages and Potential Side Effects:

- Cannot be easily discontinued or removed – requires minor surgery
- Some tenderness and bruising at site of insertion for 5-7 days
- Does not protect against HIV/STDs
- Irregular menstrual bleeding
- Headaches
- Chloasma of face
- Depression
- Infection at the site of implant
- Implants may be visible to others in certain circumstances

Contraindications to Use of Norplant (Same as for POP and DMPA)

- Pregnancy
- Active breast cancer
- Unexplained vaginal bleeding
- Liver disease (active viral hepatitis, cirrhosis, tumors)
- Current use of some drugs (especially long-term antibiotics, rifampicin, phenytoin, cabamazepine, barbiturates, primidone, grizeofulvin)

Other considerations for caution in use (May be given, but client must be monitored closely)

- Diabetes
- Hypertension
- Depression

Timing of Insertion of Norplant

- During the first 7 days after onset of menstruation
- Immediately postabortion
- Immediately postpartum in non-breastfeeding women
- After 6 weeks postpartum in lactating women

Method Specific Counseling for Norplant

- Ask her what she knows about Norplant Correct any myths/rumors or misinformation.
- Explain how Norplant works and its effectiveness in preventing pregnancy
 - o Inserted through a needle into the upper, inner arm
 - o Requires injection of local anesthetic, which makes procedure painless
 - o Capsules will be visible and palpable in upper arm
 - o Effectiveness begins within 24 hours (if placed within seven days of beginning menstrual cycle), and lasts continuously for 5 years
 - o Capsules may be removed at any time, but it will require local anesthetic, and a minor surgical procedure.
- Explain the potential side effects of Norplant, as detailed above:
 - o Possible wound infection after insertion
 - o Changes in menstrual periods (irregular spotting, not periods)
 - o Possible delay in return to fertility of average 1-3 months
 - o She may gain weight
 - o She may feel some depression
 - o Explain with client how irregular or increased bleeding may affect her daily life, and if a delay in return to fertility is important to her.
 - o Explain what to expect regarding injection, frequency of return visits.
- Ask the client if she has any questions and respond to them.
- Screen for contraindications using above list
- Check weight and blood pressure
- Record findings

Follow up counseling

- The women should be asked if she is happy with the method and if there have been any problems since her last visit.
- She should be given specific instructions for what to do if she wants to have the Norplant implants removed at any time.
- False rumors should be corrected

Instruments:

Proper instruments should be available: template, knife, gauze, gloves, syringe, antiseptic, anesthetic, sodium bicarbonate, soap, Norplant capsules, round plaster

Infection Prevention for Instruments

Thoroughly wash hands and rinse (wear gloves and other protective barriers)

Decontamination, soak in 0.5% chlorine solution

Autoclave 106 kpa pressure, 121 C (20 mins unwrapped or 30 mins wrapped)

OR

Dry heat 170 C for 60 minutes or 160 C for 120 minutes

High level disinfecting (HLD)

Boil or steam , lid on for 20 mins

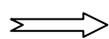
Chemical, soak 20 mins

Cool, use immediately, or store (source WHO 1990)

Implants should be approved by Ministry of Health and Health Care

Procedure

Insertion



ACCORDING TO THE ATTACHED PROTOCOL

Removal

Follow-up care

Unless there is a problem or she has questions, the client does not need to return until she has the Norplant removal (in 5 years) or when removal is desired or needed. Client should return to the same clinic if she has any of the following medical problems:

- pus or bleeding at the insertion site
- expulsion of the capsule
- delayed menstrual period
- heavy vaginal bleeding
- prolonged vaginal bleeding
- sever lower abdominal pain
- episodes of migraine, repeated bad headaches or blurred vision
- jaundice

INTRAUTERINE DEVICE (IUD)

Description

A “T” shaped piece of plastic covered with copper, which is inserted into the uterus through the cervix

Effectiveness of IUD

1 pregnancy per 100 women per year

Mechanism of Action of IUD

- Transport of sperm and egg through the fallopian tube is altered, preventing fertilization.
- Destruction of sperm and egg secondary to inflammatory changes in the uterus and secondary to copper.
- Increased prostaglandin production.
- Copper ions inhibit sperm transport in endocervical mucus and endometrial cavity
- Sterile inflammatory reaction

Indications for Use – A woman who:

- Wants long term contraception that she does not have to remember to do something
- Cannot or does not want to take pills
- Cannot tolerate the side effects of hormonal methods (COC, POP, DMPA, Norplant)
- Is breastfeeding and wants a secure method of birth spacing
- Wants a reversible form of birth spacing
- Wants a method that does not require preparation before intercourse

Advantages of IUD

- Lack of systemic effects, excellent choice for breastfeeding women
- Low cost
- Easy insertion and removal
- Excellent reversibility
- Highly effective in preventing pregnancy
- Unrelated to sexual act.

Disadvantages and Potential Side Effects

- Irregular vaginal bleeding
- Cramping and pelvic pain, especially with menstruation
- Expulsion of IUD with loss of protection
- Perforation of uterus
- Pelvic Inflammatory Disease (PID)
- Higher incidence of ectopic pregnancy

Contraindications of Use of IUD (absolute and relative)

- Pregnancy

- Between 48 hours to 4 weeks postpartum.
- Puerperal sepsis postpartum.
- Post septic abortion.
- Cervical cancer under treatment.
- P.I.D current, or within last three months.
- S.T.D within last three months, or high risk of STD
- HIV / AIDS
- Trophoblast disease.
- Pelvic tuberculosis
- Endometriosis.
- Allergy to Copper (for Cu T type only).
- Anomalies distorting the uterine cavity.
- Anemia.
- Unexplained vaginal bleeding.

Timing of Insertion of IUD

- During the first 7 days after onset of menstruation
- Immediately post-abortion
- After 4 weeks postpartum

Pre insertion counseling

1. Greet client in friendly and respectful manner
2. Review indications and contraindications (above lists) to determine if the client is an appropriate candidate for the IUD.
3. Assess client's knowledge about the IUD's major side effects
4. Be responsive to client's needs and concerns about the IUD
5. Describe insertion and what to expect

Pre insertion Examination

1. Obtain or review brief reproductive health history
2. Confirm that no contraindications exist to insertion of IUD
3. Wash hands with soap and water
4. Ask client to empty her bladder
5. Palpate abdomen and check for suprapubic or pelvic tenderness and adenexal abnormalities.
6. Explain procedure again and encourage her to ask questions.
7. Put new examination (disposable) or HLD or sterile (reusable) gloves on both hand.
8. Perform speculum examination.
9. Collect Pap specimen or vaginal and cervical secretions, if indicated.
10. Perform bimanual examination.
11. Perform rectovaginal examination, if indicated.
12. Remove gloves and properly disposes (single use) or immerses (reusable) in chlorine solution.
13. Perform microscopic examination, if indicated (and if equipment is available).
14. Wash hands thoroughly with soap and water and dries with clean cloth or allow to air dry.

IUD Insertion (See attachment protocol)

Load Tcu 380 A inside sterile package.

1. Put examination (disposable) or HLD or sterile (reusable) gloves on both hands.
2. Insert vaginal speculum (and vaginal wall elevator if using single –valve speculum)
3. Swab cervix and vagina with antiseptic
4. Gently grasps cervix with tenaculum or Vulsellum forceps
5. Sound uterus according to protocol
6. Set blue depth gauge on the loaded IUD inserter to the depth on the sound.
7. Insert the IUD using the withdrawal technique.
8. Seat IUD gently at fundus of uterus
9. Cut strings and gently remove tenaculum.

NOTE: If the uterus sounds to a depth of 10 cm or more, the sound may have perforated the uterus, or the uterus may be enlarged due to tumors or pregnancy. **DO NOT** insert an IUD. If perforation is suspected, observe the client in the clinic carefully:

- (a) for the first hour, keep the woman at bed rest and check the pulse and blood pressure every 5 to 20 minutes.
- (b) If the woman remains stable after one hour, check the hematocrit / hemoglobin if possible, allow her to walk, check vital signs as needed, and observe for several more hours. If she has no signs or symptoms, she can be sent home, but should avoid intercourse for two weeks. Help her make an informed choice of a different contraceptive.
- (c) If there is a rapid pulse and falling blood pressure, or new pain or increasing pain around the uterus, hospitalization is needed.

Post Insertion

1. Place used instruments in chlorine solution for decontamination.
2. Dispose of waste materials according to guidelines.
3. Remove reusable gloves and place them in chlorine solution.
4. Wash hands with soap and water.
5. Complete client record.

Post Insertion Counseling

1. Teach client how and when to check for string.
2. Discuss what to do if client experiences any side effects or problems.
3. Assure client that she can have the IUD removed at any time.
4. Observe client for at least 15 minutes before sending her home.

WARNING SIGN FOR IUD USERS

Instruct woman to contact a health care provider or clinic if she develops any of the following problems:

- Delayed menstrual period with pregnancy symptoms (nausea, breast tenderness, etc)
- Persistent or crampy lower abdominal pain, especially if accompanied by not feeling well, fever or chills (these symptoms suggest possible pelvic infection)
- Persistent vaginal discharge or discomfort
- Strings missing or the plastic tip of the IUD can be felt when checking for the strings.

REMOVAL OF IUD

Pre Removal Counseling

1. Greet woman in friendly and respectful manner
2. Ask client her reason for removal and answers any question she may have
3. Review client's present reproductive goals
4. Describe the removal procedure and what to expect.
5. Counsel regarding another birth spacing method if client still willing

Removal of IUD

1. Wash hands thoroughly with soap and water and dries with clean cloth.
2. Put new examination (disposable) or sterile (reusable) gloves on both hands.
3. Perform bimanual exam.
4. Insert vaginal speculum and look at length and position of strings.
5. Swab cervix and vagina with antiseptic.
6. Grasp strings close to cervix and pulls gently but firmly to remove IUD.
7. For routine removals, take out the IUD during menses, because it is easier then.
8. To avoid breaking the string, Apply gentle, steady traction and remove the IUD **Slowly**. If the IUD does not come out easily, refer to the specialist.

Post removal

1. Place used instrument in chlorine solution for decontamination.
2. Dispose of waste materials according to guideline.
3. Remove reusable gloves and place them in Chlorine solution.
4. Wash hands with soap and water.
5. Record IUD removal in client record.

Post removal counseling

1. Discuss what to do if client experiences any problems.
2. Counsel client regarding new contraceptive method, if desired.
3. Assist client in obtaining new contraceptive method or provides temporary (barrier) method until method of choice can be started.

LACTATION AMENORRHEA METHOD (LAM)

Definition:

Method that utilizes the temporary infertility that occurs during breastfeeding.

Mechanism of Action:

Suppression of ovulation

Criteria for effective LAM are:

1. Women who are fully or nearly fully breastfeeding
2. Have not had return of menses.
3. Are less than 6 months postpartum.

Advantages of LAM

- It can be started immediately after delivery.
- It is economical and easily available.
- It does not require a prescription.
- No action is required at the time of intercourse.
- There are no side effects or precautions to its use.
- No commodities or supplies are required for clients or for the family planning program.
- It is used for a limited time and serves as a bridge to using other methods.
- It is consistent with religious and cultural practices.
- It is 99% effective for at least the first 6 months after delivery.

Disadvantages of LAM:

- Fully or nearly fully breastfeeding pattern may be difficult for some women to maintain.
- The duration of the method's effectiveness is limited to a brief six-month postpartum period.
- It can only be used by breastfeeding women.
- There is no protection against sexually transmitted infections, including HIV.

Indications for LAM - A woman who:

- Does not want to or cannot use hormonal methods
- Wants short term birth spacing before having another child
- Wants time to consider which long term method of contraception to use
- Is concerned about possible side effects of the hormonal methods or IUD

Advantages of Breastfeeding

For the Mother

- Reduces hemorrhage postpartum
- Facilitates involution of the uterus
- Protects against ovarian and breast cancer
- Offers contraceptive protection (LAM)
- Enhances maternal-infant bonding
- Reduces anxiety, stress, depression
- Enhances positive self-image

- Convenient and economical form of infant nutrition
- Hormones (prolactin, oxytocin) induces maternal behavior
- Increases relaxation and interaction with infant

For the Infant

- Prevents hyperthermia (low body temperature)
- Supports growth and survival through strengthened maternal-infant bonding
- Lower occurrences of infections (gastrointestinal, respiratory, otitis media)
- Increases alertness; stronger arousal reactions
- Infants tend to walk earlier
- Breast milk is easy to digest
- Enhances brain development thus infants tend to be more intelligent
- Lower occurrences of allergy
- Lower occurrences of infant abandonment
- Stimulates infant social interaction
- Fosters a sense of security

Complementary FP Methods for the Lactating Woman:

As soon as a woman relying on LAM for contraception no longer meets all three criteria for LAM, she should start a complementary contraceptive method. If the woman wishes to continue breastfeeding, the contraceptive methods available can be ranked according to they have on her ability to breastfeed.

Non-hormonal methods of contraception are First Choice methods in this case, as they do not interfere with breast milk and do not enter the bloodstream. These methods include:

- Condoms
- Spermicides
- Diaphragms
- IUDs
- Tubal ligation
- Vasectomy

Progestin-only methods are Second Choice methods in this case, as they do not interfere with breastfeeding. Progestin-only methods include:

- DMPA (injectable)
- Progestin-only pills (POPs)
- Norplant implants

Third choice options include both estrogens. The estrogen in these methods can reduce the production of breastmilk, and are thus generally not recommended. These methods include:

- Combined oral contraceptives (COCs)
- Combined injectable hormones

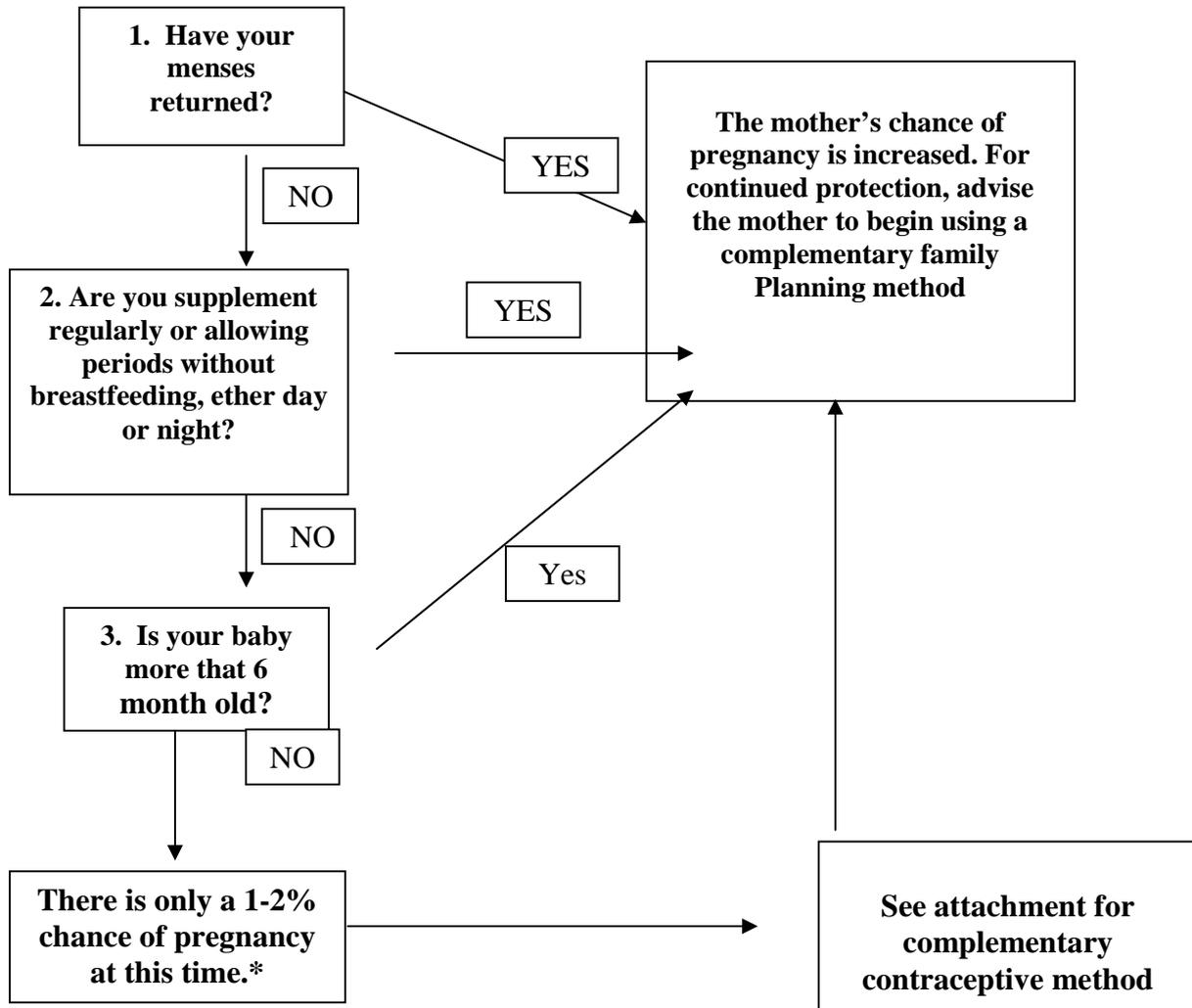
Method Specific Counseling for LAM

1. The health provide should know the criteria of LAM .
2. The mother should repeat and understand the criteria of LAM.

- The health provider should know the complementary contraceptive methods to supply the mother who breastfeeds and doesn't choose L.A.M or appropriate for L.A.M criteria.

Lactation Amenorrhea Method

Ask the mother, or advice her to ask herself these 3 questions:



The mother, however, may choose to use a complementary method at any time.

CONDOMS

Definition:

A condom is a sheath, or covering to fit over a man's erect penis

Type:

Most condoms are coated with a dry lubricant or with a spermicidal . Different sizes, shapes, colors and texture may be available.

Effectiveness:

Must be used correctly every time to be highly effective. Effective for preventing pregnancy, and sexually transmitted diseases.

Mode of action:

Condoms keep sperm and any disease organism in semen out of the vagina, stop disease organisms in vagina from entering the penis.

Indications for Use of Condoms

- Prevention of STDs including HIV / AIDS .
- Prevention of pregnancy as a contraceptive method.
- Can be used immediately after child birth
- No effect on breast milk
- Protect against pelvic infection
- Help preventing ectopic pregnancies.
- Offer occasional contraception with no daily upkeep.
- Help prevent premature ejaculation (last longer during sex)

Contraindication

Severe allergy to latex rubber

Specific instructions

- Whenever possible, show clients how to put on and off a condom. Use a model, a stick, a banana, or 2 fingers to demonstrate putting on the condom.
- Any lubricant used should be water-based. Good lubricants include spermicides, glycerine, and especially made products. Water can be used also. They help keep condoms from tearing during sex. Natural vaginal secretions also act as lubricant.
- Do not use lubricants made with oil. Most of them damage condoms. Do not use cooking oil, baby oil, coconut oil, mineral oil, petroleum jelly (such as Vaseline), skin lotions, suntan lotions, cold creams, butter, cocoa butter or margarine.
- After ejaculation hold the rim of the condom to the base of the penis so it will not slip off. The man should pull his penis out of the vagina before completely losing his erection.
- Take off the condom without spilling the semen on the vaginal opening.
- Throw the condom away in a toilet, burn it, or bury it. Do not leave it where children will find it and play with it. Do not use a condom more than once.
- If a condom breaks:
 - Immediately insert a spermicide into the vagina, if spermicide is available.

- Some clients may want to use emergency oral contraception to prevent pregnancy.

Tips on Caring for Condoms

- Store condoms in a cool, dark place, if possible. Heat, light, and humidity damage condoms.
- If possible, use lubricated condoms that come in square wrappers and are packaged so that light does not reach them. Lubrication may help prevent tears.
- Handle condoms carefully. Fingernails and rings can tear them.
- Do not unroll condoms before use. This may weaken them. Also, unrolled condom is difficult to put on.
- Always use a different condom if:
 - torn or damaged packaging
 - manufacturing date on the package that is more than 5 years old
 - condom is uneven or changed in color
 - condom feels brittle, dried out, or very sticky

Explain specific reasons to see a nurse or doctor

Urge clients to return or see a doctor or nurse if they or their sex partners:

- have symptoms of STDs such as sores on the genitals, pain when urinating or a discharge (drip)
- have an allergic reaction to condoms (itching , rash, irritation)
- other specific reasons to return: need more condoms, dissatisfied with condoms for any reason, have any questions or problems.

Routine Return Visits

1. Ask if the client has any questions or anything to discuss.
2. Ask the client about his or her experience with condoms, whether the client is satisfied, and whether the client has any problems. Is the client able to use a condom correctly every time? Also, you can check if the client knows how to use a condom; ask the client to put a condom on a model or a stick. Give any information and advice that the client needs. If the client has problems that cannot be resolved, help the client choose another method.

IMPORTANT: urge clients at risk for STDS including HIV/AIDS to keep using condoms despite any dissatisfaction. Explain that only condoms protect against STD during sex.

3. If clients are satisfied:
 - Give them plenty of condoms
 - Remind them to return if they or their sex partners have symptoms of STDs, such as sores on the genitals, pain when urinating, or a discharge (drip), or are dissatisfied with condoms.
 - Give clients spermicide if they want extra protection. Counsel about spermicide use.
 - Invite them to return again at any time that they have questions or concerns.

EMERGENCY CONTRACEPTION

Definition

A method of preventing an unwanted pregnancy after intercourse has taken place

Mechanism of Action

Causes temporary changes in the ovaries, fallopian tubes, and endometrium. Probably works by preventing implantation of an embryo.

Effectiveness

When used within 72 hours of unprotected intercourse, most methods are at least 75% effective in preventing a pregnancy. Note that this is not 100% protection!

Indications for Use

- Provides some measure of contraception if taken within 72 hours of unprotected intercourse
- May be used when barrier methods fail, ie, rupture of a condom.

Disadvantages of Use

- Must be used within 72 hours of intercourse
- Often causes nausea (30-60%) and vomiting (12-20%), which may reduce effectiveness of the method
- Is not 100% effective – pregnancy may still occur in up to 25% of cases.
- Effect of high dose hormones on developing embryo (if pregnancy does occur) is unknown, although no definite risk to fetus has been observed.

Administration of Emergency Contraception

Confirm that unprotected intercourse during a potentially fertile period (ie, client not within 5 days of completing menses) has occurred within the past 72 hours. This method should not be used if more than 72 hours have elapsed.

- Two tablets each containing Ethinyl Estradiol 0.05 mg and DL-Norgestrel 0.5 mg (Ovral), are ingested 12 hours apart for a total of 4 tablets
- Provide oral anti-emetic (promethazine 25 mg, metoclopramide 5-10 mg.) 30 minutes prior to each of two doses.
- The woman should have a menstrual period within the next 21 days. If she does not, she should be examined with appropriate laboratory testing for pregnancy.
- As an alternative for those women who want immediate as well as long-term contraception, an IUD may be inserted within 72 hours of intercourse, after it is determined that the woman is not already pregnant and has no other contraindications to an IUD (see section on IUD)

Other COC which can be used for the Yuape Method of Emergency Contraception*

Trade Name	Formulation	Number of Pills Taken With Each Dose – 2 doses 12 hours apart
Ovral	0.05 mg of ethiny1 estradiol1 0.50 mg of norgestrel	2
Lo-Ovral	0.03 mg of ethiny1 estradiol1 0.30 mg of norgestrel	4
Nordette	0.03 mg of ethiny1 estradiol1 0.15 mg of levonorgestrel	4
Levlen	0.03 mg of ethiny1 estradiol1 0.15 mg of levonorgestrel	4
Triphasil	(Yellow pills only) 0.03 mg of ethiny1 estradiol1 0.125 mg of levonorgestrel	4
Trilevlen	(Yellow pills only) 0.03 mg of ethiny1 estradiol1 0.125 mg of levonorgestrel	4
Microgynon		4
Lofemenal		4