Reproductive Choices and Family Planning for People Living with HIV

Counselling Tool





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Reproductive Choices and Family Planning for People Living with HIV

Counselling Tool

More copies of this tool and information on adaptation, training and translations can be obtained from:

Documentation Centre

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The document is also available online at the following websites: http://www.who.int/reproductive-health/family_planning/index.html and

http://www.who.int/hiv/pub/en/

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Introduction for the provider

Preparing to use the tool

- For each topic in this tool, there is a **page for the client** and a **page for the provider**. The two pages are similar, but the provider's side contains more information, suggested questions to ask the client, and a box on how to use the page.
- Studying this tool will help you become familiar with how it works and with the information in it. Using the flip-chart will become

easier with practice. This guide covers only the main points. When you talk with

clients, you can add information and discuss matters further, responding to the client's needs and concerns.

Using the tool with clients

- Place the tool where the client can easily see it. Try not to place the flipchart directly between you and the client. You can place it to the side or where both of you look at the client's page.
 Each page shows the client an important question.
- Each page shows the client an important question or topic. To use this tool correctly, you usually need the client's answers or information before you will know which page to go to next. The sign post marks points to decide where to go next in the tool.
- Use only pages and information on the page that address the individual client's needs. To do this, listen to and assess the client's situation, needs, and wishes.
- Use language that the client will understand and, in general, do not read the text to the client. Once the tool becomes familiar, a glance will remind you of key information and your next steps.
 If the client cannot read well, pointing to pictures may help.

Purpose of this tool

This fool is designed to help health workers counsel people living with HIV on sexual and reproductive choices and family planning. It also is meant to help people living with HIV make and carry out informed, healthy, and appropriate decisions about their sexual and reproductive lives. This tool addresses:

- How to enjoy a healthy sexual life.
- For clients who do not want a baby, how to prevent pregnancy and further transmission of HIV.
- For clients thinking of having a child, points to consider in
- making a decision.

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This tool is part of the WHO materials on Integrated Management of Adolescent and Adult Illness (IMAI).

The tool provides:

- Essential information you need to offer good advice.
- Tips and guidance on how to communicate with clients.
- Illustrations to make the information more clear.

Counselling process

This tool follows the IMAI 5As process for counselling and shared decision-making: Assess, Advise, Agree, Assist, Arrange.

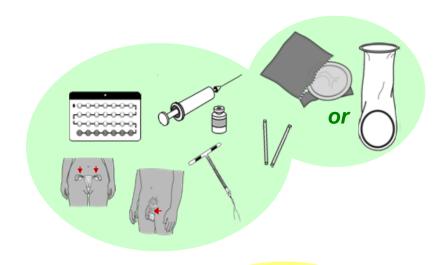
Road map of this counselling tool

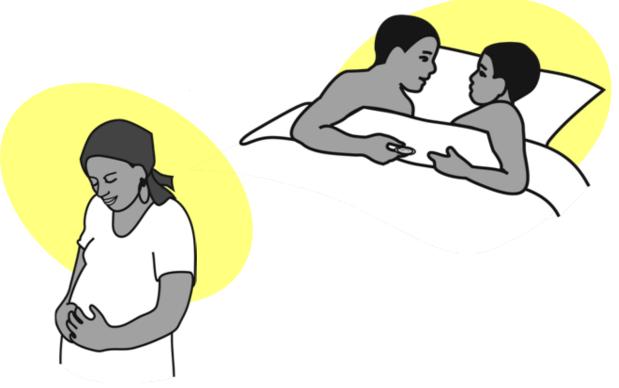


You can have a healthy sexual life

- Preventing pregnancy
- Preventing infection
- Having a healthy baby

Let's discuss the choices





You can have a healthy sexual life



Preventing pregnancy

► You can use almost any family planning method.

Preventing infection

Condoms help prevent both pregnancy and infection.

Having a healthy baby

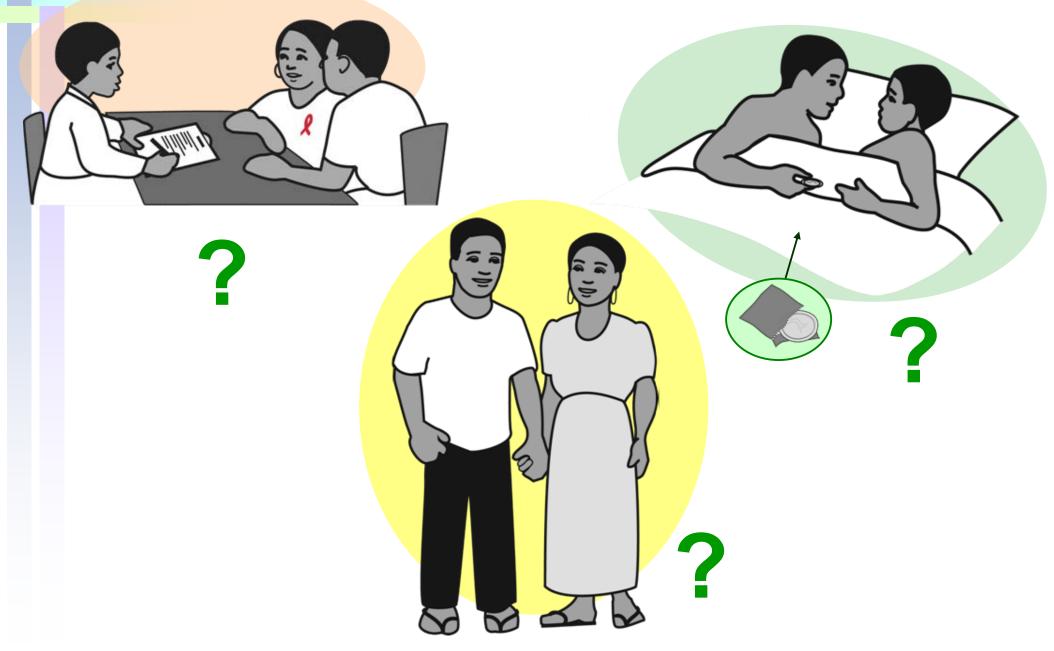
➤ You can have a baby. There are special issues to think about before you decide.

How to use this page:

- Welcome the client warmly.
- Mention these 3 types of choices and offer to discuss.
- Give the main messages (at arrows) about the choices.
- Invite the client to plan for healthy behaviour. Offer your help.
- Ask for questions, and follow up at once.

Next step: Explain that you need to ask some questions first to understand how best to help (go to next page).

Questions for you



Questions to ASSESS situation and needs



HIV infection

- When diagnosed? Now well / unwell?
- Medications? If yes, what? Started when?

Sexual relationships

- Now in a sexual relationship?
- If yes: Steady partner/spouse? Occasional partners?
 How many partners in last 3 months?
- Are your partners of the opposite sex, the same sex, or both?

How you protect yourself and partner(s)

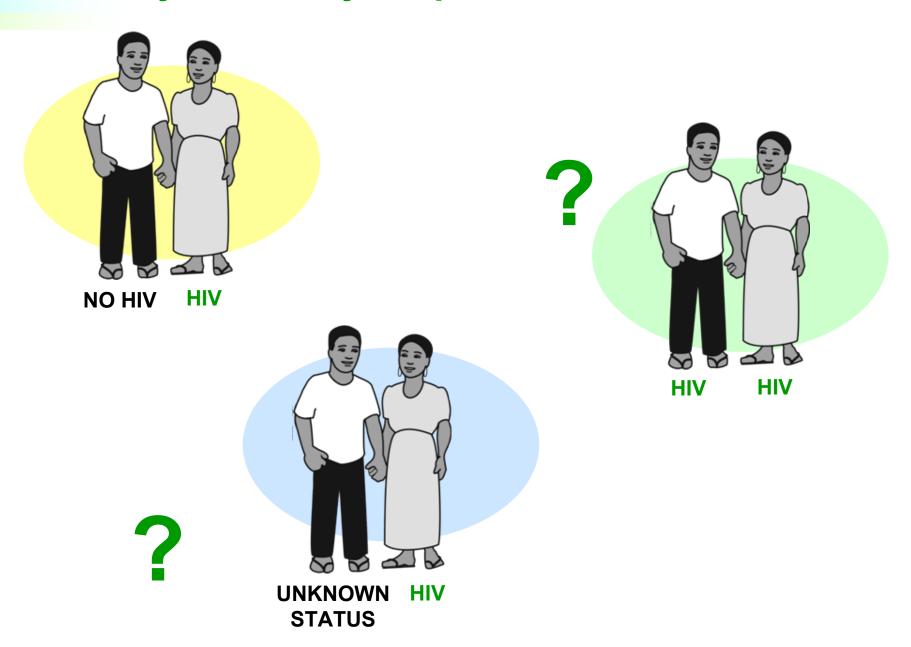
- Doing something now to avoid HIV transmission? What?
- Do you or your partner have any signs or symptoms of sexually transmitted infection—open sores, unusual discharge? Have you had any STIs in the last few months?
- Want to avoid pregnancy? Doing something now to avoid pregnancy? What?
- Your current method of protection: How is it going? Are you satisfied to continue? Any worries? Want something else?
- Do you have children? Thinking about having a baby—now or in the future?
- Have discussed with partner? Partner's views, reaction?

How to use this page:

- Assure the person that all clients are asked these same questions.
- Explain policy on privacy and confidentiality.
- Ask if the client has any specific questions, needs, or concerns.
- Encourage the client's healthy behaviours or intentions.
- Listen carefully for the person's needs—for correct information, for help with making choices, for support to carry out plans.

Next step: Discuss HIV status of couples and issues of testing and disclosure (go to next page).

Do you know your partner's HIV status?



Do you know your partner's HIV status?

Questions about sexual relationships:

- Does client know the HIV status of sex partner(s)?
- Does partner(s) know client's HIV status?

If a partner's status is unknown:

- Discuss reasons that client's partner(s) should be tested for HIV.
 - -Even if you are HIV positive, your partner may not be infected.
 - When both partners know their status, they can then know how best to protect themselves.
- When status is unknown, assume your partner is negative and needs protection from infection. Important to use condoms.

If a partner is HIV negative:

- Explain that it is common for a person who is HIV positive to have a partner who is HIV negative.
- HIV is not transmitted at every exposure, but HIV-negative partners are at a high risk of infection.
- Important to always use condoms or avoid penetrative sex.

If both you and your partner are HIV positive:

- If mutually faithful, the couple may choose not to use condoms and may choose another method for pregnancy protection.
- If not mutually faithful or faithfulness is uncertain, condoms should be used or penetrative sex avoided to prevent STIs.

How to use this page:

- Discuss HIV status of client and partner(s) so they can know how to best protect themselves.
- If client has not disclosed HIV status to partner, discuss benefits and risks of disclosure.
- Help client develop strategy for disclosure, if client is ready.
- Strongly encourage and help with partner testing and counselling.

Next step: Discuss safer sex and living with HIV (go to next page).

Preparing to disclose HIV status

- Who to tell?
- When to tell?
- · How to tell? Make a plan.
- What you will say? Practice with client.
- What will you say or do if...?
- If there is a risk of violence, discuss whether or not to disclose, or how to disclose with counsellor or friend present.

Safer sex and living with HIV

- Can still enjoy sexual intimacy
- There are ways to lower risk
- Some sexual activities are safer than others



ADVISE: Safer sex and living with HIV



Can still enjoy sexual intimacy

- There are ways to keep risk of infection low—both the risk of infecting someone else and getting another infection yourself.
- Disclosing your HIV status to your partner and knowing your partner's status helps decide how to have a healthy sexual life.
- You need to protect your partner even if you are on antiretroviral treatment.
- Do not assume a sexual partner has no STIs. Protect yourself.

Ways to lower risk

- Mutual faithfulness—two partners faithful to each other
- Limiting number of sexual partners
- Safer sex—for example, condoms or avoiding penetrative sex
- Early treatment of STIs and avoiding sex if you or partner has an STI
- Not having sex—need to be prepared to use condoms
 if you return to sexual activity

Some sexual activities are safer than others

- Examples of acts with no risk: Pleasuring self, massage, hugging, kissing on lips
- Examples of low-risk acts: vaginal or anal intercourse using condom, oral sex (safer with condoms or other barrier)
- Examples of high-risk acts: anal intercourse without a condom, vaginal intercourse without a condom
- These apply whether client's partner(s) is same or opposite sex.

How to use this page:

- Help clients feel that they can have a healthy and safe sex life.
- Ask tactfully but clearly about client's concerns and answer honestly, directly and without embarrassment.
- Ask for questions about sexual activities.
 Ask for clarification, if needed, and check understanding.
- Do not act surprised or express judgment.
 You are asking clients to trust you with intimate details.

Next step:

Depending on client's needs:

- Not in a sexual relationship
- Choosing a method
- Has a method in mind, or Likes current method
- Problems with current method
- Thinking about pregnancy
- Postpartum clients









Not in a sexual relationship



ADVISE: Not in a sexual relationship

Not in a sexual relationship

- Some people living with HIV or taking antiretroviral do not have a regular sexual partner.
- Is this a personal choice or a result of client's situation—for example, not feeling well, not interested in sex, or has not met someone?
- When clients start to feel better on treatment, they may change their minds about sexual intimacy or about having a baby.

Always be prepared for a return to sexual intimacy

- Methods that can be used when needed include male and female condom and emergency contraception (when no regular method was used).
- Consider providing these methods.

You can discuss:

- "Remember, your situation can change very guickly."
- "How will you protect yourself from pregnancy? Are you continuing to use contraception during the time you are not having regular sex? If not, what is your plan?"
- "How will you protect yourself and your partner from infections? Condoms? Nonpenetrative sex? Have you thought about this?"
- "You may want to continue not to have sex. What makes avoiding sex difficult? What could help?"

How to use this page:

- Assess whether having no sexual relationship is the client's choice or because of client's situation or health.
- Help clients be prepared for a return to sexual intimacy.

Next step:

- Needs help talking to partner
- Needs backup methods
 - ▶ Male condoms
 - Female condoms
 - Emergency contraception







You can use almost any family planning method

 Women with HIV or AIDS can use most methods—even on treatment

Condoms help prevent pregnancy



ADVISE: You can use almost any family planning method

Can use most methods except:

- Spermicides—might increase infection risk for uninfected woman.
- IUD if the woman might have gonorrhoea or chlamydia, or is unwell with AIDS-related illness.
- All other methods can be used.

Generally, antiretrovirals and contraceptives do not conflict

- "You can use most contraceptive methods even on antiretrovirals."
- Rifampicin (used for TB treatment) lowers effectiveness of contraceptive pills and implants. Other antibiotics do not have this problem.
- Some antiretrovirals (protease inhibitors and NNRTIs*) may lower effectiveness of hormonal methods. This is not known for sure. (NRTIs* are not a concern.) Correct use of the method and use of condoms can make up for any decrease in contraceptive effectiveness.
- Some women may have other conditions that affect choice of a method (see method sections).

Condoms can help prevent both pregnancy and infection

- Only male and female condoms also help prevent infections.
- Important to use a condom correctly and with every act of vaginal or anal intercourse.

How to use this page:

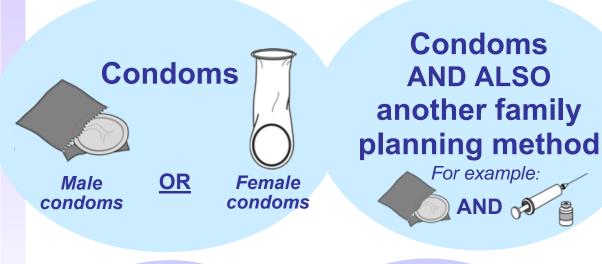
- Ask clients what they have heard about contraceptives, HIV, and antiretrovirals.
 Correct any misunderstanding gently but clearly.
- Explain that people living with HIV can use much the same contraceptive options as other people.
- Mention which methods you offer and which you can refer for.
- Ask client if she or he is now using a method. If not, does the client have a method in mind?

Next step: Consider protection strategies (go to next page).

^{*} NNRTI = non nucleoside reverse transcriptase inhibitor, NRTI = nucleoside reverse transcriptase inhibitor.

Possible protection strategies

Prevent both pregnancy <u>and</u> infection

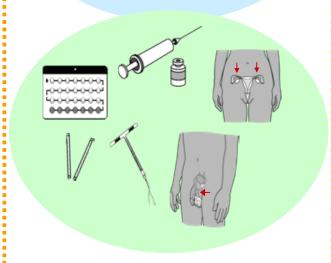






Prevent pregnancy but not infection

A family planning method without use of condoms



ADVISE: Possible protection strategies

Prevent both pregnancy and infection Condoms alone

- Only way to help prevent transmission of HIV and other STIs during vaginal or anal intercourse.
- Can be very effective to prevent pregnancy—when used consistently and correctly.

Condoms and another family planning method

 More effective protection from pregnancy than condoms alone, particularly if partner will not always use condoms.

Other safer sex

Non-penetrative sex instead of intercourse.

No sex (abstinence)

For more, go to page 5.

Prevent pregnancy—but not infection

A family planning method without use of condoms

Helps prevent pregnancy but not infection.

If both partners know they have HIV

• If mutually faithful, this couple may choose to use a family planning method other than condoms.

How to use this page:

- Mention client's current means of protection (or lack of protection). Praise any current protective behaviour.
- Discuss how client's current or preferred family planning method could fit into a protection strategy.
- If appropriate, point out options that offer more protection than current practices.
- Discuss options that could suit this client.

Next step:

 Problems using condoms, go to next page.



Wants to choose a method



Problems with current method



· Has a new method in mind:

► Male condom → 15

► Female condom → 18

► The Pill → (21)

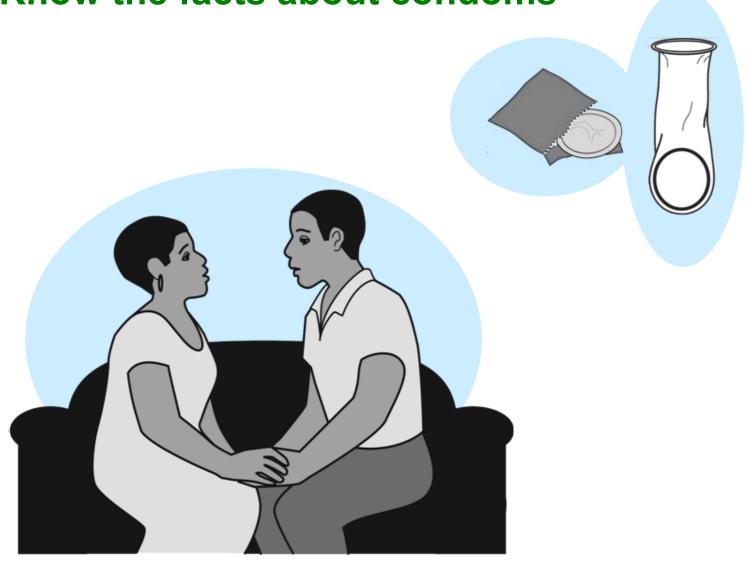
► Long-acting injectables → (24)

► LAM → 29

▶ Fertility awareness → 30

▶ Referral methods

Know the facts about condoms



Know the facts about condoms

You should know that:

- Correct and consistent use of condoms protects you and your partner from STIs and pregnancy.
- Using condoms is a responsible act that shows your concern for your own and your partner's health.
- Many married couples use condoms. They are not only for sex outside marriage.
- Most people who use condoms do not have HIV and are healthy.
- Proposing condom use does not mean a person is infected with HIV. It means that the person is responsible and caring. It does not imply mistrust.
- Condoms are high-quality and do not have holes.
- Condoms do not contain or spread HIV.
- Nearly everyone can use male condoms, regardless of penis size.
- Using condoms may change the sensation of sex, but sex is still enjoyable. Some couples find sex even more enjoyable with condoms.
- Male condoms do not make men sterile, impotent, or weak and do not decrease their sex drive.

How to use this page:

- Discuss with the client why some people do not use condoms.
- · Ask if client's partner has concerns about condoms.
- Respond to any misunderstandings with accurate statements.
- If a woman's partner will not use condoms, discuss possible approaches. See box below.

Next step:

Male condoms





Female condoms





For comparing methods, go to next page.

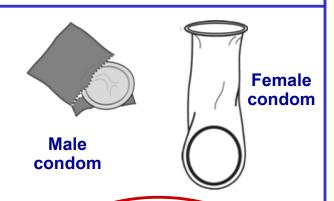
If a woman's partner will not use condoms

- Ask if she knows why. Help her plan how to negotiate condom use with her partner.
- Help her choose another family planning method to prevent pregnancy.
- Discuss and offer female condoms, if available.
- Explain that without use of condoms, she may be infected with HIV, or transmit HIV if she is infected, and be at risk of other STIs.
- If she has not disclosed her HIV status, encourage disclosure to partner and family, unless she would risk violence.
- Invite her to bring her partner for counselling, advice and support as a couple.

Comparing family planning methods

Any of these methods can be used

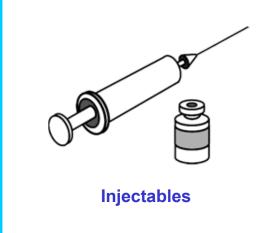
Effective but must use every time you have sex

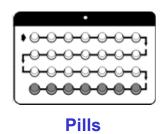


IMPORTANT!

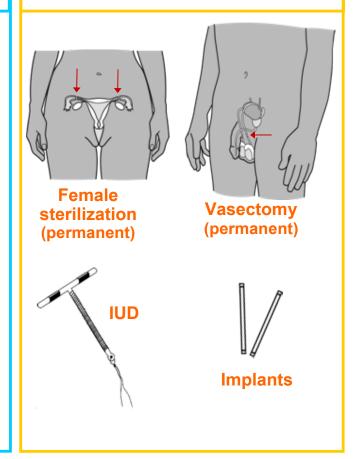
Only condoms—used consistently and correctly—can help prevent pregnancy and STIs/HIV

Very effective but must use as directed





Most effective and easy to use



AGREE: Comparing methods

Effectiveness (see also Effectiveness chart, page 36)

- For some methods, effectiveness depends on the user. Does client think she can use the method correctly?
- How important is it to the client to avoid pregnancy?

Partner's help

- Male condoms and vasectomy are used by men.
- Man must cooperate for female condom.
- Will partner approve, help, or take responsibility?

Permanent, long-term, or short-term

- Sterilization and vasectomy are permanent. (If currently sick, may be best to wait until well before choosing a permanent method.)
- IUDs and implants can stay in place for many years if desired.

Protection from STIs

- Only male and female condoms help protect against pregnancy and infections—if used consistently and correctly.
 - Spermicides or diaphragm with spermicides: Should not be used by women with HIV or at high risk of HIV.
 - ? IUD may be inserted if woman has no HIV-related illness, does not have gonorrhoea or chlamydia, and is not at very high individual risk of these infections.
 - ? LAM: Breast milk can pass HIV to baby, but exclusive breastfeeding for the first 6 months is safer than mixed feeding.

How to use the page:

- If client has not decided on a method, compare available methods in light of client's situation and preferences. Explore client's feelings on issues such as those mentioned here.
- Ask about good and bad experiences with family planning. Past success predicts future success.
- Ask client which methods interest her or him most.

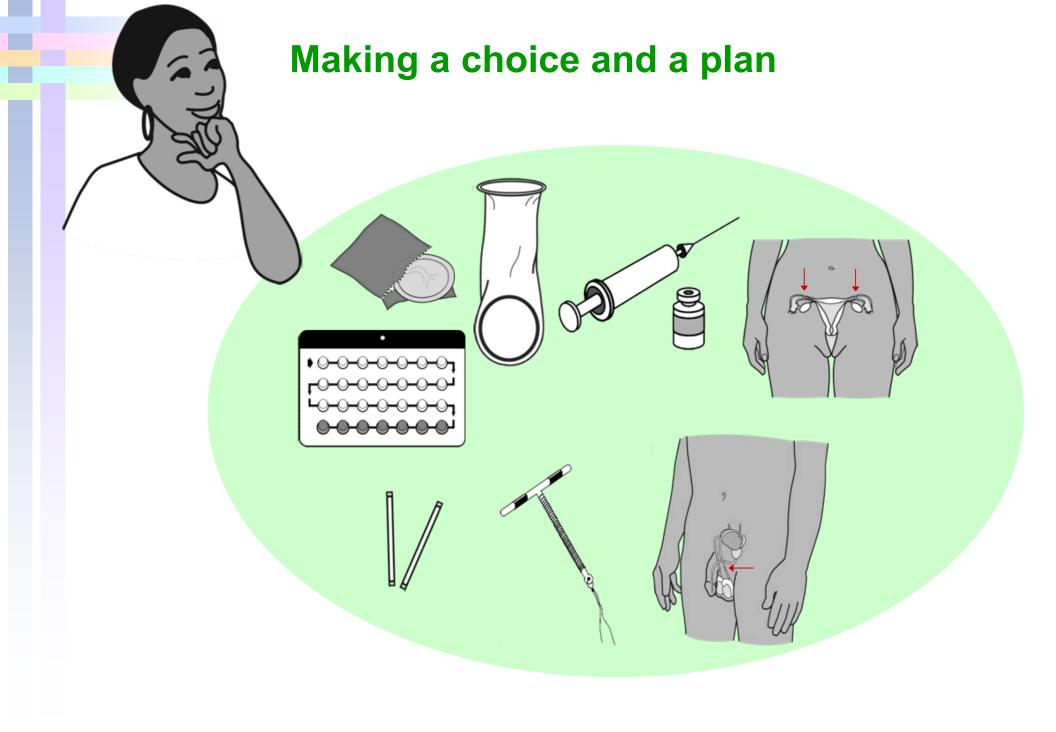
Next step:

Focus on method(s) that



- interest the client: ▶ Male condom
 - Female condom
 - The Pill
 - ▶ Long-acting injectables
- LAM
- ▶ Fertility awareness
- ▶ Referral methods





ASSIST, ARRANGE: Making a choice and a plan that works

Client's choices? (Could include several choices.)

- For a contraceptive method?
- Other safer sexual activities?

Making a plan. Ask client to think about and discuss:

- How to get supplies?
- Learning to use condoms, other methods (see pages 16-29).
- What steps to take? Examples: disclosing status? learning partner's status? discussing plan with partner?
- What will be first step? When will client take this first step?
- Can partner help? (see page 33 on talking with partner).
- Does client want to start a method today? If so, use pregnancy checklist to make reasonably sure client is not pregnant when starting method (see page 34).

Meeting challenges

- What could prove difficult?
- How to handle difficulties—think what to say or do.
- What fall-back plan if can't keep to first choice?
- Explain emergency contraception, if available (see page 28).
- Encourage: Everyone makes mistakes. Keep trying.

Confirming

Ask if client feels ready and able to carry out plan.

How to use this page:

- Ask client to discuss which options would work best.
- Ask client to state choices and make a commitment to them.
- Is client making healthy choices? If so, confirm and praise. If not, counsel further.
- Help client make a step-by-step plan.
 Discuss questions such as those listed.
- Go to other pages as needed.

ARRANGE: Closing steps

- Provide supplies—condoms, another contraceptive method—or refer.
- Schedule next meeting.
- Invite client to return at any time—
 especially for more supplies, having
 problems, wants to change plan, thinks
 might have been exposed to STI or risk of
 pregnancy, or might be pregnant.
- Mention single most important behaviour for client to remember (such as use a condom each time or take a pill each day).

Thinking about pregnancy: What you need to know

It's your decision about getting pregnant

There are some risks to think about



ADVISE: Thinking about pregnancy: What you need to know

It's your decision about getting pregnant

 Pregnancy risks and risks of infecting the baby are not as high as many people think.

Risks to baby

- If mother is living with HIV, the baby may get HIV during pregnancy, childbirth, or breastfeeding. Most babies do not get infected (see next page). Treatment lowers risk.
- If mother is living with HIV, there is greater chance of stillbirth, premature birth, or low birth weight.

Risks to mother

- HIV infection raises risk of childbirth complications such as fever and anaemia, particularly with delivery by caesarean section.
- Pregnancy will <u>not</u> speed up the course of HIV infection, but best to avoid pregnancy in some health situations (see page 13).

Risks to partner

- If woman is uninfected and partner infected, she may have to risk getting HIV to get pregnant.
- If man is uninfected and woman is infected, artificial insemination will avoid risk to him.

How to use this page:

- This section can be used with women who are considering getting pregnant, and those who have concerns about a current pregnancy.
- Accurately describe possible risks.
- Ask client for reactions, explore concerns.
- Ask about partner's wishes and attitudes.

Next step:

 Client wants more information about pregnancy, go to next page.

Risk of infecting the baby

If 10 women with HIV have babies...

Without special care, 3 babies will be infected with HIV





With special care, 1 baby will be infected with HIV





Risk of infecting the baby

- Babies may get infected with HIV during pregnancy, childbirth, or breastfeeding.
- Most babies of women with HIV do NOT become infected with HIV.
- If 10 women with HIV have babies...
 - 3 of 10 will be infected if the mother and the baby do <u>not</u> receive special care
 - Only 1 of 10 will be infected with HIV if the mother and the baby do receive special care
 - Special care includes antiretroviral prophylaxis for the mother during pregnancy and labour, and to the baby; antiretrovirals for the mother if she needs it for her own health; exclusive breastfeeding or replacement feeding options that are acceptable, feasible, affordable, sustainable, and safe.
- HIV viral tests can be used at any time starting at 6 weeks of age to identify HIV infection in the baby.
- HIV antibodies tests also can be used. They can tell whether the baby was exposed to HIV, but they cannot tell if a baby is infected with HIV until 9 to 12 months of age.

How to use this page:

- Discuss the graphic on the client's page, and explain the points to the left.
- Ask the woman how she feels about these risks to her baby.
- Ask how she thinks she might feel if her baby were infected.
 (Be careful not to suggest that she should feel bad.)

Next step:

 Client wants to know more about pregnancy, go to next page.

A good idea for you now? What to consider



Your health





Your partner's and family's support

Telling others your HIV status







AGREE: A good idea for you now? What to consider

Your health now

Pregnancy possible: if health good, CD4>200*, or clinical Stage 1 or 2 where CD4 count not available, on prophylaxis to prevent opportunistic infections, or antiretrovirals if eligible, no sign or symptoms of TB. *Consider starting women with CD4 counts 200-350 on antiretrovirals before pregnancy

Pregnancy may cause problems now. Delay pregnancy and re-evaluate later if health worsening, CD4 <200, TB unknown, no prophylaxis to prevent opportunistic infections, in first 6 weeks of antiretrovirals.

Pregnancy not a good idea now if health poor, clinical Stage 3 or 4, on TB treatment, CD4 <100, waiting to start antiretrovirals.

Medical care for you and your baby

· Are services available? Where?

Your partner's support

- Have a steady partner? Partner knows your HIV status?
- Partner supportive and will help with baby?
- Partner knows own status or is willing to be tested?
- Partner's health?

Family support

- Family supportive? Or would they reject a child with HIV?
- Family members are close by and can help?

Telling others your HIV status

Have told others? Planning to? Who can't be told? (See page 3.)

How to use this page:

- Help a woman or couple consider whether having a baby is a good idea at this time.
- Answers to these questions can help a woman or couple make a wise decision.
- AGREE: Ask if the woman or couple can reach a decision. If so, what decision? If not, what will help with making the decision?

Next Step:

- Wants pregnancy now go to next page.
- Wants to prevent pregnancy



Feeding your baby (see page 29)

 Able to feed infant in recommended way to lower chances of passing HIV?



ASSIST, ARRANGE: Having a baby

Note: HIV infection can make it more difficult to get pregnant.

Taking the least risk

- Testing of either partner, if HIV status unknown, to help decide how to decrease transmission risk while trying for pregnancy.
- If man is uninfected, artificial insemination will avoid risk to him.
- If woman is uninfected, advise having sex without condoms only on day before expected ovulation (13th day after start of monthly bleeding, if cycles are 28 days).

Care and treatment before and during pregnancy

- Antiretroviral regimens may need to be altered before trying for pregnancy—for example, efavirenz can cause birth defects if taken during first trimester of pregnancy.
- Avoid unprotected sex during pregnancy—for example, by using condoms. Lessens chance of infection dangerous to the baby.
- Refer for antenatal care—and for care to prevent mother-to-child transmission (PMTCT), if available.

Feeding the baby

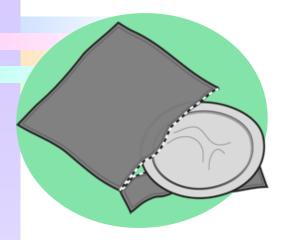
 If no safe replacement infant formula is available, a woman with HIV should breastfeed exclusively (no other food or liquids) for the first 6 months and then wean in 2 days to 3 weeks. Discuss with PMTCT counselor.

Taking care of the baby

- Who will help—baby's father? Woman's mother, sisters, friends?
- Where to take the baby for health care?

How to use this page:

- ASSIST (also for women already pregnant): Help woman or couple think about how to manage pregnancy, delivery, and child care.
- Discuss difficulties and how they can be overcome.
- ARRANGE: Refer for further care.



The male condom

 Very effective when used correctly EVERY TIME

- Protects you and your partner from infection
- Can be used alone or with another method
- Easy to get, easy to use
- Partners usually need to discuss





The male condom



Very effective when used correctly EVERY TIME



 Protects you and your partner from infection



Can be used alone or with another family planning method (for dual protection)



Easy to get, easy to use



Partners usually need to discuss

You can discuss:

- "What have you heard about condoms? Do you have concerns?"
- "Would you be able to use condoms consistently and correctly?"
- "Would your partner agree to use condoms?"
- "Would you be able to keep a supply of condoms on hand?"

About the male condom:

- A rubber sheath that covers the penis during sex.
- Almost all men can use male condoms, even men with large penises. Only those with a serious allergy to latex cannot use them.
- When condoms are used **correctly every time**, they are very effective in preventing pregnancy, STIs, and HIV infection.
- Use during ALL contact between penis and vagina or anus.

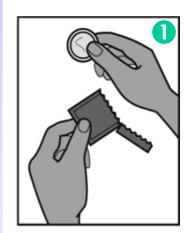
Benefits when used consistently and correctly:

- Protects partner(s) from HIV infection.
- Protects from other STIs.
- Prevents pregnancy.
- You can use another family planning method (except the female condom) along with male condoms for extra protection from pregnancy
- Also used as backup for another method of family planning (for example, if client missed pills or is late for injection).
- Sold in many shops and available free at many health clinics.
- Use becomes easy with a little experience.
- Most couples find that they still enjoy sex with condoms.
- Discussion can be difficult. For tips, see pages 8 and 34.
- If partner does not want to use condoms: "We can discuss and practice what you might say."

Next step: For how to use condoms, go to next page.



How to use a male condom



Use a new condom for each sex act



Before any contact, place condom on tip of erect penis with rolled side out



Unroll
condom all
the way
to base of
penis



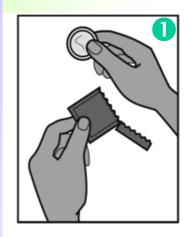
After ejaculation,
hold rim of
condom in place,
and withdraw
penis while it is
still hard

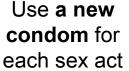


Use only once Throw away used condom safely

How to use a male condom

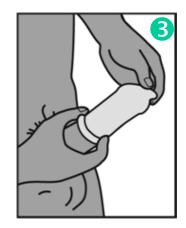








Before any contact, place condom on tip of erect penis with rolled side out



Unroll condom all the way to base of penis



After ejaculation,
hold rim of
condom in place,
and withdraw
penis while it is
still hard



Use only once
Throw away
used condom
safely



- Check the expiry or manufacturing date.
- Condoms should be used within 3 years of manufacturing date.
- · Open package carefully.



 Put condom on before penis touches vagina or anus.



- If condom does not unroll easily, it may be backwards or too old. If old, use a new condom.
- Lubricants can be used (water-based, not oil-based) and **should** be used during anal intercourse.



- Move away from partner first.
- Do not spill semen on vaginal opening or anus.



 Always throw away in bin or trash can as appropriate.

Next step: For what to remember about condoms, go to next page.

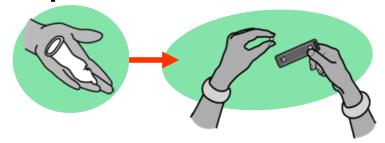
What to remember

Use correctly EVERY TIME



Keep plenty on hand

 If condom breaks, consider emergency contraception



 Water-based lubricants only



 No oil-based lubricants



 Store away from sun and heat



What to remember



Use a condom correctly EVERY TIME



"For full protection, you need to use a condom EVERY TIME you have vaginal or anal sex."

• Use every time to avoid infecting partner. If cannot use a condom every time, another method of family planning can prevent pregnancy but not infection.

 Make sure you always have enough condoms



• "Get more condoms before you run out."

 If a condom breaks, consider using emergency contraception as soon as possible



· Condoms rarely break if properly used.

 Offer emergency contraceptive pills to take home in case condom breaks or slips.

- If condoms break often, make sure they are not damaged or old. Review instructions for proper use. Also, try lubricated condoms, or use water or water-based lubricant on outside of condom.
- Do not use if unopened package is torn or leaking, or the condom is dried out.

Use only water-based lubricants



- Oils weaken condoms so condoms can break. Do not use oilbased materials such as cooking oil, baby oil, coconut oil, petroleum jelly, butter.
- Water-based materials are OK. They include glycerine, certain commercial lubricants, clean water, saliva.
- Tell client whether condoms offered are lubricated or not.

Store condoms away from direct sunlight and heat

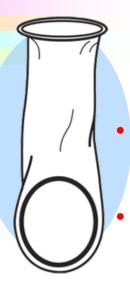


 Sunlight and heat can make condoms weak and they can break.

Next step: Go back to



for ASSIST and ARRANGE.



The female condom

Effective when used correctly EVERY TIME

Protects you and your partner from infection

 Can be used alone or with another method

May be expensive and hard to find

 Inserted by the woman but needs partner's cooperation



The female condom



- Effective when used correctly EVERY TIME
- Protects you and your partner from infection
- Can be used alone or with another family planning method (for dual protection)
- May be expensive and hard to find
- Inserted by the woman, but needs partner's cooperation

You can discuss:

- "What have you heard about condoms? Do you have concerns?"
- "Would you be able to use condoms consistently and correctly?"
- "Would your partner agree to use condoms?"
- "Would you be able to keep a supply of condoms on hand?"



About the female condom:

- A loose plastic sheath that is inserted into the vagina before sex.
- No medical conditions limit use. No allergic reactions (made of plastic, NOT made of latex like most male condoms).
- When female condoms are used correctly every time, they are effective in preventing pregnancy.
- May be less effective than male condom.
- Insert before any sexual contact.



Benefits when used consistently and correctly:

- Protects partner(s) from HIV infection.
- · Protects from other STIs.
- Prevent pregnancy.



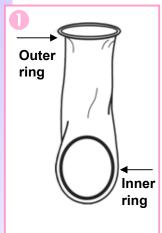
 You can use another family planning method (except the male condom) along with the female condom for extra protections from pregnancy. Also used as backup for another method of family planning (for example, if client missed pills or is late for injection).



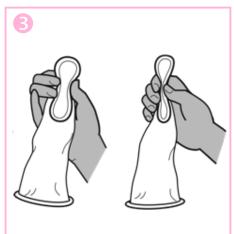
If partner does not want to use condoms:
 "We can discuss and practice what you might say." For tips,
 see page 34.

Next step: For how to use female condoms, go to next page.

How to use a female condom







Inner ring Open end

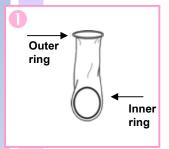
- Open package carefully
- Make sure the condom is welllubricated inside
- Choose a comfortable position—squat, raise one leg, sit, or lie down
- Squeeze the inner end
- ring, at the closed

- To remove, twist outer ring and pull gently
- Reuse is not recommended
- Throw away condom safely

- Gently insert the inner ring into the vagina
- Place the index finger inside condom, and push the inner ring up as far as it will go
- Make sure the outer ring is outside the vagina and the condom is not twisted
- Be sure that the penis enters inside the condom and stays inside it during intercourse

How to use a female condom

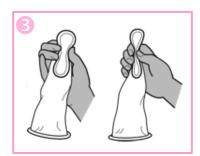




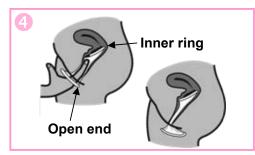
- Open package carefully
- Make sure the condom is welllubricated inside



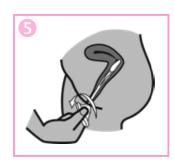
 Choose a comfortable position—squat, raise one leg, sit, or lie down



 Squeeze the inner ring, at the closed end



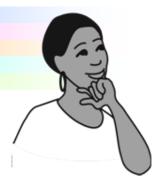
- Gently insert the inner ring into the vagina
- Place the index finger inside condom, and push the inner ring up as far as it will go
- Make sure the outer ring is outside the vagina and the condom is not twisted
- Be sure that the penis enters inside the condom and stays inside it during intercourse



- To remove, twist the outer ring and gently pull
- Throw away condom safely

- Couples should use a new condom for each act of intercourse.
- Condom should be inserted before penis touches vagina.
- Condom can be inserted up to 8 hours ahead of intercourse.
- Condom is lubricated, but it may need extra lubricant inside so it is not moved out of place during sex. More lubricant can be added either inside condom or on the penis. Lubricant can be water-based or oil-based.
- When finished, the woman must move away from her partner and take care not to spill semen on vaginal opening.
- The condom should be thrown away properly, in a bin or trash can as appropriate.

Next step: For what to remember about female condoms, go to next page.



What to remember



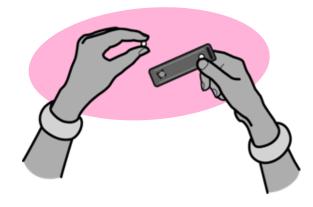
Use EVERY TIME

Keep enough on hand



- If not used correctly, consider emergency contraception
- Can use more lubricant if needed





What to remember



Use a condom EVERY TIME you have sex



- "You need to use a condom EVERY TIME you have sex for full protection from pregnancy and infection."
- Use every time to prevent infecting partner.
- If client is not using a condom every time, discuss reasons and try to find solutions.
- She may also consider using another family planning method along with the condom.

 Make sure you keep enough condoms on hand



"Get more condoms before you run out."

 If condom is not used correctly, consider using emergency contraception as soon as possible

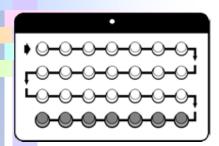


 If female condom does not stay in place or gets pushed inside the vagina, or if the penis was not inside the condom, emergency contraception can help prevent pregnancy.

Can use more lubricant if needed



- All female condoms are lubricated. This may make the female condom slippery at first.
- Can use additional lubricant inside if needed. Can reduce noise during sex and makes sex smoother.
- Any kind of lubricant can be used with the female condom.



The Pill

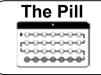
Take a pill every day



- Women with HIV or on ART can use safely and effectively
- Does not protect against STI or HIV transmission Use condoms to prevent infection
- Less menstrual bleeding and cramps
- Most common side-effects: headaches, nausea, spotting







- Take a pill every day
- Women with HIV or on antiretrovirals can use safely and effectively
- Does not protect against STIs or HIV transmission
- Helps reduce menstrual bleeding and cramps
- Most common side-effects: mild headaches, nausea (upset stomach), spotting or bleeding between periods

About the Pill:

- Contains both estrogen and progestogen hormones.
- Works mainly by stopping production of eggs.
- Explain common myths: For example, pills dissolve into blood and do not collect in stomach.



- Not harmful for most women's health.
- In case some antiretrovirals may reduce pill effectiveness (see page 6). Stress importance of taking a pill every day and at the same time.
- **Discuss use of male or female condoms** to prevent HIV transmission and for STI prevention.
- Condom use can also help in case antiretrovirals make the Pill less effective.



· Less menstrual bleeding can help reduce anaemia.



- May also experience: tender breasts, dizziness, slight weight gain or loss, amenorrhoea (no monthly bleeding).
- About half of all users never have any side-effects.
- Side-effects often go away or diminsh within 3 months.
- Skipping pills may make bleeding side-effects worse and risks pregnancy.
- Invite her to return if she has questions or problems.

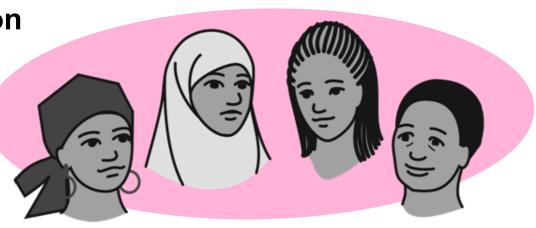
You can discuss:

- "What have you heard about the Pill? Do you have concerns?"
- "If side-effects happened to you, what would you think or feel about it? What would you do?"
- "Would you remember to take a pill each day? What would help?"
- "Would you be able to use condoms consistently to prevent STIs?"
- What to do if pill supply runs out

Next step: For who can use the Pill, go to next page.

Who can and cannot use the Pill

Most women with HIV or on ART can use this method safely and effectively



But usually cannot use the Pill if:



Smokes cigarettes AND age 35 or older



High blood pressure



Taking rifampicin



Gave birth in the last 3 weeks



Breastfeeding 6 months or less

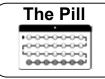


May be pregnant



Some other serious health conditions

Who can and cannot use the Pill



Most women with HIV or on antiretrovirals can use this method except in these cases:

- Smokes cigarettes AND age 35 or older
- **High blood pressure**



- May be pregnant
- Gave birth in the last 3 weeks
- **Breastfeeding 6 months or less**
- Some other serious health conditions Usually cannot use the Pill with any of these serious health conditions

Continuing users

If a woman comes back with any of these serious health conditions, she usually should switch to another method.

*What is migraine?

Ask: "Do you often have very painful headaches, perhaps on one side or throbbing, that cause nausea and are made worse by light and noise or moving about? Do you see a bright spot in your vision before these headaches?" (migraine aura)

> Next step: For how to use the Pill, go to next page.

"Usually, women with HIV can use the Pill unless they have certain health conditions. We can see if the Pill is safe for you."

- Check blood pressure (BP) if possible. If systolic BP 140+ mm Hg or diastolic BP 90+ mm Hg, help her choose another method (but not a monthly injectable.) (If systolic BP 160+ mm Hg or diastolic BP 100+ mm Hg, also should not use long-acting injectable.)
- If BP check not possible, ask about high BP and rely on her answer.
- Rifampicin and certain epilepsy drugs (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) make the Pill less effective. Generally, choose another method.
- Can use pregnancy checklist, page 35, or pregnancy test to be reasonably certain she is not pregnant.
- Ever had stroke or problem with heart or blood vessels, including blood clot in lungs or deep in legs. (Women with superficial clots, including varicose veins, CAN use the Pill.)
- Migraine headaches*: She should not use the Pill if she is over 35 and has migraines, or at any age if she has migraine aura. Women under 35 who have migraines without aura and women with ordinary headaches CAN usually use the Pill.
- Ever had breast cancer.
- Has several risk factors for heart disease, such as high blood pressure. diabetes, smoking, older age.
- Gallbladder disease.
- Soon to have surgery? She should wait to start the Pill if she will not be able to move about for more than 1 week.
- Serious liver disease or jaundice (yellow skin or eyes).
- Diabetes for more than 20 years, or severe damage caused by diabetes.

Using the Pill

Take one pill each day



If you miss pills—

 Always take a pill as soon as you remember

If you miss <u>3 or more</u> pills or start a pack 3 or more days late—

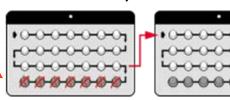


Continue taking pills and use condoms or avoid sex for the next 7 days



2 If you missed 3 pills or more in week 3,

ALSO skip the reminder pills and go straight to a new pack







Using the Pill



 She may be able to start the Pill today



A woman can start the Pill on any day of the menstrual cycle if it is reasonably certain that she is not pregnant.

If menstrual bleeding started in past 5 days:

She can start NOW. No extra protection needed.

If menstrual bleeding started more than 5 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant, see page 35.
 No need to wait for next menstrual period to start the Pill.
- She should avoid sex or use condoms for 7 days after taking first pill.

"Take one pill each day"



 Take a pill as soon as you remember



Most important instruction. Show how to follow arrows on packet.

the first week or starts a pack 3 or more days late. (See page 27.)

• Explain that the hormonal pills are in weeks 1, 2 and 3. The pills for week 4 are "reminder pills" and do not contain hormones.

Important: Waiting too long between packs increases risk of pregnancy.

Emergency contraception can be a choice if she misses 3 or more pills in

If you miss 3 or more pills or start a pack 3 or more days late—



 Skip the reminder pills if you missed 3 pills in week 3



She may have no menstrual bleeding that month.

If you miss any reminder pills—

 Throw away missed reminder pills and continue taking pills



Skipping reminder pills is not harmful.

Next step: Go back to 10 for ASSIST and ARRANGE.

Long-acting injectable

- Women with HIV can use safely and effectively
- An injection every 2 or 3 months



- Often takes longer to get pregnant after stopping
- Most common side-effects: More bleeding and spotting at first and then no monthly bleeding, weight gain





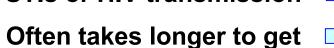


Long-acting injectable



- Women with HIV can use safely and effectively
- An injection every 2 or 3 months
- Does not protect against STIs or HIV transmission

pregnant after stopping



 Most common side effects: menstrual changes, no monthly bleeding, weight gain

You can discuss:

- "What have you heard about injectables? Do you have concerns?"
- "If side-effects happened to you, what would you think or feel about it? What would you do?"
- "Would you be able to come back on time for injections? How would you remember?"

About injectables:

- 3 months between injections of DMPA or 2 months between injections of NET-EN.
- Contains progestogen. Works mainly by stopping production of eggs.
- Very effective, provided she comes back at scheduled time.
- Injections are not harmful for most women's health. For breastfeeding women, they do not affect the quality of the breast milk.
- To prevent infection, also use condoms consistently and correctly.
- After stopping, can take several months more than usual before a woman can get pregnant. Injectables do not make women permanently infertile.
- Menstrual changes: Irregular bleeding and spotting are common especially during first few months of use.
- Amenorrhoea: Monthly bleeding often stops after several injections.
 Does not permanently affect fertility. Blood does not build up inside body.
 (Pregnancy is very unlikely if she was not very late for previous injection.)
- Also very common: Weight gain. Bone mineral density decreases slightly during DMPA use but increases again after use stops. Not known whether this increases risk of fracture later in life.
- Less common: Mild headaches, dizziness, nausea.
- Invite her to return if she has questions or problems.

Next step: For who can use injectables, go to next page.

Who can and cannot use a long-acting injectables

Most women with HIV or on ART can use this method safely and effectively



But usually cannot use this injectable if:



Very high blood pressure



Breastfeeding 6 weeks or less



May be pregnant



Some other serious health conditions

Who can and cannot use a long-acting injectable



Most women with HIV or on antiretrovirals can use this method except in these cases:

Very high blood pressure

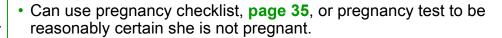


- "Usually, women with HIV can use the injectable unless they have certain health conditions. We can see if the injectable is safe for you."
- Check blood pressure (BP) if possible. If systolic BP 160+ mm Hg or diastolic BP 100+ mm Hg, help her choose another method (but not the Pill or monthly injectables).
- If BP check not possible, ask about high BP and rely on her answer.

Breastfeeding 6 weeks or less



May be pregnant



 Ever had stroke or problem with heart or blood vessels, including blood clot in lungs or deep in legs. (Women with superficial clots,

Ask her to come back when baby is 6 weeks old.

including varicose veins, CAN use this injectable.)

Some other serious health conditions Usually cannot use with any of these serious health conditions



- Has several risk factors for heart disease, such as hypertension, diabetes, smoking, older age.
- Diabetes for more than 20 years, or severe damage caused by diabetes.
- · Ever had breast cancer.
- Unexplained vaginal bleeding: If the bleeding suggests a serious condition, help her choose a method without hormones to use until the unusual bleeding is assessed.
- Serious liver disease or jaundice (yellow skin or eyes).

Continuing users

If a woman returns with any of these serious conditions, she should usually switch to another method.

Next step: For how to use injectables, go to next page.

Using the injectable

- Injection in your arm or buttock
- Don't rub afterwards
- Important to come back on time

Remember:

- Name of injection is _____
- Date of next injection is _____
- Come back even if late



Using the injectable



She may be able to start the injectable today



If menstrual bleeding started in past 7 days:

She can start NOW. No extra protection needed.

is reasonably certain that she is not pregnant.

If menstrual bleeding started more than 7 days ago or if amenorrhoeic (not having menstrual periods):

A woman can start the injectable on any day of the menstrual cycle if it

- She can start NOW if reasonably certain she is not pregnant (see page 35). No need to wait for next menstrual period to start the injectable.
- She should avoid sex or use condoms for 7 days after the first injection.

- Injection in arm or buttock
- Don't rub afterwards
- Important to come back on time



• Every 3 months for DMPA. Every 2 months for NET-EN.

Remember:



- Name of injection is
- Date of next injection
- Come back even if you are late



- Tell her name of injection and date of next injection. Write these on a card and give the card to the woman.
- Up to 2 weeks late: Can have injection without need for extra protection.
- More than 2 weeks late: Can have next injection if reasonably certain she
 is not pregnant (see page 35). She should use condoms or avoid sex for 7
 days after injection. Consider emergency contraception if she had sex after
 the 2 week "grace period".
- Discuss how she can remember the next injection date.

Next step: Go back to 10 for ASSIST and ARRANGE.

Emergency contraception



Safe ways to prevent pregnancy soon after unprotected sex

Emergency contraception (EC)



 There are safe ways to prevent pregnancy after unprotected sex



- How long ago did client have unprotected sex?
 - Up to 5 days ago?



- More than 5 days ago?
- Could she have been exposed to STIs?



You can discuss:

- "Could unprotected sex happen again?"
- "Do you need dual protection from pregnancy and STIs/HIV?"
- "Do you have a regular method? Are you satisfied with it?"
- "If not, would you like to start using a regular method or switch methods?"

- A woman may want to consider EC if:
- no method was used
- method was used incorrectly (for example, missed pills, late for injection)
- method failed (for example, slipped or broken condom, expelled IUD)
- sex was forced
- If she can answer "yes" to any of the questions on the pregnancy checklist, page 35, she is probably not fertile and would not need EC. But if she is worried, she can still use EC.

Emergency contraceptive pills:

• She should *take pills as soon as possible* after unprotected intercourse. They can be taken up to 5 days after. **See next page.**

Emergency copper IUD:

- More effective than pills, but those who may have gonorrhoea or chlamydia should not use it because of risk of pelvic infection (see page 9).
- Can be used up to 5 days after unprotected intercourse.
- · Good choice for women who want to keep using an IUD.
- Advise her that emergency contraception can be used only up to 5 days.
- Ask her to come back if her next monthly bleeding is more than 1 week late.
- If exposure to STIs is a possibility, offer presumptive STI treatment (same as treatment dosage), if available, or refer for further counselling, support, and treatment.

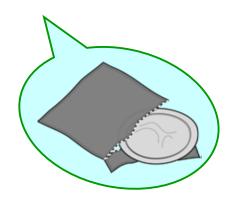
Next step: For more about emergency contraceptive pills, go to next page.

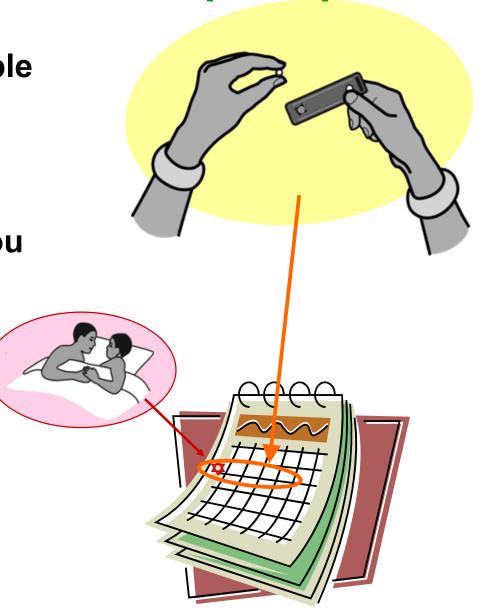
Emergency contraceptive pills

Take as soon as possible

Will not cause abortion

 Will <u>not</u> prevent pregnancy <u>next time</u> you have sex





Emergency contraceptive pills (ECPs)



 Take as soon as possible after unprotected sex



She should take pills as soon as possible after unprotected sex.
 They can be taken up to 5 days after, but become less effective with each day that passes.

Levonorgestrel-only ECPs

- Work better and cause less nausea and vomiting than combined ECPs.
- **Dosage:** 1.5 mg of levonorgestrel in a single dose.

Combined estrogen-progestogen ECPs

- Use if levonorgestrel-only pills not available.
- **Dosage:** 2 doses of 100 mcg of ethinylestradiol plus 0.5 mg of levonorgestrel, 12 hours apart.
- Any woman can take ECPs, even if she cannot take the Pill regularly, because ECPs are a relatively small, one-time dose.
- "ECPs prevent pregnancy. They do not cause abortion." They work mainly by stopping release of the egg.
- If she had other acts of unprotected sex since her last menstrual period, she may already be pregnant, and ECPs will not work. If she takes ECPs when already pregnant, they do not harm the pregnancy. She should return if her next menstrual period is more than 1 week late.
- \searrow
- Discuss: No protection in future acts of intercourse.
- Less effective than most regular methods.
- Provide condoms and, if she wants, another continuing method.
- If she is taking combined ECPs, she can take medicine (meclazine hydrochloride) to prevent nausea.
- If she vomits within 2 hours after taking ECPs, she should return for another dose as soon as possible.
- She may have spotting or bleeding a few days after taking pills.

- Will <u>not</u> cause abortion
- Do <u>not</u> prevent pregnancy next time you have sex
- Not for regular use
- May cause nausea, vomiting, spotting or bleeding

Next step: Go back to 10 for ASSIST and ARRANGE.



LAMLactational amenorrhoea method

- A contraceptive method based on breastfeeding
- LAM depends on breastfeeding often, day and night, and giving no other food or liquids
- Can prevent pregnancy for up to 6 months after childbirth
- Breastfeeding risks passing HIV to the baby, but exclusive breastfeeding is safer than mixed feeding
- Avoid slow weaning
- Use condoms, too, to avoid infection



LAM

Lactational amenorrhoea method



- A contraceptive method based on breastfeeding
- LAM depends on breastfeeding often, day and night, and giving no other food or liquids
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- Avoid slow weaning
- Use condoms, too, to avoid infection



About LAM:

- "Lactational"—related to breastfeeding. "Amenorrhoea"—not having monthly bleeding.
- Antiretrovirals can be taken during breastfeeding and may help protect the baby from HIV infection.



- Using LAM means choosing to breastfeed this way to prevent pregnancy. It works by preventing ovulation.
- "How would breastfeeding your baby in this way suit you?"



- If monthly bleeding has not returned.
- Very effective when used correctly, but less effective as commonly used (if not fully breastfeeding).



Women with HIV should be counselled to choose the feeding option that best suits their situation:

- If safe replacement feeding is available, it avoids all risk of passing HIV to the baby.
- If no safe replacement feeding is available, a woman with HIV should breastfeed exclusively for the first 6 months.



 She should stop breastfeeding over 2 days to 3 weeks. Rapid weaning decreases risk of transmitting HIV to the baby.

Next step: Go back to 10 for ASSIST and ARRANGE.

Fertility awareness-based methods

- Learn the days of the menstrual cycle when you can get pregnant
- To prevent pregnancy, either avoid sex OR use a condom on days that you could get pregnant
- To avoid infection, use condoms all the time
- Can be effective if used correctly
- No side-effects
- Needs partner's cooperation



Fertility awareness-based methods



 Learn the days of the menstrual cycle when you can get pregnant



- To prevent pregnancy, either avoid sex OR use a condom on days that you could get pregnant
- To avoid infection, use condoms all the time



- Can be effective if used correctly
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You can discuss:

- "What have you heard about these methods? Do you have concerns?"
- "Do you think you can abstain or use condoms on all fertile days?"
- "Would you need to use condoms all the time to prevent HIV and STIs?"

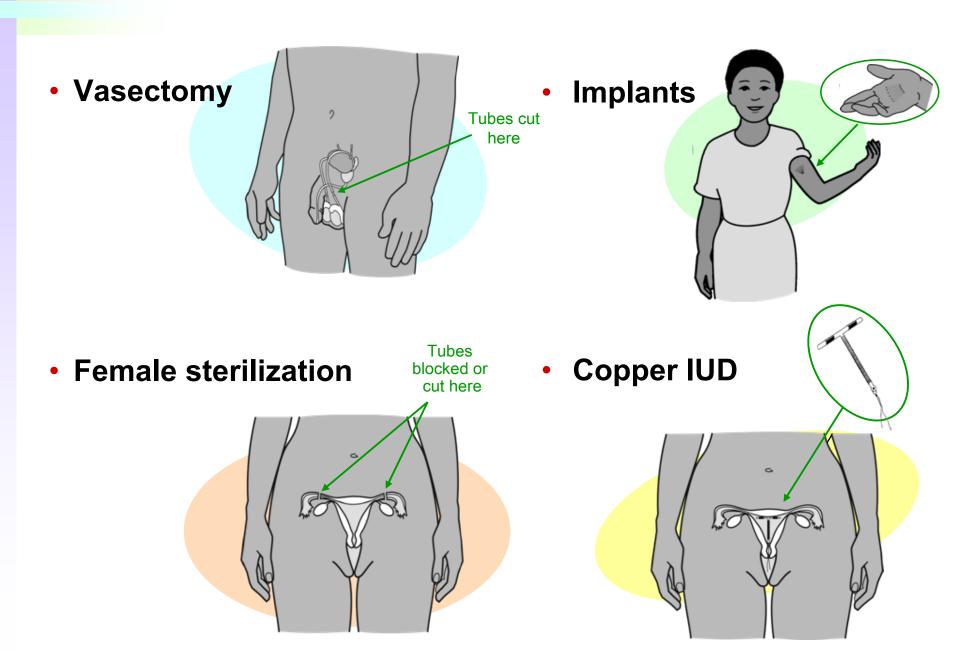
About fertility awareness-based methods:

- A woman learns the fertile days of her menstrual cycle.
- There are different ways to identify the fertile days:
- Calendar methods: use cycle length to calculate the fertile days of each cycle.
- Cervical mucus methods: identify fertile days from changes in cervical secretions
- Depending on the method, the woman assumes she is fertile for 7 to 18 days each cycle, on average.
- Methods can be used alone or in combination.
- If she becomes unwell or begins taking antiretroviral or other medication, these methods may be less reliable.
- Refer for further advice or counselling.
- If at risk for HIV and STIs, advise her to use condoms all the time, on both fertile and infertile days.
- If not at risk, she can use male or female condoms on fertile days only to prevent pregnancy.
- To prevent pregnancy, faithful couples who are both HIVpositive may decide to use condoms only on fertile days.
- But this is one of the least effective family planning methods when not used correctly.
- · Does not involve any medication.
- Both partners must agree to avoid intercourse or use a condom on days when needed.

Next step: Go back to 10 for ASSIST and ARRANGE.

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Referral methods



Referral methods

Note: None of these methods prevents infection. Use condoms consistently and correctly.

Vasectomy

- Safe, simple surgical procedure (simpler than female sterilization).
- Very effective and permanent—for men or couples who will not want more children.
- Many men with HIV can safely have vasectomy.
- Not recommended for men with AIDS symptoms.
- No effect on erections or ejaculation.

Female sterilization

- · Safe surgical procedure
- Very effective and permanent—for women or couples who will not want more children.
- Many women with HIV can safely have sterilization.
- Not recommended for women with AIDS symptoms.

Copper IUD

- Small flexible device that fits inside the womb.
- Women with HIV can safely use IUD if no STI risk.
- Very effective for at least 12 years (approved for 10 years).
- Can be removed whenever user wants, and she can get pregnant again.
- May increase menstrual bleeding and cramps.

How to use this page:

- If client will want no more children, describe vasectomy and female sterilization.
- If client wants a long-term reversible method or wants no more children without a surgical procedure, describe implants and IUD.

Implants

- Small plastic tubes placed under skin of upper arm.
- Women with HIV can use safely and effectively.
- Very effective for 4 to 7 years, depending on woman's weight and type of implant.
- Can be removed whenever user wants, and she can get pregnant again.
- · Usually changes monthly bleeding.

Next step: Go back to 10 for ASSIST and ARRANGE

Help using your method

• Any questions or problems?

Any side-effects?





Nausea or vomiting?



Headaches?



Any problems using condoms?



For returning family planning users: Help using your method

Any questions or problems?



Reassure her that side-effects are normal

- Most are not harmful or signs of illness. Often go away after 3 months or so.
- She may have more than one side-effect.
- For pill users, switching to a different brand may help.

Side-effects?





Injectables users:

- Spotting, bleeding between periods is common, especially in the first few months of use. Not harmful, not a sign of illness.
- No monthly bleeding (amenorrhoea). Common, especially after 1st year of use. Not harmful, not a sign of illness.
- Very heavy bleeding. Rare. If bleeding continues, check for abnormal gynaecological conditions and for anaemia (low iron). Help her choose another method if the bleeding threatens her health or is unacceptable to her.



Pill users: Spotting or bleeding between periods is common, especially in the first few months of pill use. Spotting also may be due to skipping pills, vomiting or diarrhoea, or taking rifampicin or some epilepsy medications.

Nausea or vomiting?



- **Vomiting within 2 hours** after taking active pill: Take another active pill from separate pack. **Nausea** may be reduced by taking pill after a meal each day.
- Severe diarrhoea or vomiting for more than 2 days: Follow instructions for missed pills.

Headaches?



• Mild headaches: Take pain relief pills if needed.

• If headaches become more frequent or severe (migraine) while using the Pill, she usually should switch to another method.

Problems using condoms?



• Explain risks of not using a condom every time and help client discuss with partner if necessary (see pages 8 and 34). Suggest also using another family planning method and review protection strategies (see page 7).

Next step: If client wants to choose a new method, go to 6

Discuss: If problems, listen to the client's concerns.

- Take all comments seriously. Answer questions respectfully.
- Reassure a woman that she can switch family planning methods at any time.
- If you suspect a serious underlying condition, diagnose and treat or refer.

Family planning after childbirth

 Best to wait at least 2 years before becoming pregnant again

 If not breastfeeding, you could get pregnant again soon

 If breastfeeding, exclusive breastfeeding is safest for your baby



Family planning after childbirth

• If not, counsel or refer for counselling.

healthiest for mother and child.

Best to wait at least 2 years before becoming pregnant again



If not breastfeeding, you could get pregnant again soon



If she is not fully breastfeeding, she may be at risk of pregnancy again as soon as 4 weeks after childbirth.

• Discuss with woman if she has had infant feeding counselling and her decision.

- If breastfeeding, exclusive breastfeeding is safest for your baby
- Breastfeeding exclusively is safer than mixed feeding.
- Exclusive breastfeeding also can prevent pregnancy. See LAM, page 29.

· Waiting at least 2 years after the last birth to become pregnant again is

- Discuss other methods in case she stops LAM or wants additional protection.
- · Other good methods while breastfeeding are nonhormonal methods such as condoms or IUD. The IUD can be inserted within 2 days after childbirth, or after 4 weeks.
- Progestogen-only methods can also be used while breastfeeding, starting 6 weeks after childbirth (the mini-pill, long-acting injectables, implants).

If not breastfeeding



If not breastfeeding, she can use any method. She can start any progestogenonly methods immediately (the mini-pill, long-acting injectables, implants), or the Pill after 3 weeks. See above for starting the IUD.

Whether breastfeeding or not



- Listen carefully to the client's views.
- Discuss her thoughts about having more children. Ask what her partner thinks.
- · If they have decided that they want no more children, discuss vasectomy and female sterilization.
- · All women with new babies should be advised to use condoms correctly and consistently to avoid infection and pregnancy.

Next step: For more information about LAM, go to (29) or, for choosing a method, go to 6



Talking with your partner

Where, when and how



Being prepared



Tips for talking with your partner

Where

- Choose a place that is comfortable for both of you.
- Suggest a quiet place, but close to safety if needed.
- Find a neutral ground.

When

- Talk at a time when you are both relaxed and comfortable.
- Avoid distractions or rushing.
- Can be discussed over a period of time, not just at one sitting.
- Discuss before sex starts.

How

- Stress the good things.
- Emphasize partner's caring, your concern.
- Start with what you both agree on.
- Focus on safety and good health, not mistrust.
- Talk about good examples, such as people that your partner respects.
- Try to reach agreement.

Being prepared

Stay safe

- Don't risk your safety.
- Consider having another trusted person there.
- Start with general facts and watch reactions.

Get the facts right

Provider can answer your questions.

Plan

- Decide where, when, and how to start.
- What if discussion goes badly?
 Turns violent?
- Counselling as a couple?

Practice

Rehearse with provider or with friends.

How to use this page:

- Offer suggestions but let client decide what can work.
- Discuss doubts and fears. Don't dismiss them.
- Reassure clients that they can succeed. With permission, tell the stories of others who have succeeded.
- Suggest that seeing a health care provider together as a couple is sometimes very helpful.
- ARRANGE a follow-up visit to discuss what happened.

You can start the method now if ANY ONE of these is true



1. Menstrual period started in the past 7 days



or 2. Gave birth in the past 4 weeks



or 3. Fully or nearly fully breastfeeding AND gave birth less than 6 months ago AND periods have not returned



or 4. Miscarriage or abortion in the past 7 days



menstrual period or delivery



or 5. No sex since last or 6. Been using another method correctly

Making reasonably sure a woman is not pregnant (so she can start hormonal methods, IUD, or female sterilization)

Women who are not currently menstruating may still be able to start hormonal methods (pills, injectables, implants), the IUD or have sterilization NOW. (All other methods can be started at any time.) Ask if ANY of these statements is true.

If a woman answers NO to ALL of these statements, pregnancy cannot be ruled out. She should wait until next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test.

If a woman answers YES to AT LEAST ONE of these statements and she has no signs or symptoms of pregnancy,* provide her with the method.

No		Yes
	1. Last menstrual period started within the past 7 days (12 days for the IUD)	
	2. Gave birth in the last 4 weeks	
	Fully (or nearly fully) breastfeeding AND gave birth less than 6 months ago AND has had no menstrual period since then	
	4. Miscarriage or abortion in the past 7 days	
	5. NO sexual intercourse since last menstrual period or delivery	
	6. Using a reliable contraceptive method consistently and correctly	

*Signs of Pregnancy

If a woman has a late menstrual period or several other signs, she may be pregnant. Try to confirm by pregnancy test or physical examination.

Weight change Always tired Mood changes Changed eating habits Urinating more often Larger breasts Darker nipples

Comparing effectiveness of methods

More effective

Less than 1 pregnancy per 100 women in one year









Sterilization

IUD

How to make your method most effective

After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months









Injections: Get repeat injections on time

LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day



Male Condoms





Diaphragm



Fertility-Awareness **Based Methods**

Condoms, diaphragm: Use correctly every time you have sex

Fertility-awareness based methods: Abstain or use condoms when fertile. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.





Withdrawal, spermicide: Use correctly every time you have sex

Less effective

About 30 pregnancies per 100 women in one year