



THE CHOICE BOOK FOR PROVIDERS

- ✓ Color-coded matrix for quick and easy comparison of method benefits
- ✓ Benefit pages for clients who want more details
- ✓ Key messages and instructions for the selected method to increase client compliance and satisfaction
- ✓ Quick references for medical eligibility and common problems

Key														
	Great for													
	Good for													
	Not good for													
Benefits		Method	Sterilization	Implant	Hormonal IUD	Copper IUD	Injectables	Combined Oral Contraceptive Pills	Progestin Only Pills (POP)	Male/ Female Condoms	CycleBeads	Emergency Contraceptive Pills		
Effective at preventing pregnancy														
Quick return to fertility														
Privacy														
HIV/STI prevention														
Few side effects														
Lighter periods														
Predictable periods														
Low frequency of use														
Easy to stop use														
Self-administration							 *							



Greet	<ul style="list-style-type: none">• Hi, my name is __, what's your name?• Everything you tell me is CONFIDENTIAL
Ask	<ul style="list-style-type: none">• What can I help you with today?• Tell me about your past experience with contraception• Tell me about your concerns• What do you like about this method? (if they have a method in mind)
Tell	<ul style="list-style-type: none">• Period changes are NORMAL• Tell the client which 2-3 methods meet the majority of their stated needs, or confirm the method in mind meets their needs
Help	<ul style="list-style-type: none">• Help compare the differences between the top 2-3 methods, if applicable• Check medical eligibility for chosen method• Let them decide which method is right for them
Explain	<ul style="list-style-type: none">• Explain the 3Ws of their chosen method, and have them repeat the 3Ws• Make a plan together for how to use and what to do if side effects occur
Return	<ul style="list-style-type: none">• Come back anytime if you have questions or concerns

3Ws Mean:

- W**-What to Do
- W**-What to Expect
- W**- When to Come Back

*** = In your region, the option for self-injection of this method may be available. Inform the client if this is available or if she will need to return to the provider to receive the injection.**

Changes to periods with some methods are **NORMAL**

- N**ormal
- O**pportunities
- R**eturn
- M**ethods
- A**bsence of periods
- L**imit

Remember:

- Listen to what the client wants! When the client is treated with respect, they are more likely to appreciate your service and return again in the future
- Remember informed choice! Provide the client with understandable and full information about the methods in which they are interested

Changes to your menstrual cycle are **NORMAL** while using family planning

It is common to have changes to your menstrual cycle (your period) when you use some family planning methods.

Review this guide as part of family planning counseling when you choose a method.



*Normal changes in your menstrual cycle can include lighter bleeding, shorter bleeding, heavier bleeding, longer bleeding, bleeding when you don't expect it, or a pause in your bleeding.

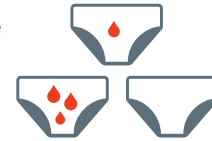
Talk to your provider if you also have a fever, sudden heavy bleeding, or bleeding after sex.

Talk to your provider if you have any questions or concerns at any point.

Above illustration credit: Period emoji, Plan International UK. <https://plan-uk.org/act-for-girls/break-the-taboo-vote-for-your-favourite-period-emoji>

N

It is **NORMAL** and safe to have changes in your menstrual cycle when you use some family planning methods.*



O

Lighter bleeding or a pause in your bleeding can give you more **OPPORTUNITIES** for improved health and freedom.



R

Your menstrual cycle and fertility will **RETURN** when you stop using family planning.



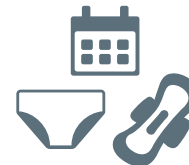
M

Different family planning **METHODS** can cause different menstrual changes. Talk to your provider about what you want.



A

ABSENCE of menstrual bleeding by itself does not mean you are pregnant.



L

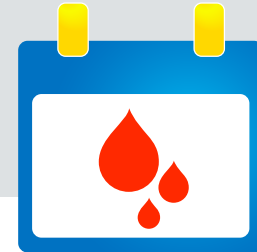
Talk to your provider if changes to your menstrual cycle **LIMIT** your activities. There may be treatments that can help.



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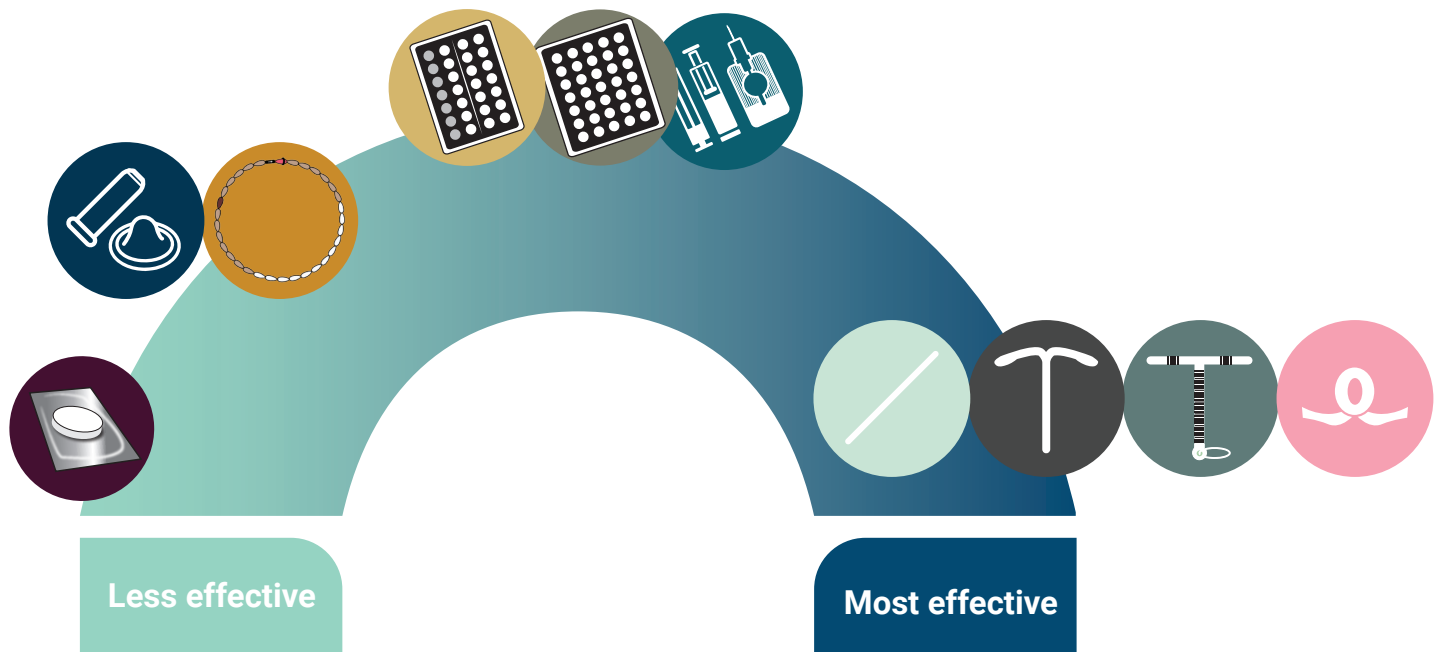
Provide additional information to clients about the type of menstrual changes to expect when using contraception



Potential changes are **NORMAL** and may be: ▶ very common ● common ■ less common

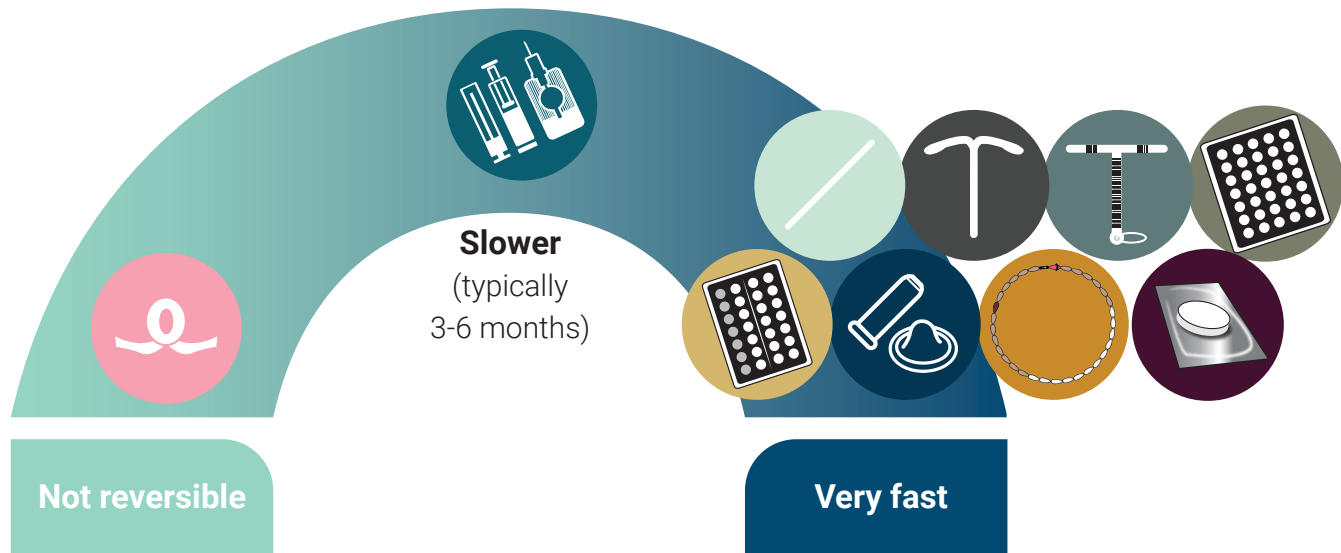
<i>Time since initiation⁵</i>		<i>Months 0-12</i>		
HORMONAL METHODS	Combined Oral Pills	<ul style="list-style-type: none"> ▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours 	<ul style="list-style-type: none"> ▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours 	<ul style="list-style-type: none"> ▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill ■ No menses at all⁶
	Progestosterone -Only Pills	<ul style="list-style-type: none"> ▶ Spotting between menses, especially if you miss a pill, even by a few hours ▶ No menses at all (especially when breastfeeding) ● Bleeding that lasts longer than a menses and comes irregularly 	<ul style="list-style-type: none"> ▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill ● No menses at all (especially when breastfeeding) 	<ul style="list-style-type: none"> ▶ Shorter or lighter menses ▶ Spotting between menses, especially if you miss a pill even by a few hours
	Progestin-Only Injectables	<ul style="list-style-type: none"> ▶ Irregular bleeding or spotting ▶ Heavier bleeding 	<ul style="list-style-type: none"> ▶ Irregular and lighter bleeding or spotting ■ No bleeding at all 	<ul style="list-style-type: none"> ● Irregular and lighter bleeding or spotting ● No bleeding at all
	Implant	<ul style="list-style-type: none"> ▶ Irregular bleeding or spotting ● Heavier bleeding 	<ul style="list-style-type: none"> ▶ Irregular and lighter bleeding or spotting ■ No bleeding at all 	<ul style="list-style-type: none"> ▶ Lighter bleeding or spotting ● No bleeding at all
	LNG-IUS	<ul style="list-style-type: none"> ▶ Irregular bleeding or spotting ■ No bleeding at all 	<ul style="list-style-type: none"> ▶ Irregular bleeding or spotting ■ No bleeding at all 	<ul style="list-style-type: none"> ▶ Light, infrequent bleeding ● No bleeding at all
NON-HORMONAL METHODS	Copper IUD	<ul style="list-style-type: none"> ▶ Periods may be heavier or last longer ■ Irregular spotting 	<ul style="list-style-type: none"> ▶ Periods may return to the way they were before the Copper IUD was placed ● Periods may remain heavier or last longer 	<ul style="list-style-type: none"> ▶ Menses may return to the way they were before the Copper IUD was placed ● Menses may remain heavier or last longer

Effective at preventing pregnancy



Quick return to fertility

Return to fertility



Protecting fertility

ALL reversible methods protect fertility by preventing unsafe abortion and complications from unplanned pregnancies.

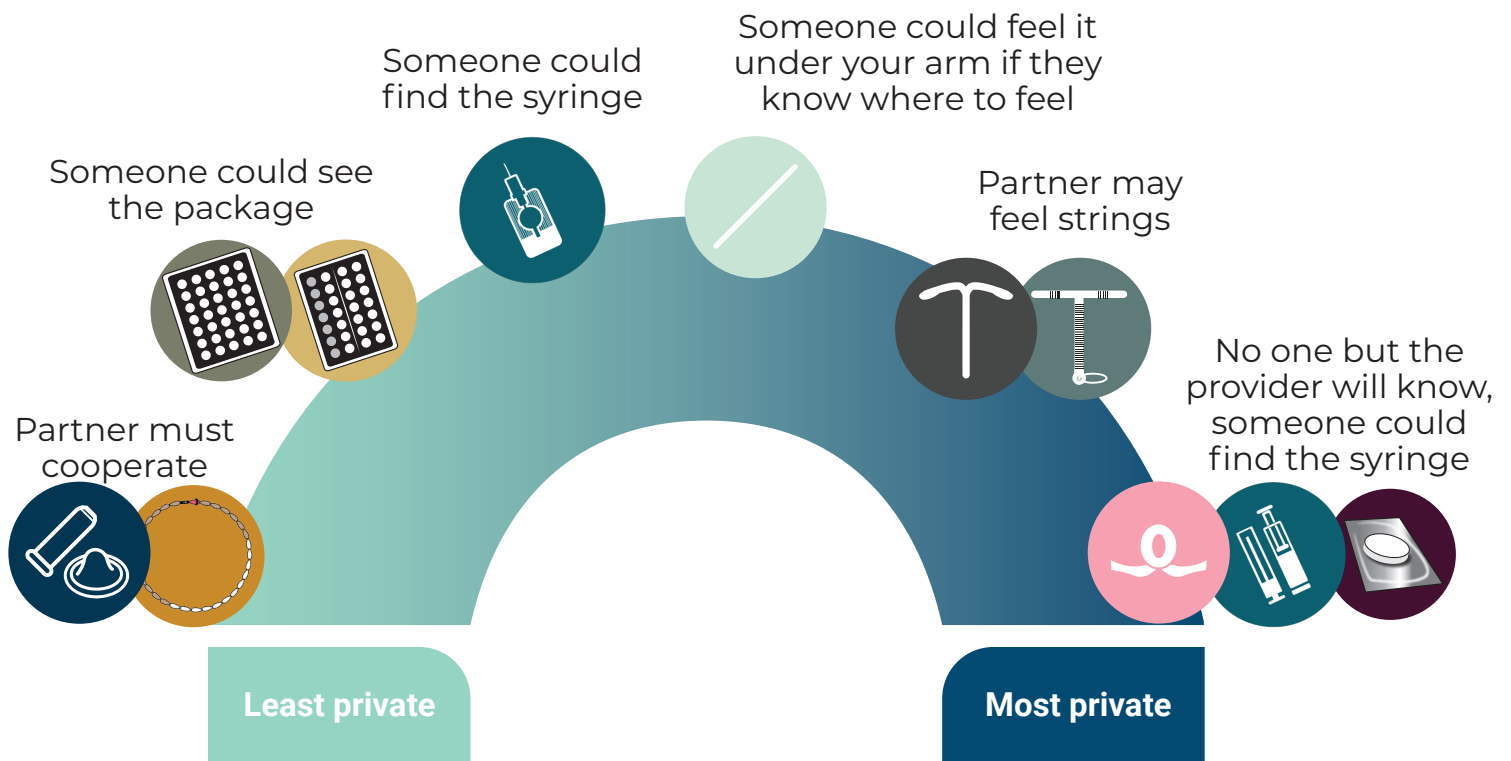
Help reduce the risk of cancers that can cause infertility.



Protects against STIs that can cause infertility.



Privacy



HIV/STI protection

HIV/STI Protection

Provides protection from
HIV and other STIs

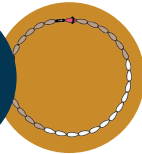


No protection
from HIV and
other STIs,
use with
condoms.



Fewer side effects

No side effects



None



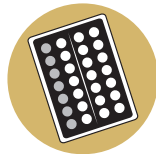
Changes in periods. During and immediately following insertion some women experience intense cramping. Some women also experience more cramping during monthly bleeding.



Changes in periods. During and immediately following insertion some women experience intense cramping. A few users report acne, headaches, breast tenderness and pain, which often go away with time.



Changes in periods. Some users report headaches, abdominal pain, breast tenderness, which often go away with time.



Some users report headaches, dizziness, breast tenderness, mood changes, which often go away with time.



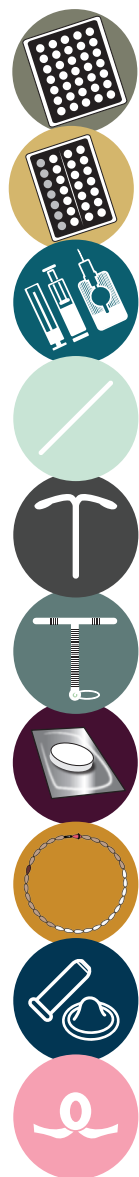
Can cause upset stomach and vomiting. These go away within 24 hours of taking EC. Periods might be early or late, can have spotting.



Changes in periods. Some users report weight gain, headaches, dizziness.

Highest chance of side effects

Lighter periods



	Months 0-12		
COC			
POP			
Injectables			
Implant			
Hormonal IUD			
Copper IUD			
ECP		No change	No change
CycleBeads	No change	No change	No change
Condoms	No change	No change	No change
Sterilization	No change	No change	No change

Key

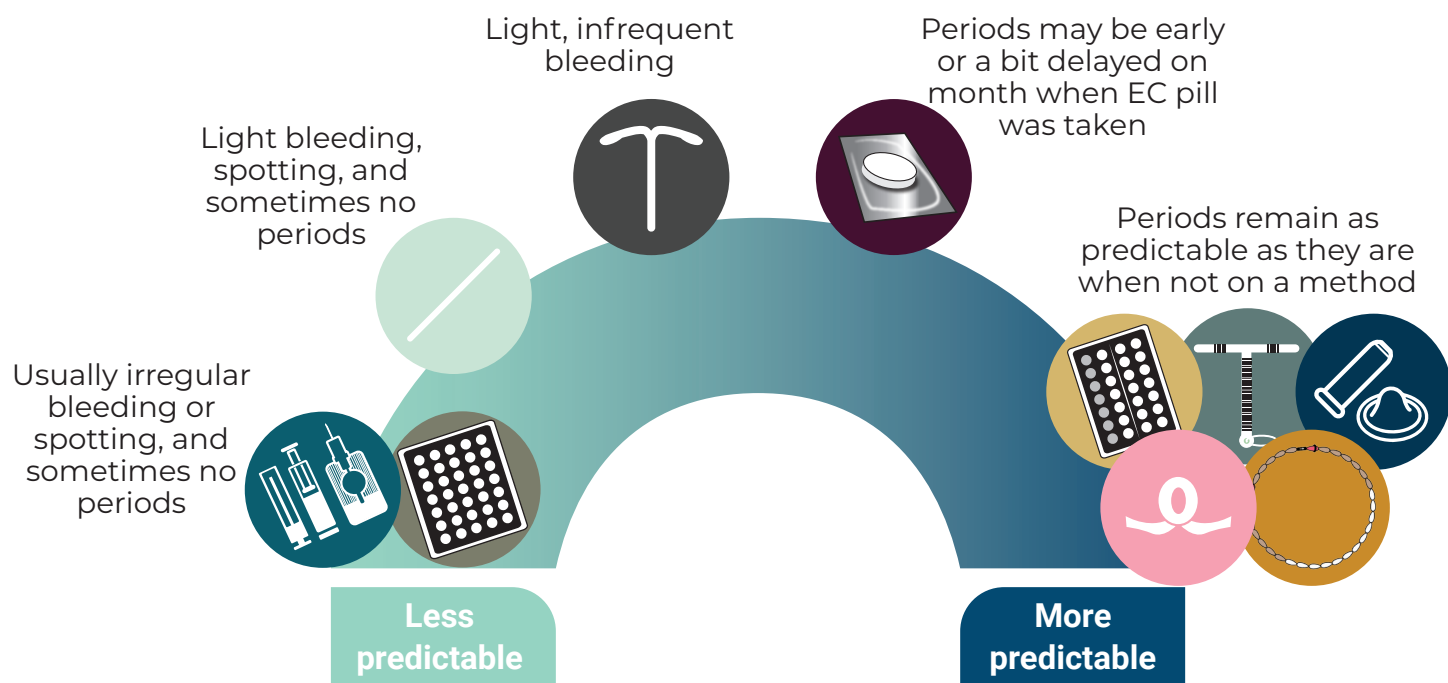
- Lighter period
- Normal period
- Heavier period
- Spotty
- No period

Reminder

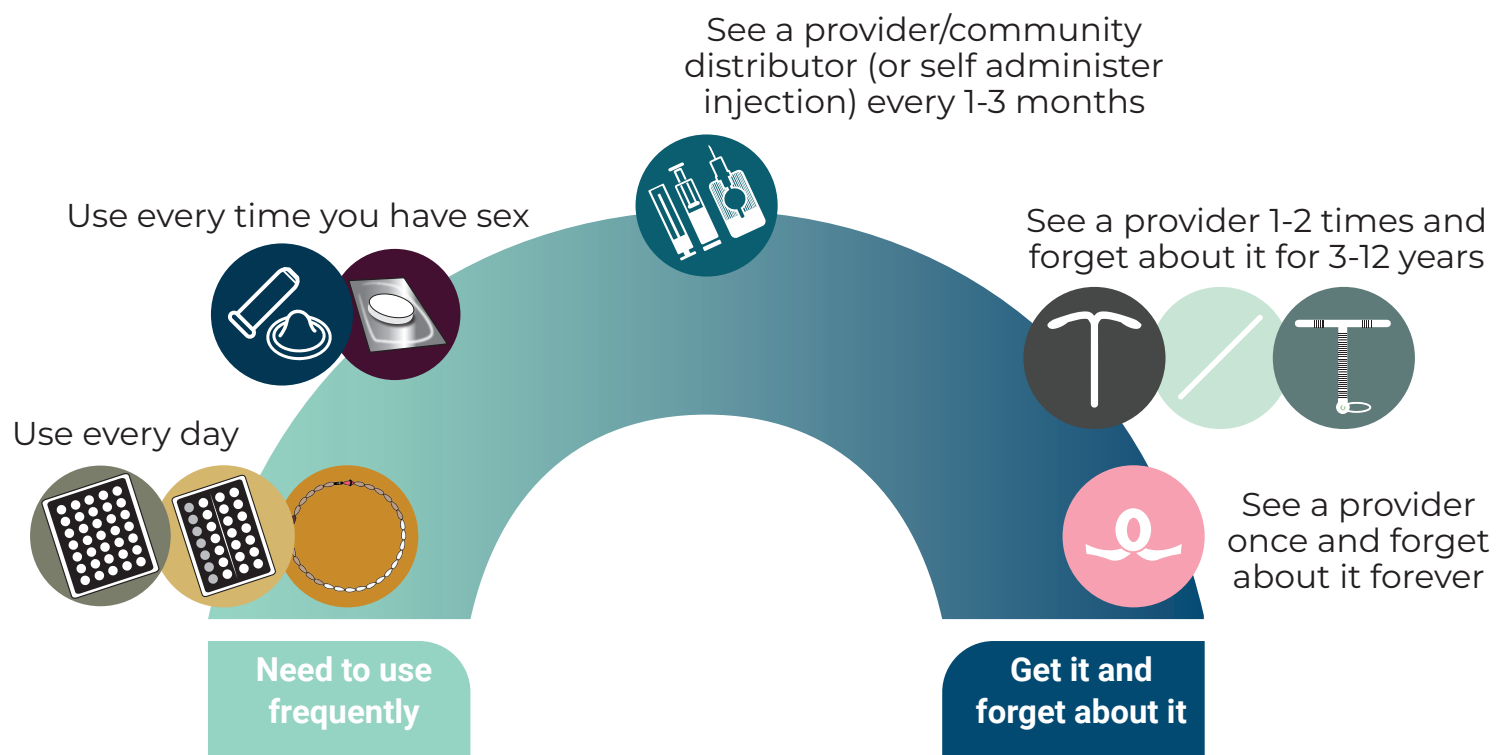
Explain to the client that changes in period are different for everyone. These are the most common changes that users experience.

emind post-partum clients that periods are often absent following childbirth, especially while breastfeeding.

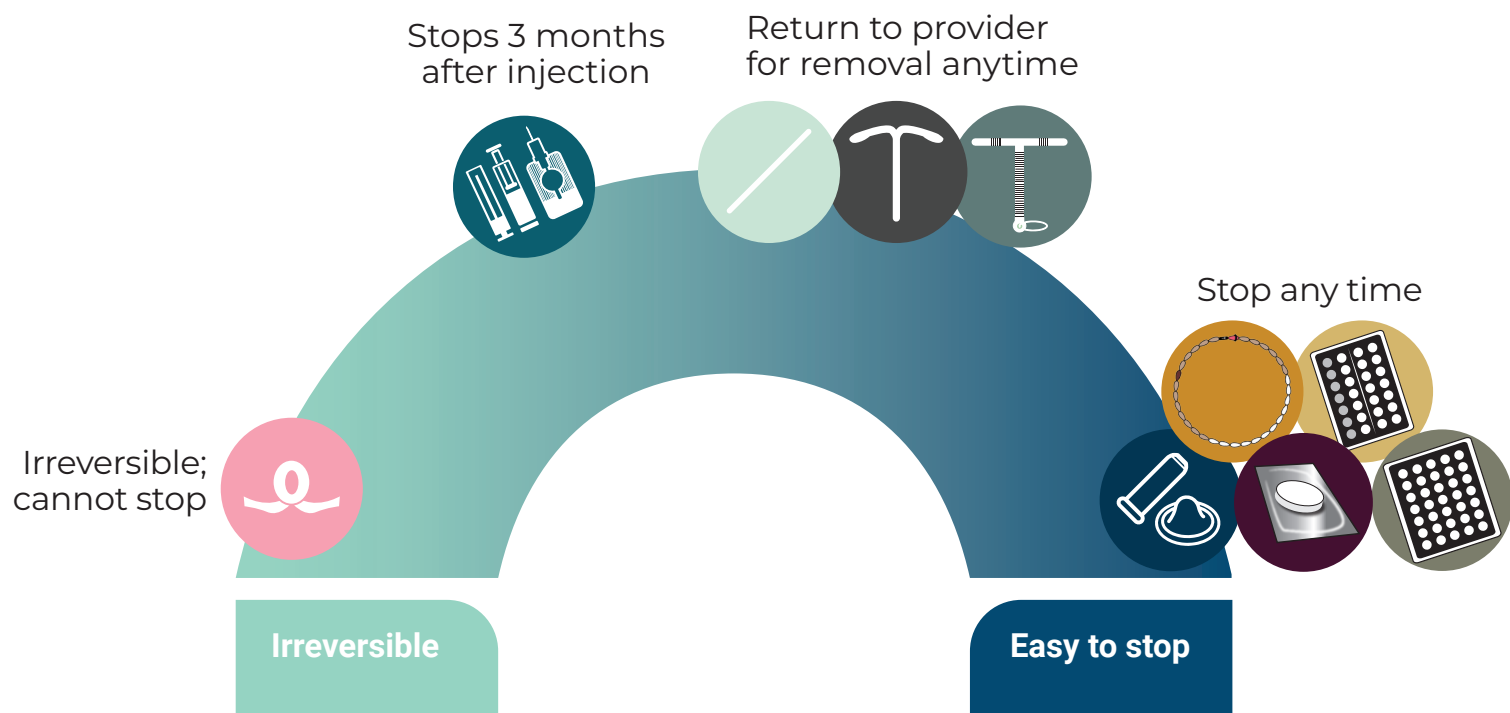
Predictable periods



Low frequency of use



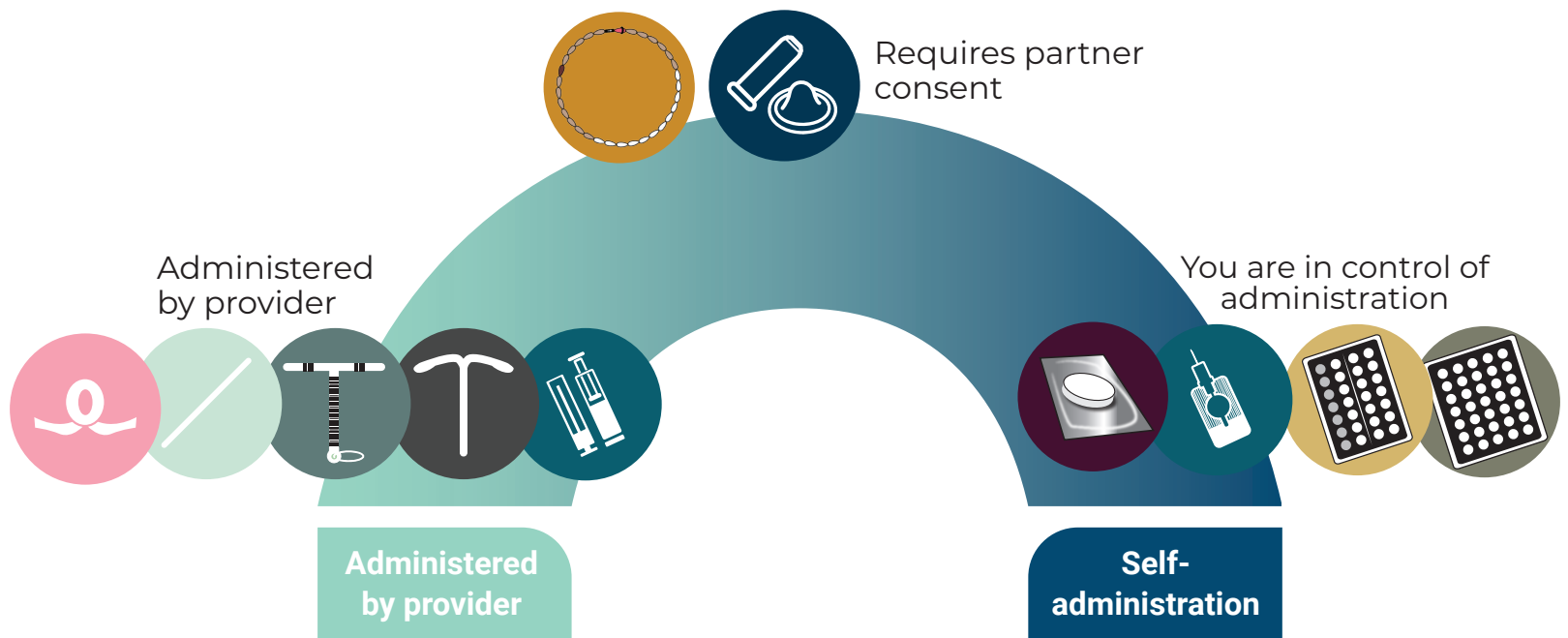
Easy to stop use



Remember that "easy to stop" is addressing whether a user will stop being protected from pregnancy as soon as they decide they want to stop. Two factors are considered when describing if a method is "easy to stop":

1. whether a provider visit is required before the method will stop working, and
2. whether the method will stop working in the body immediately.

Self-administration



Sterilization



Effective at preventing pregnancy

Low frequency of use

Privacy

Few side effects

Predictable periods



Quick return to fertility

Easy to stop use

Lighter periods

HIV/STI protection

Self-administration

After my sterilization, I felt at ease!



Are finished having children



You might want another baby in the future

Sterilization

Key Messages before choice:

- ✓ Sterilization can be performed for men or women
- ✓ The provider will use medicine so you don't feel pain during the procedure
- ✓ sterilization does not change your sexual ability, desire or performance
- ✓ Sterilization is **not reversible**, so only use it if you are sure you don't want any or more children

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• After the procedure, rest for 2 days, avoid vigorous work and heavy lifting for 1 week.• Take prescribed pain medication in case of pain. Do not take aspirin. It slows healing. You rarely need a stronger pain reliever.• Keep the incision clean and dry for 1 or 2 days. Avoid rubbing the incision for 1 week.• Men and women: Do not have sex for 2 to 3 days. If pain lasts more than 1 week, avoid sex until all pain is gone• Men: Use back up method for the first 3 months after the procedure
What to expect	<ul style="list-style-type: none">• Women: Abdominal pain and swelling after the procedure is common. It usually goes away within a few days.• Men: The first few times you have sex, you may notice some blood or blood clots in your ejaculate. You may also have some pain. This is to be expected and does not indicate a problem unless it happens more than a few times.
When to come back	<ul style="list-style-type: none">• Men and women: within 1 week for check-up or if you have questions/concerns.

Before the procedure

- ✓ **Document informed choice and consent**
- ✓ **Rule out pregnancy (woman)**

After receiving the method, make a plan and review 3Ws again

- Who will help (her/him) home after the procedure?
- How can she/he arrange to rest for 2 days?

Implants



Effective at preventing pregnancy

Quick return to fertility

Low frequency of use



Privacy

Easy to stop use

Lighter periods

Few side effects



HIV/STI protection

Self-administration

Predictable periods

My
implant
gives me
freedom!



Want to
live your life
free from
routines



Having
predictable
periods is
important
to you



Implants

Key Messages before choice:

- ✓ The provider will numb the insertion site and then insert the implant into your upper arm in a few minutes.
- ✓ You can come back to have your implant removed at any time for any reason, fertility returns immediately
- ✓ Review **NORMAL**

** For women using efavirenz or nevirapine antiretroviral therapy, effectiveness may be reduced to the level of pills.*

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• Use backup method for 7 days if not inserted within 7 days of the start of your period• Keep insertion site clean and dry until it heals• Avoid lifting heavy things and vigorous activity with that arm for 2 days
What to expect	<ul style="list-style-type: none">• Changes in your periods: Irregular periods, prolonged periods, or no periods• Some less common side effects may include: headaches, breast pain or nausea during the first couple of months
When to come back	<ul style="list-style-type: none">• If you have any questions/concerns or want to switch to another method• Anytime you want it removed• In 3/5 years for a replacement

Remember:

- ✓ **Check medical eligibility**
- ✓ **If pregnancy cannot be ruled out, provide method and schedule follow-up in 4 weeks**

After receiving the method, make a plan and review 3Ws again

- How will she remember when to replace her implant?
- How will she make sure she is prepared for unexpected bleeding?

Hormonal IUD



Effective at preventing pregnancy
Quick return to fertility
Low frequency of use
Few side effects
Lighter periods
Privacy



Easy to stop use



HIV/STI protection
Self-administration
Predictable periods

My Hormonal IUD simplifies my life!



Want lighter, shorter or no periods



Having periods is important to you



Hormonal IUD

Key Messages before choice:

- ✓ The provider will insert the Hormonal IUD into your uterus through the vagina. You may experience discomfort/cramping during the procedure, and cramping can last a few days after the insertion.
- ✓ You can come back to have your Hormonal IUD removed at any time and for any reason; fertility returns immediately
- ✓ Review **NORMAL**

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• Use backup method for 7 days if not inserted within 7 days of the start of your period
What to expect	<ul style="list-style-type: none">• Some cramping over the next few days• Changes in your periods: 3-6 month adjustment period, where you might have prolonged or irregular periods; after this, period is usually lighter or absent
When to come back	<ul style="list-style-type: none">• In 4-6 weeks for a check-up• If you have any questions/concerns or want to switch to another method• Anytime you want it removed• In 5-8 years for a replacement• If you have increasing or severe pain in your lower abdomen or during sex• If you have unusual vaginal discharge• If you have fever, chills, nausea or vomiting• If you think you are pregnant

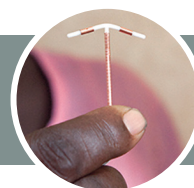
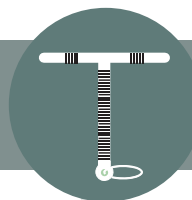
Remember:

- ✓ **Rule out pregnancy**
- ✓ **Check medical eligibility**

After receiving the method, make a plan and review 3Ws again

- How will she remember when to have it replaced?
- How will she make sure she is prepared for unexpected bleeding?

Copper IUD



Effective at preventing pregnancy
Quick return to fertility
Low frequency of use
Few side effects
Predictable periods
Privacy



Easy to stop use



HIV/STI protection
Lighter periods
Self-administration

My IUD helps me confidently plan for my future!



Like having your period on a regular basis or want a hormone-free method



Your periods are already heavy and painful



Copper IUD

Key Messages before choice:

- ✓ The provider will insert the IUD into your uterus through the vagina. You may experience discomfort/cramping during the procedure, and cramping can last a few days after the insertion.
- ✓ You can come back to have your IUD removed at any time for any reason, **fertility returns immediately.**
- ✓ Review **NORMAL**

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• Nothing
What to expect	<ul style="list-style-type: none">• Some cramping over the next few days• Changes in your periods: 3-6 month adjustment period where might have heavier bleeding, or prolonged or irregular periods after this time usually regular periods, sometimes more bleeding or cramping
When to come back	<ul style="list-style-type: none">• In 4-6 weeks for a check-up• If you have any questions/concerns or want to switch to another method• Anytime you want it removed• In 12 years for a replacement• If you have increasing or severe pain in your lower abdomen or during sex• If you have unusual vaginal discharge• If you have fever, chills, nausea or vomiting• If you think you are pregnant

Remember:

- ✓ **Rule out pregnancy**
- ✓ **Check medical eligibility**

After receiving the method, make a plan and review 3Ws again

- What will she do if she experiences prolonged bleeding?
- How will she make sure she is prepared **for unexpected bleeding?**

Injectable



Self-administration
Privacy



Effective at
preventing pregnancy

Quick return to fertility

Low frequency of use

Easy to stop use

Lighter periods



HIV/STI protection

Few side effects

Predictable periods

My
injectable
is my
secret!



Don't want
anyone to
know you
are using
contraception



You want to
have a regular
period or you
want to get
pregnant in
the next 6
months



Injectable

Key Messages before choice:

- ✓ Review **NORMAL**
- ✓ It can take some extra months for your periods and fertility to return after stopping the injectable
- ✓ If you are late for your next appointment, come back as soon as possible- you might still be able to get a re-injection

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• Use backup method for 7 days if the first injection is not given within 7 days of the start of your period• For self injection: Refer to the job aid at the end with instructions on how to self-inject• For self-injection: Find in advance a puncture proof container where you can safely discard the injectable after use to protect yourself and others. You can bring the box to the health facility when you are a new supply
What to expect	<ul style="list-style-type: none">• Changes in periods: prolonged bleeding, irregular bleeding, frequent bleeding, and with time, no bleeding• It can take some extra months for your periods and fertility to return after stopping the injectable• Less common side effects can include: nausea, weight gain, headaches, sore breasts, but they will go away after a couple months
When to come back	<ul style="list-style-type: none">• Every 3 months for re-injection (2 with NET-EN) or when you have run out of self-injectables• If you have any questions/concerns or want to switch to another method• If you develop any health problems• If you think you might be pregnant

Remember:

- ✓ **Check medical eligibility**
- ✓ **If pregnancy cannot be ruled out, provide method and schedule follow-up in 4 weeks**

After receiving the method, make a plan and review 3Ws again

- How will she remember when to come for re-injection?
- How will she make sure she is prepared for unexpected bleeding?
- For self-injection: How will you dispose of the device after use?

Combined Oral Contraceptive Pills (COC)



Quick return to fertility
Easy to stop use
Lighter periods
Predictable periods
Self-administration



Effective at preventing pregnancy
Privacy
Few side effects



Low frequency of use
HIV/STI protection

My pills put me in control!



Want more predictable, lighter periods



You are forgetful or don't like following daily routines



Combined Oral Contraceptive Pills

Key Messages before choice:

- ✓ Review **NORMAL**
- ✓ You must take a pill every day for this method to be effective, even if you are not having sex that day

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do

- You must **take a pill every day** for this method to be effective
- If you forget a pill, take one as soon as you remember (you may take 2 pills at the same time or same day)
- In addition, **if you miss 3 or more pills in the first, second and third week** or start a new pack late, take emergency contraception if you had sex in the last 5 days and use condoms or abstain for a week. (Review condom and ECP page)
- **If you miss 3 or more pills in the 3rd week**, finish all hormonal pills in the pack. Skip all the placebo pills (4th week) and start a new pack immediately
- **Use backup method for 7 days if you don't start the first pack within 5 days of the start of your period**

What to expect

- **Spotting** in the first few months
- Other side effects like **headache, breast tenderness or nausea** usually go away after the first few months

When to come back

- Before you finish your last pack for resupply
- If you have any questions/concerns or want to switch to another method
- If you experience ACHES: Abdominal pain, Chest pain, Headaches, Eye problems, Severe leg pain
- **If you think you might be pregnant**

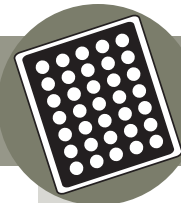
Remember:

- ✓ **If pregnancy cannot be ruled out, provide method and schedule follow-up in 4 weeks**
- ✓ **Check medical eligibility**

After receiving the method, make a plan and review 3Ws again

- How will she remember to take the pill every day?
- Where can she get EC if she forgets her pills?

Progestin Only Pills (POP)



Quick return to fertility
Easy to stop use
Lighter periods
Self-administration



Effective at preventing pregnancy
Privacy



Few side effects
Low frequency of use
HIV/STI protection
Predictable periods

My pills put me in control!



Want extra protection while breastfeeding



You are forgetful or don't like following daily routines and want a regular period



Progestin Only Pills (POP)

Key Messages before choice:

- ✓ Review **NORMAL**
- ✓ You must take a pill every day for this method to be effective even if you are not having sex that day
- ✓ You should take the first pill from the next pack on the very next day
- ✓ More effective for breastfeeding women

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• You must take a pill every day for this method to be effective.• You should take the first pill from the next pack on the very next day• If you forget to take a pill 3 or more hours late it is considered as a missed pill• If you miss one or more pills, take one pill as soon as you remember (you may take 2 pills at the same time or same day)• In addition, take emergency contraception if you had sex in the last 5 days and use either condoms or abstain from sex for next 2 days.• Use a backup method for 2 days if you don't start the pack within 5 days of the start of your period
What to expect	<ul style="list-style-type: none">• Spotting in the first few months• Other side effects, like headaches or nausea, usually go away after the first few months
When to come back	<ul style="list-style-type: none">• Before you finish your last pack for resupply• If you have any questions/concerns or want to switch to another method• If you experience ACHES: Abdominal pain, Chest pain, Headaches, Eye problems, Severe leg pain• If you think you might be pregnant

Remember:

- ✓ **If pregnancy cannot be ruled out, provide method and schedule follow-up in 4 weeks**
- ✓ **Check Medical Eligibility**

After receiving the method, make a plan and review 3Ws again

- How will she remember to take the pill every day?
- Where can she get EC and condoms if she forgets her pills?
- Discuss how to use PP if there are changes to her breastfeeding or if her baby is older than 6 months

Male and Female Condoms



HIV/STI protection
Quick return to fertility
Easy to stop use
Few side effects
Predictable periods



Effective at preventing pregnancy
Self-administration



Low frequency of use
Privacy
Lighter periods

Condoms make us feel protected



Want protection from HIV and other STIs



Your partner will not use them every time — then you need another backup method

Male and Female Condoms

Key Messages before choice:

- ✓ Always use a male or female condom correctly and consistently to protect from pregnancy and/or STIs.
- ✓ Check the condom package always before use. Do not use it, if torn or damaged. Avoid using a condom past its expiration date.
- ✓ Use a new condom for each act of sex

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	Male Condom	Female Condom
	<ul style="list-style-type: none"> • Pinch the tip of the condom and roll down over erect penis • Use a new condom for each sex act • Only use one condom at a time • Lubrication can help prevent tearing, but never use oil-based lubricant, which can damage the condom • Use EC if the condom breaks or you don't use it (review ECP page) 	<ul style="list-style-type: none"> • Before any Physical contact, insert the condom into the vagina • Ensure that the penis enters the condom and stays inside the condom • After withdrawal of penis hold the outer ring of the condom, twist to seal in fluids, and gently pull it out of the vagina • Dispose of the used condom safely • Use EC if the condom breaks or penis slips into the vagina (review ECP page)
What to expect	<ul style="list-style-type: none"> • No side effects 	
When to come back	<ul style="list-style-type: none"> • If you need more condoms • If you have any questions/concerns or want to switch to another method • If you think you might be pregnant 	

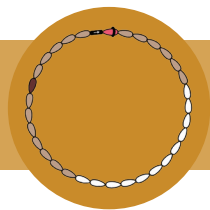
Remember:

- ✓ **Have a client practice putting a condom on a model**

After receiving the method, make a plan and review 3Ws again

- How to negotiate condom use with partner?
- Condoms resupply, where to keep condoms, and have it readily when needed
- ECP use in case of error
- Providing ECPs, if available

CycleBeads



Quick return to fertility

Few side effects

Predictable periods



Effective at preventing pregnancy

Easy to stop use

Self-administration



Low frequency of use

Lighter periods

HIV/STI protection

Privacy

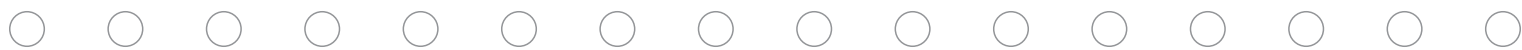
Cyclebeads make us feel connected!



Partner is willing to abstain or use a condom during fertile window



You are forgetful or if getting pregnant now would be a big problem



CycleBeads

Key Message before choice:

- ✓ Your cycle must be regular and between 26-32 days for this method to be work, and you must remember to track every day

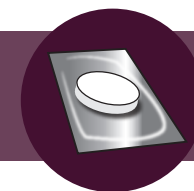
Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• Track your cycle every day by moving the black ring, one bead every day. You start on the first day of your period with the red bead.• During the days when the ring is on white beads, use condoms or don't have sex.• If you have sex on a white bead day, take EC as soon as possible (Review ECP page)• If you take EC, your cycle may change and you should use condoms or abstain until your next period.
What to expect	<ul style="list-style-type: none">• No side effects
When to come back	<ul style="list-style-type: none">• If you have any questions/concerns or want to switch to another method• If you think you might be pregnant

After receiving the method, make a plan and review 3Ws again

- How will she remember to move the ring every day?
- Where can she track which day her period starts each month as a backup?
- Where can she get EC if she needs it?

Emergency Contraceptive Pills



Self-administration
Quick return to fertility
Privacy
Easy to stop use



Effective at preventing pregnancy
Low frequency of use
Few side effects
Predictable periods



HIV/STI protection
Lighter periods

**EC made
me feel
relieved!**



If you had unprotected sex in the last 5 days



Getting pregnant right now would be a big problem, as it is not as effective as other methods



Emergency Contraceptive Pills

Key Messages before choice:

- ✓ Emergency contraception works within 5 days after unprotected sex, but **the sooner you use it the more effective it is**. You can also get some in advance and use it at the time you have sex.
- ✓ **EC will not cause an abortion**; it doesn't work if you are already pregnant. If you are pregnant, it will not harm the baby.
- ✓ **Using EC often will not harm your health**. You can safely take EC multiple times during the same menstrual cycle, however, EC is less effective than other methods.
- ✓ If you are using EC regularly, consider another more effective, more affordable method.
- ✓ Review **NORMAL**

Before she makes her choice: share the 3Ws and have her repeat her understanding of the information

What to do	<ul style="list-style-type: none">• Take EC at the time you're having sex or as soon as possible after unprotected sex, up to 5 days after• If you vomit within 2 hours after taking EC, take another dose
What to expect	<ul style="list-style-type: none">• Nausea or vomiting• Spotting, period can come early or late
When to come back	<ul style="list-style-type: none">• If you have any questions/concerns or want to switch to another method• If you think you might be pregnant

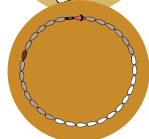
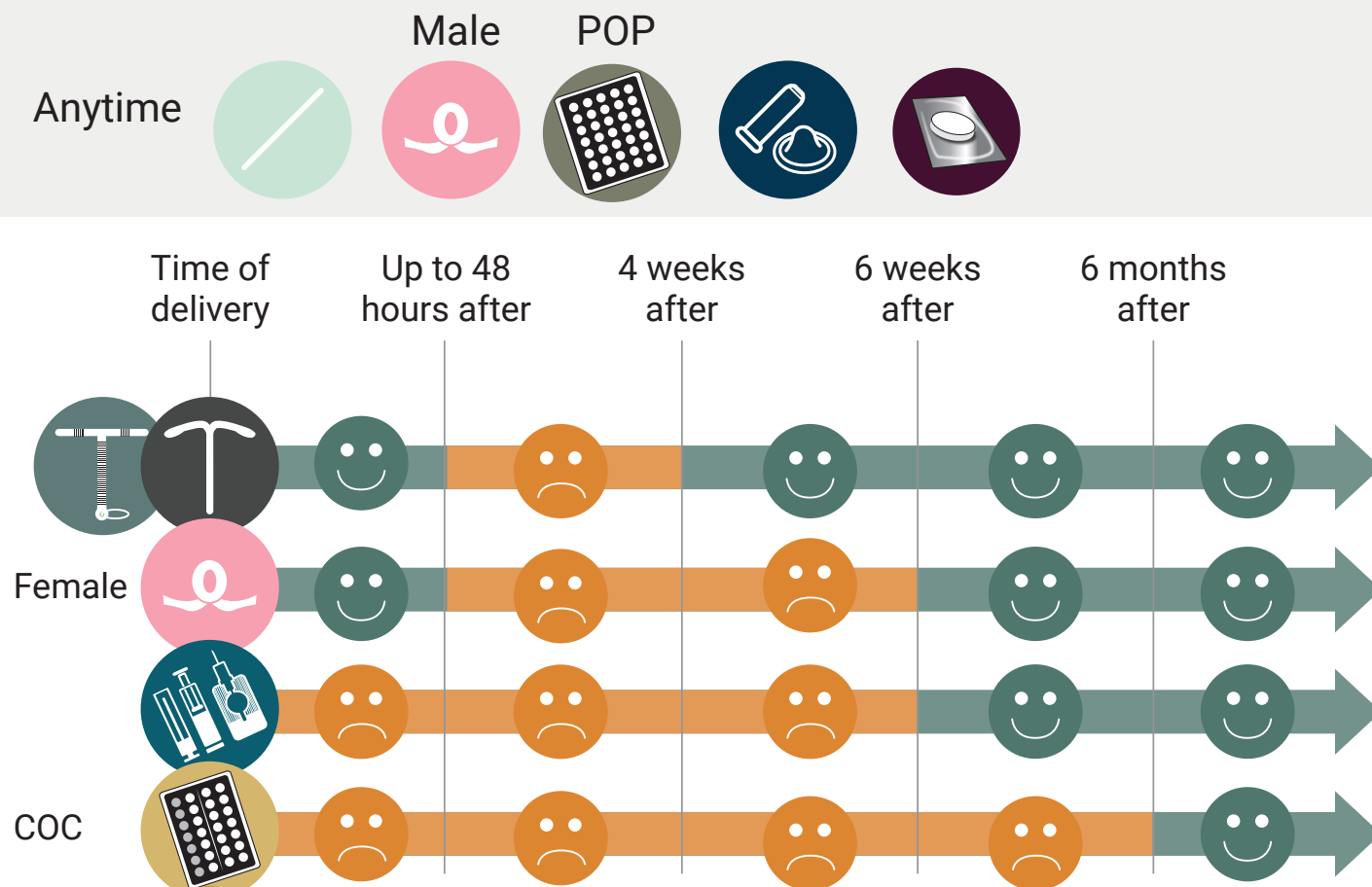
Note:

- ✓ **The Copper IUD can also be used as EC within 5 days of unprotected sex, and is more effective than EC pills. (See Copper IUD page)**

After receiving the method, make a plan and review 3Ws again

- Where will she keep the EC to have it when she needs it?
- Where can she get more EC?

Post-partum breastfeeding women



Cyclebeads can be used once periods have returned in a predictable pattern for 3 months.

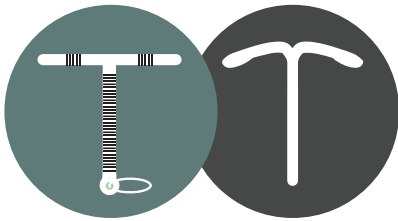


The Lactational Amenorrhea method is also effective for women in the first 6 months after birth, if she is exclusively breastfeeding and has not had her period. If she reduces breastfeeding or starts her period, she should immediately switch to another method.

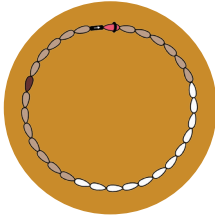
Post-abortion



Same day as first or second trimester abortion or any time after



Same day as first or second trimester non-septic and completed abortion with MVA or once MA and PAC with misoprostol has completed



Once regular cycles have returned for 3 months



FEMALE: immediately after non-complicated abortion; should be delayed if complicated with infection, severe hemorrhage, trauma or acute hematometra

MALE: any time

2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD), hormonal IUD (LNG-IUD)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUD
Pregnancy		NA	NA	NA		
Breastfeeding	Less than 6 weeks postpartum					
	≥ 6 weeks to < 6 months postpartum				See i.	See i.
	≥ 6 months postpartum					
Postpartum not breastfeeding VTE = venous thromboembolism	< 21 days					
	< 21 days with other risk factors for VTE*				See i.	See i.
	≥ 21 to 42 days with other risk factors for VTE*					
Postpartum timing of insertion	≥ 48 hours to less than 4 weeks	See i.	See i.	See i.		
	Puerperal sepsis					
Postabortion (immediate post-septic)						
Smoking	Age ≥ 35 years, < 15 cigarettes/day					
	Age ≥ 35 years, ≥ 15 cigarettes/day					
Multiple risk factors for cardiovascular disease						
Hypertension BP = blood pressure	History of (where BP cannot be evaluated)					
	BP is controlled and can be evaluated					
	Elevated BP (systolic 140-159 or diastolic 90-99)					
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)					
	Vascular disease					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of)				I C		I C
Stroke (history of)				I C		
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I C		I C	

- **Category 1:** There are no restrictions for use.
- **Category 2:** Generally use; some follow-up may be needed.
- **Category 3:** Usually not recommended; clinical judgement and continuing access to clinical services are required for use.
- **Category 4:** The method should not be used.

Adapted from: *Medical Eligibility Criteria for Contraceptive Use, 5th Edition*. Geneva: World Health Organization, 2015.
Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

I/C Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.

NA Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.

i The condition, characteristic and/or timing is not applicable for determining eligibility for the method.

ii Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.

***** Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.

****** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUD
Headaches	Migraine without aura (age < 35 years)	I C				
	Migraine without aura (age ≥ 35 years)	I C				
	Migraines with aura (at any age)		I C	I C		I C
Unexplained vaginal bleeding (prior to evaluation)					I C	I C
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels					
	Persistently elevated β-hCG levels or malignant disease					
Cancers	Cervical (awaiting treatment)				I C	I C
	Endometrial				I C	I C
	Ovarian				I C	I C
Breast disease	Current cancer					
	Past w/ no evidence of current disease for 5 yrs					
Uterine distortion (due to fibroids or anatomical abnormalities)						
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I C	I C
	Current pelvic inflammatory disease (PID)				I C	I C
	Very high individual risk of exposure to STIs				I C	I C
Pelvic tuberculosis					I C	I C
Diabetes	Nephropathy/retinopathy/neuropathy					
	Diabetes for > 20 years					
Symptomatic gall bladder disease (current or medically treated)						
Cholestasis (history of related to oral contraceptives)						
Hepatitis (acute or flare)		I C				
Cirrhosis (severe)						
Liver tumors (hepatocellular adenoma and malignant hepatoma)						
AIDS	No antiretroviral (ARV) therapy	See ii.	See ii.	See ii.	I C	I C
	Not improved on ARV therapy				I C	I C
Drug interactions	Rifampicin or rifabutin					
	Anticonvulsant therapy **					

- **Category 1:** There are no restrictions for use.
- **Category 2:** Generally use; some follow-up may be needed.
- **Category 3:** Usually not recommended; clinical judgement and continuing access to clinical services are required for use.
- **Category 4:** The method should not be used.

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48 hours and more than 4 weeks postpartum).

- I/C** Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.
- NA** Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.
- i** The condition, characteristic and/or timing is not applicable for determining eligibility for the method.
- ii** Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.
- *** Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.
- **** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

Job Aid for DMPA Reinjection

Clients should be scheduled for DMPA reinjections every 13 weeks. According to the 2008 WHO guidelines, a client can receive a reinjection if she is up to 2 weeks early or 4 weeks past her scheduled reinjection date, without ruling out pregnancy. Clients arriving after the reinjection window may also be eligible if pregnancy can be ruled out. Follow the steps below for clients who are returning for reinjection. For clients who want an injection for the first time, use the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN).

Step 1. Check your records to see when she received her last injection or ask her if she knows her scheduled reinjection date.

- If she is up to 2 weeks before or up to 4 weeks past her scheduled reinjection date, she is within the approved window ➡ Go to Step 2.
(See the example; the approved reinjection window is highlighted.)
- If she is more than 4 weeks past her reinjection date, she is outside of the approved reinjection window ➡ See side 2 of this job aid.

Step 2. Ask the client if she was told by a health provider that she has new health problems.

- If no new health problems ➡ Go to Step 3.
- New health problems that may require switching methods include migraine headaches with an aura (if developed or worsened while using DMPA) or conditions described on the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN).
If continuation is ruled out ➡ Help her choose another method.
If continuation is appropriate ➡ Go to Step 3.

Step 3. Reassure the client about side effects, particularly bleeding changes.

- Assess if she has side effects, and remind her that heavy or irregular bleeding and eventual amenorrhea are common and will not harm the client's health. Use the NORMAL acronym to remind her of key messages. If the client has no concerns, ➡ Go to Step 4.
- If the client has concerns ➡ Manage according to recommendations in the national protocols. If she wants to continue using DMPA ➡ Go to Step 4.

Step 4. Give the client a reinjection.

Step 5. Counsel the client to use condoms if she feels she is at risk, in addition to DMPA, to prevent STIs and HIV.

Step 6. Plan for the next injection—13 weeks from now.

- Encourage her to get the reinjection on time and talk with a provider anytime she has questions or concerns.
- Advise her to always come back no matter how late she is for her reinjection.

Step 7. Tell the client that if she is ever more than 4 weeks late for an injection, she should use condoms or abstain from sex until she can come back for a reinjection.

If a client arrives more than 4 weeks after her scheduled reinjection date, she is outside of the approved reinjection window ➡ Follow the instructions on this page.

- Assess if returning within the reinjection window might remain a problem. If yes ➡ Discuss other method options that might be more suitable.

Use Modified Pregnancy Checklist

Rule out pregnancy by asking the client the following questions. When asking the questions, replace day X with the date that is the last day of the client's reinjection window (determined by counting 4 weeks from the client's scheduled reinjection date). If possible, refer to a calendar while talking with the client.

- Have you abstained from sex since day X ?
- Have you been using a reliable contraceptive method (e.g., condoms) consistently and correctly since day X ?
- Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no period since then?
- Have you used emergency contraceptive pills after every act of unprotected sex since day X ?

If the client answers YES to at least one of the questions above ➡ Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

If the client answers NO to all of the questions above, pregnancy is not ruled out. If the client answers NO to all of the questions above, pregnancy is not ruled out.

Give pregnancy test. If test is negative, return to step two. If she is eligible and wants to continue DMPA, give reinjection, and instruct her to abstain or use condoms for 7 days. Return for pregnancy retest in 3-4 weeks.

Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). Family Planning: A Global Handbook for Providers. Baltimore, MD and Geneva: CCP and WHO, 2017 update.

Adapted with permission from FHI 360

Example
How to Schedule a Reinjection Visit

Month A

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

← DMPA injection date (example)

Month B

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month C

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month D

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

← Reinjection date (example)

← End of reinjection window

= reinjection window (weeks 11-47 for DMPA)
 X = last day of reinjection window
 = after reinjection window, rule out pregnancy

DMPA (DMPA-SC) Self-Injection Instructions

STEP 1: Wash hands



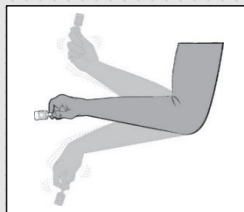
- Use soap and water.
- Shake hands in air to dry.

STEP 2: Open pouch

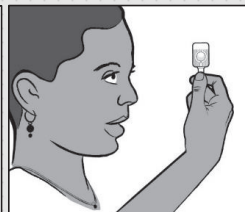


- Open pouch and remove device.
- Do not bend device.

STEP 3: Mix solution and check device



- Hold device **by the port** and shake until mixed (about 30 seconds).

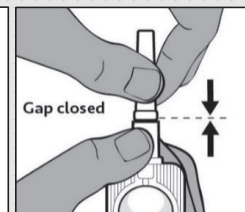


- Check to ensure no damage or leaking.
- If you do not inject right away, shake and mix again.

STEP 4: Activate device by closing the gap

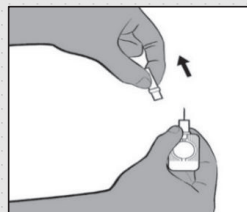


- Hold device by port.
- Point needle upward to prevent dripping.

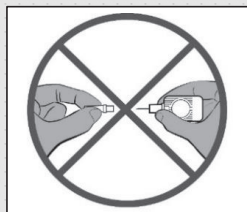


- Push cap firmly into port.
- If gap is not fully closed, you will not be able to press reservoir for injection.

STEP 5: Remove the needle cap

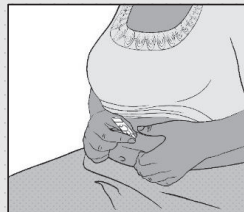


- Remove needle cap.

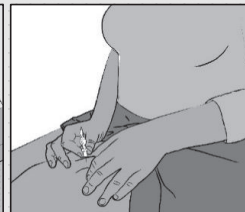


- Do not put needle cap back on.
- Throw cap in trash.

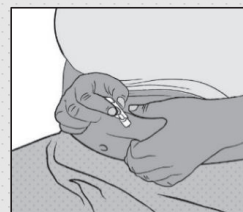
STEP 6: Gently pinch skin and insert needle



- Pinch skin to create a "tent".
- Hold device by the port and insert needle straight into skin at a downward angle. The port should touch skin completely to ensure needle is inserted at correct depth.



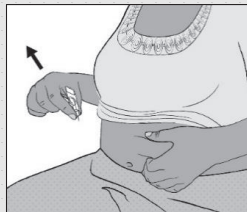
STEP 7: Press the reservoir slowly



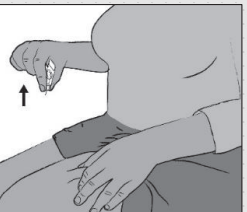
- Press reservoir slowly for 5 to 7 seconds.
- It is OK if there is some liquid left in the reservoir.



STEP 8: Remove the needle



- Remove the needle, then let go of the skin "tent".



- Do not rub injection site.

STEP 9: Discard the device



- Immediately discard device in puncture-proof container.
- Put on the container lid.
- Give it to VHT or health worker to be discarded.



Managing changes in bleeding

COMPLAINT	METHOD	MANAGEMENT
<p>Heavy, Prolonged or Irregular Bleeding</p> <ul style="list-style-type: none"> • Unscheduled and heavy bleeding can be masked by the effects of postpartum and post-abortion bleeding patterns. Provide reassurance to woman. For breastfeeding postpartum women, providing counseling on changes that may occur once she stops breastfeeding is also important. • Persistent heavy or abnormal bleeding can also be signs of other gynecological problems such as cancer, fibroids, or infection and may require referral to specialist for further evaluation. • Heavy, persistent bleeding which results in severe symptomatic anemia (eg pallor, weakness) consider changing the method with the woman's consent • If the woman requires a blood transfusion to treat her heavy bleeding: <p>*Refer woman to your referral center *Notify the FP focal person in your area</p>	COCs/ POPs	<p>Irregular bleeding often occurs within the first 3 months and may be associated with missed pills</p> <ul style="list-style-type: none"> • Reassure woman that this should improve and rarely has an adverse effect on health • Encourage woman to take pill at same time of day and not miss pill • If the woman is concerned and more than 3 months have gone by, consider another pill formulation with a different progestin or a lower dose. • If woman is using POP and is eligible for COC, can consider switching methods • If the woman finds the bleeding unacceptable and would like to discontinue the method, counsel her on other methods and give her method of her choice
	Other methods	<p>Injectables: Will often dissipate with continued administration of DMPA</p> <p>Implanon NXT: Bleeding patterns within the first 3 months are often predictive of overall bleeding pattern</p> <p>Jadelle: Bleeding changes may persist for 6-12 months</p> <p>IUS and IUD: Will improve with time (3-6 months)</p> <ul style="list-style-type: none"> • Reassure woman that this can be normal (review NORMAL) and encourage her to continue with method- watchful waiting is often effective • If woman desires medication management of bleeding: • Provide NSAIDS such as ibuprofen 400-800mg 3x day with food for 5 days or Tranexamic acid 500-1500mg 3x per day for 5 days when bleeding starts. • If not effective, consider starting COCs, if eligible for this method, for 1-3 cycles may improve bleeding • If the woman finds the bleeding unacceptable and would like to discontinue the method, counsel her on other methods and give her method of her choice • If anemia is of concern, provide iron tablets and encourage supplementation with iron rich foods (meats, dark green leafy vegetables, legumes)
Amenorrhea	Injectables IUS Implants	<ul style="list-style-type: none"> • Reassure woman that this can be normal and will not impact her future fertility (Review NORMAL) • When appropriate, rule out pregnancy by history or available testing • If amenorrhea is very bothersome to the woman and she wants to stop the method, counsel her on other methods, including their expected bleeding changes, and give her method of her choice

Managing other health issues

COMPLAINT	METHOD	MANAGEMENT		
Headaches/ Migraines Note: IUD and IUS can be used by women with migraines.	COCs	<ul style="list-style-type: none"> Ask if there has been a change since starting method 	If headaches are mild or moderate (not migraines): <ul style="list-style-type: none"> Treat with analgesics and reassure. Re-evaluate after 1 month. If woman feels uncomfortable and insists on changing method, counsel her other methods and give her method of her choice 	If MIGRAINE without aura and Age <35: <ul style="list-style-type: none"> Age <35 discuss with woman benefit/risk of continuing method (WHO MEC Class 3) If requested, help the woman choose another method. If migraine without aura Age >35 or migraine with aura, and/or with numbness or tingling, loss of speech, visual changes, or blurred vision: <ul style="list-style-type: none"> Discontinue method and help client choose a non-hormonal method.
	POPs, Injectables, Implants	<ul style="list-style-type: none"> Ask if there has been a change since starting method 	If headaches are mild or moderate (not migraines): <ul style="list-style-type: none"> Treat with analgesics and reassure. Re-evaluate after 1 month. If woman feels uncomfortable and insists on changing method, counsel her other methods and give her method of her choice 	If MIGRAINE and preceded or accompanied by aura, and/or with numbness or tingling, loss of speech, visual changes, or blurred vision: <ul style="list-style-type: none"> Counsel woman on risk/benefit of continuing method (WHO MEC Class 3) If requested, help the woman choose another method.
High Blood Pressure Note: IUD and IUS can be used by women with high blood pressure.	COCs	For BP > 140/90 but <160/100 <ul style="list-style-type: none"> Counsel woman on risk/benefit of continuing method (WHO MEC Class 3) If requested, help the woman choose another method. 		For BP >160/100 <ul style="list-style-type: none"> Discontinue method and help woman choose a non-hormonal method.
	POPs, Injectables, Implants	For POPs and Implants and Injectables with BP > 140/90 but <160/100 <ul style="list-style-type: none"> Counsel woman that this does not require changing method unless she requests it. If requested, help the client choose another method. In addition, tell her that high BP may resolve within 1–3 months Take BP monthly to be sure it returns to normal If after 3 months it has not returned to normal, refer for further evaluation 		For injectables with BP is >160/100 <ul style="list-style-type: none"> Counsel woman on risk/benefit of continuing method (WHO MEC Class 3) If requested, help the woman choose another method.

CHECKLIST

How to be Reasonably Sure a Client is Not Pregnant: Client History

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

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

* If the client is planning to use a copper IUD, the 7-day window is expanded to 12 days.

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means. See next page (46) to determine if client can start her method of choice.

If the client answered **YES** to *at least one of the questions*, you can be reasonably sure she is not pregnant given the method of choice.

Adapted with permission from FHI 360.

Job Aid for Ruling Out Pregnancy Prior to Contraceptive Initiation

Match your client's menstrual status and chosen method with one of the options below and follow the instructions.

Client with amenorrhea (postpartum or other type)

Implants, pills, ring,
injectables, or patch

IUDs
Copper or LNG

Use pregnancy checklist.¹

Pregnancy ruled out: provide method.

Pregnancy not ruled out: use a pregnancy test.

Pregnancy test is negative (or test is not immediately available): provide the method now.²

Schedule a follow-up pregnancy test in 3-4 weeks.

Pregnancy test is negative (or test is not immediately available): advise woman to use COCs, DMPA, or condoms or abstain for 3-4 weeks, then repeat the pregnancy test.

Second pregnancy test is negative: provide an IUD.

¹ See page 2 (reverse) for pregnancy checklist.

² For implants, counsel about the need to remove the implant if pregnancy is confirmed and she wishes to carry the pregnancy to term.

In cases where pregnancy cannot be ruled out, offer emergency contraception if the woman had unprotected sex within the last 5 days.

Counsel all women to come back any time they have a reason to suspect pregnancy (e.g., miss a period).

Client between two regular menses (monthly bleeding)*

Implants, pills, ring,
injectables, or patch

IUDs
Copper or LNG

Use pregnancy checklist.¹

Pregnancy ruled out: provide method.

Do not use a pregnancy test (in most cases, it is too early for it to be effective).

Pregnancy not ruled out: provide the method now.²

Return for a pregnancy test if next menses are delayed.

Pregnancy not ruled out: do not provide method.

Advise woman to return for LNG IUD insertion within 7 days of onset of her next menses or within 12 days for a copper IUD; but in the interim, use COCs, DMPA, or condoms or abstain.

Return for a pregnancy test if next menses are delayed.

* **If client presents with a late/missed menses, use a pregnancy test to rule out pregnancy.** If using a highly sensitive pregnancy test (e.g., 25 mIU/ml) and it is negative, provide desired method.

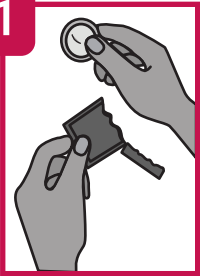
If using a test with lower sensitivity (e.g., 50 mIU/ml) and it is negative during the time of her missed period, wait until at least 10 days after expected date of menses and repeat the test. Advise woman to use condoms or abstain in the interim. If the test is still negative, provide desired method.

If test sensitivity is not specified, assume lower sensitivity.

Adapted with permission from FHI 360.

How to Use a Male Condom

1



Use a new condom for each act of sex. Check the package for damage and check the expiration date. Tear open carefully without using any sharp objects.

2



Before any physical contact, put the condom on the tip of the erect penis with the rolled side out.

3



Unroll the condom all the way to the base of the erect penis.

4



Immediately after ejaculation, hold rim in place and withdraw penis while it is still erect. Slide the condom off, avoiding spilling semen.

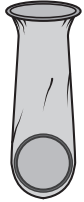
5



Dispose of the used condom safely.

How to Use a Female Condom

1



Use a new female condom for each act of sex.

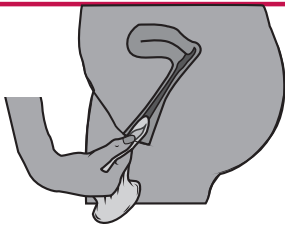
- Check package for the date and damage.
- If possible, wash hands with mild soap and clean water.

2

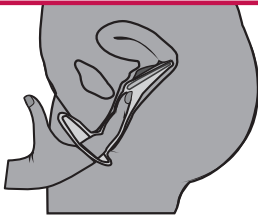


Insert condom before any physical contact.

- Can insert up to 8 hours before sex
- Hold ring at closed end and squeeze it.

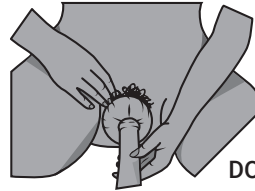


- Insert ring into vagina as far as it will go.



- Insert a finger to push condom into place.

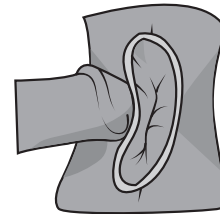
3



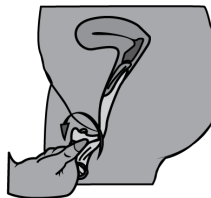
DO THIS

Ensure that penis enters inside of condom and stays inside it!

NOT THIS!



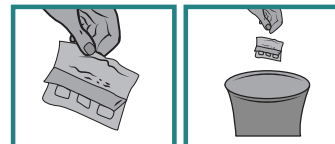
4



After the man withdraws his penis, hold outer ring, twist to seal in fluids, and gently pull condom out.

- The female condom does not need to be removed immediately after sex
- Remove the condom before standing up, to avoid spilling semen.

5



Dispose of used condom safely.

