

Cue Cards for Counseling Adults on Contraception

About the Cue Cards

This set of contraceptive counseling cue cards was developed to support a range of providers (such as facility-based providers, community health workers, pharmacists, outreach workers, counselors, and peer providers) in counseling adults on their contraceptive options. The cards can be adapted to meet local circumstances and contexts.

One side of the card serves to remind the provider of important information about the contraceptive method, such as the effectiveness, advantages, and disadvantages. The provider should use this information to educate a client about the full range of available methods and support the client in choosing a method that is right for her/him. After the client chooses a method, the provider can turn to the other side of the card to give the client specific instructions on her/his method of choice. This side of the card includes information that the provider should tell the client about how to use the method, possible side effects, and reasons to return to the provider.

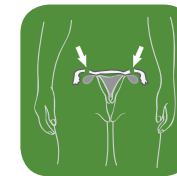
The counseling cue cards cover the following methods:



Implants



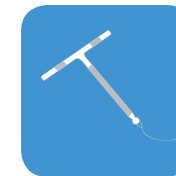
Male Sterilization



Female Sterilization



Levonorgestrel Intrauterine Device (LNG-IUD)



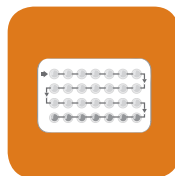
Copper-bearing Intrauterine Device (Cu-IUD)



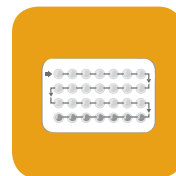
DMPA (injectables)



Lactational Amenorrhea Method (LAM)



Combined Oral Contraceptives (COCs)



Progestin-only Pills (POPs)



Standard Days Method (SDM)



Male Condom



Female Condom



Emergency Contraceptive Pills (ECPs)

Cue Cards for Counseling Adults on Contraception

Counseling Tips

- **It is important to remember that clients—regardless of age, relationship, marital, or childbearing status—are eligible for the full range of contraceptive methods.** Providers have an obligation to provide clients with evidence-based and unbiased information about a full range of methods that might meet their needs. However, the provider should verify that the client does not have any medical condition that precludes use of a particular method per the WHO's Medical Eligibility Criteria.
- **The cue cards can be used in any order based on the stated preferences and medical eligibility of the client. They are arranged in order of method effectiveness (from most effective to least effective based on typical use) to encourage you to include method effectiveness as a key component of client counseling.**
- **Clients should have full information on a method, including potential side effects.** This can help minimize a client's concern if she/he does experience a side effect. However, as misconceptions about contraception are common, be sure to start by mentioning that most clients do not experience side effects.
- **Make sure to emphasize that only male and female condoms offer protection from sexually transmitted infections (STIs), including HIV, and pregnancy.** Therefore, if the client chooses a contraceptive method other than condoms, a condom must also be used to prevent pregnancy and STIs/HIV (dual method use).
- **If you need additional information about the contraceptive methods, consult *Family Planning: A Global Handbook for Providers* (JHU-CCP/WHO, 2011)* and *Medical Eligibility Criteria for Contraceptive Use* (WHO, 2015).**

*An updated version is pending.

As you counsel clients remember to:

- ✓ Ensure privacy and confidentiality
- ✓ Be respectful of the client's choices, culture, religion, and sexuality
- ✓ Listen actively and show interest
- ✓ Be attentive to the client's questions and specific needs
- ✓ Use clear language the client can understand
- ✓ Avoid one-way communication and ask open-ended questions
- ✓ Avoid judgmental attitudes and behaviors
- ✓ Provide unbiased, evidence-based information using the cue cards to ensure the client has a choice of methods

Implants



What are they?

Implants are small flexible rods that contain the hormone progestin. The capsules are placed under the skin of a woman's upper arm and can prevent pregnancy for 3–5 years, depending on the type. There are several types of implants:

- **Implanon/Implanon NXT:** 1 rod, effective for 3 years
- **Jadelle:** 2 rods, effective for 5 years
- **Sino-implant (II):** 2 rods, effective for 5 years

How effective are they?

If 100 women use an implant, typically less than 1 becomes pregnant during the first year. Over the 3–5 years (depending on type), up to 1 pregnancy occurs per 100 women using an implant.

How do implants work?

Implants work by thickening cervical mucus, blocking sperm from meeting an egg, and by preventing the release of the egg from the ovary.

Not recommended for women who:

- Are breastfeeding and less than 6 weeks postpartum (depending on provider's clinical judgment)
- Have unexplained vaginal bleeding (requires examination)

Check medical eligibility criteria if client has other serious health problems.

Advantages

- Safe and effective
- Long lasting (3–5 years) and no daily action required
- Monthly bleeding becomes very light and often disappears after a year
- Can become pregnant again immediately after removing the implants
- Can be used immediately postpartum, whether or not the woman is breastfeeding
- Doesn't interfere with sex
- May improve anemia
- Can be used discreetly

Disadvantages

- Menstrual pattern will probably change
- Doesn't protect against STIs/HIV
- Requires a health provider to insert and remove

Implants



Show the client the implants and explain the following:

How to use implants

- The small rods or capsules are inserted under the skin of the client's upper arm.
- If the implant is inserted within 7 days (5 days for Implanon/Implanon NXT) of the start of monthly bleeding, there is no need for a back-up method.
- If implant is inserted more than 7 days after the start of monthly bleeding (or more than 5 days for Implanon/Nexplanon), the client will need a back-up method for the first 7 days. The implant will need to be removed after 3–5 years depending on implant type and client's weight.
- In postpartum women, there is no need for a back-up method if the woman is less than 6 months postpartum, exclusively breastfeeding and her monthly bleeding has not returned. Otherwise, a back-up method is required for the first 7 days.
- If a woman is heavier than 80 kg, advise her that Jadelle will become less effective after 4 years of use.

Possible side effects may include:

- Most women initially experience irregular spotting or prolonged light to moderate bleeding. Later, bleeding is likely to be lighter, less frequent, or stop altogether.
- Some women experience weight gain, headaches, dizziness, nausea, or mood changes.

Reasons to return to the provider

- Pus, heat, redness, or pain at the insertion site that worsens or does not go away (could indicate an infection at the site)
- Migraine headaches with blurred vision
- Implant seems to be coming out
- In the event of significant weight gain, as this may reduce the long-term effectiveness of the implant
- Any time there is a problem or if either partner has been exposed to an STI
- A resupply of condoms is needed (never run out before returning)



**Implants do not protect against STIs/HIV:
To protect against pregnancy and STIs/HIV,
use a condom every time you have sex.**

Have the client repeat this information back to you.

Male Sterilization



What is it?

Male sterilization, or “vasectomy,” is when a man has a simple operation that prevents him from having any more children. Since a vasectomy is permanent, the client must understand what will happen and that it is permanent, and agree to it before having the procedure (informed consent).

How effective is it?

Male sterilization is a highly effective method, but it is not fully effective until 3 months after the procedure.

- When men *cannot* have their semen examined 3 months after the procedure, typically 2–3 women out of 100 women whose partners have had a vasectomy become pregnant in the first year.
- When men *can* have their semen examined after vasectomy, typically less than 1 woman out of 100 women whose partners have had a vasectomy becomes pregnant in the first year.

How does male sterilization work?

A small cut is made in the man’s scrotum (sac) and the tube that carries sperm to the penis is either cut or tied. The man will still ejaculate, but there will not be sperm in his semen.

Not recommended for men who:

- Have an active STI
- Have a swollen and tender penis, sperm ducts, or testicles
- Have a scrotal skin infection or a mass in the scrotum
- Are adolescents, because they are more likely to regret the decision. However, **there may be some adolescents for whom this is an appropriate method.** In this case, extra care must be taken to make sure they are counseled that the method is permanent and that there are other long-acting, highly effective methods available. Like all clients, they must give informed consent.

Check medical eligibility criteria if client has other serious health problems.

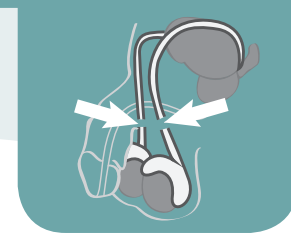
Advantages

- Safe and permanent
- Easy to use—there is nothing to do or remember
- Fewer side effects and complications than many methods for women
- Safe for men living with HIV

Disadvantages

- Possible (but rare) scrotal or testicular pain that may last for months or years
- Possible (but rare) infection or bleeding at the incision site
- Does not protect against STIs, including HIV
- 3-month delay before it is effective, during which time another method must be used

Male Sterilization



Show the client a model or the diagram of the male reproductive anatomy and explain the following:

Male sterilization procedure

- An injection of local anesthetic is given in the client's scrotum (sac).
- A puncture or small cut is made in the scrotum, through which the tubes that carry the sperm are found and either cut or tied.
- The small cut is then stitched up or closed with a bandage.

Possible side effects may include:

Slight discomfort, swelling, or bruising for 2–3 days.

After the procedure, the client should:

- Rest for 2 days, and put cold compresses on the scrotum for the first 4 hours to decrease pain and bleeding.
- Wear clean, snug underwear or pants for 2–3 days.
- Keep the puncture/incision site clean and dry for 2–3 days.
- If experiencing discomfort during first 2–3 days, ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other similar pain medications may be used. Aspirin should be avoided.
- Avoid sex for 2–3 days.
- Use condoms or another effective method of contraception for 3 months after the procedure.
- Return to the facility in 3 months for a semen analysis, if available.

Reasons to return to the provider

Bleeding, pain, pus, swelling, or redness in the genital area that does not go away.



Sterilization does not protect against STIs/HIV: To protect against pregnancy and STIs/HIV, use a condom every time you have sex.

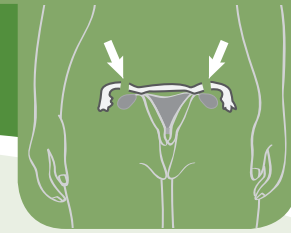
Have the client repeat this information back to you.

Obtain informed consent:

If the client chooses to undergo sterilization after being counseled, make sure he signs a written consent form showing he understands that:

- The procedure is permanent and irreversible.
- There are other, non-permanent methods available.
- He can decide against the procedure at any time.

Female Sterilization



What is it?

Female sterilization, or “tubal ligation,” is when a woman has a simple operation that prevents her from having any more children. Since sterilization is permanent, the client must understand what will happen and that it is permanent, and agree to it before having the procedure (informed consent).

How effective is it?

If 100 women undergo female sterilization, typically, in 1 year less than 1 woman will become pregnant.

How does female sterilization work?

It works by blocking or cutting the fallopian tubes so that when the eggs are released from the ovaries, they cannot move down the tubes, and therefore cannot meet the sperm.

Not recommended for women who:

- Are currently pregnant or 7–42 days postpartum
- Have serious postpartum or postabortion complications
- Have unexplained vaginal bleeding
- Have pelvic inflammatory disease, purulent cervicitis, chlamydia, or gonorrhea
- Have pelvic cancers
- Are adolescents, because they are more likely to regret the decision. However, **there may be some adolescents for whom this is an appropriate method.** In this case, extra care must be taken to make sure they are counseled that the method is permanent and that there are other long-acting, highly effective methods available. Like all clients, they must give informed consent.

Check medical eligibility criteria if client has other serious health problems.

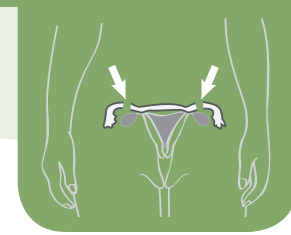
Advantages

- No need to worry about contraception again, because it is permanent
- Easy to use—there is nothing to do or remember
- Protects against pelvic inflammatory disease
- Reduces the risk of ectopic pregnancy
- Safe to use when breastfeeding
- Safe for women living with HIV

Disadvantages

- Surgical procedure requiring appropriate providers, anesthesia, equipment, and surgical environment
- Possible (but rare) complications of anesthesia and surgery, including infection and abscess
- Does not protect against STIs, including HIV
- Provider must be certain the client is not pregnant (i.e., conduct a pregnancy test); or wait to perform the procedure within 7 days after the start of a woman’s monthly bleeding; or within 7 days of childbirth

Female Sterilization



Show the client a model or the diagram of the female reproductive anatomy and explain the following:

Female sterilization procedure

- A physical exam and pelvic exam is performed.
- Pills or an injection may be given to help the woman relax.
- Local anesthetic is injected in her lower abdomen.
- A small cut is made in the lower abdomen, through which the tubes are found and either cut and tied or closed with a clip or ring.
- The small cut is then stitched up.

Possible side effects may include:

Slight abdominal pain and swelling within the first 2 days after procedure.

Post-operative supportive care instructions

- Bring, clean, loose-fitting clothes to wear after the surgery.
- After the procedure, rest for 2 days and avoid vigorous work and heavy lifting for 1 week.
- Keep incision clean and dry for 1–2 days.
- If experiencing minor pain or swelling during the first 2 days, ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other similar pain medications may be used. Aspirin should be avoided.
- Do not have sex for at least 1 week after the surgery.

Reasons to return to provider

- Bleeding, pain, pus, or redness of the wound that does not go away
- High fever
- Fainting, persistent light-headedness, or extreme dizziness in the first 4 weeks, and especially in the first week



**Sterilization does not protect against STIs/HIV:
To protect against pregnancy and STIs/HIV,
use a condom every time you have sex.**

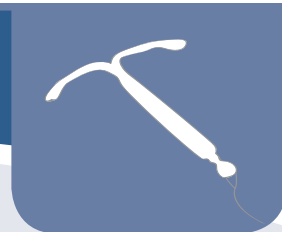
Have the client repeat this information back to you.

Obtain informed consent:

If the client chooses to undergo sterilization after being counseled, make sure she signs a written consent form showing she understands that:

- The procedure is permanent and irreversible.
- There are other, non-permanent methods available.
- She can decide against the procedure at any time.

Levonorgestrel Intrauterine Device (LNG-IUD)



What is it?

A levonorgestrel IUD (LNG-IUD) is a small plastic device that is inserted into the uterus to prevent pregnancy. Unlike the copper-bearing IUD, the LNG-IUD releases a small amount of hormone directly to the uterus.

How effective is it?

If 100 women use an LNG-IUD for 1 year, typically less than 1 woman will become pregnant.

How does the LNG-IUD work?

The LNG-IUD works by preventing sperm from joining with the egg. In some women the LNG-IUD also prevents an egg from being released from the ovary.

Not recommended for women who:

- Are 48 hours to 4 weeks postpartum
- Have postpartum sepsis or postabortion sepsis
- Have unexplained vaginal bleeding (must have an examination before initiating method)
- Have active pelvic inflammatory disease, gonorrhea, or chlamydia (initiation only, continuation of method is acceptable)
- Have uterine fibroids or other distortion of the uterine cavity
- Have a very high individual likelihood of STIs (for instance, women who have multiple sexual partners or whose partner has other sexual partners). Under these circumstances, insertion should be delayed until appropriate testing and treatment have occurred.
- Have AIDS and are not clinically well (initiation only)

Check medical eligibility criteria if client has other serious health problems.

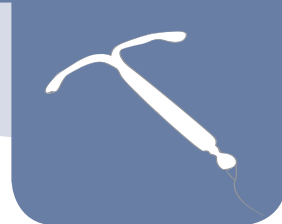
Advantages

- Safe, effective, and long acting (up to 5 years)
- Easy to remove (by the provider) and the client can become pregnant immediately
- No daily action required
- Doesn't interfere with sex
- Can be used discreetly—no visible clues that it is used (occasionally a partner may feel the strings during sex)
- Can be inserted up to 48 hours postpartum or from 4 weeks postpartum onwards
- Doesn't interfere with breastfeeding
- Can be used by young women, including those who have never been pregnant
- Monthly bleeding becomes very light, and may stop completely

Disadvantages

- Slight pain during the first few days after insertion
- Irregular monthly bleeding
- Doesn't protect against STIs/HIV
- Requires a health care provider to insert and remove

Levonorgestrel Intrauterine Device (LNG-IUD)



Show the client the LNG-IUD and explain the following:

How to use the LNG-IUD

- The LNG-IUD is inserted by the provider once and can stay in place for up to 5 years.
- The LNG-IUD can be inserted up to 7 days after the start of monthly bleeding with no pregnancy assessment, and no need for a back-up method.
- If it is more than 7 days since the start of monthly bleeding, the provider should be reasonably certain you are not pregnant. You will need to use a back-up method for 7 days.
- During the postpartum period, the LNG-IUD can be inserted immediately after delivery of the placenta, up to 48 hours postpartum or from 4 weeks postpartum onwards.
- The client should come for a check-up 3–6 weeks after insertion, but no additional follow-up is required (unless there is a problem).
- Checking the strings is optional. The strings may be checked during the first few months and after monthly bleeding to verify that the LNG-IUD is still in place. *Explain how to check strings.*

! The LNG-IUD does not protect against STIs/HIV: To protect against pregnancy and STIs/HIV, use a condom every time you have sex.

Possible side effects may include:

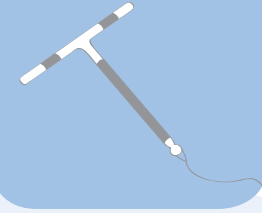
- Bleeding is likely to be lighter, less frequent, or stop altogether
- Possible infection
- Pain and cramping during insertion and in the first few days after LNG-IUD insertion
- Headache
- Dizziness
- Nausea/vomiting

Reasons to return to provider

- Abnormal bleeding or discharge
- Pain (abdominal or pain with intercourse)
- Fever
- Strings are missing or you feel the hard plastic of an IUD that has partially come out
- Any time there is a problem or if either partner has been exposed to an STI
- Any time a resupply of condoms is needed (never run out completely before returning)

Have the client repeat this information back to you.

Copper-bearing Intrauterine Device (Cu-IUD)



What is it?

A copper-bearing IUD (Cu-IUD) is a small plastic and copper device that is inserted into the uterus to prevent pregnancy. Unlike the LNG-IUD, the Cu-IUD does not contain any hormones.

How effective is it?

If 100 women use a Cu-IUD for 1 year, typically less than 1 woman will become pregnant.

How does the IUD work?

The Cu-IUD works by preventing sperm from joining with the egg.

Not recommended for women who:

- Are 48 hours to 4 weeks postpartum
- Have postpartum sepsis or post-septic abortion
- Have unexplained vaginal bleeding (must do an examination before initiating method)
- Have active pelvic inflammatory disease, gonorrhea, or chlamydia (initiation only, continuation of method is acceptable)
- Have uterine fibroids or other distortion of the uterine cavity
- Have a very high individual likelihood of STIs (for instance, women who have multiple sexual partners or whose partner has other sexual partners). Under these circumstances, insertion should be delayed until appropriate testing and treatment have occurred.
- Have AIDS and are not clinically well (initiation only)

Check medical eligibility criteria if client has other serious health problems.

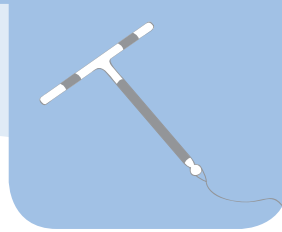
Advantages

- Safe, effective, and long-acting (up to 12 years)
- Easy to remove (by the provider) if the client wants to become pregnant
- No daily action required
- Doesn't interfere with sex
- Can be used discreetly—no visible clues that it is used (occasionally a partner may feel the strings during sex)
- Can be inserted up to 48 hours postpartum or from 4 weeks postpartum onwards
- Doesn't interfere with breastfeeding
- Can be used by young women, including those who have never been pregnant
- The copper IUD can also be used as emergency contraception to prevent pregnancy if inserted within 5 days of unprotected sex.

Disadvantages

- Slight pain during the first few days after IUD insertion
- Heavier and/or longer periods, which normally decrease during the first and second years
- Doesn't protect against STIs/HIV
- Requires a health care provider to insert and remove

Copper-bearing Intrauterine Device (Cu-IUD)



Show the client the Cu-IUD and explain the following:

How to use the IUD

- The Cu- IUD is inserted by the provider once and can stay for up to 12 years.
- The Cu- IUD can be inserted up to 12 days after the start of monthly bleeding with no pregnancy assessment. If it is more than 12 days since the start of monthly bleeding, the provider should be reasonably certain you are not pregnant.
- During the postpartum period, the Cu-IUD can be inserted immediately after delivery of the placenta, up to 48 hours postpartum, or from 4 weeks postpartum onwards.
- The client should come for a check-up 3–6 weeks after insertion, but no additional follow-up is required (unless there is a problem).
- Checking the strings is optional. The strings may be checked during the first few months and after monthly bleeding to see if the IUD is still in place. *Explain how to check strings.*

Possible side effects may include:

- Heavier, longer, and/or irregular bleeding (usually decreases after first 3–6 months)
- More cramps and pain during monthly bleeding
- Increased vaginal discharge
- Possible infection
- Pain and cramping during insertion and in the first few days after IUD insertion

Reasons to return to provider

- Abnormal bleeding or discharge
- Pain (abdominal or pain with intercourse)
- Fever
- Strings are missing or you feel the hard plastic of an IUD that has partially come out.
- Any time there is a problem or if either partner has been exposed to an STI
- Any time a re-supply of condoms is needed (never run out completely before returning)



The IUD does not protect against STIs/HIV: To protect against pregnancy and STIs/HIV, use a condom every time you have sex.

Have the client repeat this information back to you.

DMPA: Injectable Contraceptive



What is it?

DMPA, sometimes known as “the shot” or “Depo,” is an injection containing the hormone progestin. The injection is given every 3 months. There are several types of injectable contraceptives. This card refers to DMPA, not NET-EN or monthly combined injectables.

How effective is it?

If 100 women use DMPA for 1 year, typically 3 become pregnant.

How does DMPA work?

DMPA works by preventing the release of the egg from the ovary. Without an egg, a woman cannot become pregnant.

Not recommended for women who:

- Are breastfeeding, if less than 6 weeks postpartum (depending on provider’s clinical judgment)
- Have unexplained vaginal bleeding (before evaluation)

Check medical eligibility criteria if client has other serious health problems.

Note: The 2015 WHO Medical Eligibility Criteria recommend that clients at high risk of HIV should be informed that current research is unclear on whether this method of contraception increases risk of HIV acquisition. Although the WHO has declared DMPA safe for use by women at high risk of HIV, they recommend that condoms are used simultaneously as a method of STI prevention.

Advantages

- Safe and effective
- Can be administered by non-physician health care workers
- Lasts for 3 months, no daily action required
- Discreet
- Monthly bleedings become very light and often disappear after a year of use
- Completely reversible
- Can be used while breastfeeding
- Doesn’t interfere with sex
- May improve anemia
- Possible to administer DMPA up to 4 weeks late or 2 weeks early (but closer to the due date is preferred and national guidelines may vary)

Disadvantages

- Monthly bleeding pattern will probably change
- Increased appetite may cause weight gain
- On average, a 4-month longer delay in ability to get pregnant after stopping DMPA compared to other methods
- Doesn’t protect against STIs/HIV

DMPA: Injectable Contraceptive



Show the client the vial of DMPA and explain the following:

How to use DMPA

- DMPA is given by injection every 3 months.
- Never be more than 4 weeks late for a repeat injection.
- Effective immediately if starting within 7 days after the start of monthly bleeding
- If starting more than 7 days after the first day of monthly bleeding, a back-up method (e.g., condoms) is needed for the first 7 days.

Missed injection – What to do

- Come immediately to get an injection and use a back-up method immediately until 7 days after the injection.
- Come as close to your appointed time as possible, but if you can't come on time, it's possible to get the injection 2 weeks early or late.

Possible side effects may include:

- Irregular spotting
- Prolonged light to moderate bleeding
- Bleeding is likely to become lighter, less frequent, or stop altogether.
- Possible weight gain, headaches, dizziness, mood changes

Reasons to return to provider

- Heavy vaginal bleeding
- Excessive weight gain
- Extreme headaches with blurred vision
- Any time there is a problem or if either partner has been exposed to an STI
- Another 3-month injection or a resupply of condoms is needed (never run out completely before returning)



**DMPA does not protect against STIs/HIV:
To protect against pregnancy and STIs/HIV,
use a condom every time you have sex.**

Have the client repeat this information back to you.

Lactational Amenorrhea Method (LAM)



What is it?

The Lactational Amenorrhea Method (LAM) is the use of breastfeeding as a temporary contraceptive method. (“Lactational” means related to breastfeeding and “amenorrhea” means not having menstrual bleeding.)

How effective is it?

If 100 women use LAM in the first 6 months after childbirth, typically 2 become pregnant.*

How does LAM work?

Breastfeeding can change how the body releases hormones and this can prevent the release of the egg from the ovary. Without releasing an egg, a woman cannot become pregnant.

**Note that this effectiveness rate is for only 6 months, unlike the other methods in these cue cards, which are for 1 year.*

Advantages

- Effective in preventing pregnancy for the first 6 months after birth (postpartum)
- Encourages the best breastfeeding patterns with health benefits for the mother and baby
- Can be used immediately after childbirth
- Doesn't interfere with sex
- No direct cost for contraception or for feeding the baby
- No supplies or procedures needed to prevent pregnancy

Disadvantages

- Reduced effectiveness after 6 months postpartum
- Requires frequent breastfeeding (day and night), which may be difficult for some mothers
- Does not provide protection against STIs, including HIV
- If the mother has HIV there is a chance that breast milk will pass HIV to the baby. It is recommended for mothers to exclusively breastfeed to reduce this risk.

Lactational Amenorrhea Method (LAM)



Explain the following to the client:

LAM *can* be used if all the conditions below are met:

- Monthly bleeding has not returned.
- The baby is not receiving other food besides breast milk and does not go for long periods (more than 4–6 hours) without breastfeeding, either during the day or night.
- The baby is less than 6 months old.

Note: A complementary form of contraception can also be used at any point.

LAM *cannot* be used if any of the following conditions exist:

- Baby is 6 months of age or older
- Monthly bleeding begins
- Baby is receiving supplemental foods

! LAM does not protect against STIs/HIV:
To protect against pregnancy and STIs/HIV,
use a condom every time you have sex.

How to make breastfeeding effective

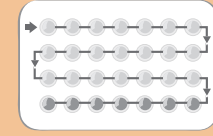
- Breastfeed whenever the baby wants to be fed, day and night.
- Feed from both breasts.
- Avoid intervals of more than 4 hours between any daytime feeds and more than 6 hours between any nighttime feeds.
- Breastfeed for 6 months.
- Don't use pacifiers, nipples, or bottles.
- Express breast milk if separated from the baby.
- Don't give the baby water or teas.

Reasons to return to provider

- No longer fully breastfeeding and need another contraceptive method
- Any time there is a problem or if either partner has been exposed to an STI
- A resupply of condoms is needed (never run out completely before returning)

Have the client repeat this information back to you.

Combined Oral Contraceptives (COCs)



What are they?

COCs (also known as “the pill”) are tablets containing the hormones estrogen and progestin. A woman takes 1 pill daily to prevent pregnancy.

How effective are they?

If 100 women use COCs for 1 year, typically 8 become pregnant.

How do COCs work?

COCs work by preventing the release of the egg from the ovary. Without releasing an egg, a woman cannot become pregnant.

Not recommended for women who:

- Gave birth less than 3 weeks ago
- Are breastfeeding a baby less than 6 months old
- Have migraine headaches with aura
- Are 35 years or older and smoke
- Have hypertension (systolic >140 or diastolic >90)
- Have current or past history of thromboembolic disorders (e.g., deep vein thrombosis). Note: women with varicose veins or superficial thrombophlebitis are eligible for COC use.
- Take Ritonavir-boosted protease inhibitor ARVs (If using any ARV, use COCs with at least 30 ug EE.)
- Take rifampicin or rifabutin for TB (If using rifampicin or rifabutin, use COCs with at least 30 ug EE.)

Advantages

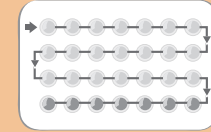
- Safe, effective, and easy to use
- Controlled by the woman
- Lighter, regular monthly bleeding with less cramping
- Possible to become pregnant again immediately after stopping COCs
- Don't interfere with sex
- May be beneficial for women who have irregular or heavy monthly bleeding, severe cramping, or acne
- Decrease risk of cancer of the female reproductive organs

Disadvantages

- Must be taken every day to be effective
- Not always discreet (someone could see the pills)
- Don't protect against STIs including HIV

Check medical eligibility criteria if client has other serious health problems.

Combined Oral Contraceptives (COCs)



Show the client the pill packet and explain the following:

How to use COCs

- Take first pill on the first day of monthly bleeding or any of the next 4 days.
- If taking the pill more than 5 days after the start of your monthly bleeding, use a back-up method for the first 7 days.
- Take 1 pill every day, at the same time of day. Keep the pills in a place that will help you remember, such as near where you wash at night.
- 28-day packet: After finishing the packet, begin next packet the following day. The last 7 pills do not contain hormones, but they are there to remind you to keep taking the pill.
- 21-day packet: After finishing the packet, wait 7 days and then begin the next packet.

Missed pills – What to do

- Missed pills may result in pregnancy.
- If you miss pills, ALWAYS take one as soon as you remember and continue to take the rest of the pills each day at the regular time.
- If you miss 3 or more pills, or start a pack more than 3 days late, continue taking the rest of the pills at the regular time and use a condom or avoid sex for the next 7 days.
- If you miss 3 or more pills in the third week of the pill packet, skip the inactive pills and start a new packet. Use a condom or avoid sex for the next 7 days.

Possible side effects may include:

- Nausea, weight gain, breast tenderness, headaches, dizziness, mood changes
- Changes in monthly bleeding patterns, including unexpected bleeding or spotting

Reasons to return to provider

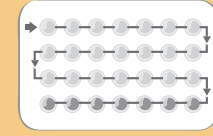
- Severe headaches (including headaches with blurred vision)
- Severe, constant pain in belly, chest, or legs
- Jaundice or yellowing of the skin
- Brief loss of vision, seeing flashing lights or zigzag lines (with or without bad headaches)
- Brief trouble speaking or moving arms or legs
- Any time there is a problem or if either partner has been exposed to an STI
- When a resupply of COCs (always have at least 1 back-up pack) or condoms is needed



**COCs do not protect against STIs/HIV:
To protect against pregnancy and STIs/HIV,
use a condom every time you have sex.**

Have the client repeat this information back to you.

Progestin-only Pills (POPs)



What are they?

POPs (also known as the “mini-pill”) are oral contraceptive pills containing only a very small amount of one hormone (a progestin). A woman takes 1 tablet daily to prevent pregnancy.

How effective are they?

- POPs are very effective for breastfeeding women. If 100 breastfeeding women use POPs for 1 year, typically 1 becomes pregnant.
- As typically used, they are less effective for non-breastfeeding women. If 100 non-breastfeeding women use POPs for 1 year, typically 3–10 women become pregnant.

How do POPs work?

POPs work by thickening the cervical mucus, making it difficult for sperm to pass through, and by preventing the release of the egg from the ovary in about half of all menstrual cycles.

Not recommended for women who are:

- Are breastfeeding when less than 6 weeks postpartum (depending on provider’s clinical judgment)
- Taking ritonavir-boosted protease inhibitor ARVs
- Taking rifampicin or rifabutin therapy for TB

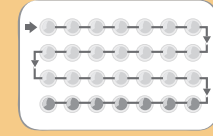
Advantages

- Can be used while breastfeeding, and can be started immediately postpartum
- Good option for women who can’t use estrogen but want to use pills
- Can become pregnant immediately after stopping the pill
- Don’t interfere with sex

Disadvantages

- For women not breastfeeding, monthly bleeding patterns may change (including spotting and amenorrhea)
- Must be taken at the same time every day—a delay of 3 hours is similar to missing a pill
- Not always discreet (someone could see the pills)
- Don’t protect against STIs/HIV

Progestin-only Pills (POPs)



Show the client the pill packet and explain the following:

How to use POPs

- If exclusively breastfeeding and monthly bleeding has not returned, can start POPs at any time in the 6 months postpartum without a back-up method.
- If monthly bleeding has returned, POPs can be started within the first 5 days after the start of monthly bleeding without a back-up method.
- If it has been more than 6 months since giving birth or if monthly bleeding has returned, but it is not within the first 5 days after the start of monthly bleeding, POPs can be started any time if you are reasonably certain you are not pregnant. But a back-up method, like a condom, should be used for the first 2 days.
- Take 1 pill every day, at the same time of day. When a packet finishes, start another pack the very next day.
- Don't miss a day or take the pill late. You may want to take the pill when you do something that you do every day, like washing your face or brushing your teeth.

Missed pills – What to do

- Take pill or pills as soon as you remember. You may take 2 pills at the same time or the same day.
- Continue taking the next pill at the usual time.
- Use a back-up method, like a condom, for the next 2 days.

Possible side effects may include:

- Women not breastfeeding may have a change in monthly bleeding patterns, including amenorrhea, spotting, irregular or prolonged bleeding.
- Some women report breast tenderness, headaches, dizziness, mood changes, abdominal pain, or nausea.
- Breastfeeding women may have a longer delay in return of monthly bleeding after childbirth.

Reasons to return to provider

- Stopped breastfeeding and would like to switch methods
- Took a pill more than 3 hours late or missed one completely, and also had sex during this time, and want to consider ECPs (for women who have monthly bleeding)
- Severe headaches with blurred vision
- Any time there is a problem or if either partner has been exposed to an STI
- A resupply of POPs or condoms is needed (always have at least 1 back-up pack)



**POPs do not protect against STIs/HIV:
To protect against pregnancy and STIs/HIV,
use a condom every time you have sex.**

Have the client repeat this information back to you.

Standard Days Method (SDM)



What is it?

The Standard Days Method* helps a woman know which days during her menstrual cycle she can become pregnant. On the days when a woman is fertile, she and her partner must use condoms or avoid having sex to prevent pregnancy.

How effective is it?

SDM is an effective method for women with menstrual cycles consistently between 26 and 32 days long. Typically, if 100 women with 26–32-day cycles use SDM for 1 year, 12 women will become pregnant.

How does SDM work?

There are certain days in a woman's menstrual cycle when she can get pregnant. SDM helps a woman keep track of these days either using a string of colored beads called CycleBeads or a paper-based method, so she knows when to avoid unprotected sex. The beads or paper-based method also help her keep track of her cycle length so she knows if her cycles continue to be within the 26 to 32-day range.

SDM is not recommended for women who:

- Do not consistently have 26 to 32-day cycles (such as young adolescents and women close to menopause who have irregular cycles)
- Cannot avoid unprotected sex during their fertile period
- Are postpartum or breastfeeding and have not had at least 3 menstrual cycles (the last one of which was 26–32 days) since the baby was born
- Used DMPA within the last 3 months (delay SDM until monthly bleeding returns and last 2 cycles are 26–32 days long)
- Recently used COCs, POPs, or ECs (delay SDM until 3 cycles of monthly bleeding have occurred, with the last 2 cycles being 26–32 days long)
- Have had a recent abortion or miscarriage (delay until the start of next monthly bleeding)

Advantages

- No side effects and no known health risks
- Helps women learn about their bodies and fertility
- Allows couples with certain beliefs to prevent unintended pregnancy while adhering to religious or cultural norms about contraception
- Does not require any medical procedure

Disadvantages

- May be difficult for some couples to consistently use condoms or abstain from sex during fertile period
- Does not protect against STIs/HIV

**The Standard Days Method® and CycleBeads® are trademarks of Georgetown University's Institute for Reproductive Health.*

Standard Days Method (SDM)

Show the client the CycleBeads and explain the following:

How to use CycleBeads

There are 32 colored beads and a moveable rubber ring on a string. The first bead is red. The next 6 are brown. The next 12 are white. The last 13 are brown. Each one represents a day.

- On the first day of your monthly bleeding, move the ring to the red bead. (Mark that day on your calendar too, if you have one.)
- Every morning, move the ring to the next bead. Always move the ring in the direction of the arrow, from the narrow to the wide end.
- Move the ring even on days when you have your monthly bleeding.
- If you forget whether you moved the ring, check your calendar to see when your monthly bleeding began. Count the days since your monthly bleeding began and move the ring the same number of beads, starting with the RED bead.
- When the ring is on a BROWN bead, you can have unprotected sex. These are days when pregnancy is very unlikely.
- When the ring is on a WHITE bead, either use a condom or do not have sex. These are days when you can get pregnant if you have unprotected sex.
- The day your next monthly bleeding starts, move the ring to the RED bead again. Skip over any remaining beads. Your monthly bleeding signals that a new cycle has started.
- If you forget whether you moved the ring, check your calendar to see when your monthly bleeding began. Count the days since your monthly bleeding began and move the ring the same number of beads, starting with the RED bead.



Reasons to return to provider

- If you start your monthly bleeding before you put the ring on the DARK BROWN bead, or if you have not started your monthly bleeding by the day after you put the ring on the last BROWN bead. If either of these happens, this method might not be appropriate for you.
- If you think you might be pregnant
- Any time there is a problem or if either partner has been exposed to an STI
- A resupply of condoms is needed (never run out completely)



The Standard Days Method does not protect against STIs/HIV: To protect against pregnancy and STIs/HIV, use a condom every time you have sex.

Have the client repeat this information back to you.

Male Condom



What is it?

The male condom is a thin sheath worn over the erect penis when a couple is having sex.

How effective is it?

- If 100 couples use condoms for 1 year, typically 15 become pregnant.
- If used correctly with every act of intercourse, condoms are highly effective in protecting against most STIs (except herpes simplex and other genital ulcer diseases), including HIV.

How do condoms work?

The condom catches the man's sperm so that no sperm can enter the vagina.

Not recommended for clients who:

- Have a severe allergy to latex rubber



Condoms are always recommended to prevent STIs/HIV.

If the client feels that s/he may not always be able to negotiate condom use, it is recommended s/he use an additional contraceptive method.

Note: You may wish to refer to the male condom as the “external condom” depending on the populations you are counseling (e.g., transgender people, women who have sex with women)

Advantages

- Safe
- Doesn't require a prescription or medical examination
- Effective and easy to use
- Protects against STIs/HIV

Disadvantages

- Interrupts the sex act
- May decrease sexual sensitivity in some men and women
- Requires communication and consent from both partners
- A new condom must be used each time the couple has sex
- A supply of condoms must be available before sex occurs

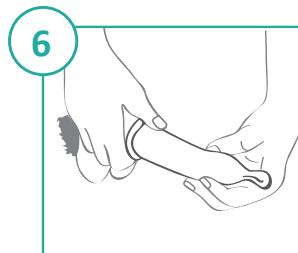
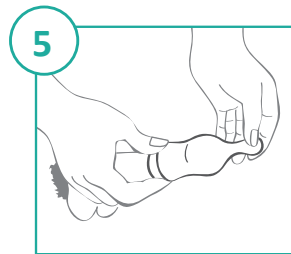
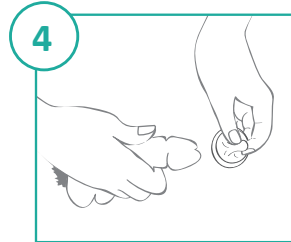
Male Condom



Show the client the condom and explain the following:

How to use a condom

1. Check the expiration date on the condom package.
2. Open the package carefully so the condom doesn't tear.
3. Don't unroll the condom before putting it on.
4. Place the unrolled condom on the tip of the hard penis.
5. Hold the tip of the condom with the thumb and forefinger.
6. Unroll the condom until it covers the penis.
7. Leave enough space at the tip of the condom for the semen.
8. After ejaculation, hold the rim of the condom and pull the penis out of the vagina before it becomes soft.
9. Only use one condom at a time.
10. Always keep a supply of condoms readily available.



Care of condoms

- Don't apply oil-based lubricants (like baby oil, cooking oil, petroleum jelly/Vaseline) because they can destroy the condom. It is safe to use clean water, saliva, or water-based lubricants.
- Store condoms in a cool, dry place. Don't carry them close to the body because heat can destroy them.
- Use each condom only once.
- Don't use a condom if the package is broken or if the condom is dry or sticky or the color has changed.
- Take care to dispose of used condoms properly.

Possible side effects may include:

A condom may break or come off during sex. A few men and women experience itching, burning, or swelling due to latex allergy.

Reasons to return to provider

- Any time there is a problem (condom breaks or unhappy with method)
- A resupply is needed (never run out completely before returning)
- Either partner thinks s/he may have been exposed to an STI

Have the client repeat this information back to you.

Female Condom



What is it?

The female condom is a thin lubricated sheath or lining made of a soft plastic film that fits loosely inside a woman's vagina. (A few brands are made of latex.) The female condom has flexible rings at both ends. The ring at one end is closed and covers the cervix. A woman uses the female condom during intercourse to prevent pregnancy.

How effective is it?

- If 100 women use the female condom for 1 year, typically 21 become pregnant.
- The female condom also effectively prevents many STIs including HIV when used correctly every time a woman and her partner have sexual intercourse.

How does the female condom work?

The condom catches the man's sperm so that no sperm can enter the vagina.

Latex female condoms are not recommended for clients who:

Have a severe allergy to latex.



Condoms are always recommended to prevent STIs/HIV.

If the client feels s/he may not always be able to negotiate condom use, it is recommended that s/he also use an additional contraceptive method.

Note: You may wish to refer to the female condom as the "internal condom" depending on the populations you are counseling (e.g., transgender people, men who have sex with men).

Advantages

- Safe
- Effective
- Can be inserted up to 8 hours before sex
- Can be used with oil-based lubricants (except latex condoms)
- Can feel more natural during sex than male condoms
- Protects against STIs/HIV
- Reduces the chance of irritation or allergic reaction compared to latex condoms

Disadvantages

- Costs more than the male condom
- May be noisy or awkward
- Is female initiated, but requires a degree of cooperation and consent of the male partner
- Can be difficult to insert

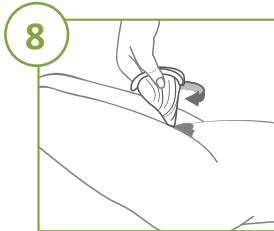
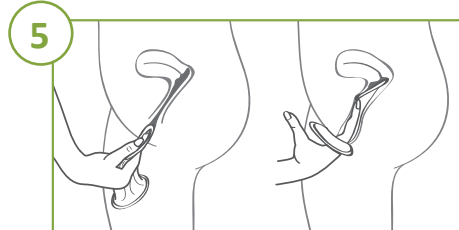
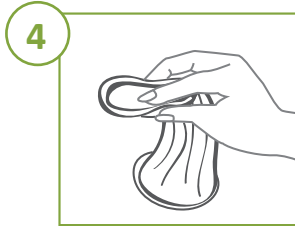
Female Condom



Show the client the female condom and explain the following:

How to use the female condom

1. Check the expiration date on the condom package.
2. Open the package carefully so the condom doesn't tear.
3. Find the inner ring, which is at the closed end of the condom.
4. Squeeze the inner ring together.
5. Put the inner ring in the vagina and push up into the vagina with the finger. (The outer ring stays outside the vagina.)
6. During sex, guide the penis through the outer ring. (If it is outside the ring, it will not offer protection from pregnancy or STIs/HIV.)
7. Remove condom immediately after sex, before standing up.
8. Squeeze and twist the outer ring to keep the sperm inside the pouch.
9. Pull the pouch out gently.
10. Burn or bury the condom—do not put it down the toilet.



Suggest that the client practice inserting and removing the condom before having sex with it for the first time and try different positions to see which way insertion is easiest.

Care of female condoms

- Store condoms in a cool, dry place. Don't carry them close to the body because heat can destroy them.
- Use each condom only once.
- Don't use a condom if the package is broken or if the condom is dry or sticky or the color has changed.
- Always keep a supply of condoms readily available.

Possible side effects may include:

- Usually there are no side effects. Occasionally a condom may break or slip out during intercourse.
- Very few women may have an allergic reaction or irritation.

Reasons to return to provider

- Any time there is a problem (condom breaks or unhappy with method)
- A resupply of condoms is needed (never run out completely)
- Either partner thinks s/he may have been exposed to an STI

Have the client repeat this information back to you.

Emergency Contraceptive Pills (ECPs)

What are they?

ECPs are a hormonal method of contraception that can be used to prevent pregnancy up to 120 hours (5 days) following an act of unprotected sexual intercourse.

How effective are they?

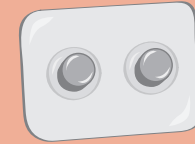
- Effectiveness depends on several factors, including which kind of EC you use and how quickly you take it after unprotected sex. The progestin-only regimen reduces pregnancy risk by at least half, and possibly by as much as 80–90%, for one act of unprotected sex. The ulipristal regime is more effective than the progestin-only regimen. Regular oral contraceptives used as EC are less effective.*
- ECPs are most effective when used shortly after unprotected sex.
- High body mass index (BMI) may decrease the effectiveness. However, since EC is so safe, this should never be a reason for women to be denied it. The WHO recommends that EC can be used by women who are obese.
- There are no restrictions on repeat use, however counseling about more effective methods should be emphasized.

How do ECPs work?

- ECPs prevent a pregnancy from occurring. They do not disrupt an implanted pregnancy. ECPs prevent the egg from leaving the ovary and may thicken cervical mucus to prevent the sperm from meeting the egg.
- ECPs only prevent pregnancy from unprotected sex that occurs before the pills are taken. They do not prevent pregnancy from sex that occurs after the ECPs are taken.

Note: The copper IUD may also be used as a method of emergency contraception. As such, it is very effective in preventing pregnancy, and can be continued to be used as contraception by the client.

*For more information, see: http://www.cecinfo.org/custom-content/uploads/2014/01/ICEC_Medical-and-Service-Delivery-Guidelines-English_June-2013.pdf



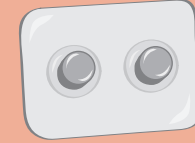
Advantages

- Safe for women of all ages
- Reduce risk of unintended pregnancy and need for abortion
- Appropriate for use after unprotected intercourse (including rape or contraceptive failure)
- Provide a bridge to the practice of regular contraception
- Drug exposure and side effects are of short duration

Disadvantages

- Don't protect against STIs/HIV
- Don't provide ongoing protection against pregnancy
- Must be used within 120 hours after unprotected sex (and should be taken as soon as possible to be most effective)
- May change the time of the woman's next monthly bleeding
- Inappropriate for regular use (high cumulative pregnancy rate)

Emergency Contraceptive Pills (ECPs)



Show the client the ECPs and explain the following:

How to use ECPs

- It is most important to take ECPs as soon as possible after unprotected sex, within 120 hours (5 days).
- For progestin-only ECP (dedicated product): Progestin-only ECPs come in two forms; 1-pill packages or 2-pill packages. The 2-pill packages contain instructions to take the pills 12 hours apart, but both pills should be taken together if possible. ECPs should be taken as soon as possible after unprotected sex, and no later than 120 hours after unprotected intercourse.
- For ulipristal acetate: One tablet of ulipristal should be taken as soon as possible after unprotected sex, and no later than 120 hours after unprotected sex.
- For combined oral contraceptives (COCs): take 1 dose of 0.1 mg ethinyl estradiol plus 0.5 mg levonorgestrel followed by a second identical dose 12 hours later.
- If vomiting occurs within 2 hours of taking ECPs, take another dose as soon as possible. If vomiting occurs after 2 hours, no additional dose is needed.
- To reduce nausea, take the tablets after eating or use anti-nausea medication.
- Do not take any extra ECPs unless vomiting occurs. More pills will not decrease risk of pregnancy.

Possible side effects may include:*

- Nausea and vomiting
- Headaches or dizziness
- Cramping/abdominal pain
- Breast tenderness
- Changes in monthly bleeding or slight irregular bleeding for 1–2 days after taking ECPs

What to expect after using ECPs

There will not be any immediate signs showing whether the ECPs worked. The next monthly bleeding should come on time (or a few days early or late).

Reasons to return to provider

- If next monthly bleeding is more than 1 week later than expected
- Any time there is a problem or if either partner has been exposed to an STI

Contraceptive methods after taking ECPs

- Now may be good time to begin a regular contraceptive method. COCs and POPs can be started the day after ECPs are taken.
- DMPA, IUD, and male and female condoms can be started on the same day as the ECP.
- For the implant, you must return after the next monthly bleeding.



ECPs do not protect against STIs/HIV: To protect against pregnancy and STIs/HIV, use a condom every time you have sex.

Have the client repeat this information back to you.