

Cue Cards for Counseling Adolescents 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 young people on their contraceptive options. The cue cards provide information that is particularly relevant to adolescents (10–19 years), but can also be used with young people over age 19. 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 an adolescent client about the full range of available methods and support the adolescent 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 adolescent client about how to use the method, possible side effects, and reasons to return to the provider.

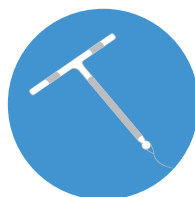
The cue cards cover the following methods:



Implants



Levonorgestrel Intrauterine Device (LNG-IUD)



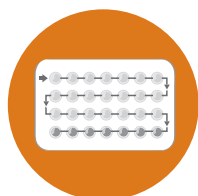
Copper-bearing Intrauterine Device (Cu-IUD)



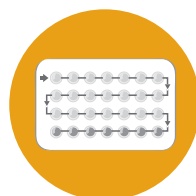
DMPA (injectables)



Lactational Amenorrhea Method (LAM)



Combined Oral Contraceptives (COCs)



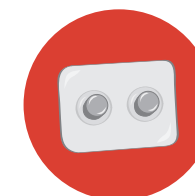
Progestin-Only Pills (POPs)



Male Condom



Female Condom



Emergency Contraceptive Pills (ECPs)

Cue Cards for Counseling Adolescents on Contraception

Counseling Tips

- **It is important to remember that adolescents—regardless of age, relationship, marital, or childbearing status—are eligible for the full range of contraceptive methods.** The World Health Organization's (WHO) Medical Eligibility Criteria states that age alone is not a contraindication for any contraceptive method included in this set of cue cards, including long-acting methods. Providers have an obligation to provide adolescents with evidence-based and unbiased information about a full range of methods that might meet their needs. However, the provider should verify that the adolescent does not have any other 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) to encourage you to include method effectiveness as a key component of client counseling and to reinforce the fact that long-acting methods are an appropriate option for adolescents.
- **Adolescent clients should have full information on a method, including potential side effects.** This can help minimize an adolescent's concern if she/he does experience a side effect. However, adolescent clients also have more misinformation than adults about contraception and, as a result, often have greater fears about side effects. **Therefore, when counseling adolescent clients on possible side effects, be sure to start by mentioning that most adolescent clients do not experience any side effects.**
- **Make sure to emphasize that *only* male and female condoms offer protection from sexually transmitted infections (STIs), 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 adolescents 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—don't lecture, scold, or tell the adolescent what he/she should do
- ✓ Provide unbiased, evidence-based information using the cue cards to ensure the adolescent 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:

- **Jadelle:** 2 rods, effective for 5 years
- **Implanon/Implanon NXT:** 1 rod, effective for 3 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 adolescents who:

- Have unexplained vaginal bleeding (requires examination)

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



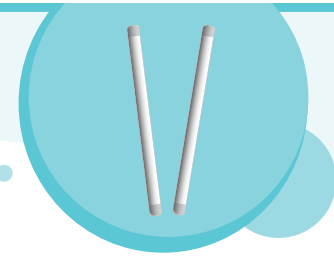
Advantages

- 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 implant is inserted more than 7 days after the start of monthly bleeding (or more than 5 days for Implanon/Implanon NXT), 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:

- Changes in monthly bleeding: irregular spotting or prolonged light to moderate bleeding in the beginning. Later, bleeding is likely to be lighter, less frequent, or stop altogether.
- Weight gain, breast tenderness, headaches, dizziness, nausea, 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.

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.

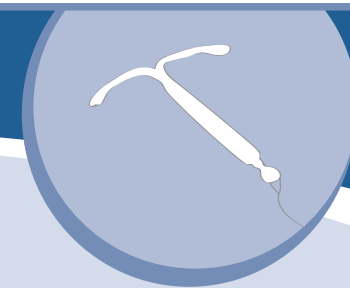
How does the LNG-IUD work?

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 adolescent has other serious health problems.



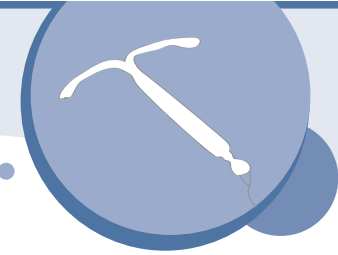
Advantages

- 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:

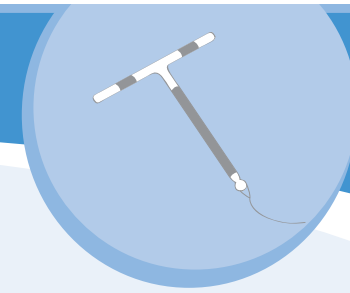
- Bleeding is likely to be lighter, less frequent, or stop altogether
- Possible infection
- Pain and cramping during insertion and in the first few days after LNG-IUD insertion
- Headache
- Dizziness
- Nausea/vomiting

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 becomes pregnant.

How does the Cu-IUD work?

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

Not recommended for adolescents 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, chlamydia, or gonorrhea (initiation only, continuation of method is acceptable)
- 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 adolescent has other serious health problems.

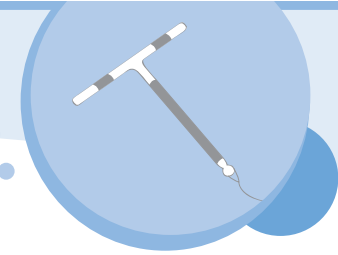
Advantages

- 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 Cu-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 Cu-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 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 adolescents who:

- Have unexplained vaginal bleeding (before evaluation)

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.

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

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 become pregnant again after stopping DMPA, but there might be a delay of several months
- Can be used while breastfeeding
- Doesn't interfere with sex
- May improve anemia

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.
- If you can't come at the appointed time, but you can come earlier, it is possible to come up to 4 weeks early for your next injection.



**DMPA 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:

- 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)

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?

LAM works by preventing ovulation because breastfeeding changes the rate of release of natural hormones.

Advantages

- Effective in preventing pregnancy for at least 6 months
- 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
- 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

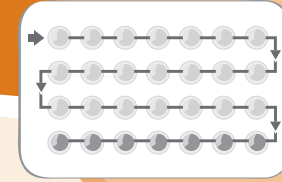
- Breastfeed whenever the baby wants to be fed, day and night.
- Feed from both breasts.
- Avoid intervals of more than 4 hours between any daytime feeds and more than 6 hours between any nighttime feeds.
- Breastfeed for 6 months.
- Don't use pacifiers, nipples, or bottles.
- Express breast milk if 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. There is a higher failure rate for adolescents than for all other ages because adolescents have trouble remembering to take pills regularly.

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 adolescents who:

- Gave birth less than 4 weeks ago (if not breastfeeding)
- Are breastfeeding a baby less than 6 months old
- Have migraine headaches with aura
- Have viral hepatitis with severe or acute flare-up
- 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.)

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

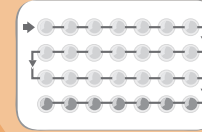
Advantages

- Safe, effective, and easy to use
- Controlled by the woman
- Can be used before the onset of monthly bleeding
- 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 adolescents 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)
- Weight gain or unexpected bleeding/spotting in some adolescents
- Don't protect against STIs including HIV

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

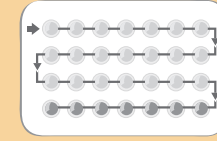
- Severe headaches (including headaches with blurred vision)
- Severe, constant pain in belly, chest, or legs
- Jaundice or yellowing of the skin
- Brief loss of vision, seeing flashing lights or zigzag lines (with or without bad headaches)
- Brief trouble speaking or moving arms or legs
- Any time there 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.
- There is a higher failure rate for adolescents since adolescents have trouble remembering to take pills regularly.

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 adolescents who are:

- Taking ritonavir-boosted protease inhibitor ARVs
- Taking rifampicin or rifabutin therapy for TB

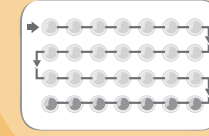
Advantages

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

Disadvantages

- For adolescents (not breastfeeding), monthly bleeding patterns may change (including spotting and amenorrhea)
- Must be taken at the same time every day, which can be difficult for adolescents to remember—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 first 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:

- Changes in monthly bleeding patterns, including amenorrhea, spotting, irregular or prolonged bleeding (for adolescents who are not breastfeeding)
- Breast tenderness, headaches, dizziness, mood changes, abdominal pain, nausea
- Breastfeeding adolescents may have a longer delay in return of monthly bleeding after childbirth.

Reasons to return to provider

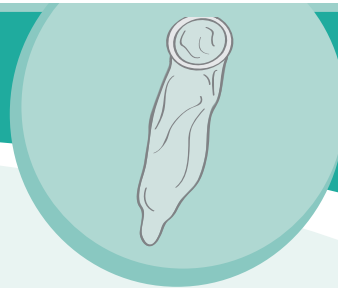
- Stopped breastfeeding and would like to switch methods
- Took a pill more than 3 hours late or missed one completely, and also had sex during this time, and want to consider ECPs (for women who have monthly bleeding)
- Severe headaches with blurred vision
- Any time there is a problem or if either 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.

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 adolescents who:

- Have a severe allergy to latex rubber



Condoms are always recommended to prevent STIs/HIV.

If the adolescent 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

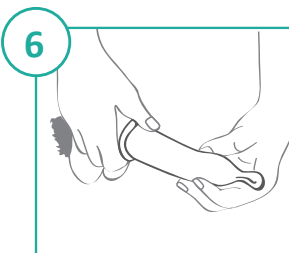
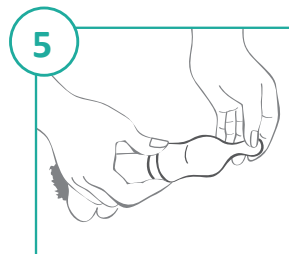
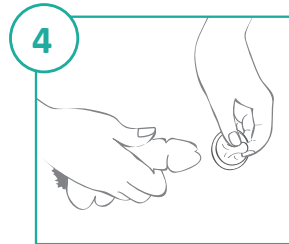
Male Condom



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. It 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.



Condoms are always recommended to prevent STIs/HIV.

If the adolescent 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
- 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 cooperation and consent of the male partner
- Can be difficult to insert

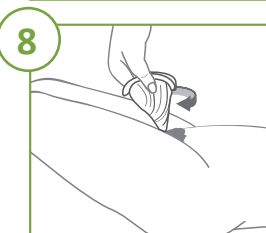
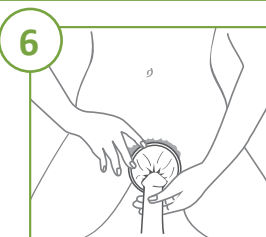
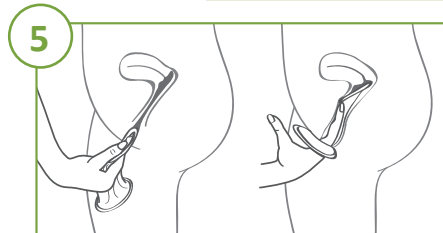
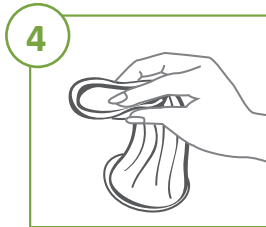
Female Condom



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 adolescents may have itching, burning, or redness around the vagina (or partner's penis).

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.

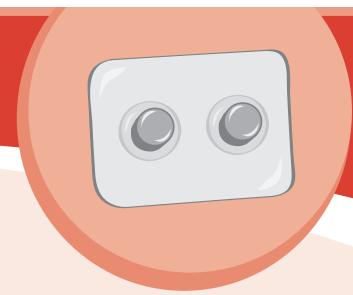
*For more information, see: http://www.cecinfo.org/custom-content/uploads/2014/01/ICEC_Medical-and-Service-Delivery-Guidelines-English_June-2013.pdf

Advantages

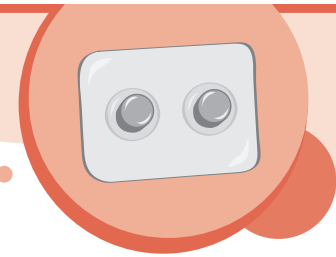
- Safe for women of all ages, including adolescents who may be less likely to prepare for a first sexual encounter
- Reduce risk of unintended pregnancy and need for abortion
- Appropriate for use after unprotected intercourse (including rape or contraceptive failure)
- Provide a bridge to the practice 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 with 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): 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.