How to use WHO’s family planning guidelines and tools - 1

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Learning objectives

- To identify the purpose of WHO's family guidelines and tools.
- To identify and apply medical eligibility criteria and practice recommendations for family planning service delivery.
- To use these WHO family planning tools for service provision.
- To list other WHO reference materials on family planning.
The need for evidence-based guidance

- To base family planning practices on the best available published evidence
- To address misconceptions regarding who can safely use contraception
- To reduce medical barriers
- To improve access and quality of care in family planning
Part 1

- Medical Eligibility Criteria for contraceptive use (MEC)
- MEC Wheel
- Selected Practice Recommendations for contraceptive use (SPR)
- Decision Making Tool for FP providers and their clients
- Reproductive Choices and family planning for people living with HIV
Family planning guidelines and tools

**Medical Eligibility Criteria**
- Medical eligibility criteria for contraceptive use

**Selected Practice Recommendations**
- 2018 edition

**Family Planning**
- A guide to family planning for community health workers and their clients

**Decision-Making Tool**
- (to be updated)

**Global Handbook**
- (to be updated)

**The Medical Eligibility Criteria (MEC) Wheel**

**Reproductive Choices and Family Planning for People with HIV**
- (to be updated)

**Guide to family planning for community health care providers and their clients**

World Health Organization
hrp.
Medical eligibility criteria for contraceptive use (MEC)

Purpose: Who can safely use contraceptive methods?

- Fifth edition offers ≈ 2000 recommendations for 25 methods
- Available in English; available soon in French, Spanish, and Portuguese. WHO will facilitate other language translations.
# MEC Categories

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>WITH CLINICAL JUDGEMENT</th>
<th>WITH LIMITED CLINICAL JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use method in any circumstances</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Generally use the method</td>
<td>Yes (Use the method)</td>
</tr>
<tr>
<td>3</td>
<td>Use of method not usually recommended unless other more appropriate methods are not available or not acceptable</td>
<td>No (Do not use the method)</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
<td></td>
</tr>
</tbody>
</table>

Where warranted, recommendations will differ if a woman is starting a method (I = initiation) or continuing a method (C = continuation).
Classification of recommendations - female and male surgical sterilization

Divided into four categories:

- **Accept 'A'**
  - There is no medical reason to deny sterilization to a person with this condition,

- **Caution 'C'**
  - The procedure is normally conducted in a routine setting, but with extra preparation and precautions,

- **Delay 'D'**
  - The procedure is delayed until the condition is evaluated and/or corrected. Alternative temporary methods of contraception should be provided,

- **Special 'S'**
  - The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anaesthesia, and other back-up medical support.
  - The capacity to decide the most appropriate procedure and anaesthesia regimen is needed.
  - Alternative temporary methods of contraception should be provided, if referral is required or there is otherwise any delay.
Clarifications

- Clarification of the classification, in cases where the number itself does not adequately communicate the essence of the recommendation
  - Appears in the right hand column of the MEC document
  - Responsibility of guideline development group
Presentation of recommendations: an example

<table>
<thead>
<tr>
<th>SUMMARY TABLE</th>
<th>COC//P/CVR</th>
<th>CIC</th>
<th>POP</th>
<th>DMPA/NET-EN</th>
<th>LNG/ETG/IMPLANTS</th>
<th>CU-IUD</th>
<th>LNG-IUD</th>
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<tr>
<td>OBESITY</td>
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<tr>
<td>a) ≥ 30 kg/m² BMI</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>b) Menarche to &lt; 18 years and ≥ 30 kg/m² BMI</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2ᵃ</td>
<td>1</td>
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</tbody>
</table>

Presentation of recommendations – another example

<table>
<thead>
<tr>
<th>SUMMARIZED TABLE</th>
<th>CDC/P/CVF</th>
<th>CC</th>
<th>POP</th>
<th>DMPA/NET-EN</th>
<th>LNG/ETG/</th>
<th>CU-IUD</th>
<th>LNG-IUD</th>
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<tr>
<td><strong>ENDOCRINE CONDITIONS</strong></td>
<td></td>
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<td><strong>DIABETES</strong></td>
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<td>1</td>
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<tr>
<td>b) Non-vascular disease</td>
<td></td>
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<tr>
<td>i) non-insulin-dependent</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>1</td>
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<td>ii) insulin-dependent</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>1</td>
<td>2</td>
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<tr>
<td>c) Nephropathy/retinopathy/neuropathy</td>
<td>3/4\textsuperscript{a}</td>
<td>3/4\textsuperscript{a}</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<tr>
<td>d) Other vascular disease or diabetes of &gt; 20 years' duration</td>
<td>3/4\textsuperscript{a}</td>
<td>3/4\textsuperscript{a}</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<td><strong>THYROID DISORDERS</strong></td>
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<td>a) Simple goitre</td>
<td>1</td>
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<td>1</td>
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<td>b) Hypothyroid</td>
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<td><strong>GASTROINTESTINAL CONDITIONS</strong></td>
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<td>a) Symptomatic</td>
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<tr>
<td>i) treated by cholecystectomy</td>
<td>2</td>
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<td>ii) medically treated</td>
<td>3</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>2</td>
<td>1</td>
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<tr>
<td>iii) current</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
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<td>b) Asymptomatic</td>
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<td>2</td>
<td>1</td>
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</tbody>
</table>

**Source:** Medical Eligibility Criteria for Contraceptive Use. WHO: Geneva, 2015.
Case study: which methods can be used?

- A 24 year old woman with a body mass index greater than 30 kg/m²?
  - COC?
  - IUD?
  - Injectable?
  - Implants?

- A 38 year old woman who with diabetes for more than 20 years?
  - COC?
  - IUD?
  - Implants?
  - Injectable?
WHO

MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2015
MEC Wheel

- Offers accessible MEC guidance for most commonly encountered medical conditions.
  - Recommendations available numerous methods
    - Combined methods (pills, the patch, the vaginal ring, combined injectable)
    - Progestogen-only methods (injectable [DMPA IM & subcutaneous, NET-EN], implants, pills)
    - Copper-bearing IUD
    - LNG-releasing IUD

- Conditions that are either '1' or '2', appear on back of wheel.
- Additional explanations for certain recommendations appear on the back of wheel.
- Locate condition of interest, then turn wheel to identify eligibility category.
MEC Wheel

- Selected methods
- Medical or health conditions
- MEC category
- Comments
Conditions that are category 1 and 2 for all methods (method can be used)

Reproductive Conditions: Benign breast disease or undiagnosed mass • Benign ovarian tumours, including cysts • Dysmenorrhea • Endometriosis • History of gestational diabetes • History of high blood pressure during pregnancy • History of pelvic surgery, including caesarean delivery • Irregular, heavy or prolonged menstrual bleeding (explaned) • Past ectopic pregnancy • Past pelvic inflammatory disease • Post-abortion (no sequel) • Postpartum > 6 months

Medical Conditions: Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Schistosomiasis (bilharzia) • Superficial venous disorders, including varicose veins • Thyroid disorders • Tuberculosis (non-pelvic) • Uncomplicated valvular heart disease • Viral hepatitis (acute or chronic)

Other: Adolescents • Breast cancer family history • Venous thromboembolism (VTE) family history • High risk for HIV • Surgery without prolonged immobilization • Taking antibiotics (excluding rifampicin/ rifabutin)

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method. For the complete list of recommendations, please see the full document.

“Combined” is a combination of ethinyl estradiol & a progestogen.

CIC: combined injectable contraceptive; COC: combined oral contraceptive pill
Cu-IUD: copper intrauterine device; CVR: combined contraceptive vaginal ring
DMPA (IM, SC): depot medroxyprogesterone acetate, intramuscular or subcutaneous
ETG: etonogestrel; LNG: levonorgestrel; LNG-IUD: levonorgestrel intrauterine device
NET-EN: norethisterone enanthate; P: combined contraceptive patch
POP: progestogen-only pill
Selected practices recommendation for contraceptive use (SPR)

**Purpose:** How to safely use contraceptive methods, once deemed to be medically appropriate

Covers 19 topics with over 75 recommendations.

Added new methods:
- The patch
- The combined vaginal ring
- DMPA-SC
- Sino-Implant (II)
- ulipristal acetate (an ECP)

User-friendly presentation of information
- By contraceptive method, not by question
- Most effective methods presented first
- Topics listed sequentially according clinical relevance
  - method initiation, exams/tests, management of problems, follow-up

Previous editions 2001, 2004
Practice questions

Examples:

- when to start
- when to re-administer
- how to manage problems
  - missed pills
  - bleeding (progestogen-only methods and IUDs)
  - prophylactic antibiotics and IUD insertion
- what examinations and tests are required before starting a method
7. Recommendations

7.1 How can a health-care provider be reasonably certain that a woman is not pregnant?

The diagnosis of pregnancy is important. The ability to make this diagnosis early in pregnancy will vary depending on resources and settings. Highly reliable biochemical pregnancy tests are often extremely useful, but not available in many areas. Pelvic examination, when feasible, is reliable at approximately 8–10 weeks since the first day of the last menstrual period.

The provider can be reasonably certain that the woman is not pregnant if she has no symptoms or signs of pregnancy and meets any of the following criteria:
- She has not had intercourse since last normal menses.
- She has been correctly and consistently using a reliable method of contraception.
- She is within the first 7 days after normal menses.
- She is within 4 weeks postpartum for non-lactating women.
- She is within the first 7 days post-abortion or miscarriage.
- She is fully or nearly fully breastfeeding, amenorrheic, and less than six months postpartum.

7.2 Intrauterine devices

Intrauterine devices (IUDs) are long-acting methods of contraception. This section provides recommendations on copper-bearing IUDs (Cu-IUD) and levonorgestrel-releasing IUDs (LNG-IUD).

IUDs can generally be used by most women including adolescents and nulliparous women. To help determine if women with certain medical conditions or characteristics can safely use IUDs, please refer to the Medical eligibility criteria for contraceptive use (5th edition) (MEC). IUDs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe but are not used as widely by national programmes as male condoms.

7.2.1 Copper-bearing IUDs (Cu-IUD) and levonorgestrel-releasing IUDs (LNG-IUD)

**Initiation of Cu-IUD**

Having menstrual cycles:
- Within 12 days after the start of menstrual bleeding: A Cu-IUD can be inserted at the woman’s convenience, not just during menstruation. No additional contraceptive protection is needed.
- More than 12 days since the start of menstrual bleeding: A Cu-IUD can be inserted at the woman’s convenience if it is reasonably certain that she is not pregnant. No additional contraceptive protection is needed.

Amenorrheic (non-postpartum):
- A Cu-IUD can be inserted at any time if it can be determined that the woman is not

In addition, remarks and information on underlying principles are provided when needed, as well as lists of all relevant references.
3.1 Classification of examinations and tests before initiation of contraceptive methods

Regarding examinations and tests that may be considered before initiation of contraceptives, the following classification was used in differentiating the applicability of the various examinations and tests:

Class A = The examination or test is essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B = The examination or test contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing the examination or test should be balanced against the benefits of making the contraceptive method available.

Class C = The examination or test does not contribute substantially to safe and effective use of the contraceptive method.

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Examination or test

<table>
<thead>
<tr>
<th>Examination or test</th>
<th>Implants*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast examination by provider</td>
<td>C</td>
</tr>
<tr>
<td>Pelvic/genital examination</td>
<td>C</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>C</td>
</tr>
<tr>
<td>Routine laboratory tests</td>
<td>C</td>
</tr>
<tr>
<td>Haemoglobin test</td>
<td>C</td>
</tr>
<tr>
<td>STI risk assessment: medical history and physical examination</td>
<td>C</td>
</tr>
<tr>
<td>STI/HIV screening: laboratory tests</td>
<td>C</td>
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<tr>
<td>Blood pressure screening</td>
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Examination or test

<table>
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<td>Haemoglobin test</td>
<td>C</td>
</tr>
<tr>
<td>STI risk assessment: medical history and physical examination</td>
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* Class A: The examination or test is essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

* Class B: The examination or test contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing the examination or test should be balanced against the benefits of making the contraceptive method available.

* Class C: The examination or test does not contribute substantially to safe and effective use of the contraceptive method.
Decision-making tool for family planning clients and providers

- A tool for providers and their clients. Contains evidence-based technical information
- Contains evidence-based technical information and a counseling process
- To be used with clients in the clinic
- Uses simple language
- Illustrations for clients
Improved counseling has the potential to:

- **Increase:**
  - Client satisfaction
  - Provider satisfaction
  - Correct use of methods
  - Continuation of use

- **Reduce:**
  - Dropout from services
  - Unnecessary health risks
  - Method failure
  - Unwanted pregnancy
Process for helping different types of clients

Methods

 Wel e

 Choosing a Method

 Dual Protection

 Special Needs

 Returning Client

 Appendices
A structured counselling process

Introduction for the Provider

Method Tabs

Overview & information for choice  Medical eligibility criteria  Possible side-effects  How to use  When to start  What to remember

Welcome client

Find out reason for visit

Go to correct tab

Choosing Method (for new clients)

Ask client: Do you have a method in mind?

If method in mind:
Check if method suits needs and situation. Check dual protection needs.

If no method in mind:
Discuss needs and situation and review method options. Check dual protection needs.

Dual Protection (for clients who need STI protection)

Discuss options for dual protection.

If needed, help client consider risk. Check if chosen option is suitable.

Clients with Special Needs

Go to correct page in section:
• Younger client
• Older client
• Postpartum/pregnant client
• Post-abortion client
• Client living with HIV/AIDS
• Client who wants to become pregnant

Returning Client

Ask what method client is using:
Go to method page in Returning Client section

No problems with method.

Problems using method.

Help manage side-effects.

Switch method
Go to Choosing Method tab (side) or Method tab (bottom)

Check for new health conditions. Check about need for STI protection.

Provide method

Emergency Contraception (method tab)

Client had unprotected sex, needs emergency contraception.

Note: Some method sections do not have all these pages.
Main points on a CLIENT PAGE

**Possible side-effects**

Many users will have side-effects. They are not usually signs of illness.

- But many women do not have any
- Often go away after a few months

**Most common:**

- Nausea (upset stomach)
- Spotting or bleeding between periods
- Mild headaches
- Tender breasts
- Slight weight gain or loss

Do you want to try using this method and see how you like it?

**Decision-making question:**
client needs to respond and participate before going to next page
Main points on a PROVIDER PAGE

Possible side-effects

Many users will have side-effects. They are not usually signs of illness.

• But many women do not have any
• Often go away after a few months

Most common:
• Nausea (upset stomach)
• Spotting or bleeding between periods
• Mild headaches
• Tender breasts
• Slight weight gain or loss

• “It can take time for the body to adjust.”
• Different people have different reactions to methods.
• About half of all users never have any side-effects.
• Side-effects often go away or lessen within 3 months.

Discuss:
• “If these side-effects happened to you, what would you think or feel about it?”
• “What would it mean to you?”
• “What would you do?”
• Discuss any rumours or concerns. See Appendix 10 on myths.
  • “Please come back any time you want help or have questions.”
• “It is okay to switch methods any time.”
• For dealing with side-effects, see Returning Client tab.

Tell client: skipping pills may make bleeding side-effects worse and risks pregnancy.

Next move: Does client understand side-effects? Is she ready to choose method?

If she has decided to use method, go to next page.
If not, discuss further or consider other methods.

Page numbering for each section.
Counseling Icons

Ask if client has questions
Offer support
Check understanding
Listen carefully
Choosing a method

Choosing Method (for new clients)

Ask client: Do you have a method in mind?

If method in mind:
Check if method suits needs and situation. Check dual protection needs.

If no method in mind:
Discuss needs and situation and review method options. Check dual protection needs.

Discuss options for dual protection.

Go to Method Tabs to confirm initial choice
Choosing a method

Do you have a method in mind?

If you do, let’s talk about how well it suits your needs
- What have you heard about it?
- What do you like about it?

If not, we can find a method right for you

Important for choosing a method:
Do you need protection from pregnancy AND sexually transmitted infections?

1. Focus on what she knows about the method
2. Check understanding of the method
3. Can also discuss other options
Best practices in FP counseling

1. Focus on needs and situation

2. Compare methods in light of needs and situation
Dual Protection

Ways to avoid both STIs / HIV & pregnancy

Options using family planning:

1. Condoms
   - Male condom
   - Female condom

2. Condoms AND another family planning method
   - Example: Uninfected partner

Any family planning method WITH Uninfected partner

Some other options:

4. Other safe forms of intimacy

5. Delay having sex until you are ready

AND for added protection from STIs/HIV...
Reduce your number of sexual partners: one uninfected partner is safest

Dual Protection = Protection from pregnancy and STIs/HIV
Dual Protection

Do you have a method in mind?

If you do, let’s talk about how it suits you:
- What do you like about it?
- What have you heard about it?

If not, we can find a method that is right for you.

Important for choosing a method:
Do you need protection from sexually transmitted infections (STIs) or HIV/AIDS?

Comparing methods:

- **Most effective and nothing to remember.**
  - Fewer side-effects, permanent
  - Female sterilization
  - Vasectomy

- **Very effective but must be carefully used.**
  - Fewer side-effects: LUP
  - Male and female condom

- **Effective but must be carefully used.**
  - Fewer side-effects: Male sterilization
  - Vaginal methods
  - Fertility awareness-based method

- **Important! Only condoms protect against both pregnancy and STIs/HIV/AIDS.**

Copper IUD:

- Small device that fits inside the womb
- Very effective
- Keeps working up to 10 years, depending on type
- We can remove it for you whenever you want
- Very safe
- Might increase menstrual bleeding or cramps
- No protection against STIs or HIV/AIDS

Do you want to know more about the IUD, or talk about a different method?
Special Needs

Clients with special needs

These pages help clients who may need special counselling or advice.

- Younger client ............................................ go to next page (page SN2)
- Older client .............................................. go to page SN3
- Pregnant/postpartum client ....................... go to page SN4
- Post-abortion client ................................ go to page SN5
- Client living with HIV/AIDS ..................... go to page SN6
- Client who wants to become pregnant ....... go to page SN7

Next Move:
Go to correct page in this section.
Returning Clients

What method are you using?

- IUD: next page
- The Pill: page RC 4
- The Mini-Pill: page RC 6
- Long-Acting Injectable: page RC 8
- Monthly Injectable: page RC 10
- Implants: page RC 12
- Vasectomy or Female Sterilization: page RC 14
- Condoms (male or female): page RC 15
- Vaginal Methods: page RC 17
- LAM: page RC 19
- Fertility Awareness-Based Methods: page RC 21

Next Move:

Go to the correct page to help returning client.
Returning client

Ask what method client is using: **Go to method page**

- **No problems with method**
  - Check for new health conditions. Check about need for STI protection.
    - Provide method

- **Problems using method?**
  - Help manage side-effects
    - Switch method
Returning Clients

Long-acting injectable return visit

How can I help?

- Are you happy using the injectable? Need next injection?
- Late for injection?
- Any questions or problems?

Let’s check:

- For any new health conditions
- Need condoms too?

Next Move:

Continuing? Give injection. Remind client of date to return for next injection.

Help with problems. Go to next page.

Switching?

Discuss other methods. Go to Choosing Method tab.

Returning Client: long-acting injectable

Find the right page in the section (no tabs)
Managing problems

Help using implants

Any questions or problems? We can help.

- Bleeding changes?
- Infection in the insertion site?
- Headaches?
- Others?

Happy to continue with implants, or want to switch methods?
Method Sections

- Overview & information for choice
- Medical eligibility criteria
- Possible side effects
- How to use
- When to start
- What to remember
Medical eligibility criteria in the method section

For other less common conditions, need to check on providers page
Appendices: extra counseling tools

13 appendices with additional tools and information for providers

Ruling out pregnancy

1. Menstrual period started in the past 7 days?
2. Gave birth in the past 4 weeks?
3. Breastfeeding AND gave birth less than 6 months ago AND periods not returned?
4. Had miscarriage or abortion in the past 7 days?
5. No sex since your last period?
6. Been using another method correctly?

If ANY of these are true, you can start the method now

The female reproductive system

Ovaries
Fallopian tubes
The womb lining (endometrium)
The womb (uterus)
Vagina
Cervix
Clitoris
Comparing effectiveness of methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Most effective</th>
<th>How to make your method most effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implants</td>
<td></td>
<td>One-time procedure. Nothing to do or remember.</td>
</tr>
<tr>
<td>Vasectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Sterilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injections</td>
<td>Need repeat injections every 1 to 3 months.</td>
<td></td>
</tr>
<tr>
<td>Pills</td>
<td>Must take a pill each day.</td>
<td></td>
</tr>
<tr>
<td>LAM</td>
<td>Must follow LAM instructions.</td>
<td></td>
</tr>
<tr>
<td>Male Condoms</td>
<td>Must use every time you have sex; require a partner's cooperation.</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Must use every time you have sex; require a partner's cooperation.</td>
<td></td>
</tr>
<tr>
<td>Female Condoms</td>
<td>Must use every time you have sex; require a partner's cooperation.</td>
<td></td>
</tr>
</tbody>
</table>

8: Facts about STIs and HIV/AIDS

**What is a sexually transmitted infection (STI)?**
- An STI is an infection that can be spread from person to person by sexual contact.
- Some STIs can be transmitted by any sexual act that includes contact between the penis, vagina, anus, and/or mouth. For best protection, a couple should use condoms, or avoid any contact in the genital area (including oral and anal sex).
- STIs may or may not cause symptoms. Some cause pain, often, however, people particularly women may not know that they have an STI until a major problem develops.
- Some common STIs can be treated and cured with antibiotics. These include gonorrhea, chlamydia, syphilis, and chancroid. HIV is not curable, but can be treated.
- Some STIs cannot be cured, including hepatitis B, genital warts, and human papillomavirus (HPV) and HIV (see right).

**What are HIV and AIDS?**
- HIV (human immunodeficiency virus) is a virus that causes AIDS. Some body cells become infected with the virus, and it can spread to other parts of the body, including brain, heart, lungs, and other organs.
- AIDS (acquired immune deficiency syndrome) is a disease caused by HIV. It is characterized by certain symptoms that develop during the final stages of HIV infection. It is called “AIDS” because the immune system becomes weakened, and the body’s ability to fight disease (e.g., cancer, pneumonia, tuberculosis, malaria, diabetes) is destroyed.
- A person contracts HIV and symptoms of disease will eventually develop.

**Testing, counseling, and treatment for HIV/AIDS**
- A person living with HIV should take steps to reduce the risk of spreading the virus to others.
- HIV can be transmitted through the amniotic fluid, bronchial fluid, blood, breast milk, cervical fluid, cerebrospinal fluid, and vaginal fluid.
- The only way to tell if a person has HIV is blood test. Blood tests can usually detect HIV 6 weeks after the person has been exposed to the virus. Post-exposure RNA test is needed confirmation before diagnosing or treating the patient.
- recommend HIV testing for all clients who may be at risk of acquiring HIV. Testing should always be voluntary, based on informed consent, and be conducted with confidentiality. Ensure client has informed consent.

**Anyone at risk for STIs, including HIV, should use CONDOMS!**
Reproductive Choices and Family Planning for People with HIV

- Two-day training and job aid – an adaptation of the Decision-Making Tool for Family Planning Clients and Providers

- Developed as part of Integrated Management of Adolescent and Adult Illness (IMAI) series

- Field tested in Uganda and Lesotho

- Developed in collaboration with the INFO Project at Johns Hopkins Bloomberg School of Public Health

- First edition published in 2006 and available on WHO website
Road map of this counseling tool

For all clients

Welcome and discussion topics: You can have a healthy sexual life

Assessment: Questions for you
Do you know your partner's status?

Safer sex and living with HIV

Not in a sexual relationship

Wants to prevent pregnancy
You can use almost any method
Possible protection strategies: Dual protection
Know the facts about condoms: Dual protection
Comparing methods
Making a choice and a plan

Thinking about pregnancy
What you need to know
Risk of infecting the baby
What to consider
Having a baby

Help using your method

Male condom
Female condom
The Pill
Long-acting injectable
Emergency contraception
Lactational amenorrhea method
Fertility awareness-based methods
Referral methods

Appendix 1: Postpartum clients
Appendix 2: Tips for talking with your partner
Appendix 3: Making reasonably sure a woman is not pregnant
Appendix 4: Effectiveness chart
Safer sex and living with HIV

- Can still enjoy sexual intimacy
- There are ways to lower risk
- Some sexual activities are safer than others
Do you know your partner's HIV status?

Questions about sexual relationships:
- Does client know the HIV status of sex partner(s)?
- Does partner(s) know client’s HIV status?

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

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

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

For all clients

For all clients

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

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

Preparing to disclose HIV status
- Who to tell?
- When to tell?
- How to tell? Make a plan.
- What you will say? Practice with client.
- What will you say or do if…?
- If there is a risk of violence, discuss whether or not to disclose, or how to disclose with counsellor or friend present.
Sexual and Reproductive Health and Rights (SRHR)

Our vision is the attainment by all people of the highest possible level of sexual and reproductive health.

Interactive tools

These are interactive tools developed by WHO's Department of Reproductive Health and Research (including HRP). For further information and resources access the full site.

Search WHO guidelines in sexual and reproductive health and rights

This tool enables users to search WHO guidelines for individual recommendations across multiple guidelines with additional links to evidence and full texts.

http://srhr.org
Useful website links:

- WHO RHR – Family planning

- Family planning Training Resource Package
  - [https://www.fptraining.org/](https://www.fptraining.org/)

- WHO Family planning guidelines
  - [http://www.who.int/reproductivehealth/topics/family_planning/en/](http://www.who.int/reproductivehealth/topics/family_planning/en/)

- Implementing Best Practices (IBP) Initiative and Knowledge Gateway
Thank you

For more information,

Follow us on Twitter  @HRPresearch

Website  who.int/reproductivehealth/en