



# Long-Acting Reversible Contraceptives Learning Package

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## Module 3: Medical Eligibility and Client Assessment

### **Learner Version**

The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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# Module 3: Medical Eligibility and Client Assessment for Learner

## Module Overview

Module Overview for Learner

## Assessments

Pre and Post Test Questionnaire

Pre and Post Test Answer Sheet

## Checklists

Checklist 3-1: How to be Reasonably Sure a Client Is Not Pregnant

Checklist 3-2: Pelvic Examination Checklist

## Handouts

Handout 3-1: Client Assessment for Long-Acting Reversible Contraceptive (LARC) Methods

Handout 3-2: Sample Client Record Card

## Job Aids

Job Aid 3-1: WHO MEC Quick Reference Chart

Job Aid 3-2: Comparing Effectiveness of Family Planning Methods

Job Aid 3-3: Method Effectiveness Chart

# Module 3: Medical Eligibility and Client Assessment

## Module Overview for Learner

Time: 4:50 hours

### Session Objectives

By the end of this session, learners will be able to:

- Describe the World Health Organization (WHO) medical eligibility criteria (MEC) for contraceptive use.
- Use WHO MEC Wheel for Contraceptive Use and Quick Reference Chart for screening clients for contraceptive methods and medical conditions.
- Assess how to be *reasonably sure* a client is not pregnant.
- Conduct client assessment for different long-acting reversible contraceptive (LARC) methods.
- Use resources for selecting a contraceptive method for postpartum women:  
<http://srhr.org/postpartumfp/>
- Document client assessment findings on client record cards.

### Session Plans

- Session 1: Use of World Health Organization (WHO) medical eligibility criteria (MEC) for contraceptive use and 2015 Quick Reference Chart for screening clients
- Session 2: Conduct client assessment for different long-acting reversible contraceptive (LARC) methods. Use resources for selecting a contraceptive method for postpartum women:  
<http://srhr.org/postpartumfp/>

## Sample Schedule

Facility-based delivery: Two consecutive days

Day 1 (2 hrs 10 min)		Day 2 (2 hrs 40 min)	
Time	Session: Activity	Time	Session: Activity
5 min	One: Introduction Session Objective	30 min	Two: Client Assessment For LARC Clients (Discussion and Demonstration)
10 min	One: Pre Test	60 min	Two: Practice Screening and Client Assessment
30 min	One: Introduction to Medical Eligibility for Contraceptive Use	20 min	Two: Documentation of assessment findings
60 min	One: Practice use of MEC wheel and Quick Reference Chart for screening clients	30 min	Two: Selecting a contraceptive method for postpartum women (Demonstration and practice)
15 min	One: Assess how to be reasonably sure a client is not pregnant	10 min	Two: Post Test
10 min	One: Summary	10 min	Two: Summary & closing

# Module 3: Medical Eligibility and Client Assessment

## Pre and Post Test Questionnaire

**Instructions:** Write the letter of the single **BEST** answer to each question in the blank next to the corresponding number on the attached answer sheet.

**Total time:** 10 minutes

1. **The World Health Organization (WHO) Medical Eligibility Criteria (MEC) identify:**
  - a. The contraceptive method that can be safely used in the presence of a given individual characteristic or medical condition
  - b. The contraceptive method that is most effective for the client
  - c. How long the contraceptive method will be effective
  - d. The contraceptive method that will be effective for clients for more than 5 years
2. **WHO MEC Category 3 indicates:**
  - a. Methods that should not be used for a given client
  - b. Methods that are not usually recommended unless other more appropriate methods are not available or not acceptable
  - c. Methods to use generally; the advantages outweigh the disadvantages
  - d. A method that may be used in any circumstance
3. **You can be *reasonably sure* a client is not pregnant if:**
  - a. She has started her menstrual period in the last 7 days
  - b. She has abstained from intercourse since her last menstrual period or delivery
  - c. She had an abortion 7 days ago
  - d. All of the above
4. **Which of the following may help you feel more confident about inserting contraceptive implants in a client whose blood pressure is 150/80mmHg?**
  - a. Positive experience using this method with other similar clients
  - b. Using the MEC Wheel/Chart for screening the client
  - c. Discussing it with a senior doctor
  - d. Giving treatment for her high blood pressure
5. **Which of the following *must* be included while screening a client for contraceptive implants?**
  - a. A complete medical history, general examination, and pelvic examination
  - b. Using the Pregnancy Checklist, rule out pregnancy
  - c. Basic laboratory tests for hemoglobin, total lipids, and liver function tests
  - d. Ultrasound examination of the pelvis

6. **The physical examination of a potential IUD client *must* include:**
  - a. Breast examination
  - b. Abdominal examination
  - c. Rectal examination
  - d. Pelvic examination
7. **A postpartum client who delivered a baby 6 hours ago falls into which MEC category for IUD insertion?**
  - a. Category 1
  - b. Category 2
  - c. Category 3
  - d. Category 4
8. **Why is it important to conduct an abdominal examination on a client who wants to have a levonorgestrel intrauterine system (LNG-IUS) inserted?**
  - a. To check if the client is too obese
  - b. To check for suprapubic tenderness
  - c. To see if there is any abdominal scar
  - d. To satisfy the client
9. **Into which MEC category does a woman fit when she has a past history of deep vein thrombophlebitis and wants to have contraceptive implants inserted?**
  - a. Cannot use contraceptive implants (category 4)
  - b. Can use contraceptive implants if there are no other available family planning options (category 3)
  - c. Can use contraceptive implants (category 2)
  - d. Use the method in any circumstance (category 1)
10. **It is important to keep an accurate record of client assessment because:**
  - a. It ensures continuity of care
  - b. It saves time for the provider
  - c. It helps the client get another provider's opinion
  - d. It can be checked by the supervisor

# Module 3: Medical Eligibility and Client Assessment

## Pre and Post Test Answer Sheet

Q.1 \_\_\_\_\_

Q.2 \_\_\_\_\_

Q.3 \_\_\_\_\_

Q.4 \_\_\_\_\_

Q.5 \_\_\_\_\_

Q.6 \_\_\_\_\_

Q.7 \_\_\_\_\_

Q.8 \_\_\_\_\_

Q.9 \_\_\_\_\_

Q.10 \_\_\_\_\_



## How to Be Reasonably Sure a Client is Not Pregnant

Before initiating a medical regimen, health care providers often need to assess whether a woman is pregnant because some medications may have side effects that are potentially harmful to the fetus. According to the World Health Organization (WHO), there is no known harm to the woman, the course of her pregnancy, or fetus if hormonal contraceptive methods are accidentally used during pregnancy. However, it is recommended that family planning providers assess whether a woman seeking contraceptive services might already be pregnant, because women who are currently pregnant do not require contraception. In addition, methods such as IUDs should never be initiated in pregnant women because doing so might lead to septic miscarriage, a serious complication.

Providers often rely on the presence of menses as an indicator that a woman is not pregnant. However, providers often see women who want to start a contraceptive method when they are between menstrual periods. Since pregnancy cannot be confirmed or ruled out with a pregnancy test until a woman has missed her period, providers often require women to wait until they menstruate and then come back for method initiation. The pregnancy checklist helps providers rule out pregnancy with reasonable certainty when women are between menstrual periods, allowing women to initiate their method of choice without a delay.

FHI 360 (formerly Family Health International) developed the checklist with support from the U.S. Agency for International Development (USAID). The checklist is based on criteria endorsed by the WHO to determine with reasonable certainty that a woman is not pregnant. Evaluation of the checklist in family planning clinics has demonstrated that the tool is very effective in correctly identifying women who are not pregnant. Furthermore, studies in Guatemala, Mali, and Senegal have shown that use of these checklists by family planning providers significantly reduced the proportion of clients being turned away due to menstrual status, and improved women's access to contraceptive services.

Although the original checklist was developed for use by family planning providers, it can be used by both clinical and nonclinical health care providers to determine whether a client is pregnant. For example, pharmacists may use this checklist when selling medications that don't require a prescription, but should be avoided during pregnancy (e.g., certain antibiotics or certain common painkillers).

This checklist is part of a series of provider checklists for reproductive health services. The six questions that comprise the pregnancy checklist are integrated into these other checklists: the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*, the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives (COCs)*, the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*, and the *Checklist for Screening Clients Who Want to Initiate Contraceptive Implants*. For more information about the provider checklists, please visit [www.fhi360.org](http://www.fhi360.org).

### Explanation of the Questions

The checklist consists of six questions that providers ask clients while taking their medical history. If the client answers "yes" to any of these questions, and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure that the woman is not pregnant.

Women who are in the first seven days of their menstrual cycle or who have had a miscarriage/abortion in the past seven days are protected from unplanned pregnancy because the possibility of ovulation in these situations is extremely low. With the IUD, this period is extended to day 12 of the menstrual cycle because of the additional contraceptive effectiveness of the copper IUD. The probability of ovulation is also very low for women who are in their first four weeks postpartum. Women who satisfy the lactational amenorrhea method criteria (e.g., women who are in their first six months postpartum, are fully or nearly-fully breastfeeding, and are amenorrheic) are protected from

unplanned pregnancy because of the effects of lactational amenorrhea on the reproductive cycle. Likewise, women who consistently and correctly use a reliable contraceptive method are effectively protected from pregnancy, as are those who have abstained from sexual intercourse since their last menstrual period.

#### Sources:

- <sup>1</sup> Technical Guidance/Competence Working Group (TG/CWG). *Recommendations for Updating Selected Practices in Contraceptive Use: Volume II*. Washington: U.S. Agency for International Development, 1997.
- <sup>2</sup> Stanback J, Qureshi Z, Nutley T, Sekadde-Kigundu C. Checklist for ruling out pregnancy among family-planning clients in primary care. *Lancet* 1999;354(August 14):566.
- <sup>3</sup> Stanback, John, Diabate Fatimata, Dieng Thierno, Duarter de Morales, Cummings Stirling, and Traore Mahamadou. Ruling Out Pregnancy Among Family Planning Clients: The Impact of a Checklist in Three Countries. *Studies in Family Planning* 2005;36[4]:311–315.

# How to be Reasonably Sure a Client is Not Pregnant

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

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

\* If the client is planning to use an IUD, the 7 day window is expanded to 12 days.

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out using the checklist.<sup>†</sup>  
Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, you can be reasonably sure she is not pregnant.

<sup>†</sup> If the client is concerned about an unintended pregnancy, offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

# Module 3: Medical Eligibility and Client Assessment

## Checklist 3-2: Pelvic Examination Checklist

(To be completed by the Trainer)

Place a ☒ in case box if step/task is performed **satisfactorily**, and ☐ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

- **Satisfactory:** Performs the step or task according to the standard procedure or guidelines
- **Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines
- **Not Observed:** Step or task or skill not performed by learner during evaluation by clinical trainer

Learner: \_\_\_\_\_ Date Observed: \_\_\_\_\_

Checklist For Pelvic Examination					
Step/Task	Cases				
Getting Ready					
Explain why the examination is being done and describe the steps in the examination.					
Ask the woman to empty her bladder and wash and rinse her abdominal and genital areas.					
Check that the instruments and supplies are available.					
Help her to get onto the examining table.					
Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air-dry.					
Lower Abdominal and Groin Examination					
Ask the woman to lie down on the examining table.					
Look at the abdomen for abnormal coloring, scars, stretch marks, or rashes and lesions.					
Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.					
Identify any tender areas and check for rebound tenderness.					
Put new examination or high-level disinfected surgical gloves on both hands if sores are present on groin. Palpate both groin areas for bumps, buboes, or swelling.					
External Genital Examination					
Position woman and cover her by a drape					
Ask her to undress herself, take off her underwear.					
Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.					
Inspect external labia, labia minora, clitoris, urethral opening, vaginal opening, and perineum.					
Check the Skene's glands and urethra and take smears, if discharge is present.					
Check the Bartholin's glands and take smears, if discharge is present.					

Checklist For Pelvic Examination					
Step/Task	Cases				
Ask the woman to bear down while holding the labia open. Check for any bulging of the anterior or posterior vaginal walls.					
<b>Speculum Examination</b>					
Insert the speculum fully and open the blades. Look at the vaginal walls and note any inflammation, ulcers, or sores. Check for any discharge.					
Look at the cervix and os and note the color, position, smoothness, or discharge. If the cervix bleeds easily or there is mucopus, obtain a specimen for tests. Remove the speculum and place in 0.5% chlorine solution for decontamination.*					
<b>Bimanual Examination</b>					
Separate the labia with two fingers of the abdominal hand, and insert the tips of the index and middle fingers of the pelvic hand into the vagina.					
<b>Gradually insert fingers fully or until the cervix is touched.</b>					
Palpate the uterus and check for: <ul style="list-style-type: none"> <li>• Size</li> <li>• Shape</li> <li>• Position</li> <li>• Consistency</li> <li>• Mobility</li> <li>• Tenderness</li> </ul> Locate ovaries and determine size and consistency.					
Check the size, shape, consistency, mobility, and tenderness of any masses in the adnexa.					
<b>Completing the Pelvic Examination</b>					
Immerse both gloved hands in 0.5% chlorine solution, then remove gloves by turning them inside out. Dispose the used gloves, using safe infection prevention practices Wash hands thoroughly and dry them.					
Help the woman to sit up on the examining table and ask her to get dressed.					
Discuss if there are any abnormal findings and next steps. If the examination was normal, tell her that everything is normal.					

\*WHO's 2016 Infection Prevention Guidelines no longer recommend soaking instruments in disinfectant prior to cleaning. Please refer to in-country guidelines for this step.

## Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to conduct pelvic examinations, based on the following criteria:

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Clinical Skills performed competently:      **With Models**      **With Clients**  
☐ Yes      ☐ No      ☐ Yes      ☐ No

Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Module 3: Medical Eligibility and Client Assessment

## Handout 3-1: Client Assessment for Long-Acting Reversible Contraceptive (LARC) Methods

### Key objectives of assessment of potential LARC clients

#### IUD/LNG-IUS

- Ensure that the woman is not pregnant
- Determine the depth and direction of her uterus (for IUD insertion)
- Ensure that she does not have gonorrhoea or chlamydia, and is not at very high individual risk of these sexually transmitted infections (STIs)
- Identify other characteristics or conditions that may affect her eligibility for IUD use
- Identify any other problems that may require further assessment or treatment

#### Implant

There are fewer precautions for the use of implants. Providers must be able to assess potential users who:

- Have medical conditions such as diabetes, hypertension, severe or vascular migraine.
- Clients that need additional evaluation and may require more frequent follow-up care.

### Components of Client Assessment

- History
- Physical examination
- Laboratory investigations (only if indicated)

#### History

##### *Personal history*

- Age, marital status, married for how many years.

##### *Menstrual History*

- Ask about last menstrual periods
- Ask about menstrual patterns (e.g., regular versus irregular cycles, amount and duration of bleeding, pain/cramps)
- Screen the client for the possibility of pregnancy (use Checklist 3-1: Pregnancy Checklist)

##### *Contraceptive history and reproductive goals*

- Ask about past experiences with family planning (e.g., methods used, reasons for discontinuing)

- Ask about desire for children/more children and to space births
- Ask about desire for long-term contraceptive protection

### Reproductive history

- Ask about (history or current) undiagnosed vaginal bleeding
- Ask about any vaginal discharge (current or past), any treatment received for the discharge
- Assess her individual risk for STIs (Use indirect culturally appropriate questions while enquiring about: multiple partners, partner with multiple partners, recent STI for her or partner)

### Obstetric history

- Ask about previous pregnancies where and when (parity, gravida)
- Ask about past abortions (induced or spontaneous), date of last abortion (within 4 weeks)
- Ask about if, any complications in previous pregnancies or abortions

### Medical history

- Ask her if she has ever been diagnosed with anemia, HIV/AIDS, or heart valve disease
- Ask her if she is taking any treatment for any of these illnesses.

### Physical Examination

Contraceptive Method	History (present and past )	Physical Exam	Per speculum exam P/S	Per Vaginal exam P/V	Breast Examination	Lab Test	X-Ray/ Ultrasound
IUD Cu-T380-A	Yes	Yes	Yes	Yes	No	No	No
LNG-IUS	Yes	Yes	Yes	Yes	No	No	No
Implant	Yes	Yes*	No	No	No	No	No

\*Physical examination (especially blood pressure) if the history suggests any precaution for the implant insertion

### IUD/LNG-IUS

Before the examination :

- Ensure that essential equipment and supplies are available and ready for use.
- Ensure that the woman has recently emptied her bladder.
- Ask her to wash and rinse her perineal area with soap and water (if water and soap available).
- Help her to get onto the examination table.
- Assure her that you will do your best to make the examination as comfortable as possible.
- Tell her to let you know if she feels any pain at any time.
- Wash your hands thoroughly with soap and water; dry them with a clean, dry cloth or allow them to air-dry.

### ***Abdominal examination***

- Check for suprapubic or pelvic tenderness
- Check for swellings, bulges, masses, or gross abnormalities

### ***Pelvic examination (For details, see Checklist 3-2: Pelvic Examination Checklist)***

- Inspect the external genitalia and urethral opening
- Check for ulcers, lesions, and sores
- Check for buboes (enlarged groin nodes)
- Palpate the Skene's and Bartholin's glands, checking for tenderness or discharge

### ***Bimanual examination***

Perform a bimanual examination (before the speculum exam only if infection is not suspected)

- Determine size, shape, and position of uterus
- Check for enlargement or tenderness of the adnexa and cervical motion tenderness
- Check for uterine abnormalities that may interfere with proper placement of the IUD/LNG-IUS, such as a malformed uterus or uterine fibroids that distort the shape of the uterus

### ***Speculum examination***

- Check for purulent vaginal or cervical discharge (cervicitis)
- Check for ulcers, lesions, and sores
- Check cervix for bleeding, erosions, or narrowing of cervical canal (stenosis)
- If findings from the bimanual examination are unclear (e.g., position or size of uterus not determined), perform a rectovaginal examination only if indicated.

## **Client Assessment for Contraceptive Implants**

Contraceptive implants are safe for nearly all women. They contain only progestin (levonorgestrel [LNG]/etonogestrel [ETN]); so, there are fewer precautions for their use.

Providers must be able to assess potential users:

- Physical examination only if the history suggests any precaution for the implant insertion
- If the client is having medical conditions (diabetes, hypertension, severe or vascular migraine), they may require additional evaluation and frequent follow up care before they can use contraceptive implants
- Check client for any condition that may be a precaution for contraceptive implant use, such as unexplained vaginal bleeding, breast cancer (past or current), pregnancy, liver tumor
- Evaluate client by medical history and, if there are special problems, examine client and refer to appropriate medical services or provide treatment

**CLIENT RECORD CARD**

For Long-Acting Contraception Method:

☐

IUD

☐

IUS (Copper T)

☐

Implant

Name of Reproductive Health Center:

Client Registration Number:

Address of Center:

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**HISTORY**

Name of Client:

Husband's / Wife's Name:

Complete Address:

Referred by:

Age of Client:

Age of Husband / Wife:

Occupation of Client:

Occupation of Husband / Wife:

Education of Client:

☐

Illiterate

☐

Primary

☐

Middle

☐

High school or above

Education of Husband / Wife:

☐

Illiterate

☐

Primary

☐

Middle

☐

High school or above

Duration of marriage:

Years

Total number children born:

Number of children alive:

Boys

Girls

Age of the youngest living child:

Total number of :

Still births

Spontaneous  
AbortionsInduced  
Abortions

Outcome of the last pregnancy:

☐

Live birth

☐

Still birth

☐

Abortion

Previous use of contraceptive (check all that apply):

☐

None

☐

Oral Pill

☐

IUD

☐

Implant

☐

Rhythm/Withdrawal

☐

Condom

☐

Injectable



Last Menstrual Period:

Day

Month

☐ Regular      ☐ Irregular      ☐ Scanty      ☐ Normal      ☐ Heavy

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Past History:

☐ Diabetes      ☐ Hypertension      ☐ Peritonitis      ☐ Pelvic Inflammatory Disease      ☐ HIV  
☐ Jaundice      ☐ Heart disease      ☐ History of drug allergy      ☐ Any abdominal operation      ☐ None

☐ Other:

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### LABORATORY INVESTIGATION (Only if indicated)

Urine

☐ Normal      ☐ Albumin positive      ☐ Sugar positive      ☐ Sugar + Albumin positive

Blood Hb%:

☐ Less than 50%      ☐ 50% - 60%      ☐ 60% and above

Examination:

☐ Normal      ☐ Abnormal, explain:

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General examination:

BP       Temp       Abdomen       Pulse

Pelvic examination (if indicated):

☐ Normal      ☐ Abnormal, explain:

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P/S examination (if indicated):

☐ Normal      ☐ Abnormal, explain:

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Remarks of clinician:

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## FOLLOW UP VISITS

Date:

Complaint:

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Treatment given:

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If method discontinued:  
Reasons for discontinuation:

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Alternate method advised/chosen:

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Signature of Clinician:

Name of Clinician:

Date:

Date:

Complaint:

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Treatment given:

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If method discontinued:  
Reasons for discontinuation:

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Alternate method advised/chosen:

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Signature of Clinician:

Name of Clinician:

Date:

Date:

Complaint:

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Treatment given:

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If method discontinued:  
Reasons for discontinuation:

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Alternate method advised/chosen:

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Signature of Clinician:

Name of Clinician:

Date:

# Job-Aid 3-I: WHO MEC Quick Reference Chart

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

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

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

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

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

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

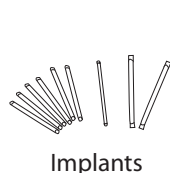
This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48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

- I/C** Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.
- NA** Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.
- i** The condition, characteristic and/or timing is not applicable for determining eligibility for the method.
- ii** Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.
- \*** Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m<sup>2</sup>, postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.
- \*\*** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

# Comparing Effectiveness of Family Planning Methods

## More effective

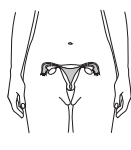
Less than 1 pregnancy per 100 women in 1 year



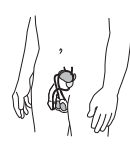
Implants



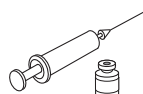
IUD



Female sterilization



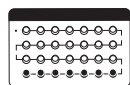
Vasectomy



Injectables



LAM



Pills



Patch



Vaginal ring



Male condoms



Diaphragm



Female condoms



Fertility awareness methods



Withdrawal



Spermicides

## Less effective

About 30 pregnancies per 100 women in 1 year

## How to make your method more effective

**Implants, IUD, female sterilization:** After procedure, little or nothing to do or remember

**Vasectomy:** Use another method for first 3 months

**Injectables:** Get repeat injections on time

**Lactational amenorrhea method, LAM (for 6 months):** Breastfeed often, day and night

**Pills:** Take a pill each day

**Patch, ring:** Keep in place, change on time

**Condoms, diaphragm:** Use correctly every time you have sex

**Fertility awareness methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

**Withdrawal, spermicides:** Use correctly every time you have sex























Sources:

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World Health Organization Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr., Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

## Job Aid 3-3: Method Effectiveness Chart

Method	If method is used consistently and correctly ( <i>perfect use</i> ):	If method is occasionally used incorrectly or not used ( <i>typical use</i> ):
Implants	less than 	less than 
IUD	less than 	less than 
Male and Female Sterilization	less than 	less than 
Injectables	less than 	
Pills	less than 	
Male condoms		
Standard Days Method		
Female condoms		
Diaphragm		
Withdrawal		
Spermicides		

If 100 Women Use a Method for One Year, How Many Will Become Pregnant?

Note: The lactational amenorrhea method (LAM) is a highly effective *temporary* method with 1 to 2 pregnancies per 100 women in the first 6 months after childbirth.

