

Standardized Training manual On Family Planning

FOR COMMUNITY BASED WORKERS

Trainee Guide



May 2018

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Acronyms

S.#	Abbreviations	
1.		
2.	BP	Blood Pressure
3.	CHW	Community Health Worker
4.	CMW	Community Mid wife
5.	CoC	Combined oral Contraceptives
6.	FP	Family Planning
7.	FWW	Family Welfare worker
8.	HTSP	Healthy Timing & Spacing for Pregnancy
9.	I/M	Intramuscular
10.	IEC	Information Education and communication
11.	IMR	Infant Mortality rate
12.	IPC	Inter Personnel communication
13.	Injection DMPA	Injection depot-medroxyprogesterone
14.	IUD	Intra Uterine Device
15.	LAM	Lactational Amenorrhea
16.	LB	Live Births
17.	LHW	Lady Health worker
18.	MEC	Medical Eligibility Criteria
19.	MMR	Maternal Mortality Ratio
20.	PoP	Progestogen only pill
21.	RH	Reproductive Health
22.	SC	Subcutaneous
23.	STIs	Sexually Transmitted Infections
24.	ECP	Emergency Contraceptive Pills
25.	HIV	Human Immunodeficiency Virus
26.	PID	Pelvic Inflammatory Disease

Introduction and Background

Learning Outcomes:

By the end of the session the participants will have :

- Discussed the challenges of family planning programs and types of community based workers in Pakistan
- Known the CPR of Pakistan.
- Identified the objectives of the workshop

According to provisional census report 2017, Population of Pakistan is 207 million with growth rate of 2.4percent, making it sixth most populous country in the world.

Effective implementation of Family Planning (FP) program in Pakistan remained very challenging due to number of factors including like cultural restrictions on women constraining their empowerment. These factors together with high unmet need, quality of services, coverage, supplies and management issues seem to be possible causes for low uptake of FP services in Pakistan.

In Pakistan, Family Planning Services are provided by both the public and private sectors. In public sector, before 18th amendments, services were administered & coordinated by Ministries of Health & Population Welfare and delivered by the respective provincial departments.

According to Pakistan Demographic and Health Survey (PDHS 2012-13), the country's Contraceptive Prevalence Rate (CPR) for modern and traditional methods, is only 35% - one of the lowest CPR(s) in the region, despite six decades of public and private sector programme. There is a 20-26 percent unmet need of contraceptives in the country or, in other words, seven million women want to use contraceptive methods but they do not have access to them

For the FP 2020, Pakistan committed to increasing the contraceptive prevalence rate to 50% by 2020, which is a great challenge all of us.

There are three types of community health workers providing FP services in the field:

1. The Family Welfare Workers (FWW) program of Population welfare
2. Lady health workers working under Provincial DoH
3. Community midwife cadre under MNCH Program.

Unfortunately the FWWs of PWD and CMWs of MNCH Program have never received any in service training after induction. There is no such policy of regular refresher trainings in any of the MNCH component in both these programs. Fragmented in service trainings of CMWS by development partners conducted in last years. In addition, in both the programs, the awareness raising and counseling techniques through IEC material has never been adopted.

On the other hand, before devolution, refresher training component of LHWs Program was well in place since 2004. During 2004-2010, several refresher trainings on FP were conducted to enhance the knowledge and skills of LHWs. Also, IEC material in form of pictorial booklet was introduced in 2004-05 to enhance the counseling skills of LHWs.

After 18th amendment in 2010-2011, the LHWs Program has been provincialized and since then annual refresher training activity could not take place. For the last 6-7 years, only patchy refresher training on PHC topic family planning were arranged by the provinces with the support of development and collaborating partners .

Keeping in view the above scenario, on request of provincial health departments, WHO has come forward for revival of FP program at the community level with the focus on enhancement of knowledge and skills of community health workers in FP component.

This guide is a refresher course with introduction of new concepts of medical eligibility criteria and decision making process. IEC material in form of counseling cards is another innovative step included in this guide to enhance the counseling skills of community health workers. Concepts and process are explained in simple manner and in easy language for better understanding of community health workers.

Objectives.

- To refresh the knowledge and enhance the skills of community based workers in family planning methods.
- Acquaint them with the new term of “Medical Eligibility Criteria” and explain them its use importance before selection of appropriate method of FP for the clients.
- To upgrade the counseling skills of community health workers through counseling cards.

It is expected that this guide will assist community health workers to help clients by providing best counseling skills to choose and use the method of family planning that suits them best.

Wrap up & Summary :

- Population of Pakistan is 207 million with growth rate of 2.4percent, making it sixth most populous country in the world. CPR is only 35%
- There are three types of community health workers providing FP services in the field by three different Programs /departments
- Several challenges like cultural restrictions on women and other factors together with high unmet need, quality of services, coverage, supplies and management issues seem to be possible causes for low uptake of FP services in Pakistan.

Unit-1: Concept of Family Planning/Healthy Timing & Spacing for Pregnancy

Learning Outcomes:

By the end of the session the participants will have :

- Defined different terminologies related to reproductive health including MMR,IMR and CPR.
- Understood the concept of HTSP and three sets of HTSP
- Discussed the different global and national health indicators and importance of HTSP

Definitions of different terminologies of FP

Reproductive Health

“Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life.

Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

Family Planning

Family planning is the conscious effort to regulate the number and spacing of births through temporary, long-term and permanent methods including emergency contraception.

Contraceptive Prevalence Rate

Contraceptive prevalence rate is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time

Birth limiting

Simply refers to situations where women do not want any more births.

Birth spacing

The practice of maintaining an interval between births of two or more years. The shorter the interval, the more vulnerable the infants is to disease, malnutrition, diarrhea and respiratory tract infections

Unmet Need: Women with unmet need are those who are want to stop or delay childbearing but are not using any method of contraception.(Number or % of married women who want to postpone or stop having children but who are not using a FP method.)

Family Planning , Infant, Child and Maternal Mortality:

- Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth.
- 99% of all maternal deaths occur in developing countries.
- Maternal mortality is higher in women living in rural areas and among poorer communities.
- Young adolescents face a higher risk of complications and death as a result of pregnancy than other women.
- Skilled care before, during and after childbirth can save the lives of women and newborn babies.
- Between 1990 and 2015, maternal mortality worldwide dropped by about 44%.

Maternal Mortality Ratio

The number of maternal deaths per 100,000 live births.

A *maternal death* is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Infant mortality rate

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.

- Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
- Pakistan has shown remarkable improvement in reducing maternal mortality ratio from 500/100,000 LB in 1990s to 178/100,000 LB in 2015-2016.
- Infant and under-five mortality rates in the five-year period is significantly reduced from 2006-07 from 78 to 74 and from 94 to 89 deaths per 1,000 live births, respectively.
- At these mortality levels, 1 in every 14 Pakistani children dies before reaching age 1. One in every 11 does not survive to his or her fifth birthday.
- Unfortunately Pakistan ranked highest in the world in Neonatal mortality rate with stagnant rate between 46-55 deaths /1000 LB. a lot of efforts are needed to bring improvement in NMR.
- One of the major reasons of highest NMR is **18 months or less birth spacing interval** that is associated with significant risk of neonatal and perinatal mortality, **low birth weight**, small size for gestational age, and preterm delivery.

Healthy Timing and Spacing in Pregnancy

Healthy Timing and Spacing of Pregnancy (HTSP) is recognized as a critical and essential preventive child survival intervention that effectively complements curative and other child health interventions, with additional benefits to the mother, family, men, community and the society. It is a key intervention associated with reduced risk of low birth weight, prematurity and newborn and deaths in infants, as well reducing health risks to mothers after a live birth or abortion, and risks to adolescents.

It creates awareness and increases demand for birth spacing services which is critical to the continuity, retention and long-term use of birth spacing.

Most postpartum women and their husbands are interested in preventing a too closely spaced pregnancy. Many women would like to delay their next pregnancy for at least two years. A number of women do not want any more children.

Data from 27 countries shows that as many as

- Two-thirds of women who gave birth in the last year have unmet need for contraception.
- Only 3 to 8% of women say they want another child within the next two years.
- 40% of women in the first year postpartum intend to use a birth spacing method, but are not yet doing so.

Good quality birth spacing information, counseling should be included in the range of services offered to postpartum women.

All health workers who interact with postpartum women, play an important role in ensuring women have access to this information and these services.

Definition of HTSP

Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families make an informed decision about the delay of first pregnancy and the spacing or limiting of subsequent pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed contraceptive choice taking into account fertility intentions and desired family size, as well as the social and cultural contexts.

KEY MESSAGES OF HTSP

Recommendation for spacing after a live birth

After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.

Recommendation for spacing after a miscarriage or induced abortion

After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes.

Recommendation for adolescents:

Adolescents need to use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant

Three Key Messages of HTSP

1. Healthy pregnancy spacing of at least 24 months after a live birth.
2. Healthy pregnancy spacing of at least six months after a spontaneous or induced abortion.
3. Healthy timing of the first pregnancy no earlier than age 18.

Integrate HTSP into the information, education and counseling that is provided to women during antenatal visits, post-partum care, well-baby check-ups, infant growth-monitoring, immunizations, post abortion care, malaria services and among others. HTSP information can also be disseminated as part of community-based health education and outreach, such as youth development, literacy, women's micro-enterprise, agricultural programs, etc.

Return to Fertility:

A Distinction between Post abortion and Postpartum Women.

Following an abortion or miscarriage, a woman's fertility returns within **10 – 14 days**. Women who have experienced an abortion or miscarriage should begin the use of contraceptive method within 48 hours following the incident to prevent an unintended or unsafe pregnancy. Research shows that women who become pregnant again within six months of a miscarriage or abortion are much more likely to experience pregnancy related complications.

For postpartum women, it is a bit more complicated.

Non-breastfeeding women can ovulate and become pregnant as soon as **four to six weeks** after delivery. Fertility is less predictable in breastfeeding women.

If they are not exclusively breastfeeding, and start supplemental feeding of their babies, they are at risk of pregnancy, even if their menses has not yet returned. To avoid pregnancy, they should see a health care provider who can help them choose an FP method that is appropriate for them.

What to be done for HTSP

After a live birth:

- Couples can use an effective birth spacing method of their choice continuously for at least two years before trying to become pregnant again.
- Couples who choose to use an effective birth spacing method continuously can plan to have their next pregnancy not more than five years after the last birth.

After a miscarriage or abortion:

- Couples can use an effective FP method of their choice continuously for at least six months after a miscarriage or abortion before trying to become pregnant again.

For adolescents:

- Adolescent married women need to use an effective FP method of their choice continuously until they are 18 years old before trying to become pregnant.

Key concept of HTSP.

- HTSP promotes improved health outcomes for mothers, newborns and infants through better pregnancy spacing.
- The use of a family planning method is essential for HTSP.
- HTSP information and education is important during the antenatal and postpartum period so that women, their families and communities can become more aware of the health and social benefits of using FP to space pregnancies.
- HTSP and FP can be easily integrated into a number of health and outreach services, especially as part of addressing desired family size, future pregnancy intentions, and options for pregnancy spacing and limiting.

BENEFITS OF HTSP and FP	RISKS IF HTSP and FP IS NOT PRACTICED
For the Newborn Child	
<ul style="list-style-type: none"> ☐ Newborns are more likely to be born strong and healthy. ☐ Newborns may be breastfed for a longer period of time, which allows them to experience the health and nutritional benefits of breastfeeding. ☐ Mother-baby bonding is enhanced by breastfeeding, which facilitates the child's overall development ☐ Mothers who are not caring for another young child under the age of three may be better able to meet the needs of their newborns. 	<ul style="list-style-type: none"> ☐ Risk of newborn and infant mortality is higher. ☐ There may be a greater chance of a pre-term low-birth-weight baby, or the baby may be born too small for its gestational age. ☐ When breastfeeding stops before six months, the newborn does not experience the health and nutritional benefits of breast milk, and the mother-baby bond may be diminished, which may affect the baby's development.
For the Mother	
<ul style="list-style-type: none"> ☐ The mother has a reduced risk of complications which are associated with closely spaced pregnancies. ☐ She may have more time to take care of the baby if she does not have to deal with the demands of a new pregnancy. ☐ She may breastfeed longer; longer duration of breastfeeding is linked to a reduced risk of breast and ovarian cancer. ☐ She may be more rested and well-nourished so as to support the next healthy pregnancy. ☐ She may have more time for herself, her children, and her partner, and to participate in educational, economic and social activities ☐ She may have more time to prepare physically, emotionally, and financially for her next pregnancy. 	<ul style="list-style-type: none"> ☐ Women who experience closely spaced pregnancies are: <ul style="list-style-type: none"> o at increased risk of miscarriage; o more likely to induce an abortion; and o at greater risk of maternal death.
For Father	
<ul style="list-style-type: none"> ☐ His partner may find more time to be with him, which may contribute to a better relationship. ☐ Expenses associated with a new pregnancy will not be added to the expenses of the last-born child. ☐ More time between births may allow a man time to plan financially and emotionally before the birth of the next child, if the couple plans to have one. 	<ul style="list-style-type: none"> ☐ The stress from closely spaced pregnancies may prevent couples from having a fulfilling relationship. ☐ If the mother is too tired from a new pregnancy and raising an infant, she may not have the time or energy to spend with her partner.

For the Family	
<p>☑ Families can devote more resources to providing their children with food, clothing, housing, and education.</p>	<p>☑ A new pregnancy requires money for antenatal care, better nourishment for the mother, savings for the delivery costs and costs associated with the needs of a new baby.</p> <p>☑ Illness or a need for emergency care is more likely if the woman has closely spaced pregnancies</p> <p>☑ Unanticipated expenses may lead to difficult financial circumstances or poverty.</p>
For the Community	
<p>☑ HTSP is associated with reduced risk of death and illnesses among mothers, newborns, infants, and children, which can contribute to reductions in poverty and improvements in the quality of life for the community.</p> <p>☑ It may relieve the economic, social and environmental pressures from rapidly growing populations.</p>	<p>☑ Lack of HTSP may result in a poorer quality of life for community residents, including increased medical expenses.</p> <p>☑ Economic growth may be slower, making it more difficult to achieve improvements in education, environmental quality, and health.</p>

<p>Wrap up & Summary</p> <p>HTSP is an effective FP method of their choice continuously for at least two years before trying to become pregnant again.</p> <ul style="list-style-type: none"> • HTSP and FP are integrated terms to promote improved health outcomes for mothers, newborns and infants through better pregnancy spacing. • HTSP information and education is important during the antenatal and postpartum period so that women, their families and communities can become more aware of the health and social benefits of using FP to space pregnancies.
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Unit-2: Overview of Contraceptive Methods.

Learning Outcomes:

By the end of the session the participants will have :

- Identified different categories of contraceptives methods
- Distinguished between short-acting and long-acting contraception
- Compared and contrasted mechanism of action, advantages, disadvantages, special characteristics and instructions for each contraceptive method presented
- Described "dual protection" and "emergency contraception"

Contraception: Contraception means preventing pregnancy. A contraceptive is a drug, device or method that prevents pregnancy when a couple has sexual relationship. There are many different contraceptive methods. Most are reversible that means woman can still be able to become pregnant after she has stopped using the method. Some are permanent like surgical interventions meaning woman will not be able to become pregnant in the future.

Different Categories of contraceptive methods

The main categories of contraception

- **Short -acting Contraceptive Methods**
- **Long Acting Contraceptive Methods**

Contraceptive methods available and recommended in Pakistan for Community Health Workers

Short -acting Contraceptive Methods	Long Acting Contraceptive Methods
<ol style="list-style-type: none">1. Natural/Traditional Methods<ol style="list-style-type: none">a. With drawl or coitus interruptus Methodb. Lactational Amenorrhea Method (LAM or Exclusive Breast Feeding)2. Barrier Methods<ol style="list-style-type: none">a. Condoms (male condoms)3. Hormonal Methods.<ol style="list-style-type: none">a. Oral Pills<ol style="list-style-type: none">i. COC-Combined oral pillsb. Emergency contraceptive pillsc. Injectables.<ol style="list-style-type: none">i. Progestogen only<ul style="list-style-type: none">▪ DMPA-intramuscular▪ Norigest or Noristerat-intramuscular▪ Inj. Syana Press uniject, subcutaneous injection	<p>Long Acting Reversible Methods</p> <ul style="list-style-type: none">▪ Intrauterine contraceptive Device Cu-T.▪ Implants<ul style="list-style-type: none">– Norplant.6 capsules, effective for5- 7 years▪ Long-acting irreversible(Permanent) methods<ul style="list-style-type: none">▪ Tubal ligation for females▪ Vasectomy for males

Contraceptive Methods Not available in the country / not recommended to be used by community Health Workers

Short -acting Contraceptive Methods

Natural/Traditional Methods

1. Fertility Awareness Methods
 - a. Calendar-based Methods
 - i. Standard Day Method (SDM)
 - ii. Calendar Method
 - b. Symptoms-based methods
 - i. Two Day Method
 - ii. Basal body temperature (BBT) method
 - iii. Ovulation method
 - iv. Sympto-thermal

Modern Methods

2. Barrier Methods

- a. Female Condoms
- b. Diaphragm
- c. Cervical Cap
- d. contraceptive sponge

3. Spermicides.

- a. Jellies
- b. Creams
- c. Foams
- d. Films
- e. Suppositories.

4. Hormonal Methods.

- a. Oral Pills
 - i. POP- Progestin only pill
- b. Injectables.
 - i. Combined
 1. Mesigyna (Norigynon)

Long-acting reversible and irreversible (Permanent) Contraceptive Methods

5. Intra uterine contraceptive Device

- i. Miren T-shaped IUD

6. Implants

- a. Jadelle
 - i. 2 rods, effective 5 years
- b. Implanon
 - i. 1 rod, effective 3 years

Short Acting Contraceptive Methods

1. Fertility Awareness Methods

a) Calendar-based Methods.

- **Standard Day Method (SDM)** Identifies days 8 - 19 of the cycle as fertile.
 - For women with menstrual cycles between 26 and 32 days long.
 - Helps a couple avoid unplanned pregnancy by knowing which days they should not have unprotected intercourse.
 - Client uses a color - coded string of beads to help her track where she is in her cycle and know when she is fertile.
 - Women with cycles between 26 and 32 days long
 - Couples who can use condoms or avoid sex on days 8 to 19 of the cycle



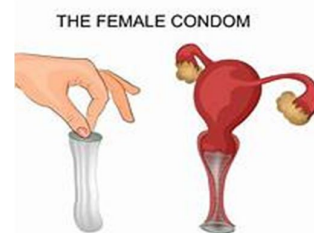
- **Two Day Method**

- Uses cervical secretions to indicate fertility.
- Women check daily the presence of secretions.
- Users pay attention to their secretions in the afternoon and evening and decide if they are fertile today.
- If a woman noticed any secretions today or yesterday, she considers herself fertile today and avoids unprotected intercourse today.
- TwoDay method users consider all secretions noticeable at the vulva as a sign of fertility (irrespective of color, consistency, stretchiness, or any other characteristic).

2. Barrier Methods

- Female condom **Plastic sheath with ring at both ends.**

The female condom is a tube of soft plastic (polyurethane) that has a closed end. Each end has a ring or rim. The ring at the closed end is inserted deep into the woman's vagina over the cervix, like a diaphragm, to hold the tube in place. The ring at the open end remains outside the opening of the vagina



Female condoms do not have any side effects except to individuals who are allergic to latex. The female condom does not have any effects on either the male or the female reproductive function. It is possible to get pregnant immediately if condoms are no longer used. Like male condom, it protects from STDs.

- Diaphragm
- Cervical caps
- Sponge

3. Spermicides

- Jellies, creams, foams, films, and suppositories. Spermicides are a type of contraceptive agent that works by killing sperm. Spermicides need to be placed in a woman's vagina prior to intercourse if they are to prevent viable sperm from reaching her uterus.

4. Hormonal Methods

- **Progestin-Only Pills (POPs): Characteristics**

Especially suitable for breastfeeding women and others who should not use estrogen

- Contain no estrogen
- Less progestin than COCs
- All pills in pack are active (available in pack of 28-35 pills)
- Progestin amount same throughout
- Continuous use, take one pill every day. After finishing 01 pack, start new pack from the next day.
- Must be taken at same time every day
- **Mechanism of Action:** Suppresses ovulation in ALL cycles. Thickens cervical mucus and creates thin endometrium – hampering sperm transport
- Side effects include nausea, vomiting, bleeding irregularities from heavy bleeding to amenorrhea

- **Hormonal Skin Patch**

- The birth control patch is a thin plastic patch (1 3/4 inch square) placed directly on the skin of the woman.
- The birth control patch works by hormones that are absorbed from the patch into your system.
- The patch is worn for one week at a time and it is placed directly on the skin of buttocks, stomach, upper arm or upper torso. it acts by inhibiting the ovulation and by thickening cervical mucus preventing the sperm reaching the egg.
- The patch is replaced once a week on the same day each week for three weeks in a row. The patch is not worn during the fourth week to allow the menstrual flow to occur at this time. Patch is very effective method of contraception and its failure rate is very low.
- The birth control patch has side effects similar to those experienced by users of oral or other hormonal types of contraception.



- **Combined Injectable Contraceptives (Inj. Cyclofem or Inj. Mesigyna)**

- Contain progestin and estrogen
- Administered monthly: CIC are injected into the muscle of upper arm, thigh, or buttocks. After each shot, the hormone levels peak and then slowly decrease until the next injection. In order to be effective, one must get a combined contraceptive injection every 28 to 30 days (and one cannot go past 33 days from the date of your last injection).
- Injections have a failure rate of between less than 1% .
- It acts by inhibiting ovulation and thickening of cervical mucus preventing entry of sperms.
- Provide more regular bleeding cycles
- May result in estrogen-related side effects.
- Side effects are similar to users of combined oral contraceptives.

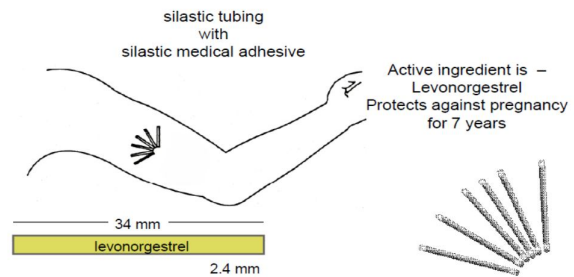
New DMPA (Injection Syana Press) Shortly will be introduced in Pakistan

- Subcutaneous depot-medroxyprogesterone (DMPASC)(depo -subQ provera 104)
- Given after 3 months like DMPA
- Easy to inject subcutaneously
- Low dose formulation
- Injected into the tissue just under the skin with a finer, shorter needle (subcutaneously)
- Slower and more sustained absorption
- 30% lower dose of progestin

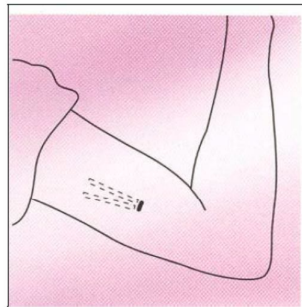


Long Acting Reversible Methods

- Norplant



- Jadelle



- Causes thickening of the cervical mucus, preventing the passage onto the uterus
- Inhibits ovulation in about 45-85% of menstrual cycles
- Suppresses endometrial maturation and removes the hormonal support necessary for fertilization and pregnancy

Mirena (T-shaped IUD)

- The mirena coil is a t-shaped intrauterine device made of plastic. The IUD contains levonorgestrel, a type of hormone that prevents pregnancy.
- Mirena can remain in the body for up to five years because it releases the hormone over time. Patients should replace the IUD after five years.
- Mirena decreases menstrual blood loss by 62 to 94 percent after three months. The device reduces menstrual blood loss by 71 to 95 percent after six months of use.
- Its insertion and removal techniques are similar to copper -T IUD.



Mechanism of action, advantages, disadvantages, special issues and instructions for different contraceptive methods

Traditional methods

Method	Description	When to start and How it works and follow up	Advantages	Disadvantages
Withdrawal (coitus interruptus)	Man withdraws his organ from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia	Tries to keep sperm out of the woman's body, preventing fertilization.	<ul style="list-style-type: none"> • Natural, so no side effects • Doesn't cost anything • Allows men to be an active part of preventing pregnancy 	<ul style="list-style-type: none"> • Doesn't protect against STIs • One of the least effective methods, because proper timing of withdrawal is often difficult to determine • May decrease sexual pleasure of woman • No control by women- need to rely completely on men to prevent pregnancy
Lactational Amenorrhea Method (LAM)	<ul style="list-style-type: none"> • women who exclusively breastfeed their baby around-the-clock • not started menstruating are very unlikely to get pregnant during the first six months after they give birth. • Infant less than six months • <i>If any criteria change , start another method .</i> 	Breastfeeding interferes with the release of the hormones needed to trigger ovulation. So the more you nurse your baby, the less likely you are to ovulate.	Universally available <ul style="list-style-type: none"> • LAM can be used immediately after childbirth. • At least 98% effective • No commodities/supplies required • Improves breastfeeding and weaning patterns • Women with HIV or who have AIDS can use LAM. • Breastfeeding will not make their condition worse. 	<ul style="list-style-type: none"> • LAM is most effective only within the first six months postpartum. • The mother must breastfeed only, and when the baby demands it, which may be inconvenient or difficult for working mothers to maintain. • It does not protect against sexually transmitted diseases (STDs), including <u>HIV</u>. Always use a <u>condom</u> to reduce the risk of STDs.

Fertility awareness methods (natural family planning or periodic abstinence)	Calendar-based methods: monitoring fertile days in menstrual cycle; symptom-based methods: monitoring cervical mucus and body temperature	The couple prevents pregnancy by avoiding unprotected vaginal sex during most fertile days, usually by abstaining or by using condoms	<ul style="list-style-type: none"> • No physical side effects • Couples gain a better understanding of their fertility • Responsibility is shared by both partners, which may lead to increased communication, cooperation and intimacy • Service provider not required • No cost after initial teaching • For some, the ability to adhere to religious and cultural norms. 	<ul style="list-style-type: none"> • Dependent on commitment and cooperation of both partners • Daily monitoring and recording of fertile days and/or observation for signs of fertility may be bothersome • Long periods of sexual abstinence may cause marital and psychological stress • Women with irregular cycles find calendar-based methods difficult • Signs and symptoms (for symptom-based methods) which indicate fertility are highly variable during breast feeding
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Modern methods

Method	Description	When to start and how it works and follow up schedule	Advantages	Disadvantages
Male condoms	Sheaths or coverings that fit over a man's erect penis	Forms a barrier to prevent sperm and egg from meeting Use: at the time of sex No follow up unless some allergic complaint. Fertility returns immediately if you don't use condom	<ul style="list-style-type: none"> • Lowers risk of STIs • It provides the most protection against sexually transmitted infections (latex condoms are best) • Don't cost much, can buy at almost any drug store (don't need a prescription) • Allow men to have an active part in preventing pregnancy 	<ul style="list-style-type: none"> • Have to use a new one every time you have sexual intercourse (can only be used once) • May disrupt/interrupt sexual activity as it needs to be put on just before penetration • Can break • Women may be allergic to latex
Combined oral contraceptives (COCs)	Contains two hormones (estrogen and progestogen)	Prevents the release of eggs from the ovaries (ovulation) return of fertility after discontinuing is rapid. Start form 1 st day of next cycle. Follow –up :initial 3 month visit then yearly follow-up Fertility returns immediately after stopping pills	Reduces risk of endometrial and ovarian cancer. Regularize the menstrual cycle	Client dependant – must be taken every day <ul style="list-style-type: none"> • Requires regular, dependable supply • Minor side effects in some clients • May cause rare but serious circulatory system complications especially in women > 35 who smoke and/or have other health problems • No protection from STIs/HIV

Emergency contraception (levonorgestrel 1.5 mg)	Progestogen-only pills taken to prevent pregnancy up to 5 days after unprotected sex	<ul style="list-style-type: none"> • Prevents ovulation • Can take up to 5 days after unprotected sex. • (more effective if taken as soon as possible) • Can take 2 times /cycle. • No follow –up required. • No Fertility issue 	<ul style="list-style-type: none"> • It is a simple safe emergency method to reduce the chance of pregnancy. 	<ul style="list-style-type: none"> • It is not suitable for women who cannot take birth control pills. • It should not be used as a regular method of birth control. • It may have some temporary side effects: nausea and vomiting, diarrhea, abdominal cramps, vaginal bleeding. • It does not protect against STIs. • Does not disrupt an already existing pregnancy. • Return of fertility is immediate
Implants Norplant	<ul style="list-style-type: none"> • Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only • Provides 5-7 years of protection. 	<ul style="list-style-type: none"> • It suppresses ovulation • Can be inserted at any time during the menstrual cycle, preferably within seven days of menstruation or post-abortion. • It can also be inserted six weeks after delivery if the mother is fully breastfeeding. • Can be inserted at any time, after ruling out pregnancy. <p>Follow-up : Come back after 4-7 years, if no problem</p> <ul style="list-style-type: none"> • • Quick return of fertility within 21 days of implant removal • 	<ul style="list-style-type: none"> • High effectiveness of up to 99 percent within seven days of implant insertion • Safe in the majority of women • Easily removed • Independent of user memory • Safe for use during lactation • Relieves menorrhagia and dysmenorrhea • Reduces the risk of pelvic inflammatory disease • improvement in acne • Some protection against endometrial cancers 	<ul style="list-style-type: none"> • Health-care provider must insert and remove; • Irregular vaginal bleeding common but not harmful • No delay in return to fertility. • Does not protect from STIs • Insertion complications may occur.

Progestogen only injectables	DMPA-Injected into the muscle every 3 months, Injection Norigest Injected deep in to muscles after every 02 months	Same mechanism as POPs When to initiate <ul style="list-style-type: none"> • Within five days of onset of menses • After child is 6 weeks old • Within first 5 days of initiation of menses. • In amenorrhea: can be given after ruling out pregnancy Follow-Up In case of any complication visit your HCP immediately Fertility Return may be delayed 6-9 months after stopping injection	<ul style="list-style-type: none"> • Very effective against pregnancy if used correctly • Many women stop getting their menstrual period while getting injections. (This is not a medical problem and menstrual periods usually return 6-18 months after you stop taking injections) • Helps protect against uterine cancer • Doesn't interrupt sexual activity. • Suitable for women breast feeding at 6 weeks post partum 	Causes side effects: <ul style="list-style-type: none"> – Menstrual changes – Weight gain Headache , dizziness and mood change <ul style="list-style-type: none"> • Action cannot be stopped immediately • Causes delay in return to fertility (6-10 months) • Provides no protection against STIs including HIV
Intrauterine device (IUD): copper containing	Small flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Copper component damages sperm and prevents it from meeting the egg. <ul style="list-style-type: none"> • Soon after delivery and abortion. • IUD should not be inserted between 48 hours and 4 weeks after childbirth because of expulsion risk. Follow-up recommended 3-6 weeks after insertion (or after 1st menstrual period), with no additional	<ul style="list-style-type: none"> ▪ Very effective against pregnancy ▪ Doesn't need daily attention- just need to check the thread at least once a month at time of menstrual period ▪ The levonorgestrel IUD (Mirena, Skyla) lessens menstrual flow and can be used to treat heavy periods ▪ Can be removed at any time 	<ul style="list-style-type: none"> ▪ Doesn't protect against STIs and shouldn't be selected if high risk of STI ▪ Needs to be inserted by a health care provider ▪ Can fall out or can rarely puncture the uterus ▪ The copper IUD can have side effects such as menstrual cramping, longer and/or heavier menstrual periods, and spotting between menstrual periods ▪ Slightly higher risk for infection in

		visits required. Fertility returns immediately after removal of IUCD		the first 20 days after insertion
Female sterilization (tubal ligation)	Permanent contraception to block or cut the fallopian tubes Tubal ligation – Laparotomy – Minilaparotomy – Laparoscopic	Eggs are blocked from meeting sperm. When to do surgery • Any time during cycle. • Soon after delivery Follow –up No regular follow up if no problem	<ul style="list-style-type: none"> • Very effective against pregnancy • One time decision that will provide protection against pregnancy forever 	<ul style="list-style-type: none"> • Need to have minor surgery • Permanent (although it is possible to undo sterilization with major surgery, it's not always successful) • Only should be used by women who are absolutely sure that they do not want any or any more children • No protection against STIs
Male sterilization (vasectomy)	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles	Keeps sperm out of ejaculated semen 3 months delay in taking effect while stored sperm is still present	<ul style="list-style-type: none"> • It is very simple, safe and effective method of contraception. • It does not require hospitalization. • It does not interfere with sexual pleasure. • After the initial three months following the operation, no further action is required to prevent conception. 	<ul style="list-style-type: none"> • It is an irreversible method but in some cases surgical recanalisation has been successfully done but this is not always successful. • Condom will have to be used during the first three months after the operation or until the semen test confirms the absence of sperms.

Wrap up & Summary:

- The main categories of contraception
 - Short -acting Contraceptive Methods
 - Long Acting Contraceptive Methods.
- Some modern contraceptive methods are either not available in Pakistan or not recommended to be used by community Health workers.
- Before selection of any method, it is essential to know:
 - What is it
 - How does it work
 - How effective is it
 - When is the return to fertility
 - Follow up schedule
 - Advantages
 - Disadvantages

Unit-3: Medical Eligibility Criteria

Learning Outcomes:

By the end of the session the participants will have :

- Learnt the concept of MEC wheel based on evidence
- Developed the skill on use of MEC wheel for safe use of contraceptive methods

Medical eligibility criteria for contraceptive use (MEC), presents current World Health Organization (WHO) guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics.

In the MEC, the safety of each contraceptive method is determined by several considerations in the context of the medical condition or medically relevant characteristics.

Primarily, whether the contraceptive method worsens the medical condition or creates additional health risks, and secondarily, whether the medical circumstance makes the contraceptive method less effective.

The safety of the method should be weighed along with the benefits of preventing unintended pregnancy.

Methods covered by this guidance include

- Fertility awareness-based methods (withdrawal, lactational amenorrhoea method)
- Barrier methods
- All hormonal contraceptives
- Intrauterine devices
- Male and female sterilization
- Emergency contraception.

Service Delivery Criteria

The following service-delivery criteria are universally relevant to the initiation and follow-up of all contraceptive method use:

- Clients should be given adequate information to help them make an informed, voluntary choice of a contraceptive method. This information should at least include:
 - the relative effectiveness of the method
 - correct usage of the method
 - how it works
 - common side-effects
 - health risks and benefits of the method
 - signs and symptoms that would necessitate a return to the clinic
 - information on return to fertility after discontinuing method use
 - information on STI protection.

MEC WHEEL

The wheel contains the medical eligibility criteria for starting use of contraceptive methods, based on Medical Eligibility Criteria for Contraceptive Use, 5th edition (2015), one of WHO's evidence-based guidelines

It guides family planning providers in recommending safe and effective contraception methods for women with medical conditions or medically-relevant characteristics.

The wheel includes recommendations on initiating use of nine common types of contraceptive methods:

1. Combined pills, COC (low dose combined oral contraceptives,)
2. ECP- Emergency Contraceptive pills
3. Progestogen-only injectables, DMPA (IM,SC)/NET-EN (depot medroxyprogesterone acetate intramuscular or subcutaneous or norethisterone enantate intramuscular)
4. Copper-bearing intrauterine device, Cu-IUD
5. Female Sterilization- Tubal Ligation (Mini-Lap, Laproscopic)
6. Male Sterilization-

MEC categories for contraceptive eligibility

For each medical condition or medically relevant characteristic, contraceptive methods are placed into one of four numbered categories. Depending upon the individual, more than one condition may need to be considered together to determine contraceptive eligibility.

Categories 1 and 4 are self-explanatory.

Classification of a method/condition as Category 2 indicates the method can generally be used, but careful follow-up may be required.

For a method/condition classified as Category 3, use of that method is not usually recommended unless other more appropriate methods are not available or acceptable. Careful follow-up will be required.

MEC categories for contraceptive eligibility	
Category 1	A condition for which there is no restriction for the use of the contraceptive method
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method
Category 4	Condition which represents an unacceptable health risk if the contraceptive method is used.

Where resources for clinical judgment are limited, such as in community-based services, the four-category classification framework can be simplified into two categories.

With this simplification, a classification of **Category 1 or 2** indicate that a woman can use a method, and a classification of **Category 3 or 4** indicate that a woman is not medically eligible to use the method

Category	With good resources for clinical judgment	With limited resources for clinical judgment
1	Use method in any circumstances	Yes (Use the method)
2	Generally use the method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	No (Do not use the method)
4	Method not to be used	

- Categories 1 and 4 are clearly defined recommendations. For categories 2 or 3, greater clinical judgment will be needed and careful follow-up may be required.
- If clinical judgment is limited, categories 1 and 2 both mean the method can be used.
- Categories 3 and 4 both mean the method should not be used.
- **No restrictions for some conditions:** there are many medical conditions when **ALL** methods can be used (that is, all the methods are either a category 1 or 2).
- With few exceptions, all women can safely use emergency contraception, barrier and behavioral methods of contraception, including lactational amenorrhea method;
- Only correct and consistent use of condoms, protect against STI/HIV. If there is a risk of STI/HIV, condom use is recommended.

Initiation and continuation

- Where warranted, recommendations will differ if a woman is starting a method (I = initiation) or continuing a method (C = continuation)

Example: women with current PID are a category '4' for initiating a copper IUD, but a category '2' for if they are continuing to use an IUD.

- Unless noted, recommendations are the same for initiation and continuation of a method

Conditions that are category 1 and 2 for all methods (method can be used)

Reproductive Conditions:

- Benign breast disease or undiagnosed mass

- Benign ovarian tumors, 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 (explained)
- Past ectopic pregnancy
- Past pelvic inflammatory disease
- Post-abortion (no sepsis)
- Postpartum ≥ 6 months.

Medical Conditions:

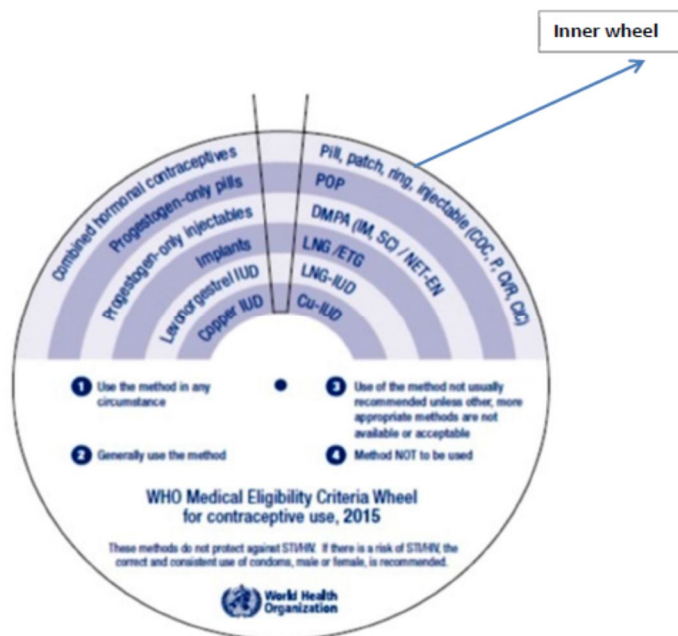
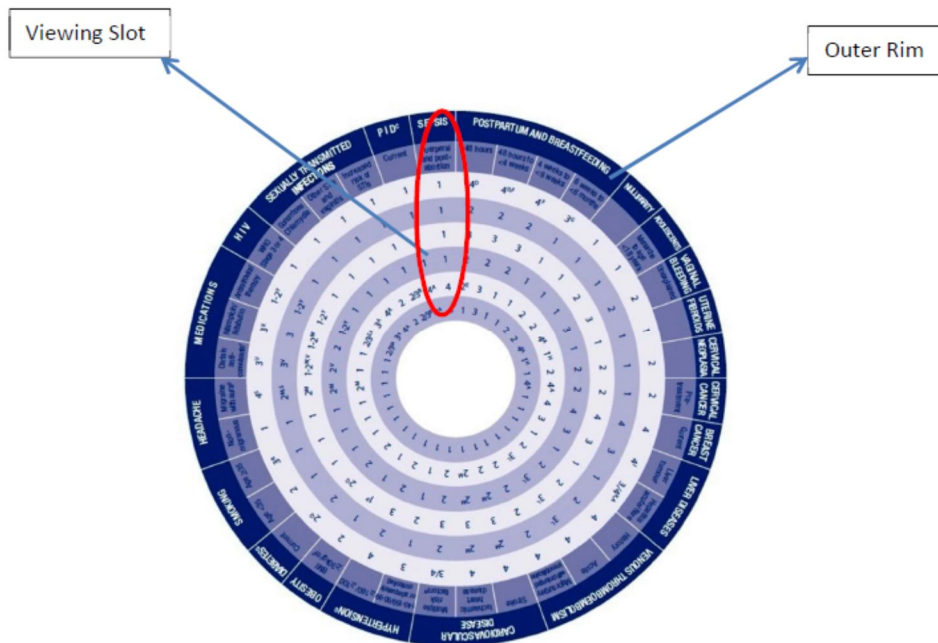
- Depression
- Epilepsy
- HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2)
- Iron-deficiency anaemia, sickle-cell disease and thalassaemia
- Malaria
- Mild cirrhosis
- Superficial venous disorders, including varicose veins
- Thyroid disorders
- Tuberculosis (non-pelvic)
- Uncomplicated valvular heart disease
- Viral hepatitis
- Breast cancer family history
- Venous thromboembolism (VTE) family history
- High risk for HIV
- Surgery without prolonged immobilization
- Taking antibiotics

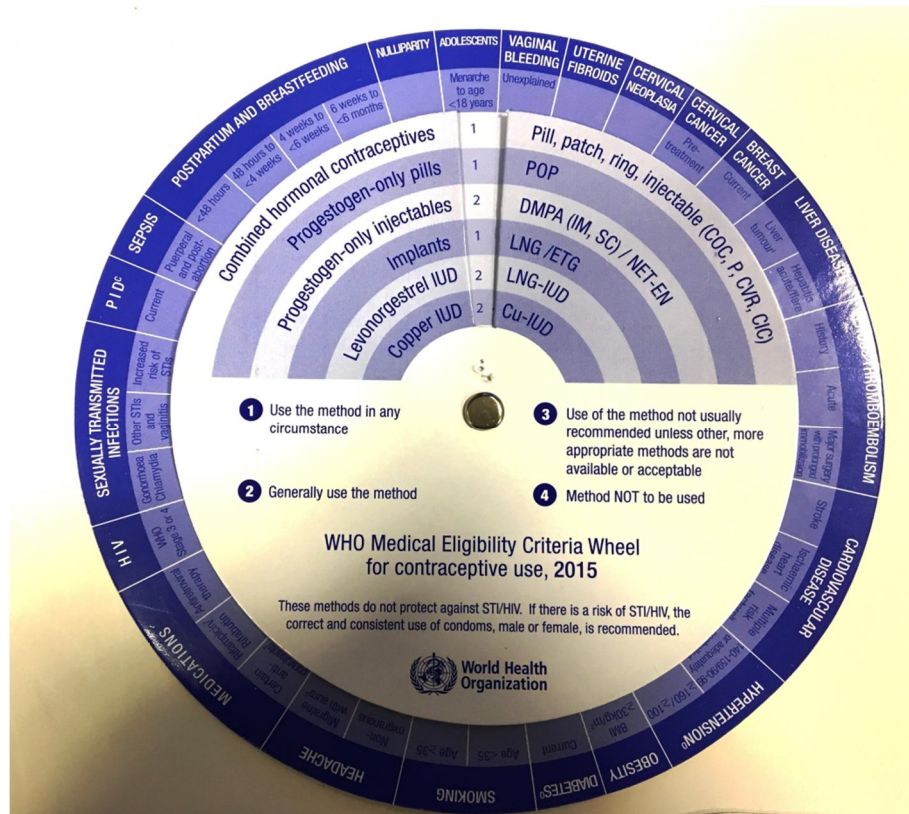
Note: With few exceptions, all women can safely use emergency contraception, barrier and lactational amenorrhea method.

How to use this wheel

The wheel matches up the contraceptive methods, shown on the inner disk, with specific medical conditions or characteristics shown around the outer rim.

The numbers shown in the viewing slot tell you whether the woman who has this known condition or characteristic is able to start use of the contraceptive method:





On the back side of wheel

Selection of appropriate method of contraception in female clients with Different symptoms and conditions

- Identify the conditions and symptoms in the client.
- Use the inner viewing slot of the wheel to help the client in selection of appropriate contraceptive method

NOTE-1- this card can't be used in case of pregnancy.

NOTE-2- Tubal ligation/vasectomy are permanent methods of contraception and this wheel does not classify permanent methods

This wheel card is according to WHO Medical Eligibility Criteria for contraceptive use-2015

Certain examinations and screening is required before initiation of contraceptive methods

A= Essential and mandatory in all circumstances

B= Contributes substantially to safe and effective use

C= Does not Contributes substantially to safe and effective use

Exam or screening	Hormonal methods	IUD	Condoms	Female Sterilization
Breast Examination	C	C	C	C
Pelvic Examination	C	A	C	A
Cervical Cancer	C	C	C	C
Routine Lab. tests	C	C	C	C
Hemoglobin	C	B	C	B
STI Risk Assessment	C	A	C	C
STI screening	C	B	C	C
Blood Pressure	B	C	C	A

Wrap up & Summary:

- The wheel is an evidence based tool containing the medical eligibility criteria for starting use of contraceptive methods.
- It guides family planning providers in recommending safe and effective contraception methods for women with medical conditions or medically-relevant characteristics.
- It covers all the fertility awareness, barrier, hormonal, long acting reversible and irreversible methods.
- Categorization of conditions helps in correct selection of method according to health conditions of the client.

Unit-4 Decision making Process

Learning Outcomes:

By the end of the session the participants will have :

- Studied the concept of decision making process
- Identified the clients according to age and needs and according to information of contraceptive methods
- Acquired the knowledge on use family planning tools for service provision.

Concept of Decision making process:

The concept is to help clients in making informed choices about contraceptive methods and to give clients the information and help they need to use their chosen method successfully. It is an interactive process that helps providers engage their clients in the family planning consultation, and it promotes clients' participation in the contraceptive decision-making process.

It helps in improving the quality of services at facility and community level which in turn can help increase client satisfaction, client use of services, and the safe and effective use of contraceptive methods. It also empowers clients to choose a method according to their expressed needs and situation.

The process has been designed with several different uses in mind:

- **A decision-making process:** It helps clients/providers' decision-making regarding contraceptive method through a step-by-step decision making process to ensure that clients make the decision best suited to their needs and situation.
- **A problem-solving process:** In most countries the majority of family planning clients are returning clients who are already using a contraceptive method. Some of these clients may experience problems with their method and need counseling or else support to switch methods.
- **A reference material for providers:** The tool serves as an informational resource for providers, offering them guidance on the appropriate provision of contraceptive methods. The tool contains the essential information providers need about each method. Providers can therefore assist clients both to choose and to correctly use a suitable family planning method.

The process is based on the following key principles:

1. The client makes the decisions.
2. The provider helps the client consider and make decisions that best suit that client.
3. The client's wishes are respected whenever possible.
4. The provider responds to the client's statements, questions, and needs.
5. The provider listens to what the client says in order to know what to do next.

Types of Clients according to age and needs:

- Younger clients
- Older clients
- Post-partum clients
- Post-abortion clients
- Clients living with HIV/AIDS
- Clients who want to become pregnant

Four Types of FP Client according to information of contraceptive methods.

Family planning (FP) clients typically fall into one of the following four categories:

1. New clients with a method in mind
2. New clients with no method in mind
3. Returning clients with no problems or concerns
4. Returning clients with problems or concerns.

1) New clients choosing a method**a) Clients with a method in mind.**

- Such clients have heard about different methods from friends, family or the media.
- Many will arrive at a clinic with a method already in mind.
- Such clients are more satisfied if they can use their preferred method.

Clients should receive this method if it suits their expressed needs and situation and they have no medical reason to avoid it.

b) Clients with no method in mind.

Provide information on the needs and situation of the client before discussing method options.

Provider and client consider together what the client's needs are

- What are their previous experiences in family planning?
- What are their plans for having children?
- Does the client need STI/HIV/AIDS protection?
- What does her/his partner think? Etc.)

Once the provider has heard the client's story, she/he can then help the client to consider options in light of these expressed needs. In this way, the time is used more efficiently, and the provider is discouraged from giving "information overload" about all the method options.

Once a client has made an initial selection of a method, the provider will flip to the method tabs to discuss the method in more detail.

2) Returning clients: Family planning clients not only need support in selecting a contraceptive method, but they may also need continuing support and reassurance to use that chosen method. Too often, clients leave with a method but without an offer of follow-up care and reassurance that they may return if they experience difficulties with their method.

The Decision-Making process offers guidance and counseling to the returning clients:

- It reminds the provider to check if the client is happy using their method, or if they would like to switch methods.
- It reminds providers of the particular follow-up issues for each method (e.g. resupply, late for injections, implant removal).
- It reminds providers to check for any new health conditions or problems that may affect method use.
- It gives guidance on how to counsel on side-effects and other problems the client may be experiencing.
- It reminds providers to offer clients condoms and recheck their dual protection needs. It therefore promotes critical continuity of care.

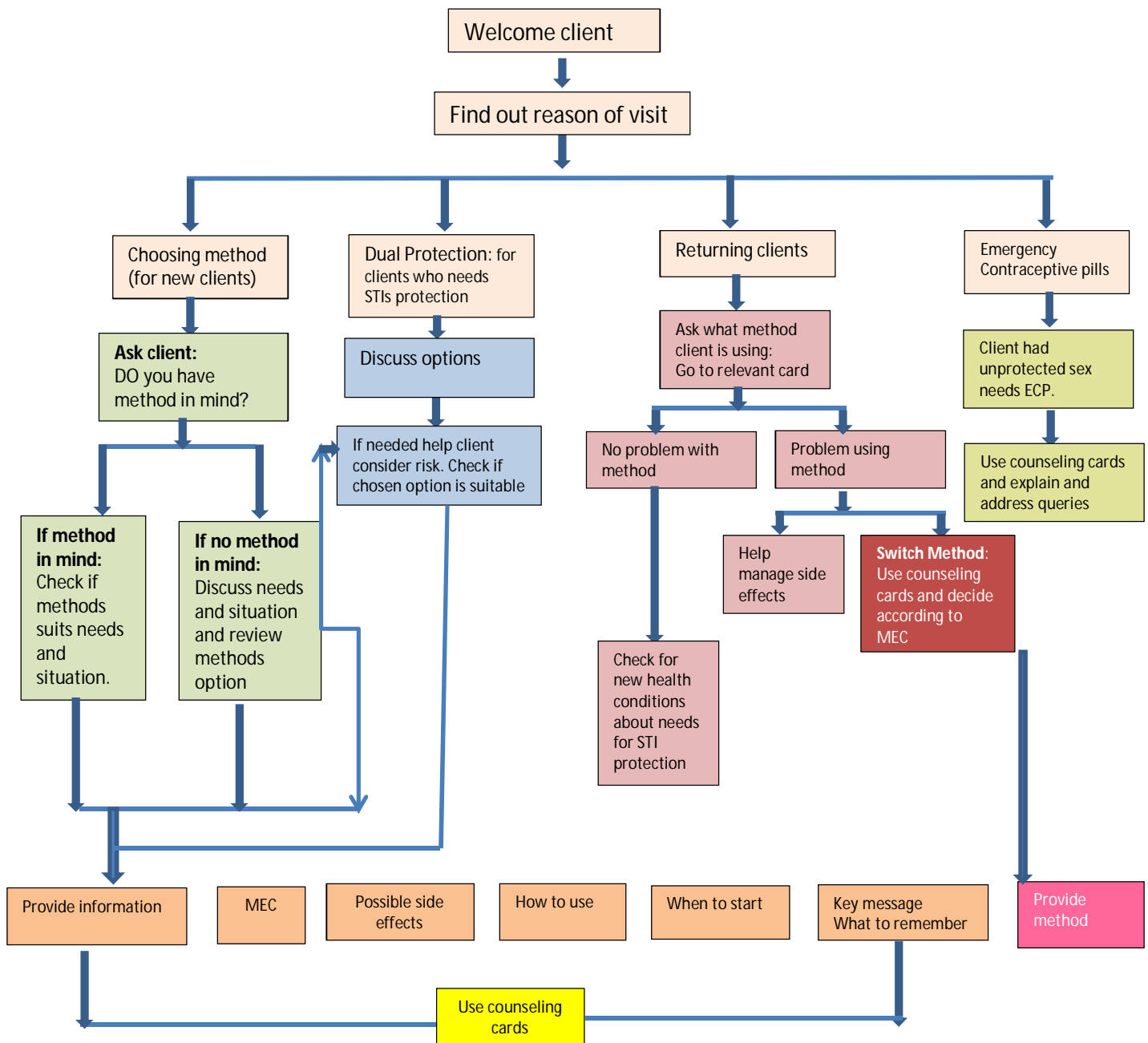
3) Dual Protection Consideration of STI and HIV/AIDS prevention needs is a critical element of family planning decision making, and the tool encourages all clients to consider their dual protection needs: protection against both pregnancy and STIs/HIV/AIDS.

Decision making process steps includes:

- Communication & counseling skills
- Medical eligibility criteria
- Counseling cards

FLOW CHART

Use Flow chart for Decision making process for selection of contraceptives methods



Wrap up & summary:

- Decision making process helps clients/providers' decision-making regarding contraceptive method through a step-by-step decision making process to ensure that clients make the decision best suited to their needs and situation.
- **Decision making process steps includes:**
 - Communication & counseling skills
 - Medical eligibility criteria
 - Counseling cards.
- Use of flow Charts helps provider in selection of appropriate contraceptive methods.

Unit-5 Communication and Counseling Skills

Learning Outcomes:

By the end of the session the participants will have :

- Explained informed choice and how to maintain confidentiality
- Described the importance of the integration of communication skills and counseling into FP services.
- Expressed the knowledge, skills and attitudes of effective counselors.
- Applied interpersonal communication skills during counseling process.

Informed Choice

All family planning clients have right to informed choice:

- Opportunity to freely choose among options
and
- Complete, accurate information that is easy to understand about appropriate, available options.

Benefits of Informed Choice.

- Increases the chances of correct method use, reducing unwanted pregnancy
- Reduces fear and dissatisfaction related to side effects,
making continuation more likely
- Increases client's ability to recognize serious warning signs, reducing health risks
- Promotes positive relationships between providers and clients

Clients Rights

Whether to:

- Have children, and how many to have
- Use FP or not
- Be tested for STIs/HIV
- Talk with partner about various methods of contraception

Client's confidentiality

- Confidentiality is a client's right
- All sessions with FP clients must be kept confidential
- Do not tell anyone what client has told you or show client records to anyone except a health provider
- Assuring clients of confidentiality helps them to relax and share more openly

Communication

Definition

Communication may be defined as a process of exchange of information, thoughts, feelings or ideas between persons or groups through a common system of verbal language (talking) or script (written language) symbols, signs and behavior.

It is a two way process which involves attempts to understand the thoughts and feelings which the other party is expressing and responding to in a way which is constructive. The purpose of communication is to create understanding between individuals or parties, give clear instructions or advice, convey message, and share ideas.

Inter Personal Communication (IPC):

IPC may be defined as the exchange of information, views, feelings or ideas from one person to the other persons or groups. For example a F HWs talks to a mother or group of local women to give a health promotion message.

Health workers must be always be conscious to use the right words and tone of voice, as well as open and friendly body language to communicate effectively.

The **purpose** of interpersonal communication is to:

- To help clients and service providers develop mutual respect, cooperation and trust
- To increase client satisfaction
- To increases the provider's job satisfaction
- To inform clients about correct, effective use of medication and for continued compliance of prescribed medications
- To help clients adopt and continue healthy behaviors.
- To improve the quality of health services

Health workers may also provide information and education to groups, such as women in the waiting area of the clinic, the marketplace, or community meetings. In these settings, the health worker should use the same interpersonal communication skills that s/he uses when speaking with individuals. The main difference is that s/he will not be providing information that is specific to an individual client.

Effective Communication

Steps of effective communication

To communicate effectively, the health care provider should:

- **listen carefully** to what clients have to say and notice how they say it

Why it is important to listen to others?

- ★ It will help you in better understanding of issues, beliefs, feelings and needs of the client
- ★ It will increase other's confidence in you which will help in persuading them to adopt health behaviors

- ★ It will guide you about the questions to be asked to have better understanding of the client's issues and needs
- **How you show interest, concern, and friendliness**
 - **Nonverbal communication:**
Face-to-face exchange of information, ideas or feelings through facial expressions, gestures and body positions
 - **Verbal communication:**
Face-to-face exchange of information, ideas or feelings through use of the voice
- **Use simple words** that the client understands;
How to Use Simple Words
 - ★ During discussion always use easy and local language so that people can understand easily.
 - ★ Difficult medical and technical terms should be avoided, many people may not be familiar with them, always give information by using simple terminology
 - ★ Talk slowly with pauses so that people can understand your conversation
- **Encourage** the client to **ask questions** and express any concerns;
 - ★ Extend thanks for sparing time for this session
 - ★ Praise for her positive attitude towards FP
 - ★ Explain the positive effects of these steps
 - ★ Express sympathy over the issues and difficulties of the client
 - ★ Always be polite and considerate
 - ★ At the end of meeting extend thanks once again.
- **Ask questions** that encourage clients to express their needs;
 - ★ Use a tone of voice that shows interest
 - ★ Ask one question at a time, wait for answer
 - ★ Ask questions that encourage client to express needs
 - ★ Avoid leading questions
 - ★ Avoid judgmental questions or questions starting with "Why" or "Why didn't you?"
 - ★ Repeat a question in different way if client has not understood
 - ★ If asking a delicate question, explain why
- Treat each **client as an individual**.
- **Keep silent sometimes** and give clients time to think, ask questions, and talk;
- every now and then, **repeat** what you have heard to make sure that you understand what the client is saying;
- Give one message at one time in a simple manner. Long and multiple messages will confuse the client resulting in finding difficulty in deciding the method
- **Look directly** at clients when they speak, sit or stand comfortably and **avoid distracting movements**.

Counseling:

Definition

A special type of client -provider interaction. It is two-way communication between a health care worker and a client, for the purpose of confirming or facilitating a decision by the client, or helping the client address problems or concerns."

In the counseling process the information is given in such a manner that at the end of session the client (person seeking advice) is able to make a decision. The role of counselor (person giving advice) is to facilitate the client in reaching a correct decision.

When to do counseling and what can improve the process?

Counseling is helpful when clients/community need more help (removing confusions) in having more information in order to resolve the problems particularly the issues related to pregnancy, importance of regular checkups during pregnancy (antenatal) use of iron tablets, danger signs of pregnancy, birth preparedness, breast feeding, care of child, nutrition requirement, immunization etc.

Counseling is not.....

- Solving a client's problems
- Telling a client what to do or making decisions for client
- Judging, blaming, or lecturing a client
- Interrogating a client
- Imposing your beliefs
- Pressuring a client to use a specific method
- Lying to or misleading a client

Benefits of Improved Counseling

Improved counseling has the potential to :

Increase:	Reduce
Client satisfaction	Dropout from services
Provider satisfaction	Unnecessary health risks
Correct use of methods	Method failure Unwanted pregnancy
Continuation of use	

Qualities of a Good Counselor

Knowledge, Skills & Attitude

A good counselor should have knowledge, skills and attitude:

Knowledge	Skills	Attitude
<ul style="list-style-type: none"> • Country profile (population, CPR and methods available) • Influence of FP on the health of mother and child • Common myths, misunderstandings, and misconceptions regarding FP and how they can be countered • Local customs and traditions • The human reproductive system (anatomy and physiology) • Contraceptive technology update • Client eligibility criteria, policies, and administrative procedures of the facility • Concepts, principles, and goals of counseling • Recordkeeping/reporting • Follow-up/referral systems and procedures 	<ul style="list-style-type: none"> • Build up a good rapport with the clients. • Deal with clients at their level of education and understanding. • Show empathy. • Listen patiently to the client's point of view maintain confidentiality. • Pay full attention to the client's need. • Help the client to make a decision. 	<ul style="list-style-type: none"> • Have a positive attitude towards FP. • Give unbiased information on FP methods. • Have a desire to work with people. Be punctual. • Be pleasant and polite. Be helpful. • Be attentive to the client's problems. Not ridicule the client over any issue. • Show tolerance for values that differ from her/his own values. • Provide counseling in local languages. • Show respect for the right and ability of people to make their own decisions. • Be comfortable with issues related to human sexuality and people's expressions of their feelings.

The Principles of Good Counseling

1. **Treat each client well.** All clients deserve respect, regardless of their age, marital status, ethnic group, sex, or sexual and reproductive health (RH) behaviour. ("Greet".)
 2. **Interact.** Each client is a different person. Ask questions, listen, and respond to each client's own needs, concerns, and situation. (**"Ask".**) Ask clients about them, their children and families. Asking is more than taking a medical history, because other aspects of a person's life often impact a client's behavior. Ask how you can help them.
- **Ask open-ended questions**
 - **Open-ended questions** are very helpful.
 - To answer them a mother must give you some information.
 - Open-ended questions usually start with 'How? What? When? Where?
 - Avoid using 'why' questions as it has a judgmental tone
 - **For example:** "How are you feeding your baby?"
 - **Closed-ended** questions are usually less helpful.
 - They tell a mother the answer that you expect, and she can answer them with a "Yes" or "NO".
 - They usually start with words like "Are you? Did he? Has he? Does she? For example:
 - **Example** "Did you breastfeed your last baby?
 - If a mother says 'Yes' to this question, you still do not know if she breastfeed exclusively, or if she also gave some artificial feeds.
 - To start a conversation, general open-ended questions are helpful. For example: **"How is breastfeeding going for you?"**
 - To continue a conversation, a more specific open question may be helpful. For example: "How many hours after he was born did he have his first feed?"
 - Sometimes it is helpful to ask a closed-ended question, to make sure about a fact.
 - For example: "Are you giving him any other food or drink?" If she says, "yes", you can follow up with an open-ended question, to learn more. For example: "What are you giving him?"

3. Give the **right amount of information**. Provide enough information for the client to make informed choices but not so much that the client is overloaded. **Tailor and personalize information**. Give clients the specific information that they need and want, and help clients see what the information means to them. ("Tell".)
4. Provide the FP method that the client wants. Provide the method unless a valid medical reason prevents it. ("Help".)
5. Help clients remember instructions. Explain in details how it helps (e.g. prevents another pregnancy until the couple is ready to conceive again), the advantages and disadvantages of various contraception and then how to use the contraception ("Explain".)
6. Ask the client to return for follow-up. Another meaning of it is – for the client to repeat on what has been discussed ("Return".)

Counseling can be divided into three phases

1. **Initial counseling:** all methods are described and the client is helped to choose the most appropriate method.
2. **Method-specific counseling** prior to and immediately following service provision: the client is given instructions on how to use the method, and common side effects, warning signs, and follow-up regime are discussed.
3. **Follow-up counseling:** during the return visit, use of the method, satisfaction with it, and any problem that may have occurred are discussed.

These important elements should be followed during counseling for every contraceptive method.

Wrap up& summary:

- Effective Communication and counseling skills are essential to build up special client provider interaction and confidence.
- Following good principals of counseling may lead client satisfaction, correct use of method and continuity of method.

Unit-6 Use of counseling cards

Learning Outcomes:

By the end of the session the participants will have :

- Described the importance of the integration of communication skills and counseling into FP services.
- Gained the knowledge, skills and attitudes of effective counselors.
- Demonstrated interpersonal communication and counseling skills during counseling sessions.

Purpose of Use of Counseling Cards

- It is a pictorial flip charts tool that helps the clients to choose appropriate family planning method.
- It also provides accurate and relevant information to the counselor leading to effective counseling which is essential for high quality family planning services.
- The tool leads providers and clients through a step-by-step decision making process to ensure that clients make the decision best suited to their needs and situation.
- It acts as both a job aid for the provider to assist in this process, as well as a communication tool to engage the client's participation in the family planning consultation.
- It also plays role of problem solving tool for the returning clients of FP experiencing some problems with their method and need counseling or else support to switch methods.
- It is also known as the information tool that provides guidance to the counselor on the appropriate provision of contraceptive methods.

Counseling Cards or Flip Charts

- It is a sequence of pictures followed by messages and pictures are chosen and placed in such a way that they make the messages more clear and elaborative. For example, for advantages of breast feeding, 3-4 flip charts can be developed.
 - Page-1—Pictures of early initiation of breast feeding and related message on its back.
 - Page-2—Pictures of disadvantages of giving bottle and nipple and related messages on its back. And so on so forth.
- Flip charts are pictorial manuals with picture/s on one side and relevant information to describe the picture on the other side.
- Such pictorial tools help clients especially illiterate or less educated masses to create awareness and understand the information being provided to them on any sensitive issue (like here we talk about FP) and enable them to select suitable method of family planning.
- The message or information written on the back side of each card helps the health care provider/Counselor to remember the essential information to be given to the client during counseling.

- The counselor should hold the cards in hands facing picture side towards audience and the written side towards herself.
- These cards can be used during individual and group counseling both.

How and When to use counseling cards .

Preparation before start of session:

- During individual counseling both the client and the counselor should sit facing each other.
- During couple counseling both the couple and the counselor should sit facing each other.
- For group counseling, all participants and the counselor should sit in circle shape sitting (at same level)

Tips for individual/Couple and Group counseling:

For individual/Couple counseling.

- **Clients home:** select appropriate place where you and client/couple can sit comfortably, without disturbance. Ensure privacy so that the client can share her/his views freely.
- **In the clinic:** counselor's room with comfortable seating arrangements, observing privacy and silence.
- All the required material should be placed in front in an organized way like Counseling cards, relevant contraceptive material (pills, Condoms, Injectables, IUCD etc.)
- If you are visiting the client, or the client visits your clinic, in any case always welcome them in a pleasant way.
- Offer them seat, ask their name. Call them with name it builds rapport between two of you.
- Ask her about her health and reason of coming to FP clinic.
- As already mentioned, you will get chance of meeting 4 types of FP clients
 1. **New clients with no method in mind**
 2. **New clients with method in mind.**
 3. **Returning clients with problems**
 4. **Returning clients with no problems.**

New clients with no method in mind

- Clients with no method in mind are like blank slate. They look forward to you for guidance and assistance.
- The tool encourages the provider to solicit information on the needs and situation of the client before discussing method options and show her Card no. 1 & 2, showing benefits of FP and all methods with brief description.
- When the client show interest in any of the method. Take history and according to MEC, help the client consider methods that might suits her situation with the help of relevant counseling card.
- If needed, help the client reaching a decision. Support the client's choice, give instructions on use, and discuss how to cope with any side effects.

New clients with method in mind.

- Appreciate her that client has come with some method in mind. Family planning clients have heard about different methods from friends, family or the media. Assess her knowledge and doubts about the method. Take history, and evaluate her condition according to MEC for the chosen method. If the MEC is in favor, support the client's choice. Explain her how to use method and how to cope with any side effects with the help of counseling cards.

Returning clients with problems

- Appreciate the client intention for follow up visit.
- Ask her open ended questions about proper usage of method. If required, use relevant card for explaining the method again.
- If the problem is side effects, explain the side effects portion from the card and reassure the client that with continuous use the side effects will minimize.
- If not satisfied with the said method, help her choose another method according to her health and condition in line with MEC.
- Show the relevant card and explain her use of new method and side effects in a friendly manner.
- Reassure her that the new method will not cause any problem.
- Encourage her using FP method and benefits of HTSP so that she does not discontinue the use of her method and risk an unplanned or closely spaced pregnancy

Returning clients with no problems.

- Appreciate the client intention for follow up visit. Provide more supplies or routine follow-up. Ask a friendly question about how the client is doing with the method. Remind her of the importance of practicing HTSP with the help of FP benefit card.

For Group Counseling

- Arrange proper space for group counseling where all participants can sit comfortably. The session can take place at any place suitable for all the participants (health workers house, CMWs birthing station, some teacher's house, counselor's house etc).
- Inform all the participants well before time.
- Select time of session acceptable and appropriate for the community. (like after 10 am most of the village women are free from kitchen)
- One group should be between 3-15 people.
- Women with kids can join the group.
- All group members including the counselor should sit at same level (if everyone is sitting on floor the counselor should also sit with them)
- One counseling session should not be more than 20-30 minutes long.

Preparation by the counselor

- Prepare the topic in advance to be discussed in the session. Take help from your basic training manual.
- Look at the back side information of the cards to be discussed in the session and prepare open ended questions relevant to the topic.
- Keep all the required material properly either in your bag or at the place of counseling

During the Session

To start the session:

- Welcome the participants.
- Introduce yourself first and then ask them to introduce themselves.
- Set the norms of the session
 - Raise hand before talking
 - Don't interrupt others while talking.
 - Show respect to each other views.
 - Don't make fun of any one.
- Brief them about objectives of the session.
- Start session with an open ended question like " what do you know about family planning" OR " what is your opinion about family planning"
- Let the participants open up and let them speak freely one by one.
- You can start the session with the help of counseling cards as well. Show them the Card no.1 and ask them "what do they see in this picture". Hand over cards/booklet to them so that everyone can have a better look at the picture.
- To continue the discussion ask them " can anyone tell some methods of FP" and how they are used"
- After listening to their answer, open counseling card 2 showing all the methods used in Pakistan.
- Again repeat the same question, "name these methods and please tell me one by one how a woman can use these methods.
- Again ask "Is anyone using or has ever used any FP method"
- Listen to their answers and then open one or two cards of commonly known methods and try to correct their information if they have any misconception.
- Don't use all cards in one session as they will get confused and will mess up all information.
- After completing session. Ask them to revise the use and side effects of the methods discussed.
- Ask them if they want to have more information regarding other methods, more sessions can be arranged.
- With their consensus select the date, time and venue of next session.
- In the end thank them for their time and participation.

At the end of Session.

- Revise the important points of discussions or the decisions made.
- Thank all the participants for sparing time
- Decide the date, venue and time of next counseling session.

Wrap up & summary:

Use of counseling cards during counseling session helps clients in choosing appropriate method of contraception

Counseling cards can be used during individual/couple and Group counseling

Unit-7 Technique of Giving Injectable contraceptive

Learning Outcomes:

By the end of the session the participants will have :

- Revived knowledge of giving injectable contraceptive following safe injection practices
- Demonstrated skills of giving safe intramuscular injection.

Providing Services.

Injectable contraceptives can be given by variety of health care providers including community health workers (FWW, CMW, LHW) provided :

- They are properly trained and supervised
- Able to adequately counsel the client on use of injection
- Trained in screening of client to assess the suitability OR if not able to screen must have back up support for 1st clinical checkup by the skilled personnel before initiation of injectable contraceptive
- Can adhere to standard infection control procedures
- Have consistent and regular supply of injections and syringes

Storage and supply of injectable contraceptives.

- Community health workers must have consistent supply of injectable brand according to their program or organizational policy.
- Each administration requires:
 - Vial/ampoule of appropriate contraceptive (DMPA or Norgest)
 - DMPA: A 2 ml syringe and a 21–23 gauge intramuscular needle.
 - Norgest– NET-EN: A 2 or 5 ml syringe and a 19-gauge intramuscular needle. A narrower needle (21–23 gauge) also can be used.
 - Injections can be stored at room temperature away from heat or moisture.

What Pre-injection measures are needed?

- Rule out pregnancy by taking detail history of menses and sexual activity.
- Thorough examination:
 - Pelvic examination
 - To rule out STDs
 - Other growths.
 - Measurement of weight and BP

SAFE INJECTION PRACTICES

Types and parts of Syringes and Needles.

Single use Syringes and needles:

There are two types of single use syringes and needles, in EPI program both type are used.

1. Standard disposable Syringes

This type of syringe is disposed of after one use. It should never be used again.



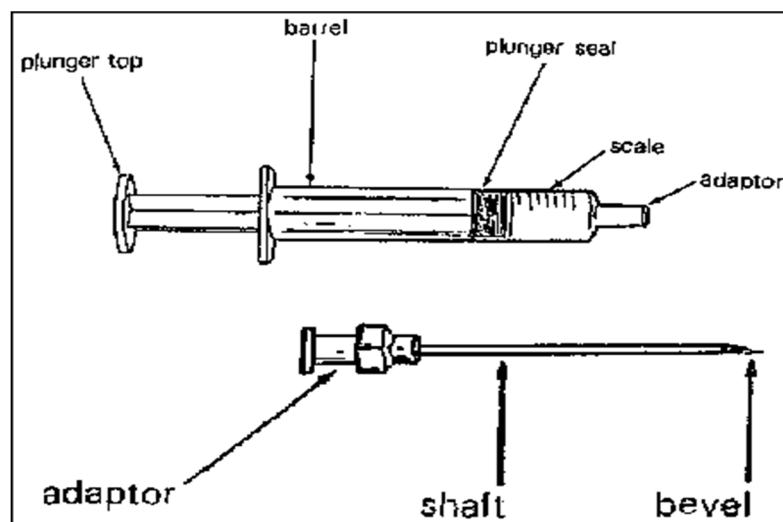
2. Auto Disable or Auto Destruct Syringes

This is also disposable syringe and needle, but it cannot be used after giving one injection, because once the plunger is pushed forward, it cannot be pulled back hence the syringe is made unusable. In this type of syringe the plunger should be pulled after putting it in vial.



Parts of Syringes and Needles:

Every part of syringe and needle has its name, it is important to know these names as they will be frequently. The following diagram will help in understanding these parts



If any part of syringe or needle is touched by hand or finger it becomes contaminated. Precautions should be taken to prevent contamination.

Do not touch the following parts of syringe:

- Adopter of syringe
- Plunger of syringe
- Plunger seal of syringe

Do not touch following parts of needle

- Shaft of needle
- Bevel of needle
- Adopter of needle

If any of these parts is touched by chance DO NOT USE this syringe dispose it off

Following parts of syringe can be touched:

- Barrel
- Plunger Top

Technique of giving injectable contraceptives

- Health worker should examine all injection components prior to administering each injection for signs of non-sterility, damage, or product expiration.
- **DMPA** is an aqueous suspension, therefore it must be shaken before filled in the syringe.
 - A dose of 150 mg in 1 ml of the suspension is given by deep intramuscular injection (in the upper outer quadrant of gluteal muscle of thigh or deltoid muscle of arm) at regular, 12-week intervals to protect the client from unwanted pregnancy.
- **NET-EN or Norigest** is oil based suspension and needs special care that all dose is properly filled and injected without leakage.
 - A dose of 200 mg in 1 ml of oily solution is given by deep intramuscular injection (in the upper outer quadrant of gluteal muscle of thigh or deltoid muscle of arm) regularly at 8-week intervals to protect the client from unwanted pregnancy.
- **Injection Syana Press** – DMPA is now available in a special formulation, called DMPA-SC, that is meant only for subcutaneous injection (just under the skin) and not for injection into muscle.
 - Syanna Press is available in 104 mg package vial and syringe prefilled uniject syringe given subcutaneously (in the fatty tissue under the skin) regularly at 12 weeks interval.

Steps of Giving Injection

○ Hand Washing

- Fold sleeves of shirt
- If you are wearing a wrist watch or ring take it off.
- Rinse hands with water, apply soap and rub to produce foam..
- Thoroughly rub on the skin of hands, between the fingers, nails and wrist.
- Now wash the foam with water.
- Let your hands dry in the air.



○ Cleaning of site of injection

- After hand washing there is no need to wear gloves.
- If injection site is dirty, wash it with soap and water.
- No need to wipe site with antiseptic.

○ Prepare Vial

- DMPA: Gently shake the vial.
- NET-EN: Shaking the vial is not necessary.
- No need to wipe top of vial with antiseptic.
- If vial is cold, warm to skin temperature before giving the injection.

○ Fill syringe.

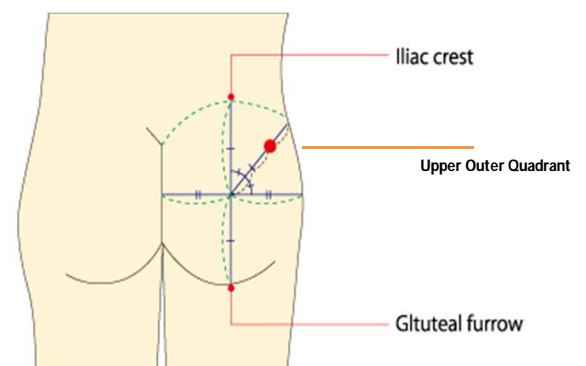
- Pierce top of vial with sterile needle and fill syringe with proper dose.

Injection Administration

For DMPA and Norigest

Insert sterile needle deep into the, the upper arm (deltoid muscle), or the buttocks.

1. **Buttocks.** The buttocks are the preferred site for administration of the intramuscular injection. The muscles (gluteal) of this area are thick and are utilized frequently in daily activities, thus causing complete absorption of drugs.

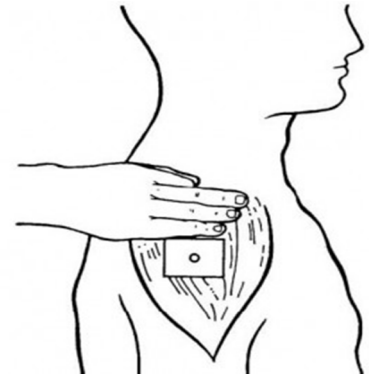


- To identify the injection site, draw an imaginary horizontal line across the buttocks from hip bone to hip bone. Then divide each buttock in half with an imaginary vertical line.
- The four imaginary sections of the buttock are referred to as quadrants. The proper location for an injection is in the upper outer quadrant of either buttock.
- Maintaining 90 degree angle of needle to the patient's skin. This angle penetrates as little of the patient's skin as possible.

- **Remember**, if an injection is given outside of the upper outer quadrant, irreparable injury may be done to the sciatic nerve or the needle may penetrate the gluteal artery and this can cause significant bleeding from the vessel.

2. Upper arm (deltoid muscle).

- The injection site in this area is a rectangular area bounded on the top by the lower edge of the shoulder bone (the acromion process), on the bottom by the armpit (the axilla), and by the lateral one-third of the arm.
- The safe area for injection is generally defined as about three fingers below the shoulder joint.
- The needle length of one inch is normally used because of the size of the deltoid muscle.
- The volume of medication given in this site can be up to a maximum of one ml per injection for an adult. A volume of 0.5 ml or less is more commonly used.
- The shoulder should be completely exposed so you can determine the exact location of the injection.
- Ensure that the patient is in a standing or sitting position, with the arm at side and muscles relaxed. Direct the patient to hang the arm loose.
- Inject the contents of the syringe.
- **Do not massage the injection site.**



3. For Syana Press

- With the Uniject system, the user squeezes a flexible reservoir that pushes the fluid through the needle.
 - Anterior thigh (front of thigh)
 - Abdomen
 - Back of arm



This product may be particularly useful for community-based programs. Also, women can easily learn to give themselves subcutaneous injections.

- For S/C injection, gently pinch the skin at the injection site (arm, abdomen and thigh).
- The pinch is important to make sure that the needle is injected into the fat and not into the muscle.
- Insert the needle at 35 degree angle to the skin. Inject the content of the syringe.
- **Do not massage the injection site**, as it causes the medicine to be absorbed too quickly.



Maintain the record of injections.

Safety Measures to prevent injuries and infection from needles:

Injuries from contaminated needles can lead to spread of many dangerous diseases including AIDS, Jaundice, Tetanus and Hepatitis etc. Hence

- Be careful to prevent injury/ wound
 1. During giving injection
 2. After giving injection
 3. While disposing needle
- Needle should be attached to syringe with cap on, and then remove the cap.
- The used needle and syringe should be kept in box through which needle cannot penetrate.
- If any part of hand or body is accidentally pricked with needle or has come in contact with patients' blood, immediately wash thoroughly with soap and water.



Disposal of used syringes and Needles:

- Misuse or reuse of disposable syringes and needles can lead to spread of many diseases like AIDS and Hepatitis. Hence it is essential that the needle and syringe should be disposed of safely.
- After use the syringes and needles should be put in special box called 'Safety Box'. Once safety box is filled three quarter, hand it over to health center for ultimate disposal along with other wastes of the center.



Don'ts.

1. Do not take apart the needle and syringe.
2. Do not recap, bend or break or remove the needles from the syringe before disposal.
3. Where recapping is unavoidable, do use one hand technique.
4. Do not reuse the same syringe/needle to give injections to multiple people - even if the needle is changed.

Wrap up & Summary:

- Always observe safe injection practices while giving injection.
- For giving I/M injection, selection of proper site of buttock and upper arm is essential to avoid injury.
- Injuries from contaminated needles can lead to spread of many dangerous diseases including AIDS, Jaundice, Tetanus and Hepatitis. Hence it is essential that the needle and syringe should be disposed of safely.

KEY Messages

1. **After a live birth:** Couples can use an effective FP method of their choice continuously for at least two years before trying to become pregnant again.
2. **After a miscarriage or abortion:** Couples can use an effective FP method of their choice continuously for at least six months after a miscarriage or abortion before trying to become pregnant again.
3. **For married adolescents:** Married Adolescents need to use an effective FP method of their choice continuously until they are 18 years old before trying to become pregnant.
4. **For LAM:** 03 criteria are essential:
 - Infant less than six months
 - women who exclusively breastfeed their baby around-the-clock (no other food , no water)
 - Not started menstruating
5. Follow up Schedule of contraceptive methods according to criteria:
 - **For oral pills :** initial 3 month visit then yearly follow-up
 - **For Injectables:** Follow up in case of any complication
 - **For IUCD:** Recommended 3-6 weeks after insertion (only if any problem)
 - **For Norplant:** Recommended 3-6 weeks after insertion(only if any problem)