

# Caribbean Family Planning Affiliation Ltd.



Modern Family Planning **Methods**

# Women with an Increased Risk of Having Problems During Pregnancy and Delivery

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FP should be applied by women who:

- Are under the age of 18, or over age 35
- Become pregnant less than 2 years after a previous live birth
- Become pregnant less than six months post-abortion or post-miscarriage
- Have too many children (high parity)
- Have certain existing health problems
- Do not have access to skilled health care

***Problems are more likely in those with multiple risk factors.***

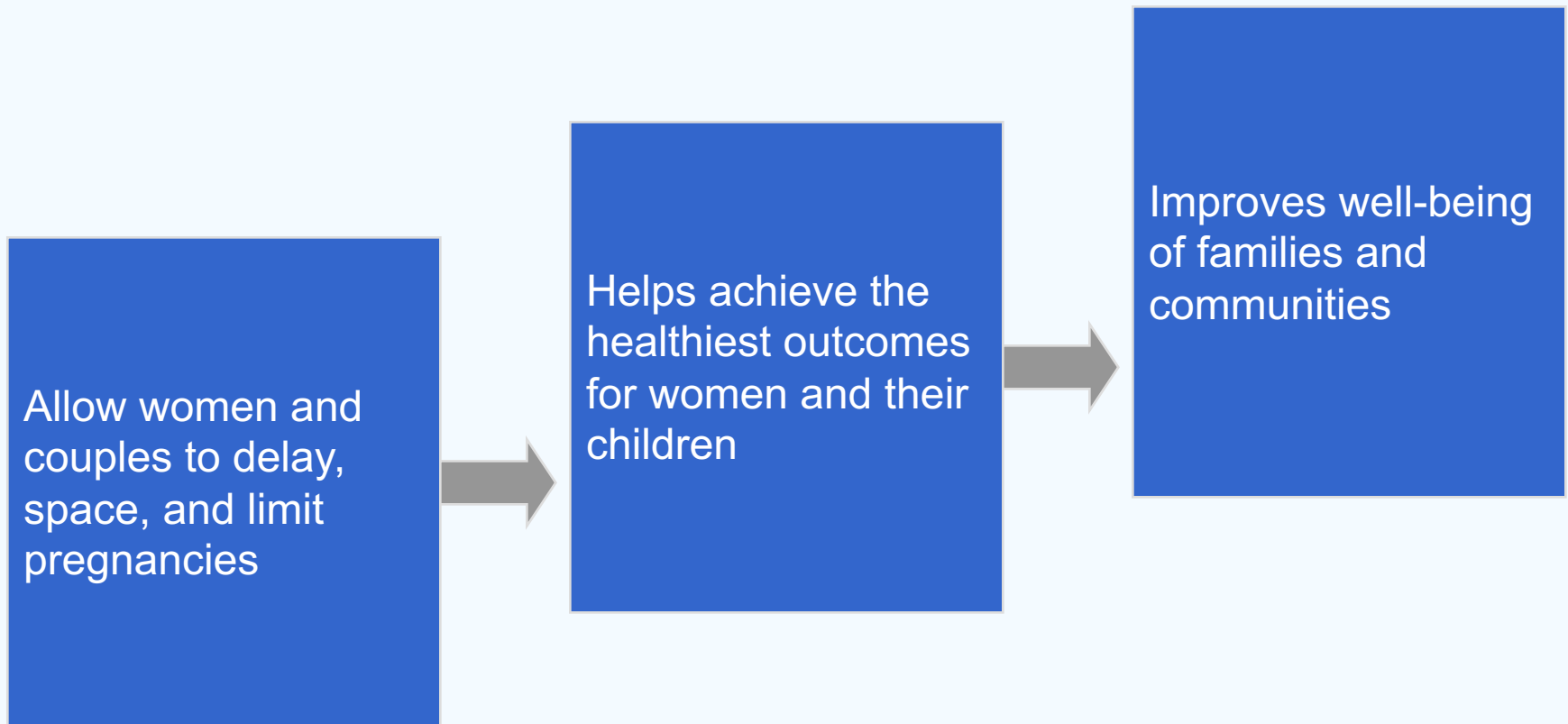
# Pregnancy Is Greater Risk for Adolescents

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- Over 70,000 maternal deaths occur among adolescents aged 15–19 each year
- Girls below the age of 15 are five times more likely to die in childbirth than women in their twenties
- Adolescents are more likely to:
  - Have pregnancy related complications
  - Deliver prematurely
  - Have babies that die before their first birthday
- About 2.5 million young women aged 15-19 have an unsafe abortion in the developing world each year

# Benefits of Providing FP Services

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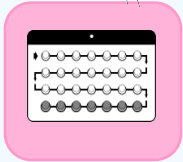


***FP services are most effective when clients are free to make informed choices.***

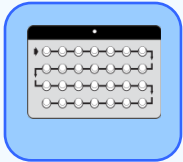
# What method are you using?



- IUD



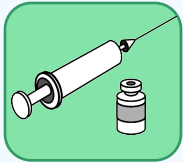
- The Pill



- The Mini-Pill



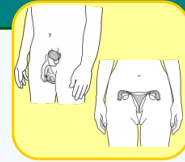
- Long-Acting Injectable



- Monthly Injectable



- Implants



- Vasectomy or Female Sterilization



- Condoms (Male or Female)



- Vaginal Methods



- LAM

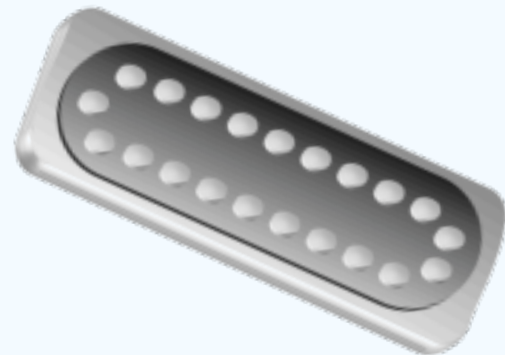
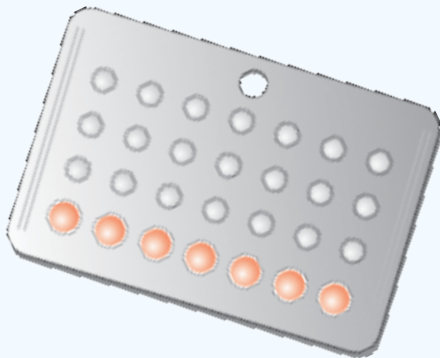


- Fertility Awareness-Based Methods




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# Combined Oral Contraceptive Pills (COCs)



# COCs Key Points for Providers and Clients

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**Take a pill every day.**

- Contains both estrogen and progestogen hormones.
- Works mainly by stopping ovulation.

**Effectiveness depends on the user. Can be very effective.**

- “*Would you remember to take a pill each day?*”
- No need to do anything at time of sexual intercourse.
- **Very effective if taken every day.** But if woman forgets pills, she may become pregnant.
- **Easy to stop:** A woman who stops pills can soon become pregnant.

**Very safe.**

- Pills are **not harmful** for most women’s health and studies show very low risk for cancer due to pills for almost all women. The pill can even protect against some types of cancer.
- Serious complications are rare. They include heart attack, stroke, blood clots in deep veins of the legs or lungs.

**Some women have side-effects at first— not harmful and often go away after first 3 months.**

- Side-effects often go away after first 3 months.

**No protection against STIs or HIV/AIDS.**

- **For STI/HIV/AIDS protection, also use condoms.**

# What Are COCs? Traits and Types

<b>Content</b>	Combination of two hormones: estrogen and progestin
<b>Phasic</b>	Monophasic, biphasic, triphasic
<b>Dose</b>	Low-dose: 30-35 $\mu\text{g}$ of estrogen (common), 20 $\mu\text{g}$ or less (rare in most places)
<b>Pills per pack</b>	21: all active pills (7-day break between packs) 28: 21 active + 7 inactive pills (no break between packs)

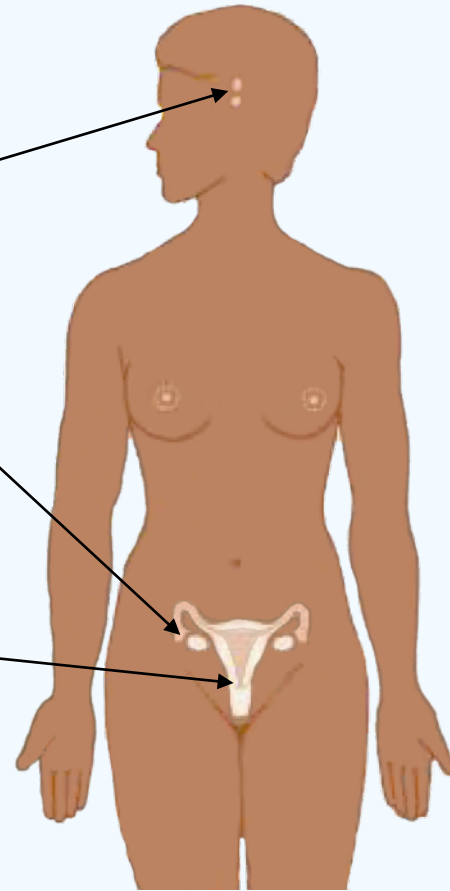


# COCs: Mechanism of Action

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Suppresses  
hormones  
responsible for  
ovulation

Thickens  
cervical mucus  
to block sperm



***COCs have no effect on an existing pregnancy.***

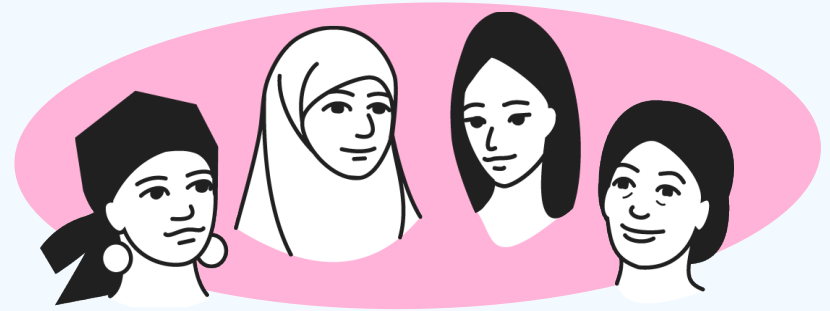
# COCs: Characteristics

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- Safe and more than 99% effective if used correctly
- Can be stopped at any time
- No delay in return to fertility
- Are controlled by the woman
- Do not interfere with sex
- Have health benefits
- Less effective when not used correctly (91%)
- Require taking a pill every day
- Do not provide protection from STIs/HIV
- Have side effects
- Have some health risks (rare)

# Who Can and Cannot Use COCs

Most women can safely use the pill.



But usually cannot use the pill if:



- Smoke cigarettes AND age 35 or older



- High blood pressure



- Gave birth in the last 3 weeks



- Breastfeeding 6 months or less



- May be pregnant



- Some other serious health conditions

# Who Should Not Use COCs

Are pregnant



Think they may be pregnant



APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Breast feeding a baby less than 6 months old



Smoke and are age 35 or older



Had a heart attack or stroke



Had blood clots in legs or lungs



Have or had breast cancer

# Who Should Not Use COCs



Have bad headaches with nausea or vision problems

Take pills for TB, seizures (fits), or HIV



Gave birth in last 6 weeks



Think they may be pregnant



Have high blood pressure

Had a heart attack or stroke




Have diabetes (high sugar in blood)

Have serious liver disease or gall bladder disease



Have rheumatic disease, such as lupus

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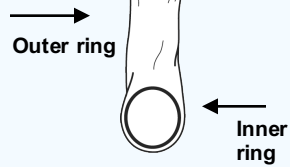
# Female Condom






# How to Use a Female Condom

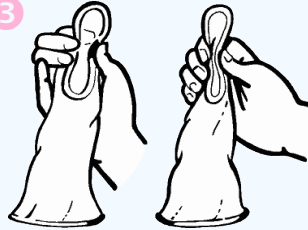
1




2

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3



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Inner ring

Open end

5



- Open package carefully
- Make sure the condom is well-lubricated inside

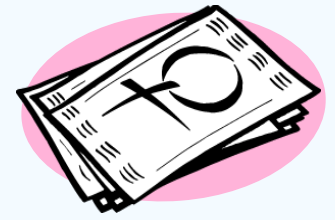
- Choose a comfortable position—squat, raise one leg, sit or lie down

- Squeeze the inner ring at the closed end

- Gently insert the inner ring into the vagina
- Place the index finger inside condom, and push the inner ring up as far as it will go
- Make sure the outer ring is outside the vagina and the condom is not twisted
- **Be sure that the penis enters inside the condom and stays in it during intercourse**

- To remove, twist the outer ring and gently pull
- Throw away condom properly

# What Men and Women Like



## What Women Like:

- Female-controlled
- Soft, moist texture feels more natural than latex male condoms
- Offer STI/HIV protection and pregnancy protection
- Outer ring provides stimulation
- Do not require provider's help

## What Men Like:

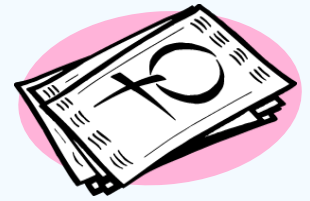
- Can be inserted in advance
- Are not tight or constricting
- Do not dull sensation
- Can enhance sexual pleasure
- Do not have to be removed immediately



Characteristics of Female Condoms:

# What Women and Men Don't Like

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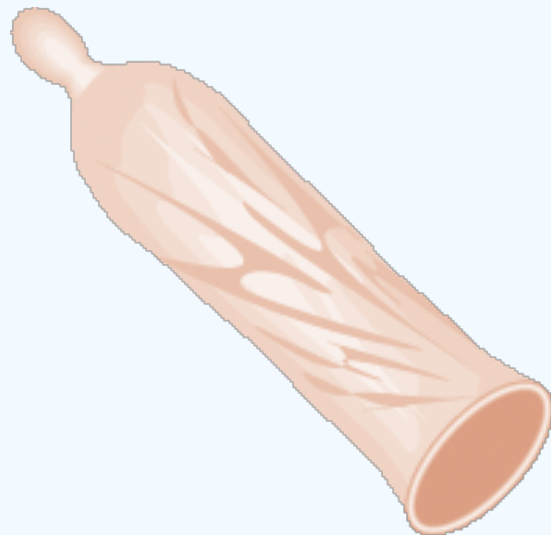


## Limitations:

- May be difficult to insert at first, require practice
- Not as effective as **some** other methods
- More expensive than male condoms
- Less available than male condoms

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# Male Condoms



# What Are Male Condoms?

- Effective barrier method that can be used for both prevention of pregnancy and protection against HIV and other sexually transmitted infections (STIs)
- A sheath that fits over a man's erect penis
- Most made of thin latex rubber
- Variety of sizes, colors, flavors, and textures are available.





# Male Condoms:

## Key Points for Providers and Clients

<b>Protects against both pregnancy AND STIs including HIV/AIDS</b>	<b>Client needs condom when:</b> <ul style="list-style-type: none"><li>• Client is unsure whether he/she or his/her partner has an STI including HIV.</li><li>• Client has other sex partners or is not sure if current partner has had other sex partners.</li></ul>
<b>Very effective when used EVERY TIME you have sex</b>	<ul style="list-style-type: none"><li>• When condoms are used correctly every time, they are very effective in preventing pregnancy, HIV and other STIs.</li><li>• Best if used during ALL sexual contact.</li></ul>
<b>Can be used alone or with another family planning method</b>	<ul style="list-style-type: none"><li>• You can use another family planning method along with condoms for extra protection from pregnancy (but not the female condom).</li><li>• Also used as back-up for another method of family planning (for example, missed pills, late for injection).</li></ul>

# Lubricants for Latex Male Condoms

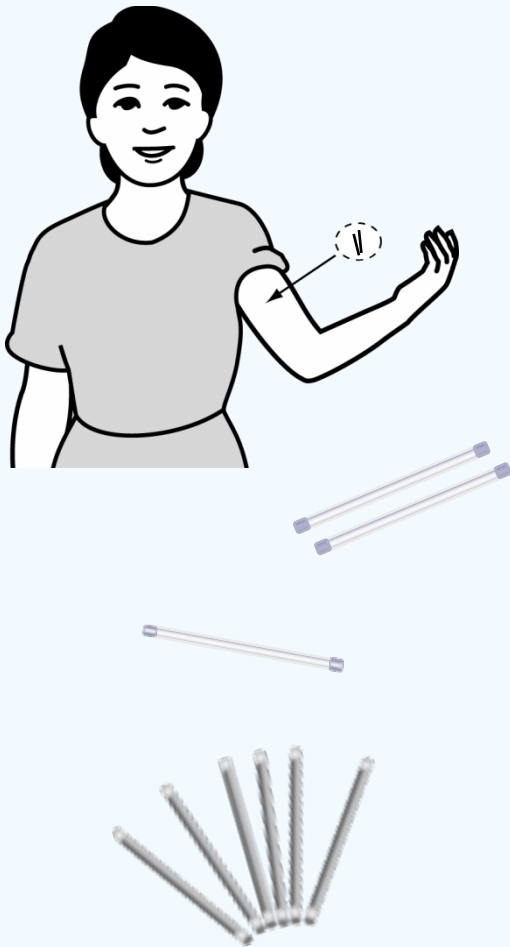
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- Most condoms are packaged with lubricant on them.
  - If needed, apply lubricant on outside of condom or in vagina, NOT on the penis (can cause condom to slip)
- Safe lubricants include water, saliva, and products based on glycerin or silicone.
- DO NOT USE products made with oil—such as mineral oil, hand lotion, cooking oil, dairy butter, baby oil, petroleum jelly.

# Contraceptive Implants



# What Are Implants?



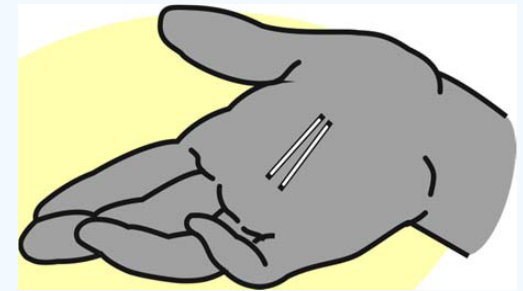
Progestin-filled rods (each about the size of a match stick) that are inserted under the skin

- **Jadelle:** 2-rod system, effective for 5 years
- **Sino-implant (II):** 2-rod system, effective for 4 years (possibly 5)
- **Implanon:** 1-rod system, effective for 3 years
- **Norplant:** 6-capsule system, effective for 5 years (possibly 7); no longer manufactured but some women are still using it

# Key Points for Clients

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- Safe to use
- One of the most effective methods
- Lasts for 3 to 5 years
- Can be removed any time if you want to get pregnant





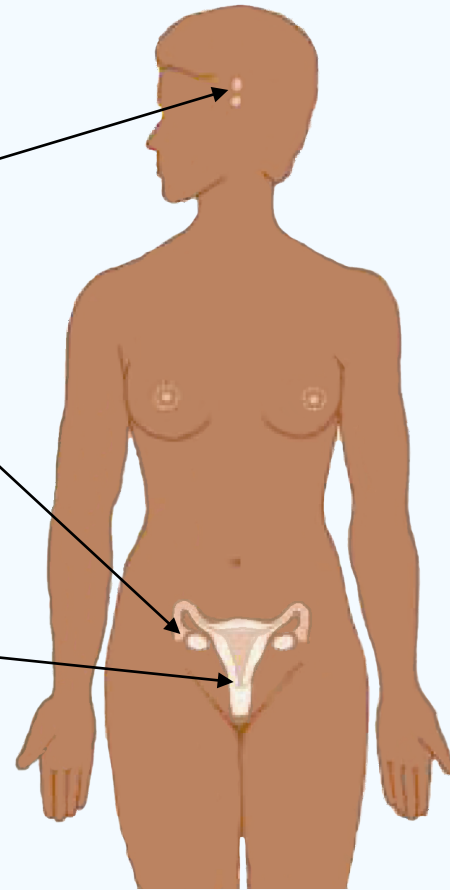
# Implants: Mechanism of Action

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Implants work in two ways

Suppresses hormones  
responsible for  
ovulation

Thickens  
cervical mucus  
to block sperm



***Implants have no effect on an existing pregnancy.***

# Implants Are Safe for Nearly All Women

- **Almost all women can use implants safely, including women who:**
  - Have or have not had children
  - Are not married
  - Are of any age including adolescents and women over 40 years old
  - Are infected with HIV
  - Have just had an abortion, miscarriage or ectopic pregnancy
  - Are breastfeeding (starting as soon as 6 weeks after childbirth, WHO/MEC)
  - Have anemia now or in the past
  - Have varicose veins
- **Most health conditions do not affect safe and effective use of implants.**
- **Many women who cannot use methods that contain estrogen can safely use implants.**

# Who Can and Cannot Use Implants

**Most women can safely use implants. But usually cannot use implants if:**

<b>Breastfeeding 6 weeks or less</b>	<ul style="list-style-type: none"><li>• Ask her to come back when baby is 6 weeks old. Urge her to keep breastfeeding. (Based on WHO MEC categorization)</li></ul>
<b>May be pregnant</b>	<ul style="list-style-type: none"><li>• If in doubt, use pregnancy checklist or perform pregnancy test.</li></ul>
<b>Some other serious health conditions</b>	<ul style="list-style-type: none"><li>• Has blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) <u>CAN</u> use implants.</li><li>• Ever had breast cancer.</li><li>• Unexplained vaginal bleeding. If the bleeding suggests a serious condition, help her choose a method without hormones to use until unusual bleeding is assessed.</li><li>• Serious liver disease or jaundice (yellow skin or eyes).</li><li>• Takes pills for tuberculosis (TB), fungal infections, or seizures (fits).</li></ul>

# When to Start Implants

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- First 7 days of menstrual cycle (5 days for Implanon), no backup method needed
- After 7<sup>th</sup> day of menstrual cycle (5<sup>th</sup> for Implanon), rule out pregnancy and use backup method for 7 days
- Postpartum
  - Not breastfeeding: immediately (no need to rule out pregnancy until 4 weeks postpartum)
  - Breastfeeding: delay 6 weeks (WHO/MEC)

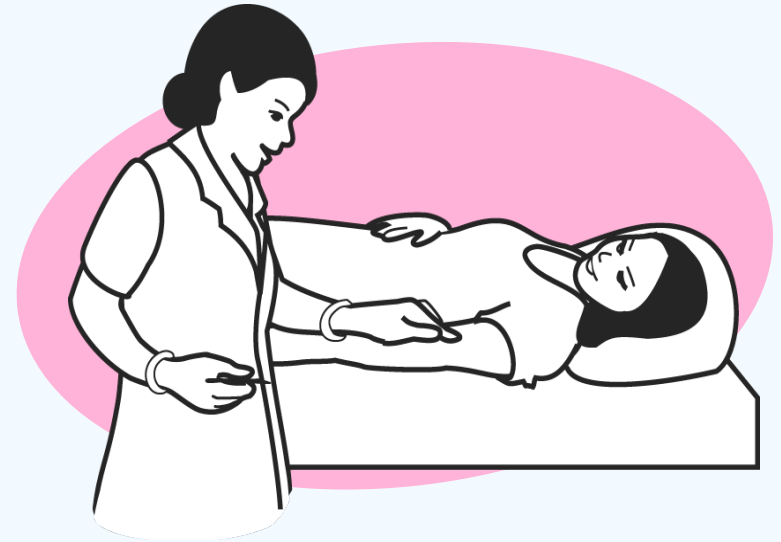
# When to Start Implants

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- Postabortion or miscarriage: immediately; without backup
- Switching from a hormonal method: immediately if it was used consistently and correctly
  - Injectable users can have implants inserted within the reinjection window; without backup
- After using emergency contraceptive pills:
  - Insert within 7 days after start of next menstrual period (5 days for Implanon); provide with backup method during interim

# Implant Insertion and Removal

- Insertion and removal should be quick and easy.
- Injection prevents pain.
- Provider puts 1 or 2 rods just under the skin of inside upper arm.
- Provider bandages opening in skin and wraps the arm—no stitches.
- Need to be removed after 3 to 5 years, depending on the type of implant and your weight.






# What to Remember

- Keep the insertion area dry for 4 days.
- Expect a bit of soreness and bruising.
- Come back when it is time to have the implants removed.
- Side effects are common but rarely harmful. Come back if they bother you.
- Come back any time if you have problems or want implants removed.

## See a nurse or doctor if:

- A bright spot in your vision before bad headaches

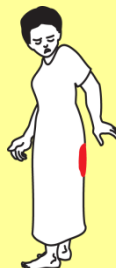
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- Yellow skin or eyes



- Infection or continued pain in the insertion site or sees rod coming out



- Unusually heavy or long bleeding



- May be pregnant, especially if pain or soreness in belly

# Implants: Summary

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- Implants are a new option that fulfills an unmet need for many women
- Provides long-term protection
- Safe and easy to use
- Highly effective and readily reversible
- Appropriate for most women, including young and nulliparous
- Little is required of the client once the implant is in place
- Irregular bleeding patterns may be a problem for some women
- Thorough counseling is essential



# No Significant Metabolic Effects

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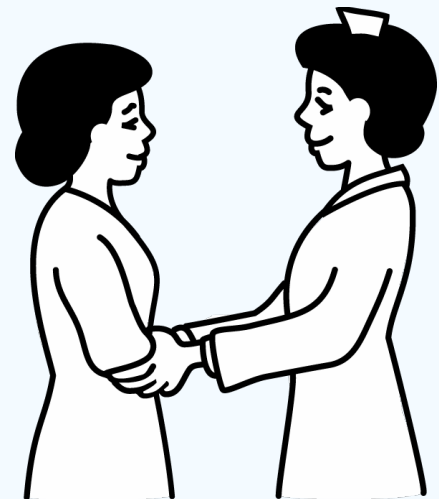
Researchers found that Jadelle or Implanon use resulted in no significant changes in:

- Lipid metabolism
- Carbohydrate metabolism
- Liver function
- Blood pressure
- Blood clotting

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# Family Planning Counseling

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# Counseling is Not ...

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- 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

# Stages of FP Counseling

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**1**

**Establish rapport and assess client's needs and concerns**



**2**

**Provide information to address client's needs and concerns**



**3**

**Help client make an informed decision or address a problem**



**4**

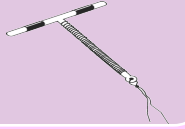
**Help carry out client's decision**

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# Intrauterine Devices (IUDs)



Copper T 380A



# IUDs: Key Points for Providers and Clients

**Small plastic device inserted through the vagina and cervix into the uterus.**

- Works mainly by stopping sperm and egg from meeting.
- Requires no user action.
- Requires a clinically trained provider to properly insert and remove.
- Most women can use IUDs, including women who have never been pregnant.

**Very effective**

- Very effective, with little to remember.
- A woman can soon become pregnant when IUD is taken out.

**Long acting**

- Long acting – up to 12 years – depending on type of device.
- **Can be removed whenever woman wants.**
- For older women: should be removed 1 year after last menstrual period (menopause).



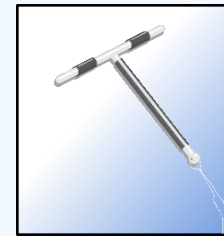
# IUDs: Key Points for Providers and Clients

<p><b>Very safe</b></p>	<p><b>Copper-bearing</b> IUDs act locally on the reproductive tract and have no systemic effects. For this reason, copper IUDs can be used safely by breastfeeding women and by women who cannot use hormonal contraceptives.</p> <p><b>IUDs do not:</b></p> <ul style="list-style-type: none"> <li>• Leave the womb and move around the body.</li> <li>• Get in the way during intercourse, although sometimes the man may feel the strings.</li> <li>• Rust inside the body, even after many years.</li> </ul>
<p><b>Some women have side-effects</b></p>	<ul style="list-style-type: none"> <li>• Side-effects usually get better after first 3 months.</li> <li>• Side-effects include increase in menstrual bleeding or cramps.</li> </ul>
<p><b>No protection against STIS or HIV/AIDS</b></p>	<ul style="list-style-type: none"> <li>• <b>For STI/HIV and AIDS protection, also use condoms.</b></li> </ul>

# Copper IUDs

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- Copper IUDs have a small plastic frame with copper sleeves or wire around it
  - TCu-380A, “Copper T” is most widely used copper IUD
  - Multiload 375 is another copper IUD commonly available in some countries



Copper T-380A



Multiload 375

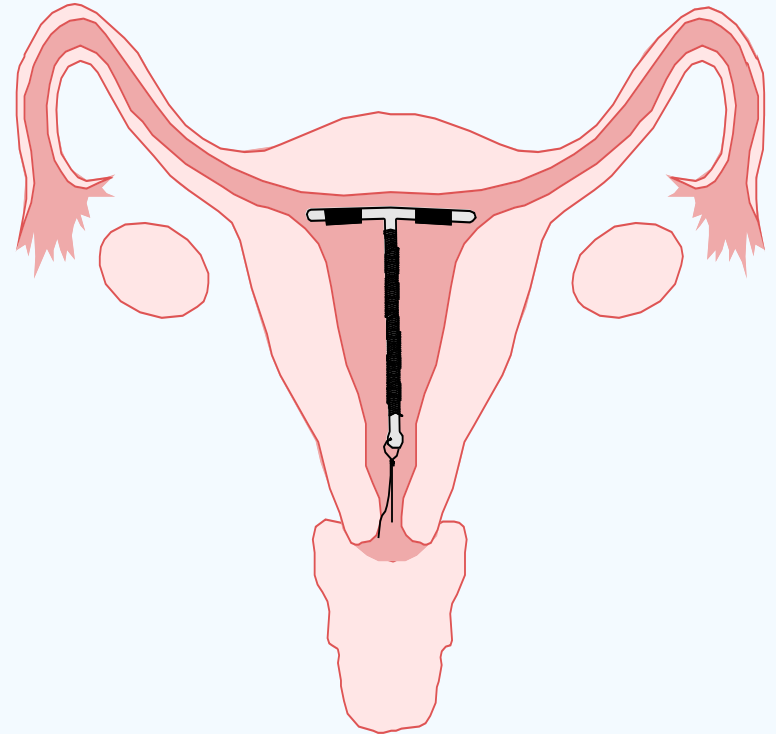


# IUDs: Mechanism of Action

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Prevents fertilization by:

- Impairing the viability of the sperm
- Interfering with movement of the sperm



# Copper IUDs: Characteristics

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- Safe and highly effective
- Require no user action
- Long-acting (up to 12 years)
- Rapid return to fertility
- No systemic effects
- Have health benefits
- Trained provider needed to insert and remove
- Require pelvic exam
- Possible pain or discomfort during insertion
- Have potential side effects
- Complications are rare, but may occur
- Do not protect against STIs/HIV

*Source: CCP and WHO, 2011.*

# Possible Side-Effects

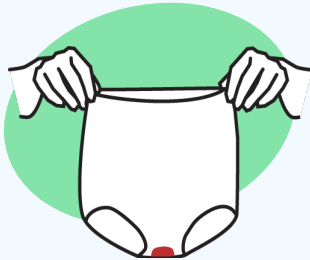
*If a woman chooses this method, she may have some side-effects. They are not usually signs of illness.*

## After insertion:

Some cramps  
for several days

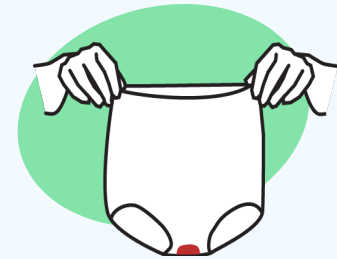


Some spotting  
for a few weeks



## Other common side-effects:

Longer and  
heavier periods



Bleeding or spotting  
between periods



More cramps or  
pain during periods

*May get less after a few months*

# Copper IUD Is Safe for Most Women

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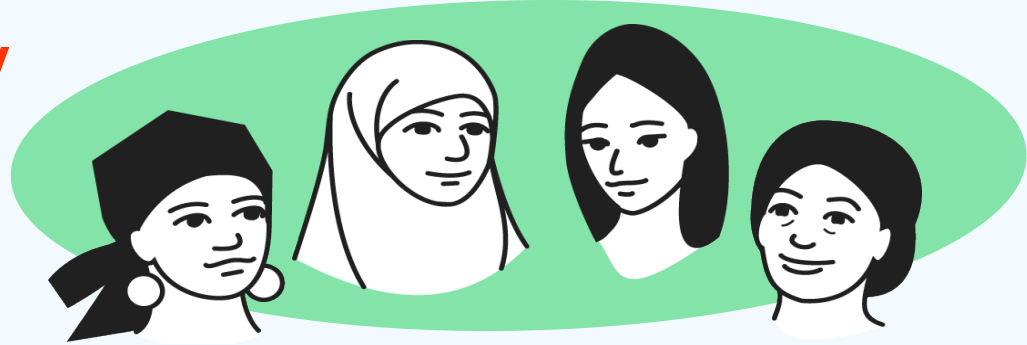
Most women can use the Copper T IUD safely, including women who:

- Have or have not had children
- Are not married
- Are of any age
- Have just had an abortion or miscarriage (no infection)
- Are breastfeeding
- Have had PID
- Have vaginal infections
- Are infected with HIV or have AIDS and on ARVs



# Who Can and Cannot Use the IUD

**Most women can safely use the IUD**



**But usually cannot use IUD if :**



**May be pregnant**



**Gave birth recently  
(more than 2 days ago)**



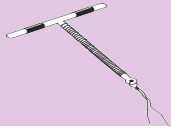
**At high risk for STIs**



**Unusual vaginal bleeding recently**



**Infection or problem in female organs**



# You May be Able to Get Your IUD Now

**IUD can be inserted in first 2 days after you give birth.**

**Insertion after childbirth:**

- Can insert within **48 hours after birth**. Special training needed.
- **Between 48 hours and 4 weeks after birth**, delay insertion. Offer condoms or another method if she is not fully breastfeeding.
- Can insert **after 4 weeks after birth**. Must be reasonably certain she is not pregnant.

**You can start any day of the menstrual cycle if we can be sure you aren't pregnant.**

- **If menstrual bleeding started in last 12 days**, can insert IUD now.
- **If menstrual bleeding started more than 12 days ago**, can insert IUD now if reasonably certain she is not pregnant. No need to wait for next menstrual period.



# You May be Able to Get Your IUD Now

IUD can be inserted if fully or nearly fully breastfeeding less than 6 months after giving birth.

- An IUD can be inserted **anytime from 4 weeks to 6 months after giving birth and menstruation has not returned.**

IUD can be inserted after an abortion or miscarriage.

- Can be inserted **immediately or within 12 days after a first- or second-trimester abortion or miscarriage** and if no infection is present. No need for a backup method.
- IUD insertion **after second-trimester abortion or miscarriage** requires specific training. If not specifically trained, delay insertion until at least 4 weeks after miscarriage or abortion.
- If **infection**, insert after infection has been treated and cured.

IUD can be inserted if switching from another method.

- Can be inserted **immediately**, if she has been using the method consistently and correctly or if it is otherwise reasonably certain she is not pregnant.

# Correcting Rumors and Misconceptions

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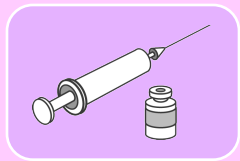
## IUDs:

- Rarely lead to PID
- Do not increase risk of STIs, including HIV
- Do not work by causing abortion
- Do not make women infertile
- Do not move to the heart or brain
- Do not cause birth defects
- Do not cause pain for woman or man during sex
- Significantly reduce risk of ectopic pregnancy



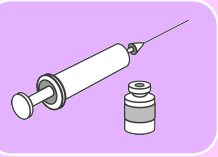
# Progestin-Only Injectable Contraceptives





# Key Points for Providers and Clients

<b>An injection every 2 or 3 months, depending on type</b>	<ul style="list-style-type: none"><li>• A contraceptive method given by deep intramuscular injection.</li><li>• Contains progestin (similar to the natural hormone progesterone), that is slowly released into blood from injection site.</li><li>• DMPA and NET-EN are the scientific names.</li><li>• Works mainly by stopping ovulation.</li><li>• No supplies needed at home.</li></ul>
<b>Very effective and safe</b>	<ul style="list-style-type: none"><li>• Very effective, provided client returns for injection at right time.</li><li>• Do not cause any serious health problems, cancer, or infertility, nor do they produce any significant change in blood pressure.</li><li>• For breastfeeding women, they do not affect the quality of the breast milk.</li></ul>



# Key Points for Providers and Clients

<b>Often takes longer to get pregnant after stopping</b>	<ul style="list-style-type: none"><li>• After stopping progestin-only injectables, there is a delay of several months before most women can get pregnant, and for some women it may be even longer.</li><li>• They do not make women permanently infertile.</li></ul>
<b>Changes in monthly bleeding</b>	<ul style="list-style-type: none"><li>• The most commonly reported side effects of progestin-only injectables are menstrual changes.</li><li>• In the first three to six months, women using progestin-only injectables commonly experience irregular bleeding or spotting and prolonged bleeding. After one year, women commonly experience infrequent bleeding, irregular bleeding and amenorrhea.</li></ul>
<b>No protection against STIs or HIV/AIDS</b>	<ul style="list-style-type: none"><li>• Provide no protection from STIs/HIV.</li><li>• For STI/HIV/AIDS protection, also use condoms.</li></ul>

# Types of Progestin-Only Injectables



- DMPA (depot medroxyprogesterone acetate)
  - Injection every 3 months (13 weeks)



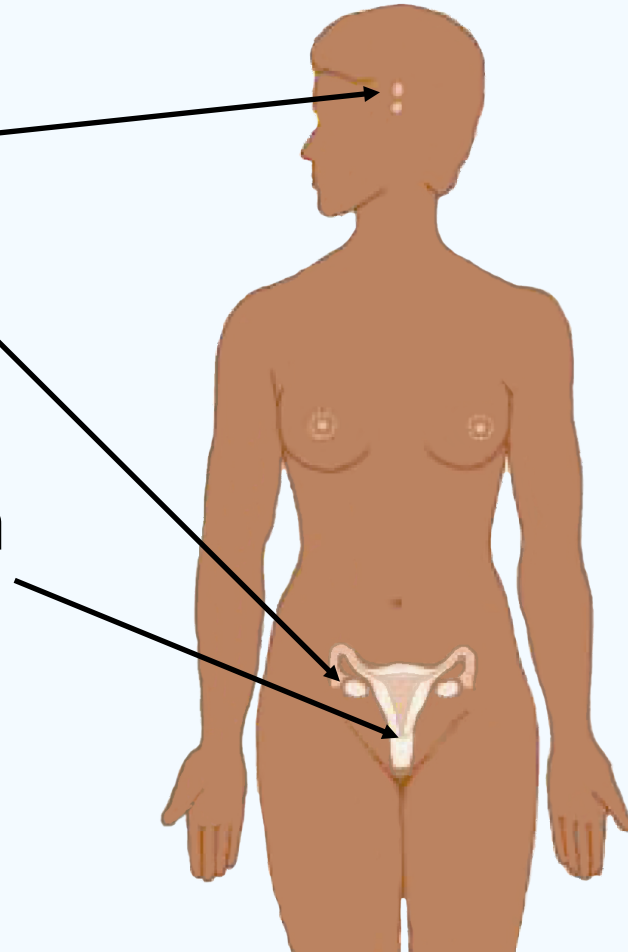
- NET-EN (norethisterone enanthate)
  - Injection every 2 months (8 weeks)
- Have similar effectiveness, safety, characteristics and eligibility criteria

# Progestin-Only Injectables: Mechanism of Action

Suppress hormones  
responsible for  
ovulation

Thicken cervical  
mucus to block sperm

Note: Do not disrupt  
existing pregnancy



# Injectables and Risk of Breast Cancer

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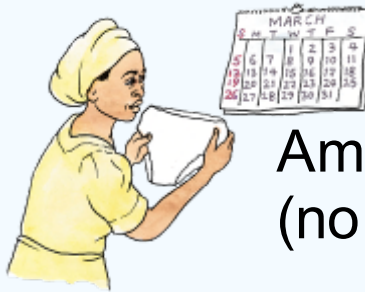
- No effect on overall risk of breast cancer
- Older studies found a somewhat increased risk during first 5 years of use
  - May be due to detection bias or accelerated growth of pre-existing tumors
- Recent large study found no increased risk in current or past DMPA users regardless of age and duration of use
- Little research has been done on NET-EN

# Progestin-Only Injectables: Side Effects

Many women experience no side effects.  
Possible side effects include:



Headaches  
and  
dizziness



Amenorrhea  
(no menses)




Weight  
gain



Prolonged or heavy  
bleeding irregular  
bleeding or spotting



Changes in mood  
and sex drive

 This image  
cannot  
currently be  
displayed.

Abdominal  
bloating and  
discomfort

# Progestin-Only Injectables Are Safe For Most Women

- Almost all women can use progestin-only injectables safely, including women who:

- Have or have not had children
- Cannot do or do not want to use other methods
- Are breastfeeding a baby who is at least 6 weeks old (WHO/MEC)
- Smoke (regardless of age or number of cigarettes)
- Have an STI, HIV or AIDS
- Just had a miscarriage or abortion
- Are taking medicines, including ARVs to treat AIDS



- Most health conditions do not affect safe and effective use of injectables



# Who Should Not Use Injectables



Has breast cancer



Has diabetes



Has serious liver disease



Had a heart attack or stroke or has blood clots



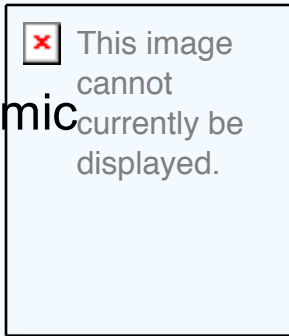
Has very high blood pressure

# Who Should Not Use Injectables



Has abnormal vaginal bleeding

Has systemic lupus



Is pregnant

Is breastfeeding a baby less than six weeks old (WHO/MEC)



My period is late...

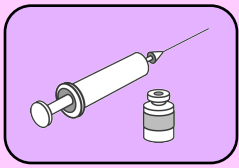


APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Thinks she may be pregnant



## Counseling about Progestin-Only Injectables:

# Getting Your Injection

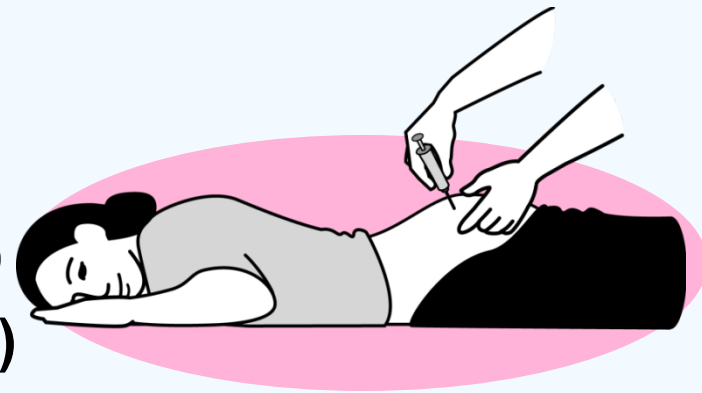
### Your injection:

- Insertion and removal should be quick and easy
- Either in your hip, arm or your buttock
- Don't rub the injection site afterwards
- Expect menstrual bleeding changes
- Seek help for problems or concerns at a health care facility
- No protection from STIs and HIV



### When to come back:

- For DMPA: every 3 months (13 weeks)
- For NET-EN: every 2 months (8 weeks)
- Come back even if you are late



# Correcting Rumors and Misunderstandings

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## Progestin-only injectables:

- Can stop monthly bleeding, but this is not harmful
  - Blood is not building up inside the woman
  - It is similar to not having menses during pregnancy
  - Usually not a sign of pregnancy
- Does not cause an abortion/disrupt an existing pregnancy.
- Do not make women infertile

# Modern Family Planning Methods

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Other Methods to consider:

- Vaginal ring
- Diaphragm
- Sterilization
- Emergency Contraceptive Pill

# Modern Family Planning Methods

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All credit for this presentation has to be given to a unique collaboration between several agencies: John Hopkins University, USAID, UNFPA and WHO  
([www.fptraining.org](http://www.fptraining.org))

**THANK YOU!!!**