Contraceptive Initiation simplified: Health Providers experience using Family Planning checklists

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- FP partners in Kenya
- FHI staff
- USAID
Background

- Non menstruating clients denied family planning
- 16 percent and 35 percent of FP clients denied contraceptive in Guatemala and Kenya respectively
- Simple checklists correctly ruled out pregnancy 99 percent.
How to Be Reasonably Sure a Client is Not Pregnant

Before initiating a medical regimen, health care providers often need to assess whether a woman is pregnant because some medications may have side effects that are potentially harmful to the fetus. According to the World Health Organization (WHO), there is no known harm to the woman, the course of her pregnancy, or the fetus if COCs, IUDs, or progestin-only pills (POPs) are used during pregnancy. However, it is recommended that family planning providers assess whether a woman seeking contraceptive services might already be pregnant, because women who are currently pregnant do not require contraception. In addition, methods such as IUDs should never be initiated in pregnant women because doing so might lead to extraembryonic or fetal complications. Although pregnancy can be reliably determined with pregnancy tests, in many cases, such tests are not available or affordable for clients. In such cases, many clients who are not menstruating at the time of their visit are deemed contraception, as providers rely on the presence of menstruation as an indicator that a woman is not pregnant. Women who are often required to wait for their menstrual returns before they initiate a contraceptive method.

Other approaches can be used to rule out pregnancy in the absence of tests or tests in the Ministry of Health and Sanitation, Division of Reproductive Health (DRH), in collaboration with Family Health International (FHI) has developed this simple checklist for use by family planning providers to help nonmenopausal women safely initiate their method of choice. The checklist is based on data collected on women in a family planning clinic in the United States. A total of 300 women were screened for pregnancy, and 31 were found to be pregnant. Although the initial checklist was developed for use by family planning providers, it can be used by other health care providers who need to determine whether a client is pregnant. For example, pharmacists may use this checklist when prescribing certain medications that should be avoided during pregnancy (e.g., certain antibiotics or certain drugs that prevent seizures).

This checklist is part of a series of provider checklists for reproductive health services. Other checklists include the Checklists for Screening Clients Who Want to Avoid Birth Control (COCs), the Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives (COCs), and the Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD. For more information about the provider checklists, please visit the website of the Ministry of Health and Sanitation (DRH) at drh.gov.mp for more information about the provider checklists.

Explanations of the Questions

1. Did you have a baby less than 6 months ago, and have you had no menstrual period since then?

2. Have you abstained from sexual intercourse since your last menstrual period or delivery?

3. Have you had a baby in the last 4 weeks?

4. Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?

5. Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUD)?

6. Have you been using a reliable contraceptive method consistently and correctly?

If the client answered NO to all of the questions, pregnancy cannot be ruled out. The client should await menstrual return or use a pregnancy test.

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FP Method Specific Checklists

### Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives

1. Are you pregnant or breastfeeding? (If yes, you cannot use oral contraceptives.)
2. Are you under age 18? (If yes, you cannot use oral contraceptives without parental consent.)
3. Are you taking any other medications or supplements that could interact with oral contraceptives?
4. Are you allergic to any ingredients in the contraceptive pill?

### Checklist for Screening Clients Who Want to Initiate Copper Intra-Uterine Device

1. Are you pregnant or breastfeeding? (If yes, you cannot use an intrauterine device.)
2. Are you under age 18? (If yes, you cannot use an intrauterine device without parental consent.)
3. Are you taking any other medications or supplements that could interact with intrauterine devices?
4. Are you allergic to any ingredients in the intrauterine device?

### Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)

1. Are you pregnant or breastfeeding? (If yes, you cannot use DMPA or NET-EN.)
2. Are you under age 18? (If yes, you cannot use DMPA or NET-EN without parental consent.)
3. Are you taking any other medications or supplements that could interact with DMPA or NET-EN?
4. Are you allergic to any ingredients in DMPA or NET-EN?

### Checklist for Screening Clients Who Want to Initiate Contraceptive Implant

1. Are you pregnant or breastfeeding? (If yes, you cannot use a contraceptive implant.)
2. Are you under age 18? (If yes, you cannot use a contraceptive implant without parental consent.)
3. Are you taking any other medications or supplements that could interact with a contraceptive implant?
4. Are you allergic to any ingredients in a contraceptive implant?
### Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use – 2008

**To initiate or continue use of combined oral contraceptives (COC), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD).**

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>COC</th>
<th>DMPA</th>
<th>Implant</th>
<th>Cu-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Less than 6 weeks postpartum</td>
<td>6 weeks to &lt; 6 months postpartum</td>
<td>6 months postpartum or more</td>
<td>NA</td>
</tr>
<tr>
<td>Postpartum</td>
<td>Less than 2 days, non-breastfeeding</td>
<td>&gt;6 days, non-breastfeeding or delayed breastfeeding</td>
<td>&gt;48 hours including immediate postpartum</td>
<td>NA</td>
</tr>
<tr>
<td>Postabortion</td>
<td>Immediate postpartum</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Smoking</td>
<td>Age ≥ 35 years, &lt;15 cigarettes/day</td>
<td>Age ≥ 45 years, &lt;15 cigarettes/day</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Multiple risk factors for cardiovascular disease</td>
<td>History of (coronary artery disease)</td>
<td>History of (coronary artery disease)</td>
<td>History of (coronary artery disease)</td>
<td>History of (coronary artery disease)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>History of (diabetes)</td>
<td>History of (diabetes)</td>
<td>History of (diabetes)</td>
<td>History of (diabetes)</td>
</tr>
<tr>
<td>Deep venous thrombosis (DVT) and pulmonary embolism (PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
</tr>
<tr>
<td>Known thrombogenic conditions</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
</tr>
<tr>
<td>Known hemorrhagic diathesis</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
</tr>
<tr>
<td>Renal disease</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
<td>History of (DVT/PE)</td>
</tr>
</tbody>
</table>

**Legend:**
- Category 1: There are no restrictions for use. May use any contraceptive method in use with no restrictions.
- Category 2: Generally use, some follow-up may be needed.
- Category 3: Generally not recommended; clinical judgment and continuing access to clinical services are required for use, although method may be chosen if other contraceptive methods are unavailable or unsatisfactory. Follow-up recommended for at least 1 year.
- Category 4: The method should not be used.

*Note:* This chart is a guide and should be used in conjunction with other medical information and patient preferences. Medical and clinical judgment should always be exercised in the selection and use of contraceptive methods.
Project Objectives

• Ease family planning counseling and provision
• FP clients receive most suitable contraceptive
Project Design

- Stakeholder meetings
- Translation of checklists to national language
- Development of training and reference guide
- Training on the use of the checklists
- Dissemination of checklists as a package
- Research utilization assessment
Methods

- Qualitative assessment
  - Semi-structured questionnaire (30)
  - In-depth interviews (20)

- **Target:** Service providers and other FP stakeholders

- **Study area:** Nairobi, Rift Valley and Coast provinces

- 77% response rate from structured questionnaire

- 4 checklists and MEC quick reference chart
Findings – Service Providers

• Checklists in 14 out of the 23 organizations/institutions
• 73 percent found checklists “very useful”
Findings – Service Providers (Perceptions)

- Checklists are “Easy to use”
  - “… the checklists are very easy to use …”. FP provider in Rift Valley
- Saves time/ quick reference guide
  - “… we don’t waste a lot of time trying to find information …; it is all there on the checklists”. FP provider in Rift Valley
- Reduce provider bias
  - “… we are able to give clients the methods they want”. FP provider in Coast
Findings – Service Providers (Perceptions)

• Supports task shifting
  – “... even someone who hasn’t been trained specifically in FP can use them to counsel clients”. FP provider in Rift Valley

• Clients receive the method suitable for them.
Lessons Learnt

• Adaptation of products not straightforward
• Stakeholder support and partnership crucial
• Locally generated evidence facilitates adaptation
• Training essential for utilization of job aids
• High production costs limiting
Way forward

• Checklists continue to be updated as new evidence emerges (2008)
• New checklist for screening clients who want to initiate implants
• Ministry of Public Health and Sanitation will intensify dissemination