

# **Reproductive Choices and Family Planning for People Living with HIV**

## **Counselling Tool**





# Reproductive Choices and Family Planning for People Living with HIV Counselling Tool

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Documentation Centre  
Department of Reproductive Health and Research  
World Health Organization  
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The document is also available online at:

<http://www.who.int/reproductive-health/>

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# Introduction for the provider

## Purpose of this tool

This tool is designed to help health care workers counsel women and men living with HIV and their partners on sexual and reproductive choices and family planning. It also is meant to help people living with HIV make and carry out informed, healthy, and appropriate decisions about their sexual and reproductive lives. This tool addresses:

- How to enjoy a healthy sexual life.
- For clients who want to limit or space their pregnancies, how to prevent pregnancy and further transmission of HIV.
- For clients thinking of having a child, points to consider in making a decision.

## About this tool

This tool is part of the WHO materials on Integrated Management of Adolescent and Adult Illness (IMAI).

The tool provides:

- Essential information you need to offer good advice.
- Tips and guidance on how to communicate with clients.
- Illustrations to make the information more clear.


## Counselling process

This tool follows the IMAI 5As process for counselling and shared decision-making: **Assess, Advise, Agree, Assist, Arrange**.

## Preparing to use the tool

- For each topic in this tool, there is a **page for the client** and a **page for the provider**. The two pages are similar, but the provider's side contains more information, suggested questions to ask the client, and a box on how to use the page.
- Studying this tool will help you become familiar with how it works and with the information in it. **Using the flip-chart will become easier with practice.**
- This guide covers only the main points. When you talk with clients, you can add information and discuss matters further, responding to the client's needs and concerns. You should have prior skills in effective interpersonal communication.

## Using the tool with clients

- **Place the tool** where the client can easily see it. Try *not* to place the flipchart directly *between* you and the client. You can place it to the side or where both of you look at the client's page.
- Each page shows the client an important question or topic. To use this tool correctly, you usually need the client's answers or information before you will know which page to go to next. The **sign post** →  **marks points to decide where to go next** in the tool.
- Use **only pages and information on the page that address the individual client's needs**. To do this, listen to and assess the client's situation, needs, and wishes.
- Use language that the client will understand and, in general, **do not read the text** to the client. Once the tool becomes familiar, a glance will remind you of key information and your next steps.
- **If the client cannot read well**, pointing to pictures may help.

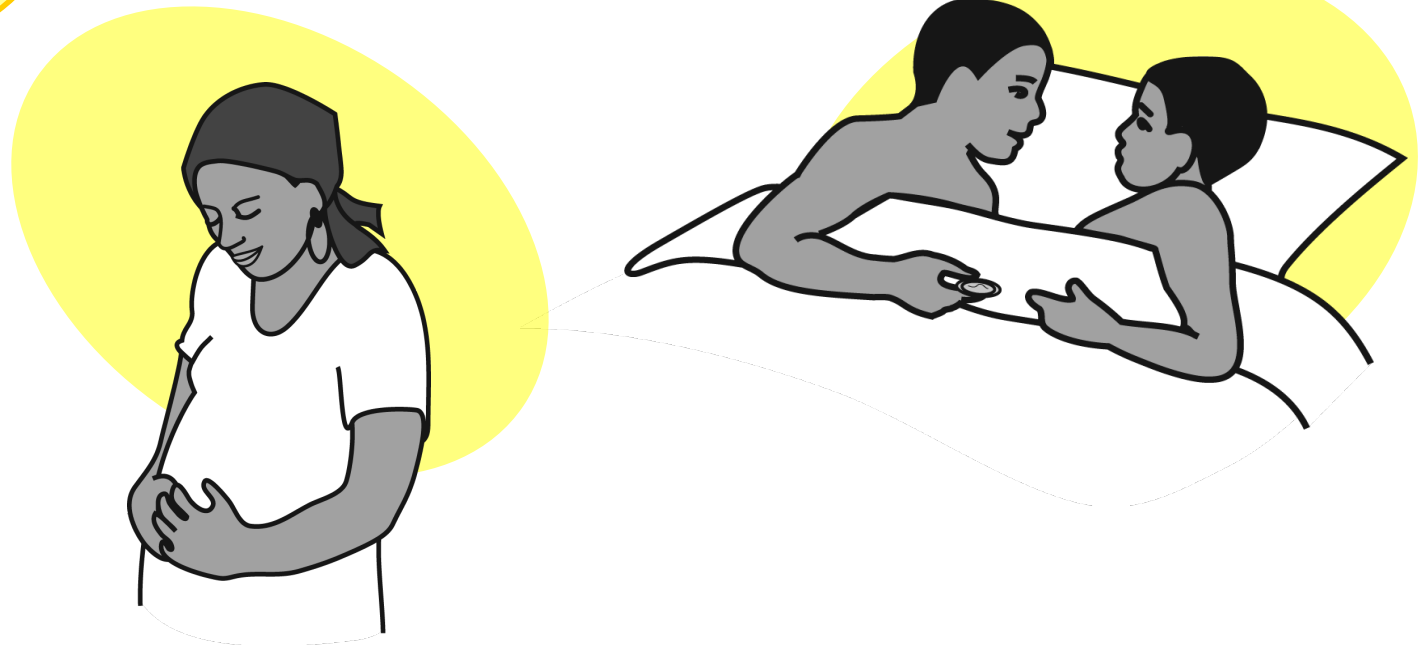
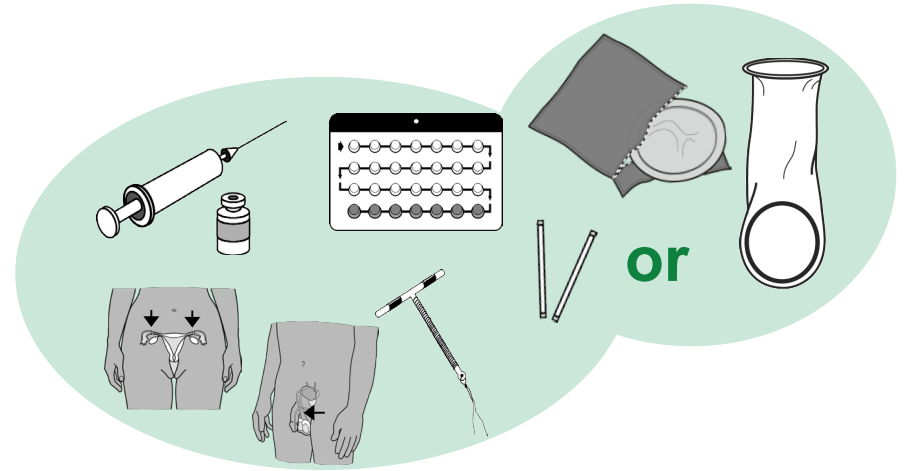
# Road map of this counselling tool



# You can have a healthy sexual life

- Preventing pregnancy
- Preventing STIs, including HIV
- Having a healthy pregnancy and baby

*Let's discuss  
the choices*



# You can have a healthy sexual life

For all  
clients

## Preventing pregnancy

- ▶ You can use almost any family planning method.

## Preventing STIs, including HIV

- ▶ Condoms help prevent both pregnancy and STIs/HIV.

## Having a healthy pregnancy and baby

- ▶ You can have a baby. There are special issues to think about before you decide.

### How to use this page:

- **Welcome** the client warmly.
- Mention these 3 types of choices and **offer to discuss**.
- **Give the main messages** (at arrows) about the choices.
- Invite the client **to plan for healthy behaviour**. Offer your help.
- Ask for questions, and follow up at once.

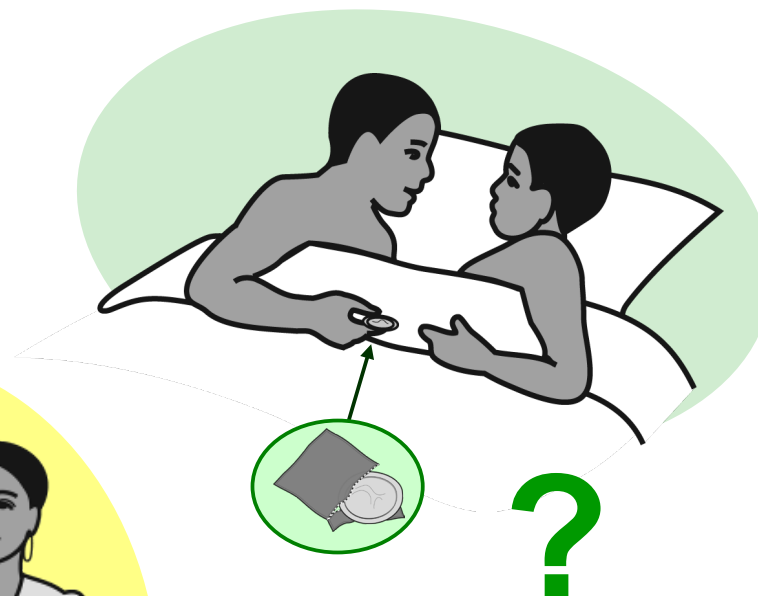
**Next step:** Explain that you need to ask some questions first to understand how best to help (go to next page).



## Questions for you



?



?

# Questions to ASSESS situation and needs

For all  
clients

## Living with HIV

- When diagnosed? Now well / unwell?
- Medications? If yes, what? Started when?

## Sexual relationships

- Now in a sexual relationship?
- If yes: Steady partner/spouse? Occasional partners?  
How many partners in last 3 months?
- Are your partners of the opposite sex, same sex, or both?

## How you protect yourself, your partner(s), and your family

- Doing something now to avoid HIV transmission? What?
- Do you or your partner have any signs or symptoms of sexually transmitted infection—open sores, unusual discharge? Have you had any STIs in the last few months?
- Want to avoid pregnancy? Doing something now to avoid pregnancy? What?
- Your current method of protection: How is it going? Are you content to continue? Any worries? Want something else?
- Do you have children? Thinking about having a baby—now or in the future?
- Currently pregnant? Concerns about this pregnancy?
- Have discussed with partner? Partner's views, reaction?

### How to use this page:

- Assure the person that all clients are asked these same questions.
- Explain policy on privacy and confidentiality.
- Ask if client has any specific questions, needs, or concerns.
- Encourage client's healthy behaviours or intentions.
- Listen carefully for the person's needs—for correct information, for help with making choices, for support to carry out plans.

**Next step: Discuss HIV status of couples and issues of testing and disclosure (go to next page).**

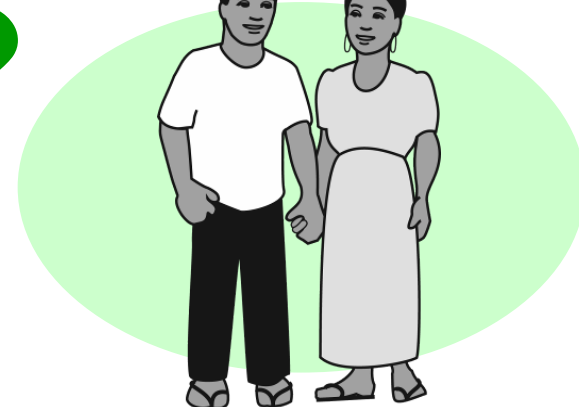
# Do you know your partner's HIV status?



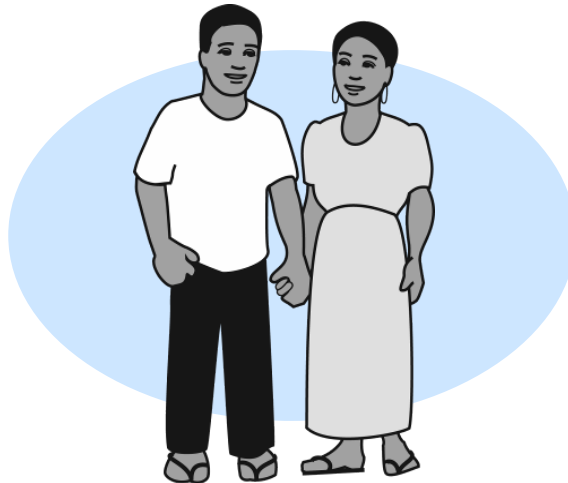
NO HIV  
or  
UNKNOWN  
STATUS

HIV

?



HIV HIV



HIV

NO HIV  
or  
UNKNOWN  
STATUS

?

# Do you know your partner's HIV status?

For all  
clients

## Questions about sexual relationships:

- Does client know HIV status of sex partner(s)?
- Does partner(s) know client's HIV status?

## If a partner's status is unknown:

- Discuss reasons why client's partner(s) should be tested for HIV.
  - Even if you are HIV positive, your partner may not have HIV.
  - Most people living with HIV do not know they have HIV.
  - When both partners know their status, they can then know how best to protect themselves and their family.
- If you are HIV positive and your partner's status is unknown, assume your partner is HIV negative and needs protection from becoming HIV positive.
- If you are HIV negative and your partner's status is unknown, assume your partner is HIV positive and you need protection from becoming HIV positive.
- Important to always use condoms and other ways to lower risk (**go to next page**).

## If a partner is HIV negative:

- Explain that it is common for a person who is HIV positive to have a partner who is HIV negative.
- HIV is not transmitted at every exposure, but HIV-negative partners are at high risk of becoming HIV positive.
- Important to always use condoms and other ways to lower risk (**go to next page**) or avoid penetrative sex.

## If both you and your partner are HIV positive:

- If mutually faithful, couple may choose not to use condoms and may choose another method for pregnancy protection.
- If not mutually faithful or faithfulness is uncertain, condoms should be used or penetrative sex avoided to prevent other STIs, including HIV.

## How to use this page:

- Discuss HIV status of client and partner(s) so they can know how to best protect themselves.
- If client has not disclosed HIV status to partner, discuss benefits and risks of disclosure.
- Help client develop strategy for disclosure, if client is ready.
- Strongly encourage and help with HIV testing and counselling of couples and partners, and support mutual disclosure and access to prevention, care, and treatment services.

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

## ***Preparing to disclose HIV status***

- Who to tell?
- When to tell?
- How to tell? Make a plan.
- What you will say? Practice with client.
- What will you say or do if...?
- If there is a risk of violence, discuss whether or not to disclose, or how to disclose with counsellor or friend present.

## Safer sex and living with HIV

- Can still enjoy sexual intimacy
- There are ways to lower risk
- Some sexual activities are safer than others



*Any  
questions  
?*

# ADVISE: Safer sex and living with HIV

For all  
clients

## Can still enjoy sexual intimacy

- There are ways to keep the risk of STIs/HIV low—both the risk of infecting someone else and getting another STI/HIV yourself.
- Couples' and partners' HIV counselling and testing and mutual disclosure of your HIV status help decide how to have a healthy sexual life.
- You need to protect your partner from HIV and other STIs even if you are on ARVs.
- Do not assume a sexual partner has no STIs. Protect yourself.

## Ways to lower risk

- **Treatment as prevention in sero-discordant couples**—people living with HIV and taking ARVs have a low risk of HIV transmission to their sexual partners.
- **Couples' HIV testing and counselling**—couples test, receive results, mutually disclose status and receive prevention, treatment, care and support appropriate to their situation.
- **Safer sex**—for example, condoms or avoiding penetrative sex.
- **Getting tested for STIs**—syphilis testing is widely available.
- **Early treatment of STIs and avoiding sex if you or your partner has an STI.**
- **Mutual faithfulness**—two partners faithful to each other.
- **Limiting number of sexual partners.**
- **Not having sex**—need to be prepared to use condoms if you return to sexual activity.
- **Voluntary medical male circumcision**—reduces risk of HIV-negative men becoming HIV positive.

## Some sexual activities are safer than others

- **Examples of acts with no risk:** Pleasuring self, massage, hugging, kissing on lips.
- **Examples of low-risk acts:** vaginal or anal intercourse **using condom**, oral sex (safer with condoms or other barrier).
- **Examples of high-risk acts:** anal intercourse without a condom, vaginal intercourse without a condom.
- These apply whether client's partner(s) is same or opposite sex.

## How to use this page:

- Help clients feel that they can have a healthy and safe sex life.
- Ask tactfully but clearly about client's concerns and answer honestly, directly, and without embarrassment.
- Ask questions about sexual activities. Ask for clarification, if needed, and check understanding.
- Do not act surprised or express judgment. You are asking clients to trust you with intimate details.



## Next step:

Depending on client's needs:

- Not in a sexual relationship → 5
- Choosing a method → 6
- Has a method in mind, or Likes current method → 7
- Problems with current method → 34
- Currently pregnant or thinking about pregnancy → 11
- Postpartum clients → 35

**Not in a sexual relationship**

**Always be prepared  
for a return to  
sexual intimacy**



# ADVISE: Not in a sexual relationship

## Not in a sexual relationship

- Some people living with HIV or on ARVs do not have a regular sexual partner.
- Is this a personal choice or a result of client's situation—for example, not feeling well, not interested in sex, or has not met someone?
- When clients start to feel better on treatment, they may change their minds about sexual intimacy or about having a baby.

## Always be prepared for a return to sexual intimacy

- Methods that can be used when needed include male and female condoms and emergency contraception (when no regular method was used).
- Consider providing these methods.

### You can discuss:

- *“Remember, your situation can change very quickly.”*
- *“How will you protect yourself from pregnancy? Are you continuing to use contraception during the time you are not having regular sex? If not, what is your plan?”*
- *“How will you protect yourself and your partner from HIV and other STIs? Condoms? Non-penetrative sex? Have you thought about this?”*
- *“You may want to continue not to have sex. What makes avoiding sex difficult? What could help?”*

### How to use this page:

- Assess whether having no sexual relationship is the client's choice or is a result of client's situation or health.
- Help clients be prepared for a return to sexual intimacy.

### Next step:

- Needs help talking to partner
- Needs backup methods

▶ Male condom

▶ Female condom

▶ Emergency contraception



36



15



18

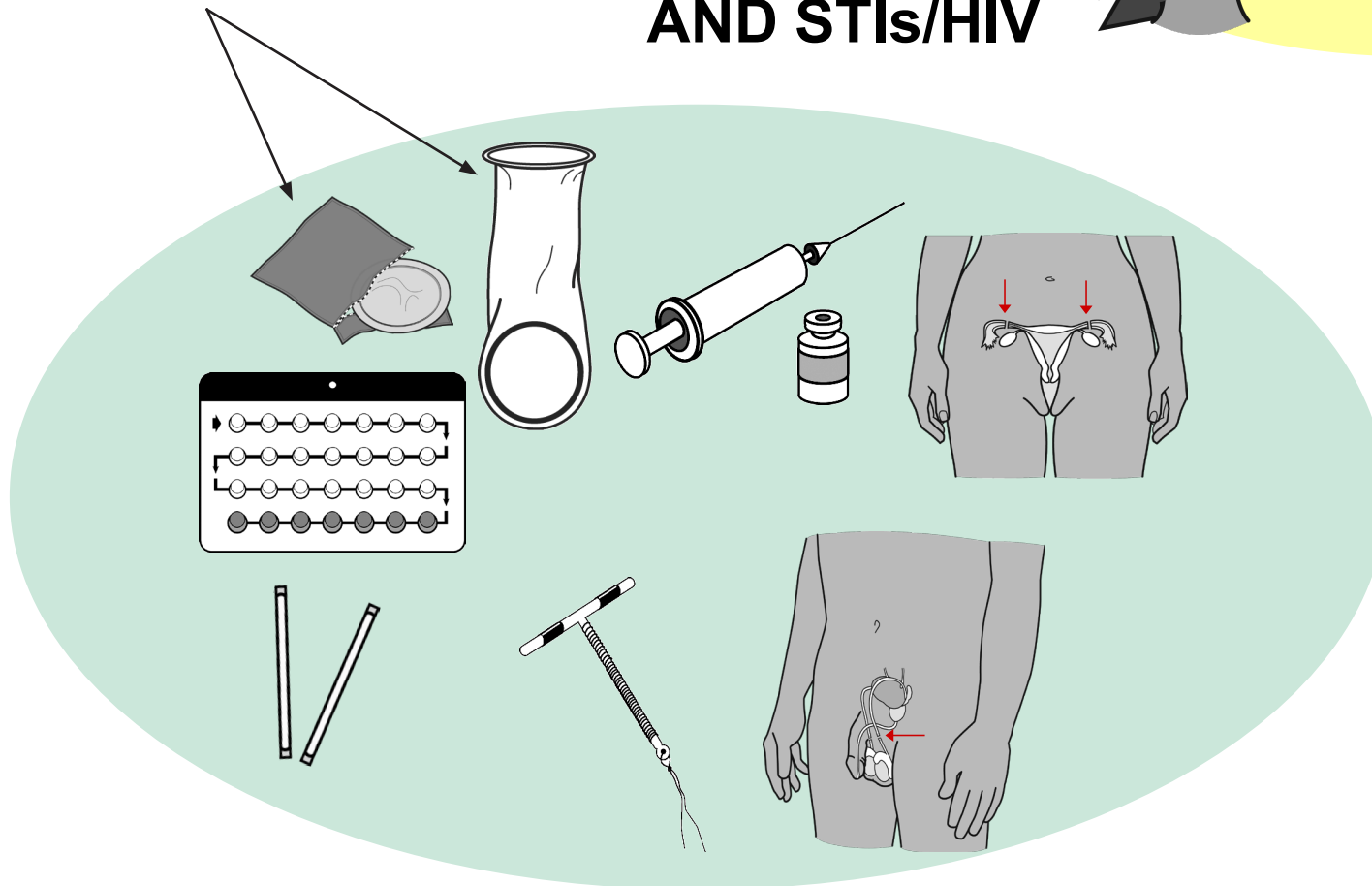
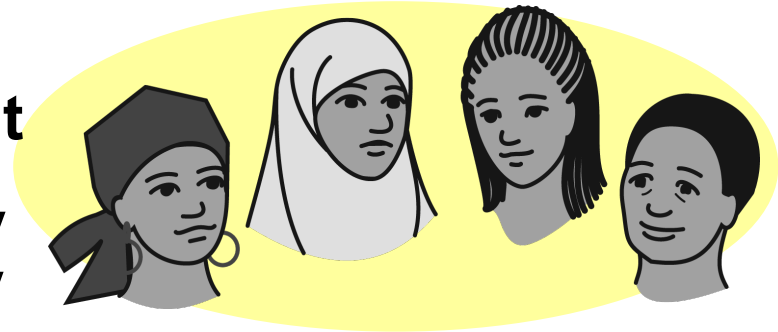


29



## You can use almost any family planning method

- Women with HIV or AIDS can use most methods—even on treatment
- Condoms help prevent pregnancy AND STIs/HIV



# ADVISE: You can use almost any family planning method

## Can use most methods **except**:

- Spermicides—not indicated for HIV-positive women, nor for HIV-negative women at high risk of HIV, as they may increase risk of HIV acquisition.
- The Pill, ring, patch, combined injectable, or mini-pill, IF on ARVs containing ritonavir. Women taking other ARVs (NRTIs\*, NNRTIs\*) CAN use these methods; if women on ARVs not containing ritonavir choose the pill, they should take a preparation containing a minimum of 30 micrograms ethinylestradiol.
- IUD, if the woman might have current purulent cervicitis, gonorrhoea or chlamydia, or cervical cancer awaiting treatment, or is unwell with AIDS-related illness. A woman with AIDS should not have an IUD inserted unless she is well on ARVs. If the IUD was previously inserted, she can continue use.
- All other methods can be used.

## Generally, antiretrovirals, antimicrobials and contraceptives do **not** conflict

- “You can use most contraceptive methods even on antiretrovirals.”
- Rifampicin and rifabutin (used for TB treatment) lower effectiveness of the Pill, patch, ring, combined injectable, NET-EN injectable, mini-pill, and implants. The effectiveness of DMPA injectable is not decreased. Other antibiotics do not have this problem. Use of other contraceptives should be encouraged for women who are long-term users of either of these drugs.
- Some antiretrovirals (protease inhibitors and NNRTIs) may lower effectiveness of hormonal methods. Correct use of the method and use of condoms can make up for any decrease in contraceptive effectiveness.
- Some women may have other conditions that affect choice of a method (see method sections).

## Condoms can help prevent both pregnancy and STIs/HIV

- Only male and female condoms help prevent STIs/HIV.
- Important to use a condom correctly and with every act of vaginal, anal or oral intercourse.

\* NRTI = nucleoside reverse transcriptase inhibitor, NNRTI = non-nucleoside reverse transcriptase inhibitor

### How to use this page:

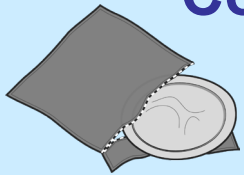
- Ask clients what they have heard about contraceptives, HIV, and antiretrovirals. Correct any misunderstanding gently but clearly.
- Explain that people living with HIV can use much the same contraceptive options as other people.
- Mention which methods you offer and which you can refer for.
- **Ask client if she or he is now using a method. If not, does client have a method in mind?**

**Next step: Consider protection strategies (go to next page).**

# Possible protection strategies

Prevent both  
pregnancy and STIs/HIV

**Condoms**



*Male  
condom*

OR



*Female  
condom*

**Condom  
AND ALSO  
another family  
planning method**



*For example:*

**AND**



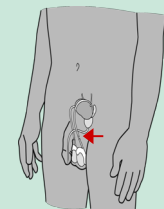
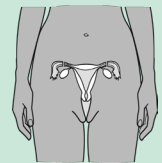
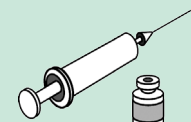
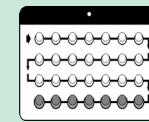
**Other  
safer sex**

**No  
sex**



Prevent pregnancy—  
**but not STIs/HIV**

**A family  
planning  
method  
without use of  
condoms**



# ADVISE: Possible protection strategies

## Prevent both pregnancy and STIs/HIV

### Condoms alone

- Only way to help prevent transmission of HIV and other STIs during vaginal or anal intercourse.
- Can be effective to prevent pregnancy—when used consistently and correctly.

### Condoms and another family planning method

- More effective protection from pregnancy than condoms alone, particularly if partner will not always use condoms.

### Other safer sex

- Non-penetrative sex instead of intercourse.

### No sex (delay of sexual debut or abstinence)

- For more, **go to page 5.**

## Prevent pregnancy—but not STIs/HIV

### A family planning method without use of condoms

- Helps prevent pregnancy but not STIs/HIV.

### If both partners know they have HIV

- If mutually faithful, this couple may choose to use a family planning method other than condoms.
- However, condom use prevents getting other STIs.

### How to use this page:

- Mention client's current means of protection (or lack of protection). Praise any current protective behaviour.
- Discuss how client's current or preferred family planning method could fit into a protection strategy.
- If appropriate, point out options that offer more protection than current practices.
- Discuss options that could suit this client.

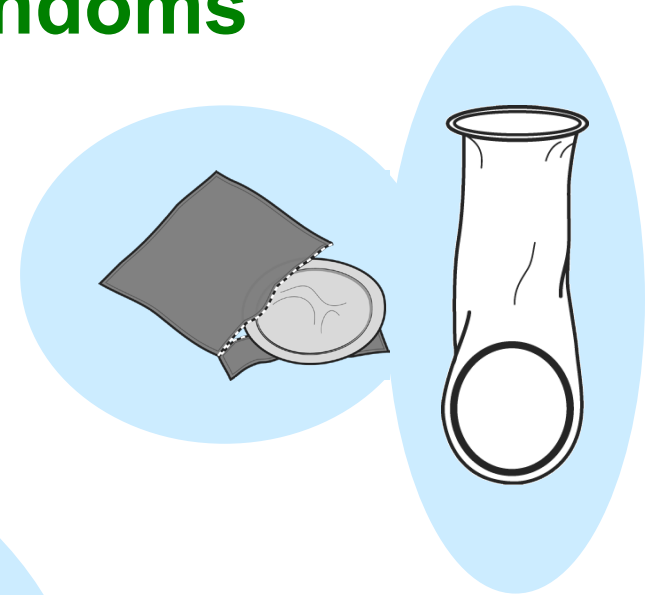
### Next step:

- **Problems using condoms, go to next page.**



- **Wants to choose a method** → 9
- **Problems with current method** → 34
- **Has a new method in mind:**
  - ▶ **Male condom** → 15
  - ▶ **Female condom** → 18
  - ▶ **The Pill** → 21
  - ▶ **Injectables** → 24
  - ▶ **LAM** → 31
  - ▶ **Fertility awareness** → 32
  - ▶ **Referral methods** → 33

# Know the facts about condoms



# Know the facts about condoms

## You should know that:

- Correct and consistent use of condoms protects you and your partner from STIs, including HIV, and pregnancy. It may help protect against conditions caused by STIs, such as cervical cancer, pelvic inflammatory disease or infertility.
- Using condoms is a responsible act that shows your concern for your own and your partner's health.
- Cooperation of both partners is needed. Talking about condom use before sex can improve the chances one will be used.
- Many married couples use condoms. They are not only for sex outside marriage.
- Most people who use condoms do not have HIV and are healthy.
- Proposing condom use does not mean a person has HIV. It means that the person is responsible and caring. It does not imply mistrust.
- Condoms are high-quality and do not have holes.
- Condoms do not contain or spread HIV.
- Nearly every man can use male condoms, regardless of penis size.
- Using condoms may change the sensation of sex, but sex is still enjoyable. Some couples find sex even more enjoyable with condoms.
- Male condoms do not make men sterile, impotent, or weak and do not decrease their sex drive.

## How to use this page:

- Discuss with client why some people do not use condoms.
- Ask if client's partner has concerns about condoms.
- Respond to any misunderstandings with accurate statements.
- If a woman's partner will not use condoms, discuss possible approaches. See box below.

## Next step:

- **Male condom** → 15
- **Female condom** → 18
- **For comparing methods, go to next page.**



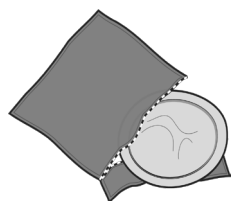
## ***If a woman's partner will not use condoms***

- Ask if she knows why. Help her plan how to negotiate condom use with her partner.
- Help her choose another family planning method to prevent pregnancy, and other protective measures against STIs/HIV (go to pages 4 and 7).
- Discuss and offer female condoms, if available.
- Explain that without use of condoms, she may get HIV, or transmit HIV if she is HIV positive, and be at risk of other STIs.
- If she has not disclosed her HIV status, encourage disclosure to partner and family, unless she would risk violence.
- Invite her to bring her partner for counselling, advice, and support as a couple.

# Comparing family planning methods

*Any of these methods can be used*

**Effective but must use every time you have sex**



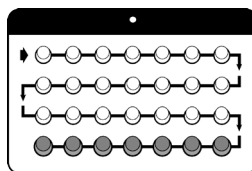
**Male condom**



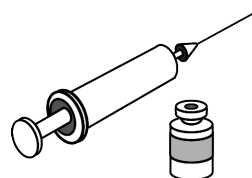
**Female condom**

**IMPORTANT!**  
Only condoms—  
used consistently  
and correctly—  
can help prevent  
pregnancy and  
STIs/HIV

**Very effective but must use as directed**



**Pills**

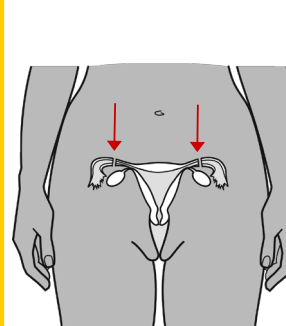


**Injectables**

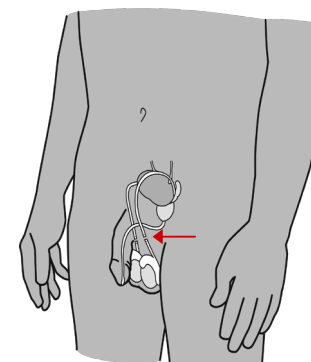


**LAM**

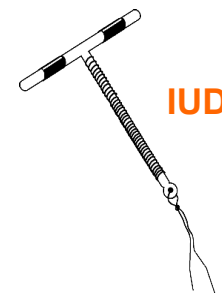
**Most effective and easy to use**



**Female sterilization (permanent)**



**Vasectomy (permanent)**



**IUD**



**Implants**

# AGREE: Comparing methods

## Effectiveness

- For some methods, effectiveness depends on the user. Does client think he or she can use method correctly?
- How important is it to the client to avoid pregnancy?

## Partner's help

- Male condoms and vasectomy are used by men.
- Man must cooperate for female condom.
- Will partner approve, help, or take responsibility?

## Permanent, long-term, or short-term

- Sterilization and vasectomy are permanent. (If currently sick, may be best to wait until well before choosing a permanent method.)
- IUDs and implants can stay in place for many years if desired.

## Protection from STIs, including HIV

- Only male and female condoms help protect against pregnancy and STIs/HIV—if used consistently and correctly.

- ✗ **Spermicides or diaphragm with spermicides:** Should not be used by women with HIV or at high risk of HIV.
- ✓ **IUD** may not be inserted if a woman has HIV, unless she is clinically well on ARVs, does not currently have purulent cervicitis, gonorrhoea or chlamydia, and is not at high individual risk of these infections. If IUD was previously inserted, she can continue use.
- ✓ **LAM:** Breast milk can pass HIV to baby, but this risk is very low if an HIV-positive mother takes ARVs. Exclusive breastfeeding also reduces the risk of HIV transmission and improves survival of the infant.

## How to use this page:

- If client has not decided on a method, compare available methods in light of client's situation and preferences. Explore client's feelings on issues such as those mentioned here.
- Ask about good and bad experiences with family planning. *Past success predicts future success.*
- Ask client which methods interest her or him most.

## Next step:

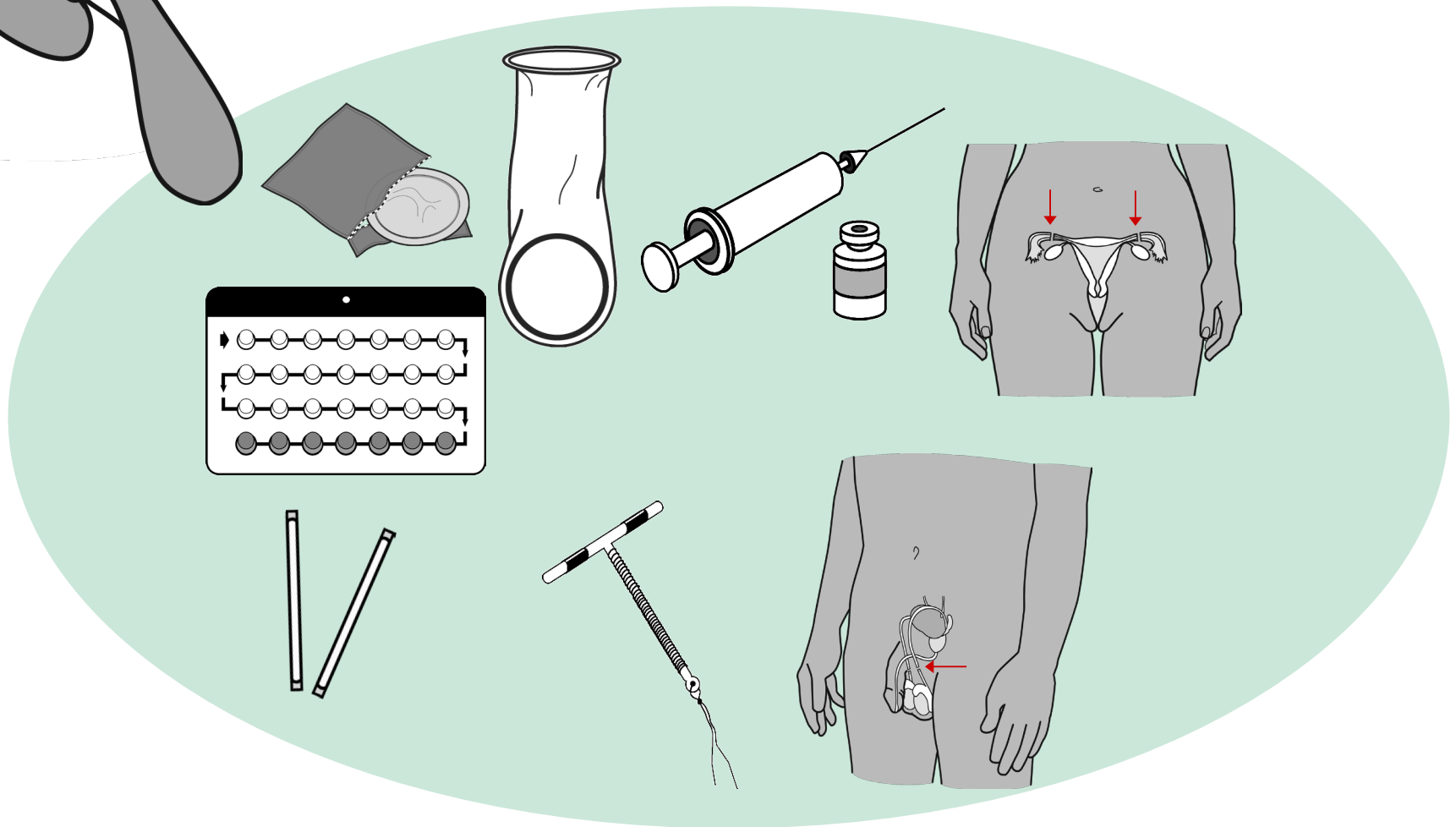
- **Focus on method(s) that interest client:**



- ▶ **Male condom** → 15
- ▶ **Female condom** → 18
- ▶ **The Pill** → 21
- ▶ **Injectables** → 24
- ▶ **LAM** → 31
- ▶ **Fertility awareness** → 32
- ▶ **Referral methods** → 33



# Making a choice and a plan



# ASSIST, ARRANGE: Making a choice and a plan that works

## Client's choices? (Could include several choices.)

- For a contraceptive method?
- Other safer sexual activities?

## Making a plan. Ask client to think about and discuss:

- How and where to get supplies and referral services?
- Learning to use condoms, other methods. (See pages 15-33)
- What steps to take? Examples: couples' HIV testing and counselling? disclosing status? learning partner's status? discussing plan with partner?
- What will be first step? When will client take this first step?
- Can partner help? (See page 36 on talking with partner)
- Does client want to start a method today? If so, use pregnancy checklist to make reasonably sure client is not pregnant when starting method. (See page 37)

## Meeting challenges

- What could prove difficult?
- How to handle difficulties—think what to say or do.
- What fall-back plan if can't keep to first choice?
- Explain emergency contraception, if available. (See page 29)
- Encourage: Everyone makes mistakes. Keep trying.

## Confirming

- Ask if client feels ready and able to carry out plan.

### How to use this page:

- Ask client to discuss which options would work best.
- Ask client to state choices and make a commitment to them.
- Is client making healthy choices? If so, confirm and praise. If not, counsel further.
- Help client make step-by-step plan. Discuss questions such as those listed.
- Go to other pages as needed.

### ARRANGE: *Closing steps*

- Provide supplies—condoms, another contraceptive method—or refer.
- Schedule next meeting.
- Invite client to return at any time—especially for more supplies, having problems, wants to change plan, thinks might have been exposed to STI or risk of pregnancy, or might be pregnant.
- Mention single most important behaviour for client to remember (such as use a condom each time or take a pill each day).

# Currently pregnant or thinking about pregnancy: What you need to know

- **It's your decision**
- **There are some risks to think about**



# ADVISE: Currently pregnant or thinking about pregnancy: What you need to know

## It's your decision

- **Pregnancy risks and risks of HIV transmission to the baby are not as high** as many people think.

## Risks to baby

- **If mother is living with HIV, the baby may get HIV** during pregnancy, childbirth, or breastfeeding. Most babies do not get HIV if mother and baby receive care, as treatment lowers risk.

(See next page)

- **If mother is living with HIV, there is greater chance of stillbirth, premature birth, or low birth weight.**

## Risks to mother

- **HIV infection raises risk of childbirth complications** such as fever and anaemia, particularly with delivery by caesarean section.
- **Pregnancy will not accelerate progression of HIV disease**, but best to avoid pregnancy in some health situations. (See page 13)

## Risks to partner

- The risk of HIV transmission is significantly reduced if the HIV-positive partner is on ARVs.

### How to use this page:

- This section can be used with women who are considering getting pregnant, or those who are uncertain whether or not to continue a pregnancy.
- Accurately describe possible risks.
- Ask client for reactions, explore concerns.
- Ask about partner's wishes and attitudes.

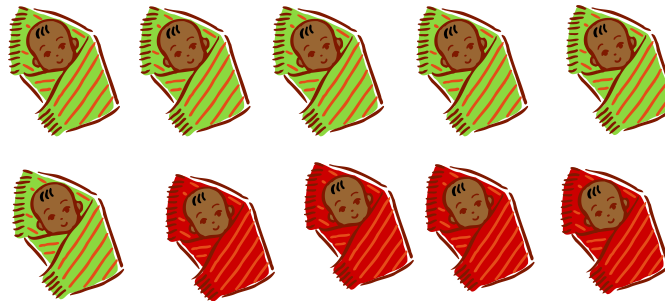
### Next step:

- **Client wants more information about pregnancy, go to next page.**

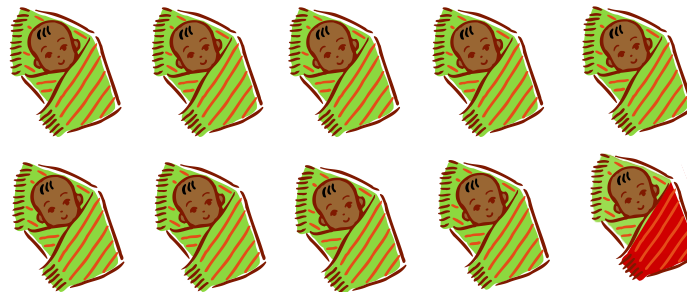
# Risk of HIV for the baby

*If 10 women with HIV have babies...*

*Without care during pregnancy, delivery, and breastfeeding, 3 to 4 babies will have HIV*



*With care during pregnancy, delivery, and breastfeeding, less than 1 baby will have HIV*



# Risk of HIV for the baby

- Babies may get HIV during pregnancy, childbirth, or breastfeeding.
- If 10 women with HIV have babies ...
  - Between 3 and 4 babies will have HIV if mother and baby do not receive care.
  - Less than 1 baby will have HIV if mother and baby do receive care.
- Care options for mother AND baby should include:
  1. Antiretroviral treatment for mother if she needs it for her own health, continued for life\*
  2. If the mother does not need ARVs for life, then antiretroviral prophylaxis during pregnancy (as early as 14 weeks), labour, and delivery if not breastfeeding, or until 1 week after cessation of all breastfeeding\*
  3. Antiretrovirals for infant from birth through age 4-6 weeks regardless of infant feeding method
- Women with HIV should be advised of the national recommendation for infant feeding, counselled and supported in the feeding practice that gives their HIV-exposed infants the greatest chance of HIV-free survival:
  - Exclusive breastfeeding (no other food or liquids) for first 6 months with ARVs for mother and baby, introducing appropriate complementary foods thereafter, and continuing breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided; OR
  - Avoiding all breastfeeding and using replacement feeding if environmental and social circumstances are safe and supportive.

\* In countries that adopt option B+ for PMTCT, replace bullets 1. and 2. with:  
*Antiretrovirals for mother as soon as diagnosed, regardless of her CD4 count, continued for life*

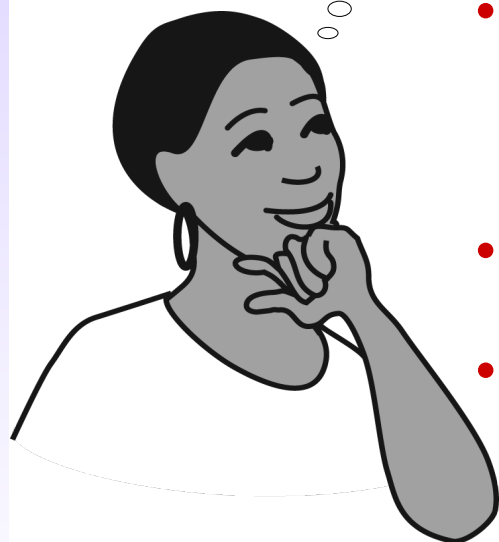
## How to use this page:

- Discuss graphic on client's page, and explain points to the left.
- Ask woman how she feels about these risks to her baby.
- Ask how she thinks she might feel if her baby were HIV positive. (Be careful not to suggest that she should feel bad.)

## Next step:

- **Client wants to know more about pregnancy, go to next page.**

# Is pregnancy a good idea for you now? What to consider



- Your health
- Medical care



- Your partner's and family's support
- Telling others your HIV status



- Feeding your baby



# AGREE: Is pregnancy a good idea for you now?

## What to consider

### Your health now

**Pregnancy possible** if health is good, CD4 >350\*, or clinical Stage 1 or 2 where CD4 count not available, on prophylaxis to prevent opportunistic infections, or ARVs if eligible, no sign or symptoms of TB.

\* Consider starting ARVs in women wanting to get pregnant before pregnancy starts regardless of CD4 count.

**Pregnancy may cause problems now.** Delay pregnancy and re-evaluate later if health worsening, CD4 <350, TB unknown, no prophylaxis to prevent opportunistic infections, in first 6 weeks of ARVs.

**Consider delaying pregnancy** if health poor, clinical Stage 3 or 4, on TB treatment, CD4 <100, waiting to start ARVs.

### Medical care for you and your baby

- Are services available? Where?

### Your partner's support

- Have a steady partner? Partner knows your HIV status?
- Partner supportive and will help with baby?
- Partner knows own status or is willing to be tested?
- Partner's health?

### Family support

- Family supportive? Or would they reject a child with HIV?
- Family members are close by and can help?

### Telling others your HIV status

- Have told others? Planning to? Who can't be told? (See page 3)

### Feeding your baby (see pages 14 and 31)

#### How to use this page:

- Help a woman or couple consider whether having a baby is a good idea at this time.
- Answers to these questions can help a woman or couple make a wise decision.
- **AGREE:** Ask if the woman or couple can reach a decision? If so, what decision? If not, what will help with making the decision?

#### Next step:

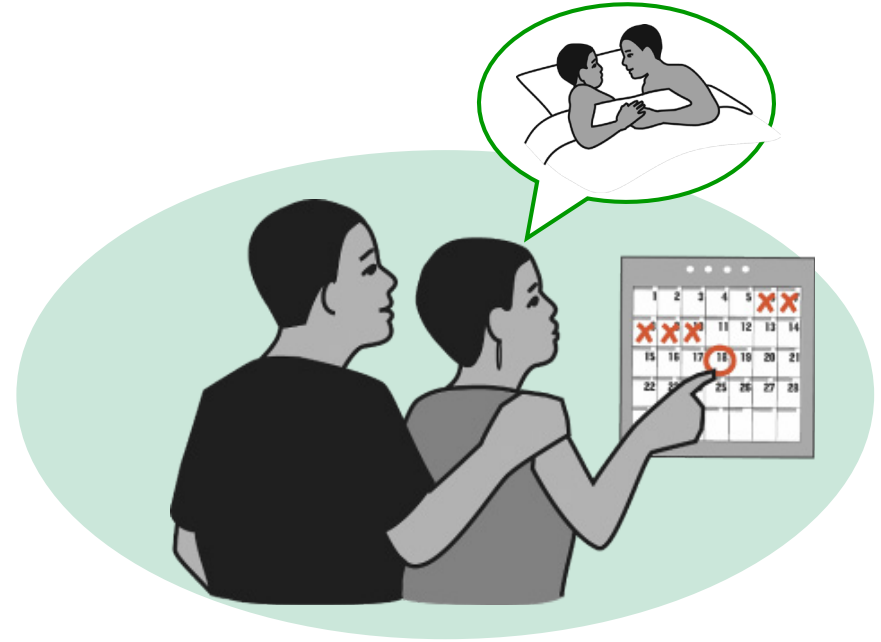
- **Wants pregnancy now, go to next page**
- **Wants to prevent pregnancy**





# Having a baby

- Taking the least risk



- Care and treatment during pregnancy



- Feeding the baby
- Taking care of the baby



# ASSIST, ARRANGE: **Having a baby**

**Note:** Having HIV can make it more difficult to get pregnant.

## **Taking the least risk**

- Testing of either partner, if HIV status unknown, to help decide how to decrease transmission risk while trying for pregnancy.
- The risk of HIV transmission is significantly reduced if the HIV-positive partner takes ARVs.

## **Care and treatment before pregnancy, and during pregnancy, labour, and delivery**

- If HIV negative: always use condoms and other protective measures as there is increased risk of HIV transmission to foetus/infant if mother acquires HIV during pregnancy/breastfeeding period.
- If HIV positive:
  - Avoid unprotected sex during pregnancy—for example, by using condoms. Lessens chance of STIs dangerous to baby.
  - Refer for antenatal care, including malaria prevention and treatment during pregnancy, and for care to prevent mother-to-child transmission (PMTCT).

## **Feeding the baby**

- Discuss PMTCT with counsellor.
- Women with HIV should be advised of the national recommendation for infant feeding, counselled and supported in the feeding practice that gives their HIV-exposed infants the greatest chance of HIV-free survival:
  - Exclusive breastfeeding (no other food or liquids) for first 6 months with ARVs for mother and baby, introducing appropriate complementary foods thereafter, and continuing breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided; OR
  - Avoiding all breastfeeding and using replacement feeding if environmental and social circumstances are safe and supportive.

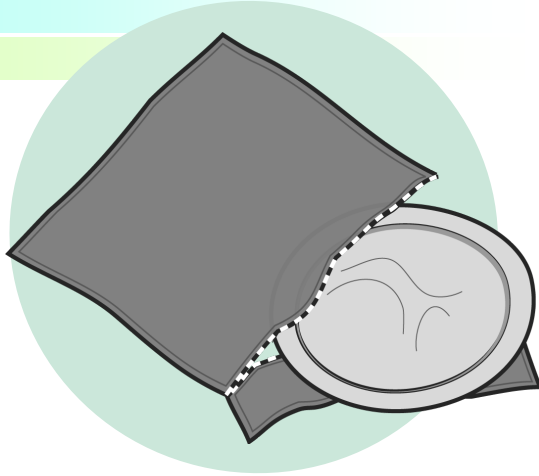
## **Taking care of the baby**

- Who will help—baby's father? Woman's mother, sisters, friends?
- Where to take baby for health care?

## **How to use this page:**

- **ASSIST** (*also for women already pregnant*): Help woman or couple think about how to manage pregnancy, delivery, and child care.
- Discuss difficulties and how they can be overcome.
- **ARRANGE:** Refer for further care.

## The male condom



- **Very effective when used correctly EVERY TIME you have sex**
- **Protects you and your partner from both pregnancy and STIs, including HIV**
- **Can be used alone or with another family planning method**
- **Easy to get, easy to use**
- **Partners usually need to discuss**





# The male condom

- **Very effective when used correctly EVERY TIME you have sex** →
- **Protects you and your partner from both pregnancy and STIs, including HIV** →
- **Can be used alone or with another family planning method (for dual protection)** →
- **Easy to get, easy to use** →
- **Partners usually need to discuss** →

## You can discuss:

- “What have you heard about condoms? Do you have concerns?”
- “Would you be able to use condoms consistently and correctly?”
- “Would your partner agree to use condoms?”
- “Would you be able to keep a supply of condoms on hand?”

## About the male condom:

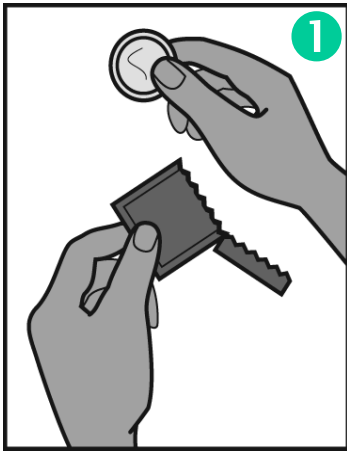
- A rubber sheath that covers the penis during sex.
- Almost all men can use male condoms, even men with large penises. Only those with a serious allergy to latex cannot use them.
- When condoms are used **correctly every time**, they are very effective in preventing pregnancy and STIs, including HIV.
- Use during ALL contact between penis and vagina/anus/mouth.

## Benefits when used consistently and correctly:

- Protects partner(s) from HIV.
- Protects from other STIs.
- Prevents pregnancy.
- You can use another family planning method (except the female condom) along with male condoms for extra protection from pregnancy.
- Also used as backup for another method of family planning (for example, if client missed pills or is late for injection).
- Sold in many shops and available free at many health clinics.
- Use becomes easy with a little experience.
- Most couples find that they still enjoy sex with condoms.
- Discussion can be difficult. For tips, **see pages 8 and 36**.
- If partner does not want to use condoms: “We can discuss and practice what you might say.” Practice with client how to talk with partner.

**Next step:** For how to use condoms, go to next page.

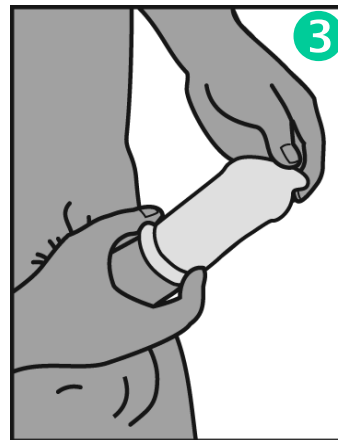
# How to use a male condom



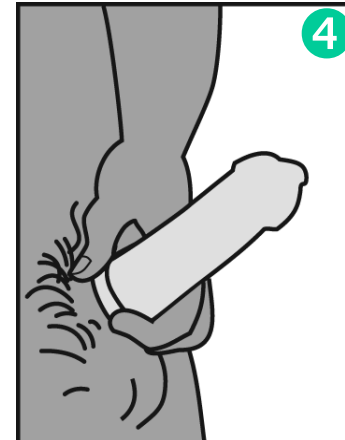
Use a **new condom** for each sex act



Before any contact, place condom on tip of erect penis **with rolled side out**



**Unroll condom all the way** to base of penis



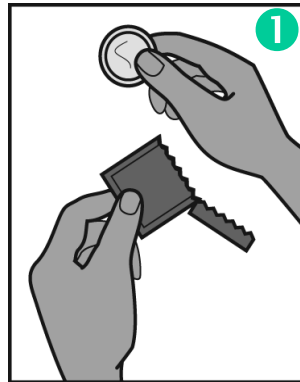
**After ejaculation,** hold rim of condom in place, and withdraw penis while it is still hard



**Use only once**  
Throw away used condom safely

# How to use a male condom

Male  
Condom



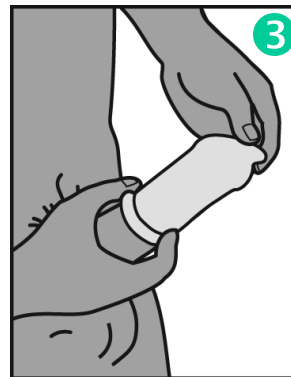
Use a **new condom** for each sex act

- Check expiry or manufacturing date.
- Condoms should be used within 3 years of manufacturing date.
- Open package carefully.



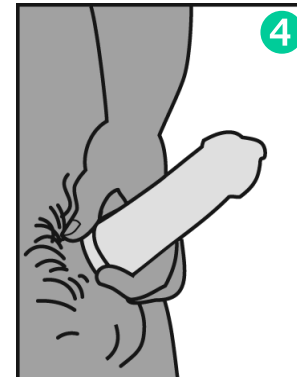
Before any contact, place condom on tip of erect penis **with rolled side out**

- Put condom on before penis touches vagina or anus.



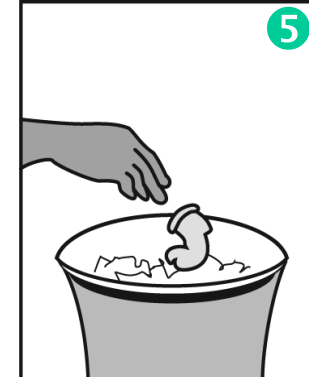
**Unroll condom all the way** to base of penis

- If condom does not unroll easily, it may be backwards or too old. If old, use a new condom.
- Lubricants can be used (water-based, not oil-based) and **should** be used during anal intercourse.



**After ejaculation,** hold rim of condom in place, and withdraw penis while it is still hard

- Move away from partner first.
- Do not spill semen on vaginal opening or anus.



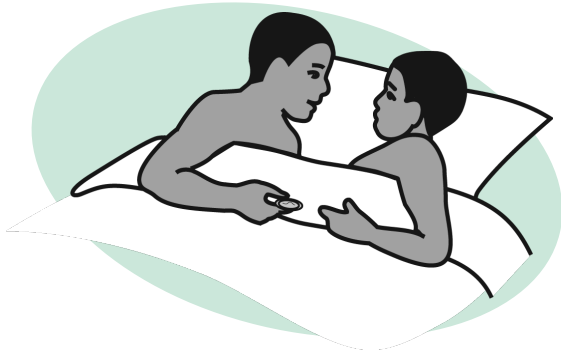
**Use only once**  
Throw away used condom safely

- Always throw away in bin or trash can as appropriate.

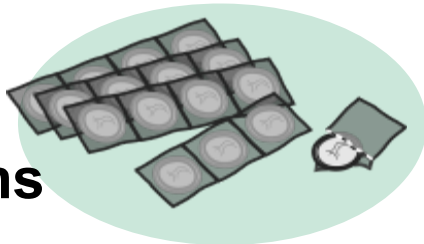
**Next step:** For what to remember about condoms, **go to next page.**

## What to remember

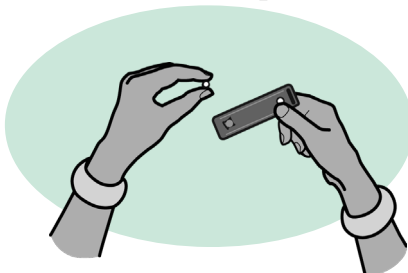
- Use condom correctly  
**EVERY TIME** you have sex



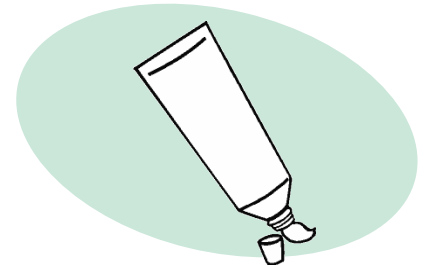
- Make sure you always have enough condoms



- If condom breaks, consider emergency contraception as soon as possible



- Water-based lubricants only



- No oil-based lubricants



- Store away from sun and heat



## What to remember

- Use condom correctly **EVERY TIME** you have sex



*“For full protection from pregnancy and STIs/HIV, you need to use a condom **EVERY TIME** you have vaginal or anal sex.”*

- Use every time to protect yourself and your partner.
- If condom cannot be used every time, use another method of family planning (which can prevent pregnancy but not STIs/HIV) and other STI/HIV protection measures. **(Go to page 4)**

- Make sure you always have enough condoms



- “Get more condoms **before** you run out.”

- If condom breaks, consider emergency contraception as soon as possible



- Condoms rarely break if properly used.
- **Offer emergency contraceptive pills** to take home in case condom breaks or slips.
- Partners who may have been exposed to HIV or STIs may also need post-exposure prophylaxis (PEP) for HIV and/or presumptive STI treatment.
- If condoms break often, make sure they are not damaged or old. Review instructions for proper use. Also, try lubricated condoms, or use water or water-based lubricant on outside of condom.
- Do not use if unopened package is torn or leaking, or condom is dried out.

- Water-based lubricants only



- **Oils weaken condoms** so condoms can break. Do not use oil-based materials such as cooking oil, baby oil, coconut oil, petroleum jelly, butter.
- **Water-based materials are OK.** They include glycerine, certain commercial lubricants, clean water, saliva.
- Tell client whether condoms offered are lubricated or not.

- No oil-based lubricants

- Store condoms away from direct sunlight and heat

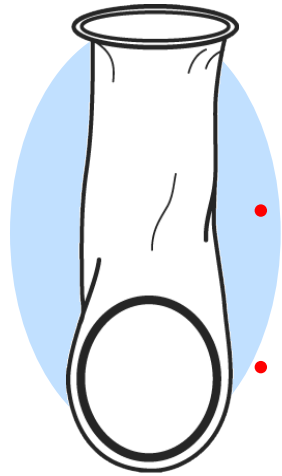


- Sunlight and heat can make condoms weak and they can break.

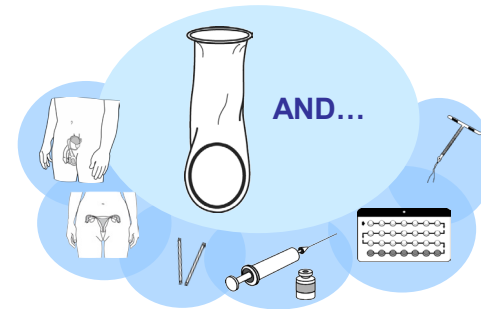
**Next step: Go back to 10 for ASSIST and ARRANGE.**



# The female condom



- **Effective when used correctly EVERY TIME you have sex**
- **Protects you and your partner from both pregnancy and STIs, including HIV**
- **Can be used alone or with another family planning method**
- **May be relatively expensive and hard to find**
- **Inserted by the woman but needs partner's cooperation**



# The female condom



- **Effective when used correctly EVERY TIME you have sex**
- **Protects you and your partner from both pregnancy and STIs, including HIV**
- **Can be used alone or with another family planning method (for dual protection)**
- **May be relatively expensive and hard to find**
- **Inserted by woman, but needs partner's cooperation**

## You can discuss:

- “What have you heard about female condoms? Do you have concerns?”
- “Would you be able to use female condoms consistently and correctly?”
- “Would your partner agree to use female condoms?”
- “Would you be able to keep a supply of female condoms on hand?”



## About the female condom:

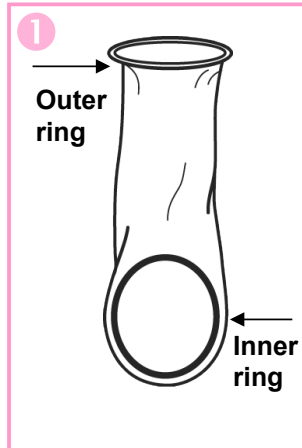
- A loose plastic sheath that is inserted into the vagina before sex.
- No medical conditions limit use. No allergic reactions (made of plastic, NOT made of latex like most male condoms).
- When female condoms are used correctly every time, they are effective in preventing pregnancy.
- May be less effective than male condom.
- Insert before any sexual contact.

## Benefits when used consistently and correctly:

- Protects partner(s) from HIV.
- Protects from other STIs.
- Prevents pregnancy.
- You can use another family planning method (except the male condom) along with the female condom for extra protection from pregnancy.
- Also used as backup for another method of family planning (for example, if client missed pills or is late for injection).
- If partner does not want to use female condoms:  
“We can discuss and practice what you might say.” Practice with client how to talk with partner. For tips, [see page 36](#).

**Next step:** For how to use female condoms, [go to next page](#).

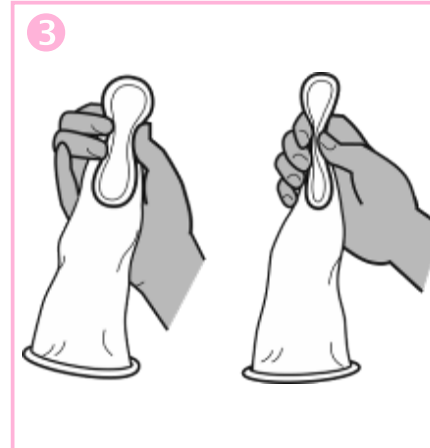
# How to use a female condom



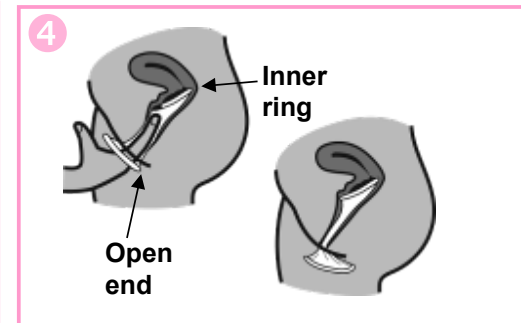
- Open package carefully
- Make sure the condom is well-lubricated inside



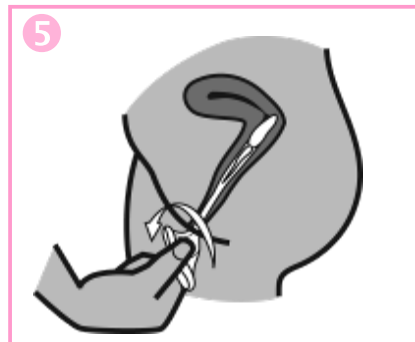
- Choose a comfortable position—squat, raise one leg, sit, or lie down



- Squeeze the inner ring, at the closed end



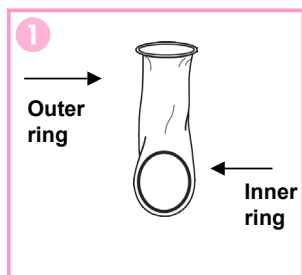
- Gently insert the inner ring into the vagina
- Place the index finger inside the condom, and push the inner ring up as far as it will go
- Make sure the outer ring is outside the vagina and the condom is not twisted
- **Be sure that the penis enters inside the condom and stays inside it during intercourse**



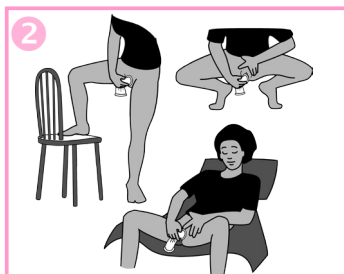
- To remove, twist the outer ring and pull gently
- Reuse is not recommended
- Throw away the condom safely

# How to use a female condom

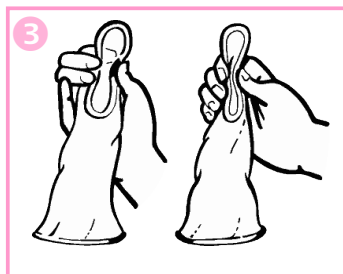
Female  
Condom



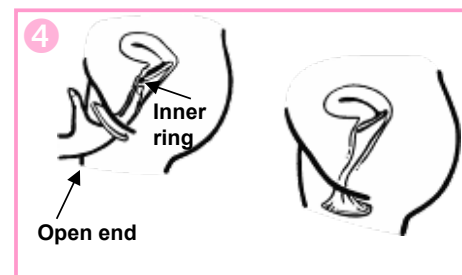
- Open package carefully
- Make sure condom is well-lubricated inside



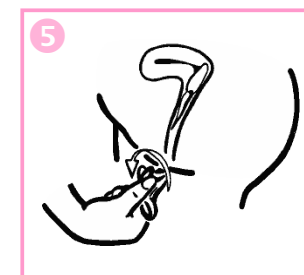
- Choose a comfortable position—squat, raise one leg, sit, or lie down



- Squeeze inner ring, at the closed end



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



- To remove, twist outer ring and gently pull
- Reuse is not recommended
- Throw away condom safely

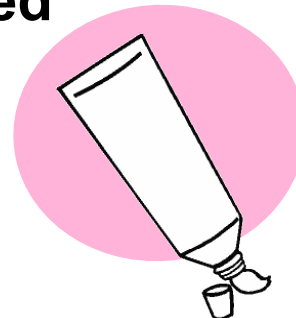
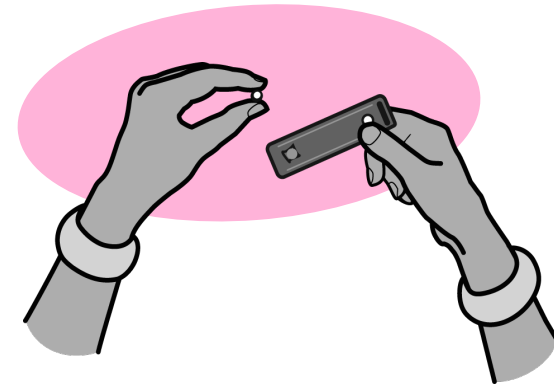
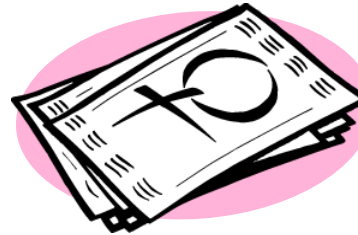
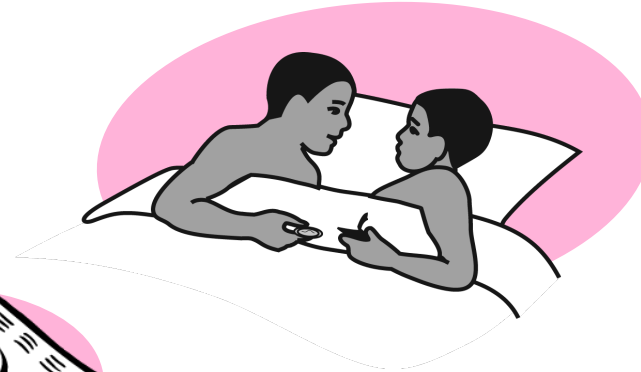
- Couples should **use a new condom for each act of intercourse.**
- Condom should be inserted *before* penis touches vagina.
- Condom can be inserted up to 8 hours ahead of intercourse.
- Condom is lubricated, but it may need extra lubricant inside so it is not moved out of place during sex. More lubricant can be added either inside condom or on penis. Lubricant can be water-based or oil-based.
- When finished, woman must move away from her partner and take care not to spill semen on vaginal opening.
- Condom should be thrown away safely, in bin or trash can as appropriate.

**Next step:** For what to remember about female condoms, **go to next page.**

## What to remember



- Use **EVERY TIME** you have sex
- Keep enough on hand
- If not used correctly, consider emergency contraception as soon as possible
- Can use more lubricant if needed (water-, silicone-, or oil-based)





## What to remember

- Use a condom **EVERY TIME** you have sex
- Make sure you keep enough condoms on hand
- If condom is not used correctly, consider using emergency contraception as soon as possible
- Can use more lubricant if needed (water-, silicone-, or oil-based)



*"You need to use a condom **EVERY TIME** you have sex for full protection from pregnancy and STIs/HIV."*

- Use every time to protect yourself and your partner.
- If client is not using a condom every time, discuss reasons and try to find solutions.
- For additional protection from pregnancy, she may also consider using another family planning method along with the condom.



• *"Get more condoms **before** you run out."*



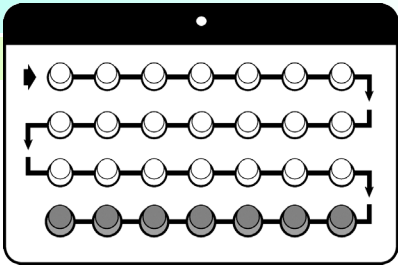
- If female condom does not stay in place or gets pushed inside vagina, or if penis was not inside condom, emergency contraception can help prevent pregnancy.
- Partners who may have been exposed to HIV or STIs may also need post-exposure prophylaxis (PEP) for HIV and/or presumptive STI treatment.



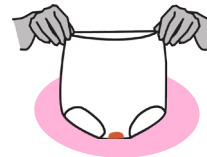
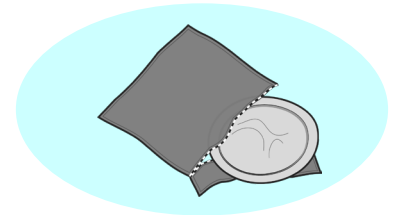
- All female condoms are lubricated. This may make female condom slippery at first.
- Can use additional lubricant inside if needed. Can reduce noise during sex and make sex smoother.
- Any kind of lubricant can be used with female condom.

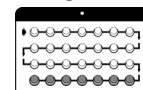
**Next step: Go back to 10 for ASSIST and ARRANGE.**

# The Pill



- Take a pill every day
- Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use safely and effectively
- Does not protect against STIs or HIV transmission  
**Use condoms to prevent STIs/HIV**
- Less menstrual bleeding and cramps
- Some women have side-effects at first—not harmful





# The Pill

- Take a pill every day

- Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use safely and effectively



- Does not protect against STIs or HIV transmission



- Helps reduce menstrual bleeding and cramps



- Some women have side-effects at first—not harmful



## About the Pill:

- Contains both oestrogen and progestogen hormones.
- Works mainly by stopping production of eggs.
- Explain common myths: For example, pills dissolve into blood and do not collect in stomach.

- Not harmful for most women's health, does not increase risk of HIV acquisition in HIV-negative women, does not increase risk of HIV transmission to HIV-negative partner, does not accelerate the progression of HIV disease.
- Some antiretrovirals may reduce Pill effectiveness. (See page 6)
- Stress importance of taking a pill every day and at the same time.

- **Discuss use of male or female condoms** to prevent HIV transmission and for STI prevention.
- Condom use can also help in case antiretrovirals make the Pill less effective.

- Less menstrual bleeding can help reduce anaemia.

- May also experience: tender breasts, dizziness, slight weight gain or loss, amenorrhoea (no monthly bleeding).
- About half of all users never have any side-effects.
- Side-effects often go away or diminish within 3 months.
- Skipping pills may make bleeding side-effects worse and risks pregnancy.
- Invite her to return if she has questions or problems.

## You can discuss:

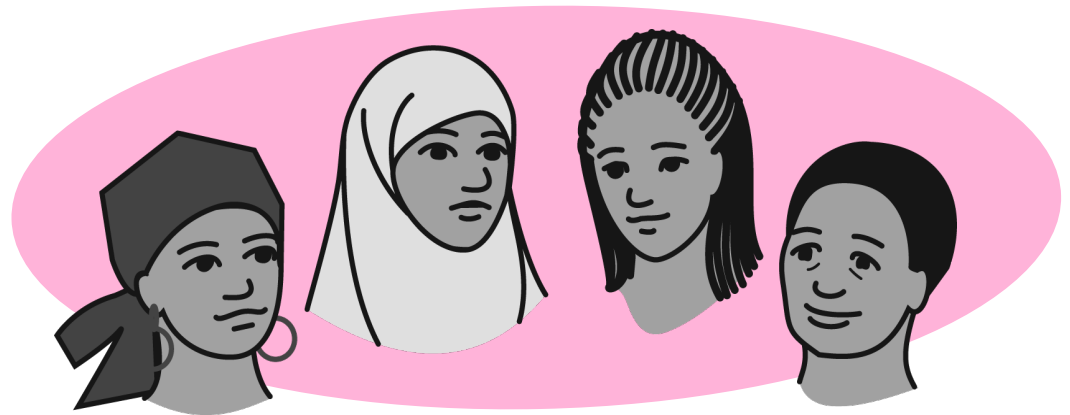
- "What have you heard about the Pill? Do you have concerns?"
- "If you experienced side-effects, what would you think or feel about that? What would you do?"
- "Would you remember to take a pill each day? What would help?"
- "Would you be able to use condoms consistently to prevent STIs, including HIV?"
- What to do if pill supply runs out.

**Next step:** For who can use the Pill, go to next page.



## Who can and cannot use the Pill

**Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use this method safely and effectively**



**But usually cannot use the Pill if:**



**Smokes cigarettes  
AND  
age 35  
or older**



**High blood  
pressure**



**Gave birth  
in the last 3 weeks, or  
gave birth in the last  
6 weeks and has risk  
factors for blood clots  
in lungs or deep in  
legs**



**May be  
pregnant**



**Breastfeeding  
6 months  
or less**



**Taking  
rifampicin  
or  
rifabutin**

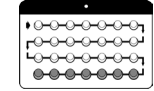


**Some other  
serious health  
conditions**

***Also always use condoms if at risk of HIV/STIs***

# Who can and cannot use the Pill

## The Pill



**Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use the Pill except in these cases:**

- **Smokes cigarettes AND age 35 or older**
- **High blood pressure**
- **Gave birth in the last 3 weeks, or gave birth in the last 6 weeks and has risk factors for blood clots in lungs or deep in legs**
- **May be pregnant**
- **Breastfeeding 6 months or less**
- **Taking rifampicin or rifabutin**
- **Some other serious health conditions:**  
*Usually cannot use the Pill with any of these serious health conditions*

*"Usually, women with HIV can use the Pill unless they have certain health conditions. We can see if the Pill is safe for you."*

- Women on non-ritonavir ARVs should take a preparation containing a minimum of 30 micrograms ethinylestradiol.

- Check blood pressure (BP) if possible. If systolic BP 140+ mm Hg or diastolic BP 90+ mm Hg, help her choose another method (but not a monthly injectable). (If systolic BP 160+ mm Hg or diastolic BP 100+ mm Hg, also should not use long-acting injectable.)
- If BP check not possible, ask about high BP and rely on her answer.

- Can use pregnancy checklist, **page 37**, or pregnancy test to be reasonably certain she is not pregnant.

- Rifampicin, rifabutin, ARVs with ritonavir and certain epilepsy drugs make the Pill less effective. Generally, choose another method.

- Ever had stroke or problem with heart or blood vessels, including blood clot in lungs or deep in legs. (Women with superficial clots, including varicose veins, CAN use the Pill.)
- Migraine headaches\*: She should not use the Pill if she is over 35 and has migraines, or at any age if she has migraine aura. Women under 35 who have migraines *without* aura and women with ordinary headaches CAN usually use the Pill.
- Ever had breast cancer.
- Has several risk factors for heart disease, such as high blood pressure, diabetes, smoking, older age.
- Gallbladder disease.
- Soon to have surgery? She should wait to start the Pill if she will not be able to move about for more than 1 week.
- Serious liver disease or jaundice (yellow skin or eyes).
- Diabetes for more than 20 years, or severe damage caused by diabetes.
- Lupus with positive (or unknown) antiphospholipid antibodies.

### Continuing users

If a woman comes back with any of these serious health conditions, she usually should switch to another method.

### \* What is migraine?

Ask: "Do you often have very painful headaches, perhaps on one side or throbbing, that cause nausea and are made worse by light and noise or moving about? Do you see a bright spot in your vision before these headaches?" (migraine aura)

**Next step:** For how to use the Pill, go to next page.

# Using the Pill

## Take one pill each day



### If you miss 1 or 2 pills—

- Always take a pill as soon as you remember



### If you miss 3 or more pills or start a new pack 3 or more days late—



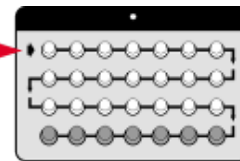
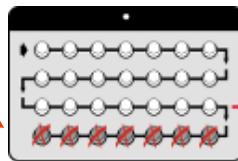
- 1 Continue taking pills and use condoms or avoid sex for the next 7 days



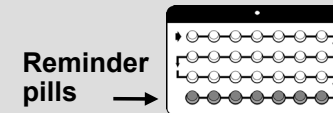
OR



- 2 If you missed 3 pills or more in week 3, ALSO skip the reminder pills and go straight to a new pack



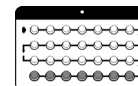
### If you miss any reminder pills—



Throw away the missed pills and continue taking pills, one each day



**Also always use condoms if at risk of HIV/STIs**



# Using the Pill

- She may be able to start the Pill today



A woman can start the Pill on any day of the menstrual cycle if it is reasonably certain that she is not pregnant.

If menstrual bleeding started in past 5 days:

- She can start NOW. No extra protection needed.

If menstrual bleeding started more than 5 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant. (See page 37)
- No need to wait for next menstrual period to start the Pill.
- She should avoid sex or use condoms for 7 days after taking first pill.

***“Take one pill each day”***

If you miss 1 or 2 pills or start a new pack 1 or 2 days late—

- Take a pill as soon as you remember



- Most important instruction. Show how to follow arrows on packet.
- Explain that the hormonal pills are in weeks 1, 2 and 3. The pills for week 4 are “reminder pills” and do not contain hormones.

If you miss any reminder pills—

- Throw away missed reminder pills and continue taking pills



**Skipping reminder pills** is not harmful.

If you miss 3 or more pills or start a new pack 3 or more days late—

- Use condoms or avoid sex for next 7 days



No need for condoms or avoiding sex if she misses 1 or 2 pills, as there is little or no risk of pregnancy.

**Important:** Waiting too long between packs increases risk of pregnancy.

**Emergency contraception** can be a choice if she had sex in the past 5 days and missed 3 or more pills in first week or started a pack 3 or more days late. (See page 29)

- Skip the reminder pills if you missed 3 pills in week 3

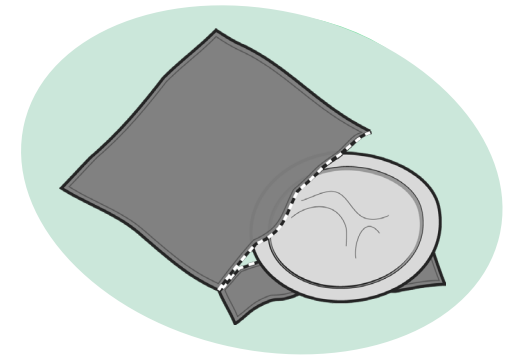
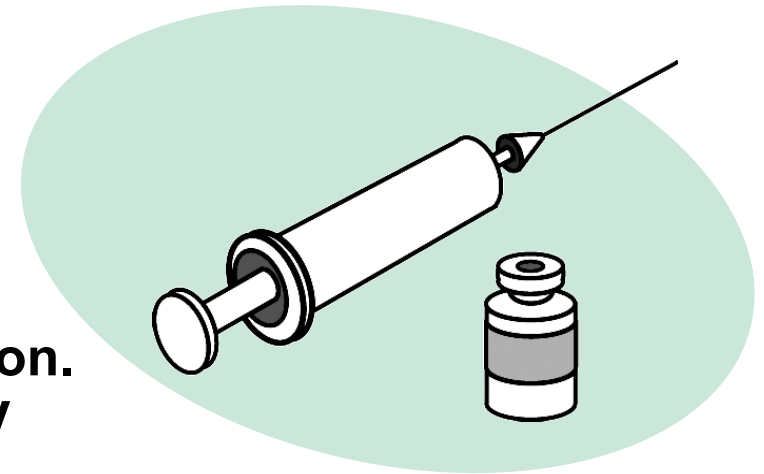


She may have no menstrual bleeding that month.

**Next step: Go back to 10 for ASSIST and ARRANGE.**

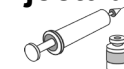
# Long-acting injectables

- Most women, including women with HIV or on ARVs, can use safely and effectively
- An injection every 2 or 3 months
- Does not protect against STIs or HIV transmission. *May or may not* increase risk of transmitting HIV from HIV-positive man to HIV-negative woman.  
**Always use condoms to prevent HIV and other STIs if you are at risk.**
- Often takes longer to get pregnant after stopping
- Most common side-effects: More bleeding and spotting at first and then no monthly bleeding, weight gain



# Long-acting injectables

## Long-acting Injectables



**Most women, including women with HIV or on ARVs, can use safely and effectively**

- **An injection every 2 or 3 months**



### About long-acting injectables:

- 3 months between injections of DMPA or 2 months between injections of NET-EN.
- Contains progestogen. Works mainly by stopping production of eggs.
- **Very effective**, provided she comes back at scheduled time. Interactions between NET-EN injectable and certain antiretrovirals (NNRTIs and ARVs with ritonavir) may alter safety and effectiveness of both injectable and ARVs, so consistent use of condoms is recommended.
- Injections are not harmful for most women's health. For breastfeeding women, they do not affect the quality of the breast milk.

- **Does not protect against STIs or HIV transmission**



- *May or may not* increase risk of transmitting HIV from HIV-positive man to HIV-negative woman.
- Discuss consistent and correct use of male or female condoms to prevent STIs and HIV if client at risk.

- **Often takes longer to get pregnant after stopping**



- After stopping, can take several months more than usual before a woman can get pregnant. Injectables do not make women permanently infertile.

- **Most common side effects: menstrual changes, no monthly bleeding, weight gain**



### You can discuss:

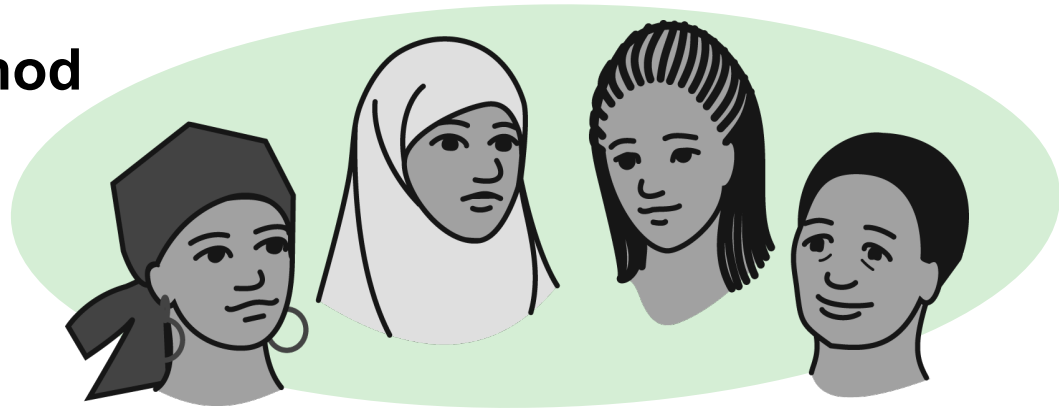
- "What have you heard about injectables? Do you have concerns?"
- "If you experienced side-effects, what would you think or feel about that? What would you do?"
- "Would you be able to come back on time for injections? How would you remember?"

- **Menstrual changes:** Irregular bleeding and spotting are common especially during first few months of use.
- **Amenorrhoea:** Monthly bleeding often stops after several injections. Does not permanently affect fertility. Blood does not build up inside body. (Pregnancy is very unlikely if she was not very late for previous injection.)
- **Also very common:** Weight gain. Bone mineral density decreases slightly during DMPA use but increases again after use stops. Not known whether this increases risk of fracture later in life.
- **Less common:** Mild headaches, dizziness, nausea.
- Invite her to return if she has questions or problems.

**Next step:** For who can use long-acting injectables, **go to next page.**

# Who can and cannot use long-acting injectables

**Most women, including women with HIV or on ARVs, can use this method safely and effectively**



**But usually cannot use long-acting injectables if:**



**Very high blood pressure**



**Breastfeeding 6 weeks or less**



**May be pregnant**



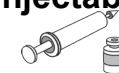
**Some other serious health conditions**

***Also always use condoms if at risk of HIV/STIs***



# Who can and cannot use long-acting injectables

## Long-acting Injectables



**Most women, including women with HIV or on ARVs, can use long-acting injectables except in these cases:**

- **Very high blood pressure**



- Does not impact on disease progression in women with HIV.
- *"Usually, women with HIV or on ARVs can use injectables unless they have certain health conditions. We can see if injectables are safe for you."*
- *"HIV-negative women may or may not be at increased risk of acquiring HIV. We can see if you are at risk of HIV and if injectables are safe for you."*

- **Breastfeeding 6 weeks or less**



- Check blood pressure (BP) if possible. If systolic BP 160+ mm Hg or diastolic BP 100+ mm Hg, help her choose another method (but not the Pill or monthly injectables).
- If BP check not possible, ask about high BP and rely on her answer.

- **May be pregnant**



- Can use pregnancy checklist, **page 37**, or pregnancy test to be reasonably certain she is not pregnant.

- **Some other serious health conditions**  
*Usually cannot use with any of these serious health conditions*



- Ever had stroke or problem with heart or blood vessels, including blood clot in lungs or deep in legs. (Women with superficial clots, including varicose veins, or on an established anticoagulant therapy CAN use long-acting injectables.)
- Has several risk factors for heart disease, such as hypertension, diabetes, smoking, older age.
- Diabetes for more than 20 years, or severe damage caused by diabetes.
- Ever had breast cancer.
- Unexplained vaginal bleeding: If bleeding suggests a serious condition, help her choose a method without hormones to use until unusual bleeding is assessed.
- Serious liver disease, including benign liver tumours (hepatocellular adenoma), or jaundice (yellow skin or eyes). Women with viral hepatitis, mild (compensated) cirrhosis, or benign liver tumours (focal nodular hyperplasia) CAN use long-acting injectables.
- Women taking pills for tuberculosis (TB) or epilepsy (seizures/fits) CAN use long-acting injectables, but may have reduced effectiveness with NET-EN injectable.
- Lupus with positive (or unknown) antiphospholipid antibodies, or severely reduced platelet count (thrombocytopenia).

### Continuing users

If a woman returns with any of these serious conditions, she should usually switch to another method.

**Next step:** For how to use injectables, go to **page 28**.

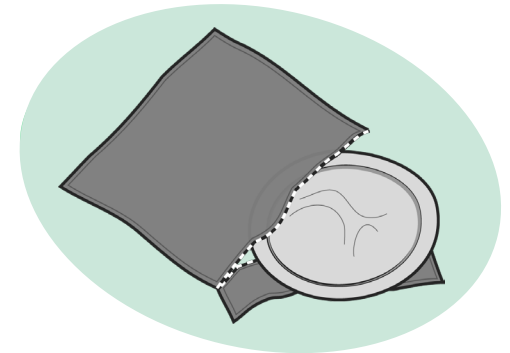
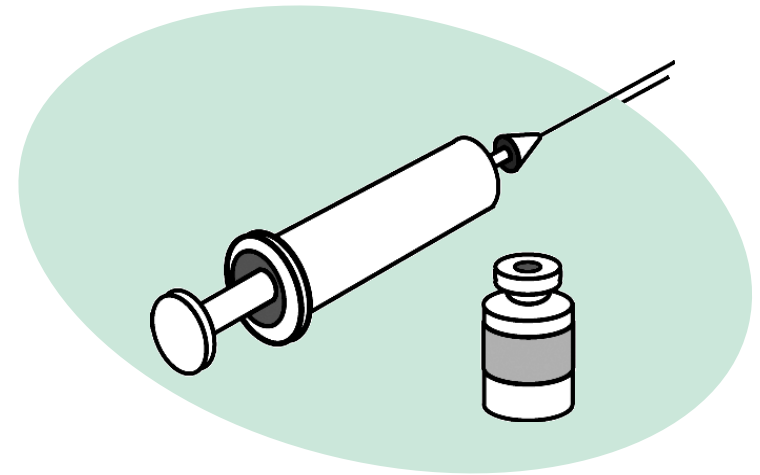


# Monthly injectables

- Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use safely and effectively
- An injection every month
- Does not protect against STIs or HIV transmission.

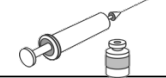
**Use condoms to prevent STIs/HIV**

- Some women have side-effects at first—not harmful



# Monthly injectables

## Monthly Injectables



- **Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use safely and effectively**



### About monthly injectables:

- Contain both oestrogen and progestogen hormones.
- Monthly injectables include Cyclofem and Mesigyna.
- **Very effective**, provided client comes back at right time for injection.
- Work mainly by stopping ovulation.
- Have effects similar to those of the Pill.
- No supplies needed at home.
- Injections are not harmful for most women's health.
- Serious complications are rare. They may include heart attack, stroke, blood clots in lung or deep in veins of the legs.
- A woman who stops injections becomes pregnant on average 5 months after stopping.

- **An injection every month**



- "Would you be able to come back on time for injections?"
- "How would you remember?"

- **Does not protect against STIs or HIV transmission**



- **Discuss use of male or female condoms** to prevent HIV transmission and for STI prevention.

- **Some women have side-effects at first—not harmful**



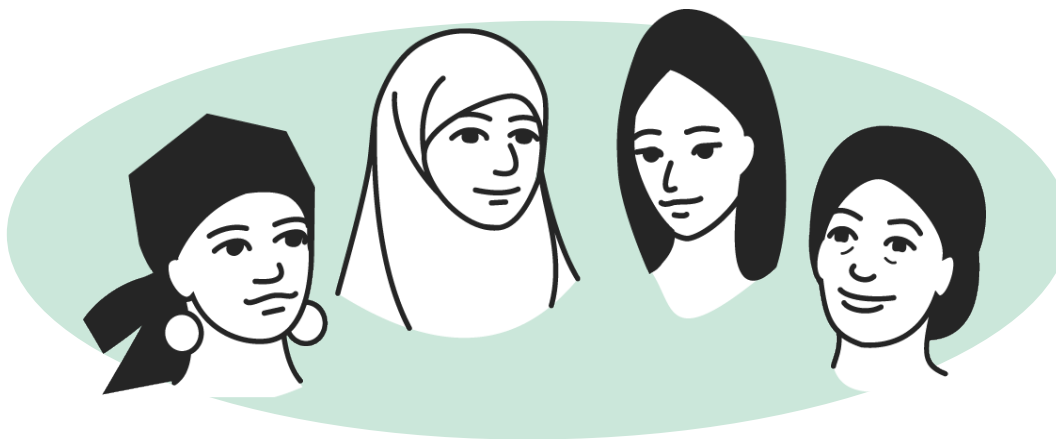
- About half of all users never have any side-effects.
- Side-effects often go away after first 3 months.
- Most common: bleeding changes (lighter monthly bleeding, fewer days of bleeding, irregular or infrequent bleeding, no bleeding), tender breasts, dizziness, slight weight gain.
- Invite her to return if she has questions or problems.

### Check for concerns, explain common myths:

- "What have you heard about injectables? Do you have concerns?"
- "If you experienced side-effects, what would you think or feel about that? What would you do?"

# Who can and cannot use monthly injectables

Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use this method safely and effectively



But usually cannot use this injectable if:



- Smokes heavily AND age 35 or older



- High blood pressure



- Gave birth in the last 3 weeks, or gave birth in the last 6 weeks and has risk factors for blood clots in lungs or deep in legs



- Breastfeeding 6 months or less



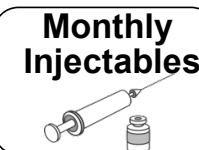
- May be pregnant



- Some other serious health conditions

**Also always use condoms if at risk of HIV/STIs**

# Who can and cannot use monthly injectables



**Most women, including women with HIV or on ARVs (except for ARVs with ritonavir), can use this injectable except in these cases:**

- **Smokes heavily AND age 35 or older**
- **High blood pressure**
- **Gave birth in the last 3 weeks or gave birth in the last 6 weeks and has risk factors for blood clots in lungs or deep in legs**
- **Breastfeeding 6 months or less**
- **May be pregnant**
- **Some other serious health conditions:**  
*Usually cannot use with any of these serious health conditions (if in doubt, check handbook or refer)*

*"Usually, women with HIV can use monthly injectables unless they have certain health conditions. We can see if monthly injectables are safe for you."*

• Light smoking (fewer than 15 cigarettes/day) is OK. Risk increases with age and number of cigarettes.

• Check blood pressure (BP) if possible. If systolic BP 140+ or diastolic BP 90+, help her choose another method (but not the Pill). (If systolic BP 160+ or diastolic BP 100+, also should not use long-acting injectables.)  
• If BP check not possible, ask about high BP and rely on her answer.

• Can use pregnancy checklist, **page 37**, or pregnancy test to be reasonably certain she is not pregnant.

• Ever had stroke or problem with heart or blood vessels, including blood clot in lungs or deep in legs. (Women with superficial clots, including varicose veins, CAN use monthly injectables.)  
• Migraine headaches\*: She should not use a monthly injectable if she is over 35 and has migraines, or at any age if she has migraine aura. Women under 35 who have migraines *without* aura and women with ordinary headaches CAN usually use monthly injectables.  
• Ever had breast cancer.  
• Has several risk factors for heart disease, such as hypertension, diabetes, smoking, older age.  
• Soon to have surgery? She should not start if she will have surgery making her immobile for more than 1 week.  
• Serious liver disease or jaundice (yellow skin or eyes).  
• Diabetes for more than 20 years, or severe damage caused by diabetes.  
• Lupus with positive (or unknown) antiphospholipid antibodies.

## **Continuing users**

If a woman comes back with any of these serious health conditions, she usually should switch to another method.

## **\* What is migraine?**

Ask: "Do you often have very painful headaches, perhaps on one side or throbbing, that cause nausea and are made worse by light and noise or moving about? Do you see a bright spot in your vision before these headaches?" (migraine aura)

## Using long-acting and monthly injectables

- Injection in your arm or buttock
- Don't rub afterwards
- Important to come back on time

### Remember:

- Name of injection is \_\_\_\_\_
- Date of next injection is \_\_\_\_\_
- Come back even if late



***Also always use condoms if at risk of HIV/STIs***



# Using long-acting and monthly injectables

**She may be able to start the injectable today**



- Injection in arm or buttock
- Don't rub afterwards

**Important to come back on time**



**Remember:**



- Name of injection: \_\_\_\_\_
- Date of next injection: \_\_\_\_\_
- Come back even if you are late



**A woman can start an injectable on any day of her menstrual cycle if it is reasonably certain that she is not pregnant.**

**If menstrual bleeding started in past 7 days:**

- She can start NOW. No extra protection needed.

**If menstrual bleeding started more than 7 days ago or if amenorrhoeic (not having menstrual periods):**

- She can start NOW if reasonably certain she is not pregnant. **(See page 37) No need to wait for next menstrual period to start injectable.**
- She should **avoid sex or use condoms for 7 days** after first injection.

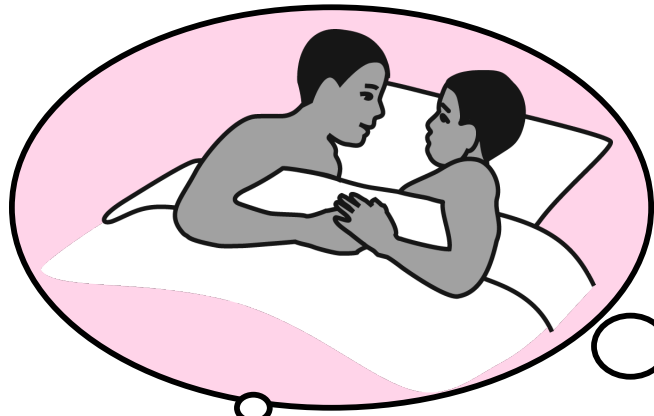
- Every 4 weeks for monthly injectables.
- Every 2 months for NET-EN.
- Every 3 months for DMPA.

- Tell her name of injection and date of next injection. Write these on a card and give the card to the woman.

- **If late up to 7 days (for monthly injectables), 2 weeks (for NET-EN), or 4 weeks (for DMPA):** Can have injection without need for extra protection.
- **If late more than 7 days (for monthly injectables), 2 weeks (for NET-EN) or 4 weeks (for DMPA):** Can have next injection if reasonably certain she is not pregnant **(see page 37)**. She should use condoms or avoid sex for 7 days after injection. Consider emergency contraception if she had sex after the "grace period" of 1 week (for monthly injectables), 2 weeks (for NET-EN) or 4 weeks (for DMPA).
- **Discuss how she can remember next injection date.**

**Next step: Go back to 10 for ASSIST and ARRANGE.**

# Emergency contraception



**Safe ways to prevent pregnancy soon after unprotected sex**

**Safe for women, including women with HIV or on ARVs**



# Emergency contraception (EC)



Safe for women,  
including women with  
HIV or on ARVs

- There are safe ways to prevent pregnancy after unprotected sex
- How long ago did client have unprotected sex?

— Up to 5 days ago?

— More than 5 days ago?

- Could she have been exposed to HIV/STIs?

## You can discuss:

- “Could unprotected sex happen again?”
- “Do you need dual protection from pregnancy and STIs/HIV?”
- “Do you have a regular method? Are you satisfied with it?”
- “If not, would you like to start using a regular method or switch methods?”

- A woman may want to consider EC if:
  - no method was used
  - method was used incorrectly (for example, missed pills, late for injection)
  - method failed (for example, slipped or broken condom, expelled IUD)
  - sex was forced
- If she can answer “yes” to any of the questions on the pregnancy checklist, [page 37](#), she is probably not fertile and would not need EC. But if she is worried, she can still use EC.

## Emergency contraceptive pills:

- She should **take pills as soon as possible** after unprotected intercourse. They can be taken up to 5 days after. ([See next page](#))

## Emergency copper IUD:

- More effective than pills, but those who have an HIV-related illness, or have purulent cervicitis, gonorrhoea or chlamydia, or have individual high risk for these infections, should not use it. ([See page 9](#))
- Can be used up to 5 days after unprotected intercourse.
- Good choice for women who want a very effective long-acting method.

- Advise her that emergency contraception can be used only up to 5 days.
- Ask her to come back if her next monthly bleeding is more than 1 week late.

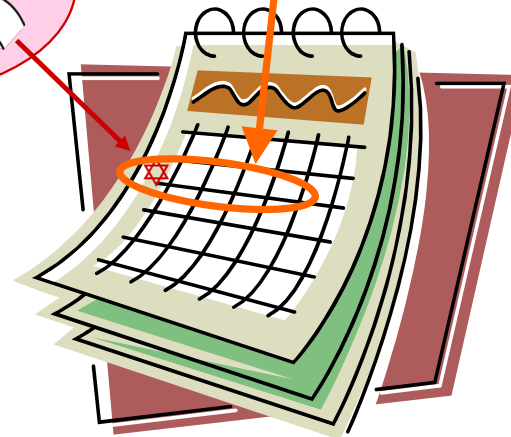
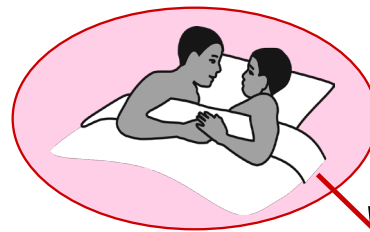
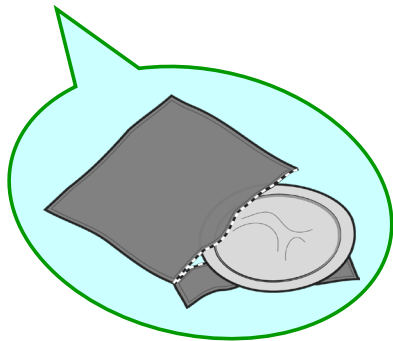
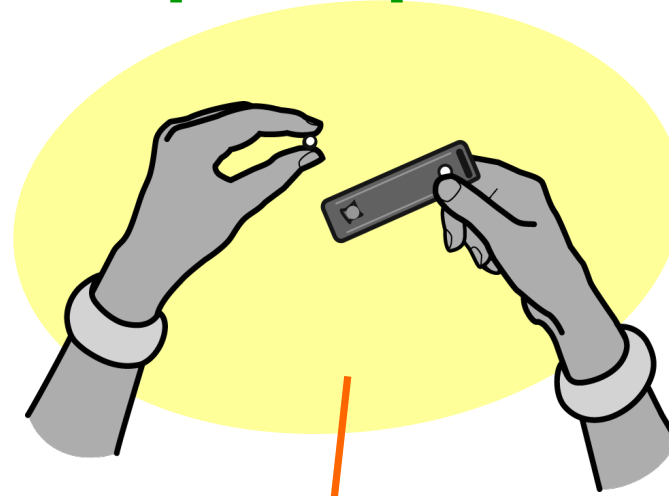
- If exposure to HIV and/or other STIs is a possibility, offer post-exposure prophylaxis (PEP) and/or presumptive STI treatment (same as treatment dosage), if available, and refer for further counselling, support, and treatment.

**Next step:** For more about emergency contraceptive pills, go to next page.



# Emergency contraceptive pills

- Take as soon as possible
- Will not cause abortion
- Will not prevent pregnancy next time you have sex



# Emergency contraceptive pills (ECPs)



- Take as soon as possible after unprotected sex



- **She should take pills as soon as possible after unprotected sex.** They can be taken up to 5 days after, but become less effective with each day that passes.

## Levonorgestrel-only ECPs

- Work better and cause less nausea and vomiting than combined ECPs.
- **Dosage:** 1.5 mg of levonorgestrel in a single dose.

## Combined oestrogen-progestogen ECPs

- Use if levonorgestrel-only pills not available.
- **Dosage:** 2 doses of 100 mcg of ethinylestradiol plus 0.5 mg of levonorgestrel, 12 hours apart.

- **Any woman can take ECPs**, even if she cannot take the Pill regularly, because ECPs are a relatively small, one-time dose.

- Will not cause abortion
- Will not prevent pregnancy next time you have sex
- Not for regular use
- May cause nausea, vomiting, spotting or bleeding



- “ECPs prevent pregnancy. **They do not cause abortion.**” They work mainly by stopping release of the egg.
- If she had *other* acts of unprotected sex since her last menstrual period, she may already be pregnant, and ECPs will not work. If she takes ECPs when already pregnant, they do not harm the pregnancy. **She should return if her next menstrual period is more than 1 week late.**



- **Discuss:** No protection in future acts of intercourse.
- Less effective than most regular methods.
- Provide condoms and, if she wants, another continuing method.



- If she is taking combined ECPs, she can take medicine (meclazine hydrochloride) to prevent nausea.
- If she vomits within 2 hours after taking ECPs, she should return for another dose as soon as possible.
- She may have spotting or bleeding a few days after taking pills.



**Next step: Go back to 10**  
for **ASSIST** and **ARRANGE**.

# LAM

## Lactational amenorrhoea method

- A contraceptive method based on exclusive breastfeeding, baby less than 6 months, and menstrual periods not resumed
- LAM depends on exclusive breastfeeding, often, day and night, and giving no other food or liquids
- Can prevent pregnancy for up to 6 months after childbirth
- ARVs are very effective to reduce risk of HIV transmission
- Exclusive breastfeeding also lowers risk of HIV for the baby and very significantly increases baby's survival. Avoid mixed feeding
- **Use condoms, too, to avoid HIV and other STIs**



# LAM

## Lactational amenorrhoea method



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- Effective for up to 6 months after childbirth
- ARVs are very effective to reduce risk of HIV transmission
- Exclusive breastfeeding lowers risk of HIV for the baby and very significantly increases baby's survival. Avoid mixed feeding.
- Use condoms, too, to avoid STIs/HIV



### About LAM:

- “Lactational”—related to breastfeeding. “Amenorrhoea”—not having monthly bleeding.
- Women taking ARVs can use LAM.
- ARVs must be taken during breastfeeding by mother and baby and will lower risk of HIV in baby.



- Using LAM means choosing to exclusively breastfeed this way to prevent pregnancy. It works by preventing ovulation.
- “How would breastfeeding your baby in this way suit you?”



- If monthly bleeding has not returned.
- Very effective when used correctly, but less effective as commonly used (i.e. not fully breastfeeding).



- Women with HIV should be advised of the national recommendation for infant feeding, counselled and supported in the feeding practice that gives their HIV-exposed infants the greatest chance of HIV-free survival:
  - Exclusive breastfeeding (no other food or liquids) for first 6 months with ARVs for mother and baby, introducing appropriate complementary foods thereafter, and continuing breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided; OR
  - Avoiding all breastfeeding and using replacement feeding if environmental and social circumstances are safe and supportive.

**Next step: Go back to 10 for ASSIST and ARRANGE.**

# Fertility awareness-based methods

- Learn the days of the menstrual cycle when you can get pregnant
- **To avoid STIs/HIV, use condoms all the time**
- To prevent pregnancy, either avoid sex OR use a condom on days that you could get pregnant
- Can be effective if used correctly
- Can be safely used by women, including women with HIV or on ARVs
- No side-effects
- Needs partner's cooperation



# Fertility awareness-based methods

Fertility  
Awareness



**Can be safely used by women, including women with HIV or on ARVs**

- **Learn the days of the menstrual cycle when you can get pregnant** →
- **To avoid STIs/HIV, use condoms all the time** →
- **To prevent pregnancy, either avoid sex OR use a condom on days that you could get pregnant** →
- **Can be effective if used correctly** →
- **No side-effects** →
- **Needs partner's cooperation** →

## About fertility awareness-based methods:

- A woman learns the fertile days of her menstrual cycle.
- **There are different ways to identify the fertile days:**
  - Calendar methods: use cycle length to calculate fertile days of each cycle (e.g. standard days method using CycleBeads).
  - Cervical mucus methods: identify fertile days from changes in cervical secretions.
  - Basal body temperature method: temperature rises slightly after ovulation, when she could get pregnant.
  - Depending on the method, woman assumes she is fertile for 7 to 18 days each cycle, on average.
- Methods can be used alone or in combination.

- **If at risk of STIs or transmitting HIV**, advise her to use condoms all the time, on both fertile and infertile days.
- **If not at risk**, she can use male or female condoms on fertile days only to prevent pregnancy.
- Faithful couples who are both HIV-positive may decide to use condoms on fertile days only to prevent pregnancy.

- But this is one of the least effective family planning methods when not used correctly.
- If she becomes unwell or begins taking ARVs or other medication, these methods may be less reliable.
- Refer for further advice or counselling.

- Does not involve any medication.

- Both partners must agree to avoid intercourse or use a condom on days when needed.

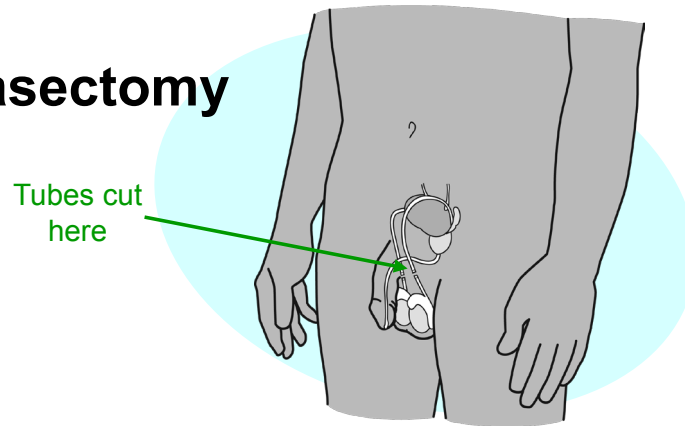
**Next step: Go back to 10**  
for **ASSIST** and **ARRANGE**.

## You can discuss:

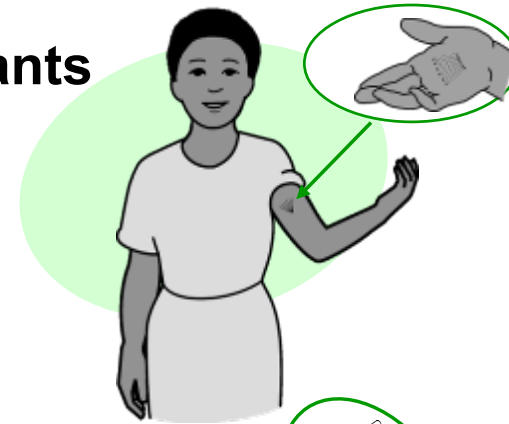
- “What have you heard about these methods? Do you have concerns?”
- “Do you think you can abstain or use condoms on all fertile days?”
- “Would you need to use condoms all the time to prevent HIV and STIs?”

# Referral methods

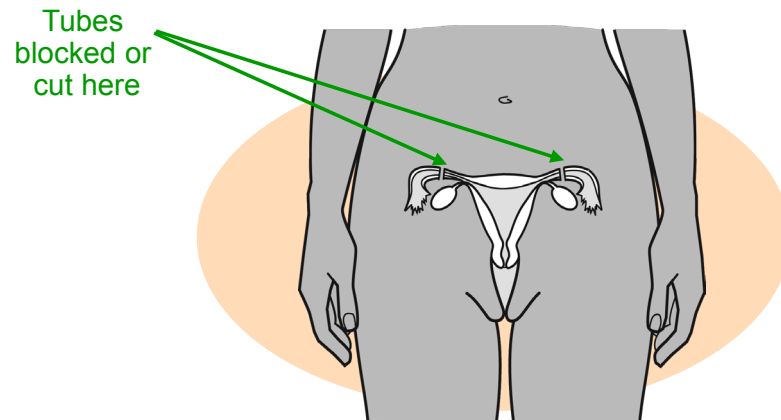
- **Vasectomy**



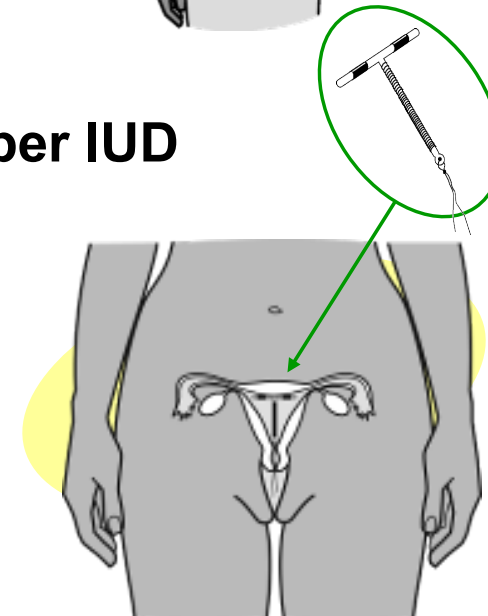
- **Implants**



- **Female sterilization**



- **Copper IUD**



***Also always use condoms if at risk of HIV/STIs***

# Referral methods

**Note:** None of these methods prevents STIs/HIV. Use condoms consistently and correctly.

## Vasectomy

- Simple surgical procedure (simpler than female sterilization).
- Very effective and permanent—for men or couples who will not want more children.
- Men, including men with HIV or on ARVs, can safely have vasectomy.
- Not recommended for men with AIDS symptoms.
- No effect on erections or ejaculation.

## Female sterilization

- Safe surgical procedure
- Very effective and permanent—for women or couples who will not want more children.
- Women, including women with HIV or on ARVs, can safely undergo sterilization.
- Not recommended for women with AIDS symptoms.

## Copper IUD

- Small flexible device that fits inside the womb.
- Women with HIV can safely use IUD if low STI risk.
- Women with AIDS can use IUD if clinically well on ARVs, or IUD was previously inserted, and if low STI risk.
- Very effective for at least 12 years.
- Can be removed whenever user wants, and she can again get pregnant.
- May increase menstrual bleeding and cramps.

### How to use this page:

- If client will want no more children, describe vasectomy and female sterilization.
- If client wants a long-term reversible method or wants no more children without a surgical procedure, describe implants and IUD.

## Implants

- Small plastic tubes placed under skin of upper arm.
- Women, including women with HIV or on ARVs, can use safely and effectively. Does not increase risk of HIV acquisition, transmission, and disease progression. Interactions between ARVs (NNRTIs and ARVs with ritonavir) and hormonal contraceptives may alter safety and effectiveness of both hormonal contraceptive and antiretroviral drug, so consistent use of condoms is recommended.
- HIV-negative women at risk of HIV can safely use implants. Also always use condoms to avoid STIs/HIV.
- Very effective for 4 to 7 years, depending on woman's weight and type of implant.
- Can be removed whenever user wants, and she can again get pregnant.
- Usually changes monthly bleeding.

**Next step:** Go back to **10** for **ASSIST** and **ARRANGE**

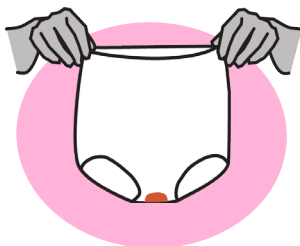


# Help using your method

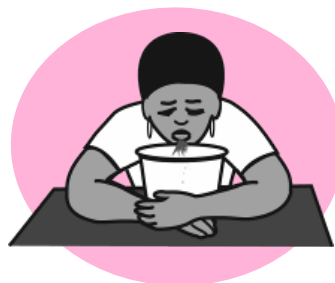
- Any questions or problems?
- Any side-effects?



Bleeding  
changes?



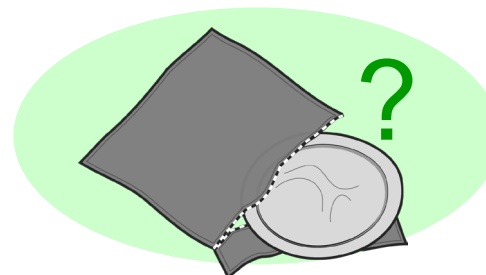
Nausea or  
vomiting?



Headaches?



- Any problems using condoms?



## For returning family planning users: **Help using your method**

**Any questions or problems?**



### **Reassure her that side-effects are normal**

- Most are not harmful or signs of illness. Often go away after 3 months or so.
- She may have more than one side-effect.
- For Pill users, switching to a different brand may help.

**Side-effects?**



**Pill users:** **Spotting or bleeding between periods** is common, especially in the first few months of Pill use. Spotting also may be due to skipping pills, vomiting or diarrhoea, or taking rifampicin or some epilepsy medications.

- **Bleeding changes?**



### **Injectable users:**

- **Spotting, bleeding between periods is common**, especially in first few months of use. Not harmful, not a sign of illness. Spotting or bleeding can be handled with short-term treatment with non-steroidal anti-inflammatory drugs (Mefenamic acid, Valdecobix).
- **No monthly bleeding (amenorrhoea)**. Common, especially after 1st year of use. Not harmful, not a sign of illness.
- **Very heavy bleeding**. Rare. *If bleeding continues*, check for abnormal gynaecological conditions and for anaemia (low iron). It can also be treated with hormonal drugs (Ethinylestradiol) if needed. If the bleeding threatens her health or is unacceptable to her, help her choose another method.

- **Nausea or vomiting?**



- **Vomiting within 2 hours** after taking active pill: Take another active pill from separate pack. **Nausea** may be reduced by taking pill after a meal each day.
- **Severe diarrhoea or vomiting for more than 2 days**: Follow instructions for missed pills.

- **Headaches?**



- **Mild headaches**: Take pain relief pills if needed.
- If headaches become more frequent or severe (migraine) while using the Pill, she usually should switch to another method.

**Problems using condoms?**



- Explain risks of not using a condom every time and help client discuss with partner if necessary (**see pages 8 and 36**). Suggest also using another family planning method and review protection strategies (**see pages 4 and 7**).

**Next step:** If client wants to choose a new method, go to **6**

### **Discuss: If problems, listen to client's concerns.**

- **Take all comments seriously.** Answer questions respectfully.
- Reassure a woman that she can switch family planning methods at any time.
- If you suspect a serious underlying condition, diagnose and treat or refer.

# Family planning after childbirth


- **Best to wait at least 2 years before becoming pregnant again**
- **If not breastfeeding, you could get pregnant again soon**
- **If breastfeeding, exclusive breastfeeding is safest for your baby**



# Family planning after childbirth

- **Best to wait at least 2 years before becoming pregnant again** 

- **If not breastfeeding, you could get pregnant again soon** 

- **If breastfeeding, exclusive breastfeeding is safest for your baby** 

- **If not breastfeeding** 

- **Whether breastfeeding or not** 

- Women with HIV should be advised of the national recommendation for infant feeding, counselled and supported in the feeding practice that gives their HIV-exposed infants the greatest chance of HIV-free survival.

- Waiting at least 2 years after last birth to become pregnant again is healthiest for mother and child.

- If she is not fully breastfeeding for the first 6 months, she increases the risk of HIV transmission to baby and decreases baby's survival, and can become pregnant again as soon as 4 weeks after childbirth.

- ARVs are very effective to reduce risk of HIV transmission during breastfeeding.

- Exclusive breastfeeding lowers risk of HIV for the baby and very significantly increases baby's survival.

- Breastfeeding exclusively is safer than mixed feeding.

- Exclusive breastfeeding also can prevent pregnancy during the first 6 months. **See LAM, page 31.**

- Discuss other methods in case she stops LAM or wants additional protection, but use replacement feeding only if environmental and social circumstances are safe and supportive.

- Other good methods while breastfeeding are non-hormonal methods such as condoms or IUD. IUD can be inserted within 2 days after childbirth (but not LNG-IUD), or after 4 weeks.

- Progestogen-only methods can also be used while breastfeeding, starting 6 weeks after childbirth (the mini-pill, long-acting injectables, implants).

- If not breastfeeding, she can use any method. She can start any progestogen-only method immediately (the mini-pill, long-acting injectables, implants), or the Pill or monthly injectable after 3 weeks. See above for starting IUD. If woman has risk factors for blood clots in lungs or deep in legs, she should only start monthly injectable and the Pill at 6 weeks after childbirth.

- Listen carefully to client's views.

- Discuss her thoughts about having more children. Ask what her partner thinks.

- If they have decided that they want no more children, discuss vasectomy and female sterilization.

- All women with new babies should be advised to use condoms correctly and consistently to avoid STIs/HIV and pregnancy.

**Next step:** For more information about LAM, go to **31** or, for choosing a method, go to **6**

# Talking with your partner

- **Where, when, and how**



- **Being prepared**



# Tips for talking with your partner

## Where

- Choose a place that is comfortable for both of you.
- Suggest a quiet place, but close to safety if needed.
- Find a neutral ground.

## When

- Talk at a time when you are both relaxed and comfortable.
- Avoid distractions or rushing.
- Can be discussed over a period of time, not just at one sitting.
- Discuss before sex starts.

## How

- Stress the good things.
- Emphasize partner's caring, your concern.
- Start with what you both agree on.
- Focus on safety and good health, not mistrust.
- Talk about good examples, such as people that your partner respects.
- Try to reach agreement.

## Being prepared

### Stay safe

- Don't risk your safety.
- Consider having another trusted person there.
- Start with general facts and watch reactions.

### Get the facts right

- Provider can answer your questions.

### Plan

- Decide where, when, and how to start.
- What if discussion goes badly? Turns violent?
- Counselling as a couple?

### Practice

- Rehearse with provider or with friends.

### How to use this page:

- Offer suggestions but let client decide what can work.
- Discuss doubts and fears. Don't dismiss them.
- Reassure clients that they can succeed. With permission, tell stories of others who have succeeded.
- Suggest that seeing a health care provider together as a couple is sometimes very helpful.
- **ARRANGE** a follow-up visit to discuss what happened.

# You can start the method now if ANY ONE of these is true



**1. Menstrual period started in the past 7 days**



**or 2. Gave birth in the past 4 weeks**



**or 3. Fully or nearly fully breastfeeding AND gave birth less than 6 months ago AND periods have not returned**



**or 4. Miscarriage or abortion in the past 7 days**



**or 5. No sex since last menstrual period or delivery**



**or 6. Has been using another method correctly**

## Making reasonably sure a woman is not pregnant (so she can start hormonal methods, IUD, or female sterilization)

Women who are not currently menstruating may still be able to start **hormonal methods (pills, injectables, implants), the IUD or undergo sterilization NOW**. (All other methods can be started at any time.) Ask if ANY of these statements is true.

If a woman answers **NO to ALL of these statements**, pregnancy cannot be ruled out. She should wait until next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test.

If a woman answers **YES to AT LEAST ONE of these statements** and she has no signs or symptoms of pregnancy,\* provide her with the method.

No		Yes
	1. Last menstrual period started within past 7 days (12 days for IUD)	
	2. Gave birth in last 4 weeks	
	3. Fully (or nearly fully) breastfeeding AND gave birth less than 6 months ago AND has had no menstrual period since then	
	4. Miscarriage or abortion in past 7 days	
	5. NO sexual intercourse since last menstrual period or delivery	
	6. Has been using a reliable contraceptive method consistently and correctly	

### \* Signs of Pregnancy

If a woman has a late menstrual period or several other signs, she may be pregnant. Try to confirm by pregnancy test or physical examination.

Late menstrual period  
Breast tenderness  
Nausea  
Vomiting

Weight change  
Always tired  
Mood changes

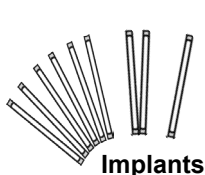
Changed eating habits  
Urinating more often  
Larger breasts  
Darker nipples



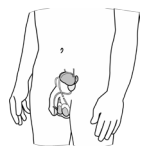
# Comparing effectiveness of methods

## More effective

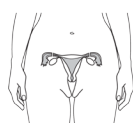
Less than 1 pregnancy per 100 women in one year



Implants



Vasectomy



Female Sterilization

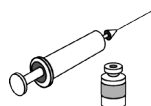


IUD

## How to make your method most effective

After procedure, little or nothing to do or remember

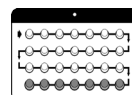
**Vasectomy:** Use another method for first 3 months



Injectables



LAM

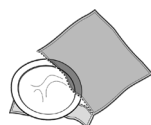


Pills

**Injectables:** Get repeat injections on time

**LAM (for 6 months):** Breastfeed exclusively and often, day and night

**Pills:** Take a pill each day



Male Condom



Female Condom



Diaphragm



Fertility Awareness-Based Methods

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

**Fertility awareness-based methods:** Abstain or use condoms when fertile. Newest methods (Standard Days Method and Two-Day Method) may be easier to use.



Withdrawal



Spermicide

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

## Less effective

About 30 pregnancies per 100 women in one year

