

## Checklist to be reasonably sure a woman is not pregnant

### Ask these 6 questions:

- Did you have a baby less than 6 months ago? If so, are you fully or nearly-fully breastfeeding? Have you had no menstrual bleeding since giving birth?
- Have you abstained from unprotected sex since your last menstrual bleeding or delivery?
- Have you given birth in the last 4 weeks?
- Did your last menstrual bleeding start within the past 7 days (or within 12 days if you plan to use an IUD)
- Have you had a miscarriage or abortion in the past 7 days?
- Have you been using a reliable contraceptive method consistently and correctly?

If client answers	Then
"Yes" to <u>any</u> of the questions <i>and</i> she is free of signs and symptoms of pregnancy	<ol style="list-style-type: none"> <li>1) Pregnancy is unlikely.</li> <li>2) Continue to Step 3.</li> </ol>
"No" to <u>all</u> of the questions	<ol style="list-style-type: none"> <li>1) Pregnancy cannot be ruled out.</li> <li>2) Give client a pregnancy test if available.</li> <li>3) Ask her to return when she has her next menstrual bleeding.</li> <li>4) Provide her with a back-up method, such as condoms, to use until then.</li> <li>5) End the session.</li> </ol>



**Checklist to be  
reasonably sure a  
woman is not pregnant**

**Balanced Counseling Strategy**

## Monthly Injectable

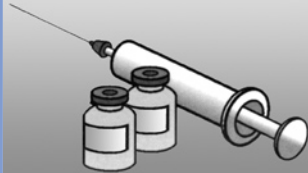
Combined Injectable  
Contraceptives or CICs

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of  
use is:

- Correct use (no missed or late injections) — 1 pregnancy per 100 women (**1%**)
- Typical use (some missed or late injections) — 3 pregnancies per 100 women (**3%**)

- Requires that you get an injection every 4 weeks (30 days) to prevent pregnancy.
- More regular monthly bleeding than with DMPA or NET-EN injectables.
- Delayed return of fertility after woman stops method. It takes an average of about 1 month longer than with most other methods.
- Does not protect against sexually transmitted infections (STIs), including HIV.



## **Monthly Injectable**

Combined Injectable  
Contraceptives or CICs

**Balanced Counseling Strategy**

## Emergency Contraception

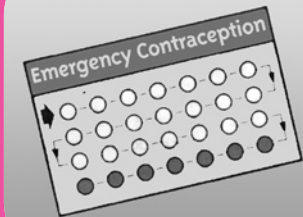
### Emergency Contraceptive Pills or ECPs

#### Effectiveness for pregnancy prevention:

When taken within 5 days of having unprotected sex:

- With ECPs —  
only 1 or 2 pregnancies per 100 women (**1 or 2%**)
- Normally (no ECPs) —  
8 pregnancies per 100 women (**8%**)

- The only method that can help prevent pregnancy after a woman has had sex.
- Must be used within 5 days of having unprotected sex.
- Safe for women who cannot use hormonal contraceptive methods.
- Not recommended for regular use. Is not effective as a continuous method of contraception.
- ECPs do not disrupt existing pregnancy.
- Does not protect against sexually transmitted infections (STIs), including HIV.



# Emergency Contraception

Emergency Contraceptive Pills  
or ECPs

**Balanced Counseling Strategy**

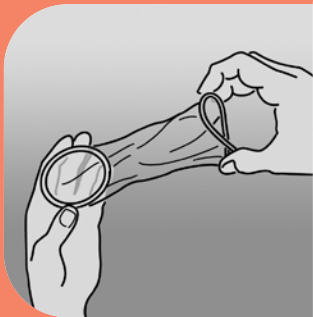
## Female Condoms

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (used with each act of sex) — 5 pregnancies per 100 women (**5%**)
- Typical use (not used consistently) — 21 pregnancies per 100 women (**21%**)

- The female condom is a sheath made of a transparent film with flexible rings at both ends. It is the same length as a male condom.
- Before having sex, place the female condom into your vagina. It fits loosely inside the vagina.
- You must use a new condom for each act of sex.
- Protect against pregnancy and sexually transmitted infections (STIs), including HIV.
- Preserve feeling of sex for men and women.
- Require partner's cooperation.



## **Female Condoms**

**Balanced Counseling Strategy**

## Hormonal Implants

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Less than 1 pregnancy per 100 women (**1%**)

- Are small rods or capsules (about the size of a matchstick) put under the skin.
- Provide long-term protection from pregnancy for 3 to 7 years. Length of protection depends on the implant.
- A trained provider must insert and remove implants.
- Safe for women who are breastfeeding. You may get implants 6 weeks after giving birth.
- Often cause changes in monthly bleeding.
- Do not protect against sexually transmitted infections (STIs), including HIV.



## **Hormonal Implants**

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**Balanced Counseling Strategy**

## Intrauterine Device

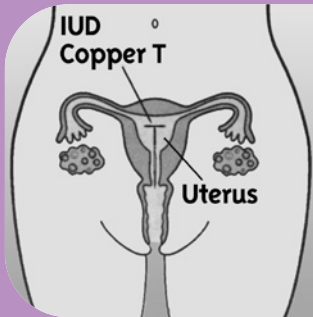
### IUD

#### Effectiveness for pregnancy prevention:

Pregnancy rate is:

- In first year of use — less than 1 pregnancy per 100 women (**1%**)
- Over 10 years of use— 2 pregnancies per 100 women (**2%**)

- Provides long-term protection against pregnancy for up to 12 years.
- Is a small, flexible, plastic and copper device placed in the uterus. Most IUDs have 1 or 2 thin strings that hang from the cervix into the vagina.
- A trained provider must insert and remove the IUD.
- Typically causes longer and heavier bleeding and more cramps or pain during monthly bleeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).



# Intrauterine Device

IUD

**Balanced Counseling Strategy**

## Lactational Amenorrhea Method

### LAM

#### Effectiveness for pregnancy prevention:

Pregnancy rate in first 6 months after childbirth is:

- When *all* 3 conditions are met — Less than 1 pregnancy per 100 women (**1%**)
- Typical use (not all 3 conditions are met) — 2 pregnancies per 100 women (**2%**)

- LAM is the use of fully or nearly fully breastfeeding to delay return to fertility after having a baby. It is a temporary family planning method.
- LAM requires 3 conditions. All 3 must be met:
  - 1) Your monthly bleeding has not returned since giving birth.
  - 2) The baby is fully or nearly fully breastfed and is fed often, day and night.
  - 3) The baby is less than 6 months old.
- Mothers with HIV could pass HIV to their infants through breastfeeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.



# **Lactational Amenorrhea Method**

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LAM

**Balanced Counseling Strategy**

## Male Condoms

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (used with each act of sex) — 2 pregnancies per 100 women (**2%**)
- Typical use (not used consistently) — 14 pregnancies per 100 women (**14%**)

- Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
- If you have had an allergic reaction to latex rubber, you should not use latex condoms.
- Before having sex, place the condom over the man's erect penis.
- You must use a new condom for each act of sex.
- Protect against pregnancy and sexually transmitted infections (STIs) including HIV.
- Require partner's cooperation.



## **Male Condoms**

**Balanced Counseling Strategy**

## Minipill

### Progestin-only Oral Contraceptives

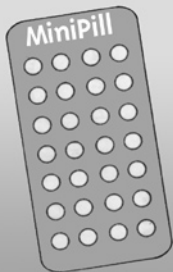
#### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no missed pills) — less than 1 pregnancy per 100 women (**1%**)
- Typical use (some missed pills) — 3–10 pregnancies per 100 women (**3–10%**); for breastfeeding women — 1 pregnancy per 100 women (**1%**)

# 1 – 10

- Requires that you take 1 pill every day.
- Safe for women who are breastfeeding. You may begin the minipill 6 weeks after giving birth.
- May cause irregular monthly bleeding. For breastfeeding women, causes delayed return of monthly bleeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.



## **Minipill**

Progestin-only  
Oral Contraceptives

**Balanced Counseling Strategy**

## The Pill

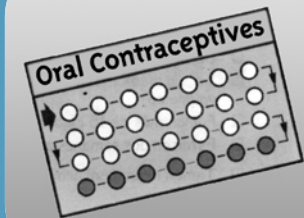
### Combined Oral Contraceptives

#### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of  
use is:

- Correct use (no missed pills) —  
less than 1 pregnancy per  
100 women (**1%**)
- Typical use (some missed pills) —  
8 pregnancies per 100 women (**8%**)

- Requires that you take 1 pill every day.
- May cause irregular bleeding during the first few months of use.
- May also cause absence of periods or other side effects.
- Does not protect against sexually transmitted infections (STIs), including HIV.



## **The Pill**

Combined Oral  
Contraceptives

**Balanced Counseling Strategy**

## Progestin-only Injectables

DMPA or NET-EN

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no missed or late injections) — 1 pregnancy per 100 women (**1%**)
- Typical use (some missed or late injections) — 3 pregnancies per 100 women (**3%**)

- You get an injection every 2 or 3 months, depending on type of injection.
- Safe for women who are breastfeeding. You may begin the method 6 weeks after giving birth.
- May cause irregular or no menstrual bleeding.
- There is a delayed return to fertility after you stop the method. It takes about 4 months longer than with most other methods.
- Does not protect against sexually transmitted infections (STIs), including HIV.



## **Progestin-only Injectables**

DMPA or NET-EN

**Balanced Counseling Strategy**

## Spermicides

Vaginal Tablets, Foam, Film

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (with each act of sex) — 18 pregnancies per 100 women (**18%**)
- Typical use (inconsistent use during sex) — 29 pregnancies per 100 women (**29%**)

- Contain nonoxynol-9, a chemical that kills sperm.
- Are available in many forms (tablet, foam, film).
- Kill sperm when inserted deep in the vagina.
- Must be inserted before each act of sex.
- Can be used alone or with a male condom, diaphragm, or cervical cap.
- Do not protect against sexually transmitted infections (STIs), including HIV.
- Frequent use of nonoxynol-9 may increase the risk of HIV infection.



## **Spermicides**

Vaginal Tablets, Foam, Film

**Balanced Counseling Strategy**

## Standard Days Method<sup>®</sup>

SDM

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 5 pregnancies per 100 women (5%)
- Typical use — 12 pregnancies per 100 women (12%)

- You keep track of your menstrual cycle to know the days you can get pregnant (fertile days).
- Ideal for women whose menstrual cycles are usually between 26–32 days long.
- You use a calendar or CycleBeads<sup>®</sup>, a string of color-coded beads, to track the days you can get pregnant and the days you are not likely to get pregnant.
- On the days you can get pregnant, you must abstain from having unprotected sex. Or, you can use a condom or other barrier method.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation.

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## **Standard Days Method<sup>®</sup>**

SDM

**Balanced Counseling Strategy**

## Tubal Ligation

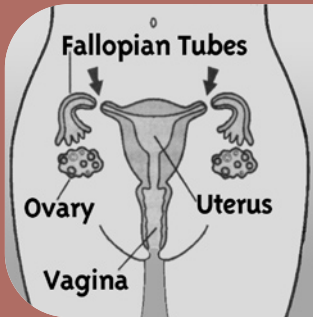
### Female Sterilization

#### Effectiveness for pregnancy prevention:

Pregnancy rate after the procedure is:

- In first year — Less than 1 pregnancy per 100 women (**1%**)
- Over 10 years — 2 pregnancies per 100 women (**2%**)

- Permanent method for women who do not want more children.
- Involves a surgical procedure. There are both benefits and certain risks in the procedure.
- Protects against pregnancy right away.
- Does not protect against sexually transmitted infections (STIs), including HIV.



# **Tubal Ligation**

Female Sterilization

**Balanced Counseling Strategy**

## TwoDay Method®

### Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 4 pregnancies per 100 women (**4%**)
- Typical use — 14 pregnancies per 100 women (**14%**)

- Ideal for women who have healthy cervical secretions.
- Healthy secretions do not have a foul smell or cause itchiness or pain.
- You have to monitor your cervical secretions each day. This helps you to track the days when you can get pregnant (fertile days).
- On days you can get pregnant, you must abstain from unprotected sex. Or, you can use a condom or other barrier method.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation.



## **TwoDay Method<sup>®</sup>**

**Balanced Counseling Strategy**

## Vasectomy

### Male Sterilization

#### Effectiveness for pregnancy prevention:

Pregnancy rate after the procedure is:

- Over first year —  
1 to 3 pregnancies per 100 women whose partner has had a vasectomy (**1 to 3%**)
- Over first 3 years — 4 pregnancies per 100 women whose partner has had a vasectomy (**4%**)

- Permanent, safe method for men who do not want more children.
- A safe, simple surgical procedure.
- Does not affect male sexual performance.
- Does not protect from pregnancy immediately. There is a 3-month delay before the method takes effect.
- You must use condoms or another method for 3 months after the procedure.
- Does not protect against sexually transmitted infections (STIs), including HIV.



# Vasectomy

Male Sterilization

**Balanced Counseling Strategy**