The Pill
Combined Oral Contraceptives

Balanced Counseling Strategy
General information:

- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

Effectiveness for pregnancy prevention: Pregnancy rate in first year of use is:
  - Correct use (no missed pills) — less then 1 pregnancy per 100 women (1%)
  - Typical use (some missed pills) — 8 pregnancies per 100 women (8%)

How method works:

- You take 1 pill every day. The pill is most effective when you take the pill at the same time every day.
- The pill contains small amounts of the hormones estrogen and progestin.
- These hormones make the mucus around the cervix thick. This stops sperm from meeting an egg.
- They also prevent the release of eggs from the ovaries (ovulation).

Important facts:

- You control the method.
- Can be stopped at any time without a provider’s help.
- Does not interfere with sex.
- You have to remember to take a pill once a day, every day.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs.

Method not advised if you:

- Are breastfeeding an infant less than 6 months old.
- Smoke cigarettes and are 35 years old or older.
- Have high blood pressure.
- Have certain uncommon serious diseases of the heart, blood vessels or liver, or breast cancer. Discuss with your provider.
- Have gall bladder disease. Discuss with your provider.
- Have migraine headaches (a type of severe headache) and are 35 years old or older.
- Have migraine aura (sometimes seeing a growing bright spot in one eye) at any age.
- Take medicine for seizures or take rifampicin.

**Side effects:**

- Lighter periods, irregular bleeding, or spotting between menstrual periods. These are common in the first 3 months of use.
- May also cause infrequent bleeding or absence of menstrual periods (amenorrhea).
- May cause headaches, breast tenderness, or weight change. These usually lessen or stop within the first few months.
- These are normal and not signs of illness.
- Not all women have these side effects.

**Health benefits:**

- Helps prevent cancer of the uterus and ovaries.
- Helps prevent pelvic inflammatory disease (PID).
- May help protect against ovarian cysts and anemia.
- Reduces menstrual cramps and menstrual bleeding problems.

**How to use:**

- Begin with the first pill in the packet as directed by your provider.
- **TAKE 1 PILL EVERY DAY** until you finish the packet.
- Take the pill at the same time every day, for example every night before going to bed.
- If you vomit within 2 hours of taking a pill, take another pill from your packet as soon as possible. Continue taking pills as usual.
- If vomiting or diarrhea continues for more than 2 days, follow instructions for 1-2 missed pills on the next page.
- Have a new packet of pills on hand before you finish your 28-day or 21-day packet.

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<tr>
<th>If using:</th>
<th>Do this:</th>
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<tr>
<td>A 28-day packet and you finish the packet</td>
<td>Begin a new packet immediately.</td>
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<tr>
<td>A 21-day packet and you finish the packet</td>
<td>Wait no more than 7 days before starting the new packet.</td>
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- If you get your pills from a pharmacy, use the instructions in this brochure.
- If you miss any pills, follow the instructions on the next page.
Follow these guidelines if you miss 1 or more pills:

<table>
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<tr>
<th>If you:</th>
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</table>
| - Missed 1 or 2 pills  
  - OR –  
  - Started a new packet 1 or 2 days late                              | - Take a pill as soon as possible.  
  - Keep taking pills as usual. (You may end up taking 2 pills at the same time or on the same day.) |
| - Missed 3 or more pills in the 1st or 2nd week of pill cycle  
  - OR –  
  - Started a new packet 3 or more days late                          | - Take a pill as soon as possible.  
  - Use a backup method (condoms) or avoid sex for the next 7 days.  
  - If you had unprotected sex in the past 5 days, consider taking emergency contraceptive pills (ECPs). |
| Missed 3 or more pills in the 3rd week of the pill cycle               | - Take a pill as soon as possible.  
  - Finish all hormonal pills in the packet. For a 28-pill packet, throw away the 7 non-hormonal pills.  
  - Start a new packet the next day.  
  - Use a backup method (condoms) or avoid sex for the next 7 days.  
  - If you had unprotected sex in the past 5 days, consider taking ECPs. |
| Missed any non-hormonal pills (last 7 pills in 28-day pill packet)     | - Discard the missed non-hormonal pill(s).  
  - Keep taking the pill, one each day. Start the new packet as usual. |

Return to the health care facility any time if:

- You have any questions or problems.
- You have missed 3 or more pills, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You develop any health problems.
- You think you may be pregnant.
- After 1 year for follow-up and to get more pills.
Tubal Ligation
Female Sterilization

Balanced Counseling Strategy
**General information:**

- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does **not** protect against sexually transmitted infections (STIs), including HIV.

**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%)

**How method works:**

- A trained provider makes a small incision on your abdomen. S/he then ties off (or cuts) the two fallopian tubes. These tubes normally carry eggs from the ovaries to the uterus.
- With the tubes blocked, the eggs cannot move down the tubes. They cannot meet with the man’s sperm.
- The method is intended to be permanent.

**Important facts:**

- No need to worry about contraception again. The method is very effective.
- Easy to use, nothing to do or remember.
- Does not affect sexual desire.
- Complications of surgery and anesthesia are possible. But they are uncommon and extremely rare.
- Special arrangements are needed to perform a tubal ligation on a woman with AIDS.
- Does **not** protect against STIs, including HIV.
- Use condoms (male or female) if you feel you are at risk of STIs, including HIV.
**Method not advised if you:**
- Are pregnant.
- Are depressed.
- Have certain medical conditions that make it necessary to delay the procedure.

**Side effects:** None

**Health Benefits:**
- Protects against risks of pregnancy and pelvic inflammatory infections (PID).
- May help protect against ovarian cancer.

**Informed consent:**
- Informed consent is required for this method.
- Before you give informed consent, you must understand the following points:
  1) Temporary contraceptives are also available.
  2) Tubal ligation is a surgical procedure.
  3) There are certain risks of the procedure as well as benefits. (Both risks and benefits must be explained in a way that you understand them.)
  4) If successful, the procedure will prevent you from ever having any more children.
  5) The procedure is considered permanent and probably cannot be reversed.
  6) You can decide against the procedure at any time before it takes place. You will not lose rights to other medical, health, or other services or benefits.
- Before the procedure you may need to sign a consent form. If you cannot read, a witness can sign for you.
How to use:
- A trained provider gives you a pelvic exam.
- A trained provider performs the tubal ligation in a place that has the necessary supplies and equipment.
- The provider will give you light sedation to relax you.
- Usually, a local anesthetic is then injected in your abdomen. You stay awake during the procedure. This is the safest way to stop pain. Sometimes the provider uses general anesthesia. If so, you will be referred to a center that can provide it.
- You can usually leave in a few hours after the surgery.

Follow-up:
- After the procedure, rest for 2 days.
- Avoid vigorous work and heavy lifting for 1 week.
- Abdominal pain and swelling after the procedure is common. It usually goes away within a few days.
- Take paracetamol or ibuprofen in case of pain. Do not take aspirin. It slows healing. You rarely need a stronger pain reliever.
- Keep the incision clean and dry for 1 or 2 days. Avoid rubbing the incision for 1 week.
- Do not have sex for at least 1 week. If pain lasts more than 1 week, avoid sex until all pain is gone.
- If possible, after 7–14 days, return to the health care facility. The health care provider will check the incision site. S/he will look for signs of any infection and remove any stitches.

Return to the health care facility any time if:
- You have any questions or problems.
- You develop any health problems.
- You think you may be pregnant.
Progestin-only Injectables
DMPA or NET-EN

Balanced Counseling Strategy
Progestin-only Injectables
DMPA or NET-EN

General information:
- You get an injection every 2 or 3 months, depending on type of injectable.
- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

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%)

How method works:
- Progestin-only injectables contain the hormone progestin. Progestin makes the mucus around the cervix thick. This stops the sperm from meeting the egg.
- This hormone also stops the release of eggs from the ovaries (ovulation).
- DMPA and NET-EN are types of injectables.
- If using DMPA, you get an injection once every 3 months (90 days).
- If using NET-EN, you get an injection once every 2 months (60 days).
Important facts:
- Provide long-term pregnancy prevention. Method is reversible.
- Can be stopped at any time, either to switch to another method or to get pregnant.
- Private. No one can tell you are using an injectable.
- Do not interfere with sex.
- Do not protect against STI, including HIV.
- Use condoms (male or female) if you feel at risk of getting STIs, including HIV.

Method not advised if you:
- Are breastfeeding an infant less than 6 weeks of age.
- Have very high blood pressure.
- Have certain uncommon serious diseases of the heart, blood vessels or liver, or breast cancer. Discuss with your provider.
- Take medications for seizures or take rifampicin.

Side effects:
- In the beginning, you may have irregular bleeding, prolonged bleeding, or frequent bleeding. Later on there is no monthly bleeding.
- Menstrual changes do not stop until the injection wears off (2-3 months or more).
- Some women have weight gain, headaches, dizziness, and other side effects.
- These are not signs of illness.
- Not all women have these side effects.

Health benefits:
- Help prevent cancer of the lining of the uterus. Also help prevent uterine fibroids.
- May help protect against pelvic inflammatory disease (PID).
- May help prevent iron deficiency anemia.
- Reduce symptoms of endometriosis (pelvic pain, irregular bleeding).
How to use:

- Go to a provider to get an injection.
- Get your injections every 3 months (DMPA) or 2 months (NET-EN). If you do not get your injection, you can get pregnant if you have sex.
- Even if you are late, come back. You may still be able to get your injection.
- If you switch to another brand of injectable, use this brochure on how to use the method.

Follow-up:

For DMPA users:

- Return every 3 months or 13 weeks to get the next injection.
- Try to come on time. You may come up to 4 weeks early or 4 weeks late and get an injection. No matter how late you are, come back for your next injection.
- If you are more than 4 weeks late, abstain from sex or use condoms until you can get an injection.

For NET-EN:

- Return every 2 months or 9 weeks to get the next injection.
- Try to come on time. You may come up to 2 weeks early or 2 weeks late and get an injection. No matter how late you are, come back for your next injection.
- If you are more than 2 weeks late, abstain from sex or use condoms until you can get an injection.

Return to the health care facility any time if:

- You have any questions or problems.
- You need another injection.
- You develop any health problems.
- You are late for your injection, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.
Minipill
Progestin-only Oral Contraceptives

Balanced Counseling Strategy
Minipill
Progestin-only Oral Contraceptives

General information:
- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

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 to 10 pregnancies per 100 women (3 to 10%).
- For breastfeeding women — 1 pregnancy per 100 women (1%)

How method works:
- You take 1 pill every day. The minipill is most effective when you take the pill at the same time every day.
- The minipill has small amounts of progestin. Progestin makes the mucus around the cervix thick. This stops sperm from meeting an egg.
- This hormone also prevents the release of eggs from the ovaries (ovulation).
Important facts:
- Can be stopped at any time without a provider’s help.
- You control the method.
- Does not interfere with sex.
- Can cause irregular monthly bleeding.
- You have to remember to take a pill once a day, every day.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.

Method not advised if you:
- Are breastfeeding an infant less than 6 weeks of age.
- Have certain uncommon serious diseases of the heart, blood vessels or liver, or breast cancer. Discuss with your health provider.
- Take medicine for seizures or take rifampicin.

Side effects:
- May cause frequent or irregular monthly bleeding for the first several months or the entire time you use the minipill.
- May cause headaches, dizziness, breast tenderness, mood changes, or other possible side effects.
- For breastfeeding women, it takes longer for monthly bleeding to return after giving birth.
- These are normal and not signs of illness.
- Not all women have these side effects.

How to use:
- Begin with the first pill in the packet as directed by your provider.
- TAKE 1 PILL EVERY DAY until you finish the packet.
- Take the pill at the same time every day. Do not miss any pills.
- Have a new packet of pills on hand before you finish your packet.
- If you get your pills from a pharmacy, you can use the instructions in this brochure.
- If you miss taking your pills, follow the guidelines on the next page.
Follow these guidelines if you miss 1 or more pills:

<table>
<thead>
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<tr>
<td>▪ Are 3 or more hours late in taking the pill</td>
<td>▪ Take a pill as soon as possible.</td>
</tr>
<tr>
<td>– Or –</td>
<td>▪ Keep taking the pill every day at the same time. (This means that you may end up taking 2 pills at the same time or on the same day.)</td>
</tr>
<tr>
<td>▪ Miss taking 1 pill</td>
<td>▪ Use a backup method (condoms) or avoid sex for the next 2 days.</td>
</tr>
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<td></td>
<td>▪ If you have unprotected sex in the past 5 days, consider taking emergency contraception pills (ECPs).</td>
</tr>
<tr>
<td>▪ Vomit within 2 hours of taking a pill</td>
<td>▪ Take another pill from your packet as soon as possible.</td>
</tr>
<tr>
<td></td>
<td>▪ Continue taking the pills as usual.</td>
</tr>
<tr>
<td>▪ Vomit or have diarrhea for more than 2 days</td>
<td>▪ Follow instructions above for missed pills.</td>
</tr>
</tbody>
</table>

Return to the health care facility any time if:

▪ You have any questions or problems.
▪ You need more pills.
▪ You develop any health problems.
▪ You were late or missed a pill, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
▪ You think you may be pregnant.
Standard Days Method®

SDM

Balanced Counseling Strategy
General information:

- 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®, 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner’s cooperation.

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%)

How method works:

- Mark a calendar or use CycleBeads to track the days when you can get pregnant. You also track the days when you are not likely to get pregnant.
- The days you can get pregnant are days 8 to 19 of your menstrual cycle.
- On those days you must abstain from having vaginal sex to avoid getting pregnant. Or, you can also use a condom or other barrier method.

Important facts:

- There are no costs and no supplies needed.
- Allows you to adhere to religious or cultural norms about contraception.
- You will need counseling on how to use the method correctly.
During the 12 days when you can get pregnant, you must abstain from unprotected sex or use a barrier method. This may be difficult for some couples.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.

Method not advised if you:
- Do not have menstrual cycles that are between 26–32 days long.
- Are not willing or able to abstain from sex or use a condom or other barrier method during the days you can get pregnant.
- Cannot keep track of the days of your menstrual cycle.
- Have not had at least 3 consecutive menstrual cycles since giving birth.
- Have not resumed menstruation after discontinuing a hormonal method.

Side effects: None

How to use:

If using CycleBeads®:
Each bead represents a day of your menstrual cycle. The RED bead marks the first day of your monthly bleeding. All BROWN beads mark the days when you are not likely to get pregnant. All WHITE beads mark the days you can get pregnant.

1) On the first day of your monthly bleeding, move the black ring to the RED bead. Also mark that day on a calendar. This will help you remember where to put the ring if one day you forget to move it.
2) Move the ring to the next bead each day. Always move the ring in the direction marked by the arrow.
3) Move the ring even on the days that you have your monthly bleeding.
4) When the ring is on a BROWN bead you are not likely to get pregnant. You can have unprotected sex.
5) When the ring is on a WHITE bead—between days 8 to 19—you can get pregnant. Abstain from vaginal sex or use a condom or other barrier method.
6) On the day your monthly bleeding begins again, move the ring to the **RED** bead to start a new cycle. Skip over any beads that are left.

7) There is one **DARK BROWN** bead. If your monthly bleeding begins again before you reach the **DARK BROWN** bead, your menstrual cycle is shorter than 26 days.

8) If your monthly bleeding does not start the day after you reach the last **BROWN** bead, your menstrual cycle is longer than 32 days.

9) If more than once in a year you have a cycle shorter than 26 days or longer than 32 days, you should use another method.

**If using a calendar:**

1) On the first day of your monthly bleeding, mark that day on the calendar. This is day 1 of your cycle.

2) Days 1 to 7 of your cycle are days when you are **not** likely to get pregnant. You can have unprotected sex.

3) Days 8 to 19 of your cycle are days when you can get pregnant if you have unprotected sex. Abstain from vaginal sex or use a condom or other barrier method. Some couples use spermicides or withdrawal. However, these methods are among the least effective.

4) From day 20 until your monthly bleeding begins again are days when you are **not** likely to get pregnant. You can have unprotected sex.

5) To know if the method works for you, always check if you get your monthly bleeding every 26 to 32 days.

**Return to the health care facility any time if:**

- You have any questions or problems.
- You have difficulty abstaining from sex or using a condom or other barrier method during the days you can get pregnant. You may want to choose another method.
- You get your monthly bleeding before you reach the **DARK BROWN** bead. This means that your menstrual cycle is shorter than 26 days.
- You do **not** get your monthly bleeding by the day after you reach the last **BROWN** bead. This means your menstrual cycle is longer than 32 days.
- You have sex on a day when you can get pregnant (**WHITE** bead days or days 8 to 19 on calendar) and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.
Emergency Contraception

Emergency Contraceptive Pills or ECPs
Emergency Contraception
Emergency Contraceptive Pills or ECPs

General information:
- 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. It is not effective as a continuous method of contraception.
- ECPs do not disrupt existing pregnancy.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

Effectiveness for pregnancy prevention: When taken within 5 days of having unprotected sex:
- With ECPs — 1 to 2 pregnancies per 100 women (1 to 2%)
- Normally (no ECPs) — 8 pregnancies per 100 women (8%)

How method works:
- ECPs contain the same hormones as combined and progestin-only oral contraceptive pills, but in higher doses.
- These hormones prevent the release of eggs from your ovaries (ovulation).

Important facts:
- You can use ECPs if there has been forced sex (rape) or any unprotected sex.
- You can also use them if there have been contraceptive mistakes or failures, such as:
  - Condom broke, slipped, or was not used correctly.
  - You missed 3 or more combined oral contraceptive pills.
  - You started a new packet of pills 3 or more days late.
  - You are more than 7 days or 2 weeks late for a repeat injection of injectable contraceptive (depending on type of injection).
– Your IUD has come out of place.
– You used TwoDay or Standard Days Method incorrectly. For example, you failed to abstain from sex or use condoms during the days you can get pregnant.

- ECPs reduce the need to seek abortion.
- Special ECP products, combined oral contraceptives (the pill), or progestin-only oral contraceptives (minipill) can all be used as ECPs.
- Have an ECP method on hand in case of an emergency (unprotected sex).
- They should not be used in place of an ongoing contraception method.
- You can become pregnant immediately after taking ECPs if you have unprotected sex (even 1 day after taking ECPs).
- Use another method of contraception at once to continue to protect against pregnancy.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.

**Side effects:**

- You may have light vaginal bleeding for 1–2 days after taking ECPs.
- In the week after taking ECPs, you may have nausea, abdominal pain, fatigue, headache, breast tenderness, dizziness, or vomiting.
- Your monthly bleeding may start earlier or later than expected.

**How to use:**

- Take the ECPs as soon as possible within 5 days of having unprotected sex. The sooner you take them, the better. The effectiveness of ECPs decreases over time.
- Take the pills as directed by your provider.

**Important:** Dosage varies according to brand. Your provider will give you dosage information according to the brand or type of pill.

- If you vomit within 2 hours of taking ECPs, take another dose. If you vomit 2 hours after taking ECPs, you do not need to take another dose.
- Start another method of contraception at once. ECPs are not effective as an ongoing method of contraception.
- Take a packet of ECPs (or oral contraceptive pills, with instructions on how to use them as ECPs) home to use when you need them.
Return to the health care facility any time if:

- You have questions or problems.
- You think you might be pregnant.
Hormonal Implants

Balanced Counseling Strategy
Hormonal Implants

General information:
- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Do not protect against sexually transmitted infections (STIs), including HIV.

Effectiveness for pregnancy prevention: Pregnancy rate in first year of use is:
- Less than 1 pregnancy per 100 women (1%)
- Long-term effectiveness by type, depending on weight of user:
  - Jadelle – after 5 years use, about 1 pregnancy per 100 women
  - Implanon – after 3 years use, less than 1 pregnancy per 100 women
  - Norplant – after 7 years use, about 2 pregnancies per 100 women

Important: Heavy women may want to replace their implants sooner.

Implants start to lose effectiveness sooner when:
- For Jadelle – women weigh 80 or more kilos
- For Norplant – women weigh 70 or more kilos
How method works:
- A trained provider inserts the implants under the skin, usually on the inside of your upper arm.
- The implants slowly release a hormone (progestin). Progestin makes the mucus around the cervix thick. This stops sperm from meeting an egg.
- This hormone also prevents the release of eggs from your ovaries (ovulation).

Important facts:
- One of the most effective and long-lasting methods.
- Must be inserted and removed by a trained provider.
- Can help reduce anemia.
- Do not interfere with sex.
- May be difficult to obtain locally.
- Do not protect against STIs, including HIV.
- Use condoms (male or female) to protect against STIs, including HIV.

Method not advised if you:
- Are breastfeeding a baby less than 6 weeks old.
- Have certain uncommon serious diseases of the heart, blood vessels or liver, or breast cancer. Discuss with your provider.
- Take medicine for seizures or take rifampicin.

Side effects:
- During the first several months, common side effects include:
  – Lighter monthly bleeding and fewer days of bleeding.
  – Irregular monthly bleeding that lasts more than 8 days.
  – Infrequent monthly bleeding or no bleeding (amenorrhea).
- After about 1 year, common side effects include:
  – Lighter monthly bleeding and fewer days of bleeding.
  – Irregular monthly bleeding or infrequent bleeding.
- Implanon causes less irregular monthly bleeding lasting more than 8 days than Norplant and Jadelle. But, Implanon is more likely to cause infrequent monthly bleeding or no bleeding at all.
- May cause headaches, abdominal pain, breast tenderness, or other side effects.
- These are common and not signs of illness.
How to use:

- A trained provider gives you an anesthetic in the arm to prevent pain. S/he inserts the implants just under the skin.
- The procedure takes only a few minutes. You are fully awake during the procedure. You may feel some tugging, pressure, or slight pain when the provider inserts the implants.
- After the procedure, get the following information from your provider:
  - Type of implant
  - Date of insertion
  - Month and year when they need to be removed or replaced

Follow-up:

- Keep the insertion area dry for 4 days.
- Your arm may be sore for a few days. You may also have swelling and bruising at the insertion site.
- This is normal. It will go away without treatment.

Return to the health care facility any time if:

- You have any heat, pus, or redness at the insertion site that gets worse or does not go away.
- You see an implant coming out.
- You have any questions or problems.
- It is time to replace the implants (before they lose their effectiveness).
- You want to have the implants removed.
- You have gained a lot of weight. Implants may not protect you from pregnancy as well if you weigh more than 70 kilos.
- You develop any health problems.
- You think you may be pregnant.
Monthly Injectable

Combined Injectable Contraceptives or CICs

Balanced Counseling Strategy
General information:

- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

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%)

How method works:

- The injection contains two hormones, progestin and estrogen.
- These hormones stop the release of eggs from the ovaries (ovulation). They also make cervical mucus thick. This stops sperm from meeting an egg.
- You get an injection every 4 weeks (30 days).

Important facts:

- Method does not require daily action.
- Private. No one else can tell you are using an injectable.
- Does not interfere with sex.
- Return of fertility is about 1 month longer than with most other methods.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs.
Method not advised if you:
- Breastfeed an infant less than 6 months old.
- Smoke cigarettes and are 35 years old or older.
- Have high blood pressure.
- Have certain uncommon serious diseases of the heart, blood vessels or liver, or breast cancer. Discuss with your provider.
- Have migraine headaches (a type of severe headache) and are 35 years old or older.
- Have migraine aura (sometimes seeing a growing bright spot in one eye) at any age.

Side effects:
- Common side effects include:
  - Lighter bleeding and fewer days of bleeding.
  - Irregular bleeding.
  - Infrequent or prolonged bleeding.
  - No monthly bleeding.
- Changes in monthly bleeding are normal. These changes usually lessen or stop within 3 months of starting injections.
- After stopping the injections, changes in monthly bleeding do not stop until the injection wears off (2–3 months or more).
- Some women may have weight gain, headaches, dizziness, or breast tenderness.
- These are not signs of illness.
- Not all women have these side effects.

How to use:
- A provider will give you the injection.
- You return every 4 weeks (30 days) to get another injection.
- Even if you are late, come back. You may still be able to get your injection.
- If you switch to another brand of injectable, get instructions on how to use it.
Follow-up:

- Return every 4 weeks (30 days) to get your next injection.
- Try to come on time. You may come up 7 days early or 7 days late and still get an injection. No matter how late you are, come back for your next injection.
- If you are more than 7 days late, abstain from sex or use condoms until you can get an injection.

Return to the health care facility any time if:

- You have any questions or problems.
- You need another injection.
- You develop any health problems.
- You are late for your injection, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.
TwoDay Method®

Balanced Counseling Strategy
**TwoDay Method®**

**General information:**
- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner’s cooperation.

**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%)

**How method works:**
- You have secretions on the days you can get pregnant.
- For this method, any type of healthy cervical secretions indicate the woman is fertile.
- With the TwoDay Method you must check for the presence or absence of cervical secretions every day. This lets you know which days you can get pregnant.
- If you saw or felt any secretions either today or yesterday, you can get pregnant today.
- If today or yesterday you had secretions, abstain from sex or use a condom or other barrier method today.
Important facts:

- No costs and no supplies needed.
- Allows you to adhere to religious or cultural norms about contraception.
- You will need some counseling on how to use the method correctly.
- If you have a vaginal infection or another condition that changes your cervical secretions, the TwoDay Method will be difficult to use.
- During the 11–15 days when you can get pregnant, you must abstain from unprotected sex or use a barrier method. This may be difficult for some couples.
- TwoDay Method does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.

Method not advised if you:

- Are not willing or able to abstain from sex or use a condom or other barrier method during the days you can get pregnant.
- Cannot tell whether or not you have cervical secretions.
- Have reproductive tract infections that may affect your cervical secretions.
- Have not had at least 3 consecutive menstrual cycles since giving birth.
- Have not resumed menstruation after discontinuing a hormonal method.

Side effects: None

How to use:

1) Check for secretions as soon as your monthly bleeding stops. Check every day for any secretions. “Secretions” are anything that you perceive as coming from your vagina, except menstrual bleeding.
2) You may feel wetness at the opening of your vagina or see secretions on your finger, underpants, or tissue paper.
3) Ask yourself two simple questions every day:

<table>
<thead>
<tr>
<th>Did I have any secretions today?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did I have any secretions yesterday?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

4) If you did not notice any secretions today AND yesterday (two consecutive days without secretions), it is not likely you can get pregnant today.
5) If you are not sure whether or not you have secretions, avoid sex or use a condom or other barrier method.

**Note:** Secretions may change in quantity or look different. ANY secretion indicates that you can get pregnant.

**Return to the health care facility any time if:**
- You have any questions or problems.
- You have difficulty knowing whether or not you have secretions.
- You or your partner have difficulty abstaining from sex during the days you can get pregnant. You may want to choose another method.
- You have fewer than 5 days with secretions.
- You have more than 14 days with secretions.
- You have sex on a fertile day and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.
Male Condoms

Balanced Counseling Strategy
Male Condoms

General information:
- 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 your 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.

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%)

How the method works:
- Before having sex, place the condom on your erect penis.
- The condom forms a barrier that keeps sperm out of the vagina during sex. This prevents pregnancy.

Important facts:
- Can be used without seeing a health provider.
- Can be used as a temporary or backup method.
- May decrease sensation, making sex less enjoyable for either partner.
- You must take time to put the condom on the erect penis before the penis touches the woman’s genitals.
- Increase male participation in family planning.
- Can be safely used during pregnancy to protect mother and fetus against STIs.
Method not advised if you or your partner:

Have had an allergic reaction to latex rubber. Some people may just be allergic to a specific brand of condoms. If it is not a latex allergy, switch to another brand.

Side effects: None

How to use:

1) Use a new condom for each act of sex.
2) Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if newer condoms are not available.
3) Open the package carefully. Do not use fingernails, teeth, or anything that could damage the condom.
4) Before any vaginal contact, place the condom on the tip of your erect penis. The rolled side should be on the outside.
5) Unroll the condom all the way to the base of your erect penis. If the condom does not unroll, it may be on backwards, damaged, or too old. Throw it away. Use a new condom. If the condom is on backwards and another is not available, turn it over and unroll onto the penis.
6) If desired, use water or a water-based lubricant on the outside of the condom. This helps prevent breaks. Do not use creams, oils, or petroleum jelly.
7) Immediately after ejaculation, hold the rim of the condom in place. Withdraw the penis while it is still erect. Be careful not to spill semen when withdrawing the penis or taking off the condom.
8) Place the condom in a tissue or in the empty package. Throw it into the rubbish. Do not put it into a flush toilet. This may cause problems with plumbing.
9) Store condoms in a dark, cool, dry place if possible.

**Important:** If you did not use a condom for an act of sex, try to use one the next time. A mistake once or twice does not mean that it is too late to use condoms in the future.
Return to the health care facility any time if:

- You have any questions or problems.
- Your partner has had unprotected sex in the past 5 days and wants to avoid pregnancy. She can take emergency contraceptive pills (ECPs).
Female Condoms

Balanced Counseling Strategy
Female Condoms

General information:
- 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.

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%)

How method works:
- Before having sex, place the female condom into your vagina.
- The condom forms a barrier that keeps sperm out of the vagina during sex. This prevents pregnancy.
- The condom covers the cervix inside the vagina. The cervix is a closed space, so the female condom cannot disappear inside the body.
- It also protects you from getting or giving STIs.

Important facts:
- Can be used as a temporary or backup method.
- Can be used without seeing a health provider.
- Can be initiated by the woman.
- Must not be used if the partner is using a male condom. The friction between the two condoms may cause one or both to break.
- May be relatively expensive and hard to find.
- Require you to touch your genitals.
- May make noises during intercourse; adding lubricant can help.
- Can be used during pregnancy to protect mother and fetus against STIs.

**Side effects:** None

**How to use:**

1) Use a new female condom for each act of sex.
2) Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if newer condoms are not available.
3) Insert up to 8 hours before sex. For the most protection, insert the condom before the penis comes into contact with the vagina.
4) Rub the sides of the female condom together to spread the lubricant evenly and insert:
   a) Hold the condom with the larger, open end hanging down.
   b) Choose a position that is comfortable for insertion. You can squat, raise one leg, sit, or lie down.
   c) Grasp the inner ring at the closed end. Squeeze it so that it becomes long and narrow.
   d) Find the opening of the vagina and separate outer lips (labia). With the other hand gently push the inner ring into the vagina as far up as it will go.
   e) Insert a finger into the condom to push it into place. Allow about 2 to 3 cm of the condom and outer ring to remain outside the vagina.
5) When you are ready for sex, guide the penis into the condom. Make sure it does not slip outside. If the penis goes outside the condom, withdraw the penis. Help guide it in again.
6) If the outer ring is pushed into the vagina or the condom is pulled out of the vagina during sex, put the condom back into place.
7) After having sex, remove the condom before standing to prevent leakage of semen. To remove the female condom, grasp the outer ring, twist it to seal in the fluid and gently pull it out of the vagina.
8) Place the condom in a tissue or in the empty package. Throw it into the rubbish or latrine. Do not put it into a flush toilet. This can cause problems with plumbing.
Return to the health care facility any time if:

- You have any questions or problems.
- You had unprotected sex in the past 5 days and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
Intrauterine Device

IUD

Balanced Counseling Strategy
General information:

- 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.
- Safe for a woman with HIV or with AIDS who is clinically well on antiretroviral (ARV) therapy.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).

Effectiveness for pregnancy prevention: The 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%)

How method works:

- A trained provider inserts the IUD into your uterus, where it stays.
- The plastic and copper device helps prevent the sperm and egg from meeting.

Important facts:

- One of the most effective and long-lasting methods.
- Must be inserted and removed by a trained provider.
- Immediate return to fertility after IUD is removed.
- Does not interfere with sex.
- Does not require you to do anything once the IUD is inserted.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.
Method not advised if you:
- Are pregnant or think you might be pregnant.
- Have unusual vaginal bleeding.
- Have genital or pelvic infections.
- Have AIDS and are not taking ARV medicine or are not doing well clinically.
- Are at very high risk of having an STI.

Side effects:
- Some bleeding or spotting after insertion. This may continue for 3 to 6 months.
- Cramping and some pain for a few days after insertion.
- Changes in bleeding patterns. They include prolonged and heavy monthly bleeding, irregular bleeding, or more cramps and pain during monthly bleeding. These are normal, especially in the first 3 to 6 months after insertion.
- These are not signs of illness.
- Side effects usually lessen after the first several months.

Health benefits:
May help protect against cancer of the uterus.

How to use:
- Have a pelvic exam to rule out genital infections.
- Take ibuprofen, paracetamol, or other pain reliever 30 minutes before insertion to reduce cramping and pain.
- A trained provider inserts the IUD in a place with the necessary supplies and equipment.
- The provider inserts the IUD into your uterus through your vagina and cervix. S/he cuts the strings on the IUD, leaving about 3 cm hanging out of the cervix.
- You will feel some discomfort or cramping during the procedure. This is normal.
- After the procedure get the following information from your provider:
  - Type of IUD you have
  - Date of insertion
  - Date when IUD will need to be removed or replaced
Return to the health care facility any time if:

- You have questions or problems.
- You have any of the following, especially in the first 20 days after insertion:
  - increasing or severe pain in the lower abdomen
  - pain during sex
  - unusual vaginal discharge
  - fever, chills, nausea, or vomiting
- Your provider scheduled a post-insertion visit 3 to 6 weeks after insertion of the IUD.
- You think the IUD may have slipped out of place (you do not feel the strings or you feel the hard plastic of an IUD that has partially come out of the uterus).
- You miss your menstrual period or think you may be pregnant.
- You want to remove the IUD for any reason.
Spermicides
Vaginal Tablets, Foam, Film

Balanced Counseling Strategy
General information:
- 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.

Effectiveness for pregnancy prevention: Pregnancy rate in first year of use is:
- Correct use (used with each act of sex) — 18 pregnancies per 100 women (18%)
- Typical use (inconsistent use during sex) — 29 pregnancies per 100 women (29%)

How method works:
- You must insert the spermicides before each act of sex.
- Chemicals in the spermicides kill sperm or make them unable to move toward the egg. This prevents pregnancy.

Important facts:
- One of the least effective methods.
- You control the method.
- No hormonal side effects.
- Increase vaginal lubrication.
- Can be inserted ahead of time so as not to interrupt sex.
- Require that you touch your genitals.
- Do not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.
Method not advised if you:
- Are at high risk for HIV infection.
- Are infected with HIV or have AIDS.

Side effects:
May cause irritation in or around the vagina or penis.

How to use:
- Check the expiration date. Avoid using spermicides past the expiration date.
- Begin the method at any time.
- Wash your hands with soap and water before inserting the spermicides, if possible.
- Follow the instructions below to use the different types of spermicides:

<table>
<thead>
<tr>
<th>Type of Spermicide</th>
<th>How to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foam or cream</td>
<td>1) Use less than 1 hour before sex.</td>
</tr>
<tr>
<td></td>
<td>2) Shake can of foam hard.</td>
</tr>
<tr>
<td></td>
<td>3) Squeeze spermicide from the can or tube into a plastic applicator.</td>
</tr>
<tr>
<td></td>
<td>4) Insert the applicator deep into your vagina, near the cervix.</td>
</tr>
<tr>
<td></td>
<td>5) Push the plunger.</td>
</tr>
<tr>
<td>Tablet, suppository, or</td>
<td>1) Use between 10 minutes and 1 hour before sex.</td>
</tr>
<tr>
<td>jelly</td>
<td>2) Insert the spermicide deep into your vagina, near the cervix.</td>
</tr>
<tr>
<td></td>
<td>3) Use an applicator or your fingers.</td>
</tr>
<tr>
<td>Film</td>
<td>1) Use between 10 minutes and 1 hour before sex.</td>
</tr>
<tr>
<td></td>
<td>2) Fold film in half.</td>
</tr>
<tr>
<td></td>
<td>3) Insert into your vagina with dry fingers. If fingers are wet, the film will stick to the fingers and not the cervix.</td>
</tr>
</tbody>
</table>
- Do not wash the vagina (douche) after sex. Douching will wash away the spermicides. It will also increase the risk of STIs. If you want to douche, wait for at least 6 hours after sex before doing so.
- Keep a supply of spermicides on hand.

**Return to the health care facility any time if:**
- You have any questions or problems.
- You develop any health problems.
- You had unprotected sex in the past 5 days and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
Vasectomy
Male Sterilization

Balanced Counseling Strategy
**Vasectomy**

**Male Sterilization**

**General information:**
- 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.
- Safe for a man with HIV/AIDS, even if he takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

**Effectiveness for pregnancy prevention:** Pregnancy rate after the procedure is:
- In 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%)

**How method works:**
- You undergo a safe, simple, and quick surgical procedure.
- A trained provider makes a simple cut and closes off the tubes from the testicles to the penis (vas deferens).
- Closing off the tubes keeps sperm out of the semen.
- You can still have erections and ejaculate semen. Your semen does not have sperm in it, so you cannot make a woman pregnant.
Important facts:

- One of the most effective methods, but it carries a small risk of failure.
- Vasectomy is not fully effective until 3 months after the procedure. You must use condoms or another method for 3 months.
- Pregnancies can occur within the first year for several reasons:
  - During the first 3 months after the procedure, you do not always use a condom or other method during sex.
  - The provider makes a mistake during the procedure.
  - The cut ends of the vas deferens grow back together.
- Increases enjoyment and frequency of sex because there are no worries about pregnancy.
- There are no particular health risks or benefits from this procedure.
- Special arrangements are needed to perform the procedure on a man with AIDS.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.

Method not advised if:

- You have a medical condition where it may be necessary to delay the procedure.

Informed consent:

- Informed consent is required for this method.
- Before you give informed consent, you must understand the following points:
  1) Temporary contraceptives are also available to you.
  2) Voluntary vasectomy is a surgical procedure.
  3) There are certain risks of the procedure as well as benefits. (Both risks and benefits must be explained in a way that you understand them.)
  4) If successful, the procedure will prevent you from ever having any more children.
  5) The procedure is considered permanent and probably cannot be reversed.
  6) You can decide against the procedure at any time before it takes place. You will not lose rights to other medical, health, or other services or benefits.
- Before the procedure you may need to sign a consent form. If you cannot read, a witness can sign for you.
How to use:
- A trained medical provider performs the procedure in a place that has the necessary medical supplies and equipment.
- The provider injects a local anesthetic into your scrotum. You will stay awake during the procedure.
- The provider performs the procedure.
- You can usually leave within an hour.

Follow-up:
- It is common to feel discomfort in the scrotum. This usually lasts 2 to 3 days.
- Take paracetamol or ibuprofen for pain. Do not take aspirin. It slows healing.
- Rest for 2 days, if possible.
- Keep incision clean and dry for 2 or 3 days.
- Do not have sex for at least 2 or 3 days.
- During the first 3 months after the procedure, use condoms or another effective family planning method.
- If possible, return to the clinic to have your semen examined. If it does not contain sperm, the vasectomy is working. This is helpful but not required.

Return to the health care facility any time if:
- You have questions or problems.
- You develop any health problems.
- Within the first 3 months of having the vasectomy you and your partner have unprotected sex and want to avoid pregnancy. Your partner can take emergency contraceptive pills (ECPs).
- Your partner thinks she may be pregnant.
Lactational Amenorrhea Method

LAM

Balanced Counseling Strategy
Lactational Amenorrhea Method

LAM

General information:
- 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Mothers with HIV could pass HIV to their infants through breastfeeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.

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%)

How method works:
- Fully or nearly fully breastfeeding stops the release of hormones that cause a woman to release eggs from her ovaries (ovulate).

Important facts:
- Does not interfere with sex.
- No costs and no supplies needed.
- Effectiveness after 6 months postpartum is not certain.
- Fully or nearly fully breastfeeding may be inconvenient or difficult for some women.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs, including HIV.
- World Health Organization (WHO) suggests that HIV-infected women use replacement feeding instead of breastfeeding if it is:
  - Acceptable to the mother and baby.
  - Affordable for the mother.
  - Feasible to purchase or make.
  - Sustainable (will be available for the full 6 months).
  - Safe for the infant.
- If replacement feeding does not meet these 5 criteria, exclusive breastfeeding is recommended for the first 6 months of the baby’s life.
- When mothers with HIV switch to replacement foods, they should avoid a prolonged period of mixed feeding (breastfeeding + replacement foods).
- Stopping breastfeeding over a period of 2 days to 3 weeks poses the least risk of HIV transmission to the baby.
- Once a mother begins replacement feeding, LAM is no longer effective. She must use another method of contraception.

**Method not advised if:**
- You last gave birth over 6 months ago.
- Your monthly bleeding has returned.
- You have begun to breastfeed less often, and the majority of feedings are no longer breast milk.
- Your health care provider advised you against breastfeeding.

**Side effects:** None

**Health benefits of breastfeeding:**
- Reduces bleeding after childbirth.
- Provides the healthiest food for the baby.
- Protects the baby from diarrhea.
- Passes on the mother’s immunities to the baby. This helps protect the baby from diseases such as measles and pneumonia. These diseases can kill babies.
- Helps develop a close bond between the mother and baby.
How to use:

- Start breastfeeding as soon as possible after the baby is born.
- Feed only breast milk day and night. You are protected against pregnancy if all 3 conditions are present:
  1) Your menstrual bleeding has not returned.
  2) Your baby is fully or nearly fully breastfed. You must breastfeed often, **both** day and night.
  3) Your baby is less than 6 months old.
- If and when any of these conditions are **not** present, you should:
  - Use another method for effective family planning.
  - Keep breastfeeding your baby if possible. Breastfeed even while feeding your baby other food or liquids.

Return to the health care facility any time if:

- You have any questions or problems.
- Any 1 of the 3 conditions needed for LAM changes, and you need another method.
- Before 6 months postpartum to choose another method.