



Long-Acting Reversible Contraceptives Learning Package

Module 3: Medical Eligibility and Client Assessment

Facilitator Version

The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

This module is made possible by the generous support of the American people through USAID under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of MCSP and do not necessarily reflect the views of USAID or the United States Government.

Module 3: Medical Eligibility and Client Assessment for Facilitator

Module Overview

Module Overview for Facilitator

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Job Aid 3-3: Method Effectiveness Chart

Module 3: Medical Eligibility and Client Assessment

Module Overview for Facilitator

Time: 4:50 hours

Session Objectives

By the end of this session, learners will be able to:

- Describe the World Health Organization (WHO) medical eligibility criteria (MEC) for contraceptive use.
- Use WHO MEC Wheel for Contraceptive Use and Quick Reference Chart for screening clients for contraceptive methods and medical conditions.
- Assess how to be *reasonably sure* a client is not pregnant.
- Conduct client assessment for different long-acting reversible contraceptive (LARC) methods.
- Use resources for selecting a contraceptive method for postpartum women:
<http://srhr.org/postpartumfp/>
- Document client assessment findings on client record cards.

Session Plans

- Session 1: Use of World Health Organization (WHO) medical eligibility criteria (MEC) for contraceptive use and 2016 Quick Reference Chart for screening clients
- Session 2: Conduct client assessment for different long-acting reversible contraceptive (LARC) methods. Use resources for selecting a contraceptive method for postpartum women:
<http://srhr.org/postpartumfp/>

Materials and Supplies

Category	Name	Material to Print	
		Facilitator	Learner
Assessments	Pre/Post Test Questionnaires		X
	Pre/Post Test Questionnaire Answer Sheets		X
	Pre/Post Test Questionnaire Answer Key	X	
Activities	Activity 3-1: Introducing MEC Wheel and Quick Reference Chart	X	
	Activity 3-2: Scenarios for Practice Using the MEC Wheel and Quick Reference Chart	X	
	Activity 3-3: Demonstration Activity for Client Assessment	X	
	Activity 3-4: Scenarios for Practicing Client Assessment	X	
Checklist	Checklist 3-1: Pregnancy Checklist	X	X
	Checklist 3-2: Pelvic Examination Checklist	X	X
Handouts	Handout 3-1: Client Assessment for Long-Acting Reversible Contraceptive (LARC) Methods	X	X
	Handout 3-2: Sample Client Record Card	X	X
Job Aids	Job Aid 3-1: WHO MEC Quick Reference Chart	X	X
	Job Aid 3-2: Comparing Effectiveness of Family Planning Methods	X	X
	Job Aid 3-3: Method Effectiveness Chart	X	X
Supplies	Flip Charts		
	Markers		
	Laptop		
	WHO MEC Wheel		
	Zoe® or Sister-U® model		
	Medical Consumables and Supplies		

Session Plans

Module 3—Session I

Date	Venue	Session number: I	Duration: 135 min
Topic: Use of World Health Organization (WHO) medical eligibility criteria (MEC) and 2016 Quick Reference Chart for the WHO MEC for Contraceptive Use for screening clients			
Session Objectives: By the end of this session, learners will be able to: <ul style="list-style-type: none"> Describe WHO Medical Eligibility Criteria for the contraceptive use Use WHO MEC Wheel for Contraceptive Use and Job Aid 3-1: WHO MEC Quick Reference Chart for screening clients for contraceptive methods and medical conditions Assess how to be reasonably sure a client is not pregnant 			
Advanced Preparation: Prepare 2 flip charts describing WHO Medical Eligibility Criteria for contraceptive use using Activity 3-1: Introducing MEC Wheel and Quick Reference Chart			

Methods and Activities	Materials/Resources
Introduction (10 min) <ul style="list-style-type: none"> Review session objectives with learners 	<ul style="list-style-type: none"> Flip Chart with Session Objectives
Pre Test (10 min) <ul style="list-style-type: none"> Distribute copies of the Pre Test questionnaire and instruct learners about how to take the test. Collect the answer sheets. 	<ul style="list-style-type: none"> Pre/Post Test questionnaire and Answer Sheet (for learners) Pre/Post Test Questionnaire Answer Key (for the facilitator)
Introduction to Medical Eligibility for Contraceptive Use (30 min) <ul style="list-style-type: none"> Make two flip charts for introducing MEC categories using Activity 3-1: Introducing MEC Wheel and Quick Reference Chart Explain both flip charts to the learners Distribute the WHO MEC Wheel for Contraceptive Use and Job Aid 3-1: WHO MEC Quick Reference Chart Get them familiarized with the Job Aids Discuss how to use the Job Aids Respond to any questions for using these Job Aids 	<ul style="list-style-type: none"> Activity 3-1: Introducing MEC Wheel and Quick Reference Chart WHO MEC Wheel Job Aid 3-1: WHO MEC Quick Reference Chart Flip Chart and Marker
Practice use of MEC wheel and Quick Reference Chart for screening clients (60 min) Case Study Activity: <ul style="list-style-type: none"> Divide the learners into groups with two members in each group Using Activity 3-2 assign different scenarios to each group to read and find the right category using the WHO MEC Wheel and Job Aid 3-1 Set aside 15 minutes to discuss the results of case studies Assign remaining case studies for continuing learning 	<ul style="list-style-type: none"> Activity 3-2: Scenarios for Practice Using the MEC Wheel and Quick Reference Chart WHO MEC Wheel Job Aid 3-1: WHO MEC Quick Reference Chart
Summary (10 min)	

Module 3—Session 2

Date	Venue	Session number: 2	Duration: 160 min
Topic: Client Screening and Assessment for LARC Methods			
Session Objectives: By the end of this session, learners will be able to: <ul style="list-style-type: none"> Conduct client assessment for different long-acting reversible contraceptive (LARC) methods. Use resources for selecting a contraceptive method for postpartum women: http://srhr.org/postpartumfp/ Document client assessment findings on client record card 			
Advanced Preparation: <ul style="list-style-type: none"> Confirm if internet facility is available at the facility, if not make alternate arrangements (USB drive) Make copies of all handouts and job aids to be distributed during the session 			

Methods and Activities	Materials/Resources
Client Assessment for LARC Clients: Discussion and Demonstration (30 min) <ul style="list-style-type: none"> Discuss how and when to conduct client clinical examination for different LARC methods Review Handout 3-1: Client Assessment for Long-Acting Reversible Contraceptive (LARC) Methods Demonstration: How to conduct a clinical assessment of a client for IUD and Implant. <ul style="list-style-type: none"> Use Activity 3-3: Demonstration Activity for Client Assessment 	<ul style="list-style-type: none"> Activity 3-3: Demonstration Activity for Client Assessment Handout 3-1: Client Assessment for Long-Acting Reversible Contraceptive (LARC) Methods WHO MEC Wheel Job Aid 3-1: WHO MEC Quick Reference Chart
Practice Screening and Client Assessment (60 min) <ul style="list-style-type: none"> Divide the learners into group Distribute Activity 3-4: Scenarios for Practicing Client Assessment Ask them to practice screening and client assessment using all checklists and job aids through scenario settings Summarize key points for client assessment 	<ul style="list-style-type: none"> Activity 3-4: Scenarios for Practicing Client Assessment Checklist 3-2: Pelvic Examination Checklist Checklist 3-1: Pregnancy Checklist WHO MEC Wheel Job Aid 3-1: WHO MEC Quick Reference Chart Zoe Model
Documentation of assessment findings (20 min) <ul style="list-style-type: none"> Review the existing system of recording client assessment finding at the facility Suggest any changes if needed in the existing system If there is no existing system of recording findings, share the sample card and discuss Ask learners to adapt it as per their needs 	<ul style="list-style-type: none"> Handout 3-2: Sample Client Record Card
Selecting a contraceptive method for postpartum women: Demonstration (30 min) <ul style="list-style-type: none"> Demonstrate how to use the link (http://srhr.org/postpartumfp/) and discuss different contraceptive options available during the postpartum and post abortion periods. Share the link and ask the learners to practice Practice using different job aids for comparing effectiveness of contraceptive methods 	<ul style="list-style-type: none"> Laptop Screen shot from link (http://srhr.org/postpartumfp/) if there is no Internet connection WHO MEC Wheel Job Aid 3-1: WHO MEC Quick Reference Chart

Methods and Activities	Materials/Resources
	<ul style="list-style-type: none"> • Job Aid 3-2: Comparing Effectiveness of Family Planning Methods • Job Aid 3-3: Method Effectiveness Chart
Post Test (10 min) <ul style="list-style-type: none"> • Distribute copies of the Post Test questionnaire and instruct learners about how to take the test • Collect the test sheets 	<ul style="list-style-type: none"> • Pre/Post Test questionnaire and Answer Sheet (for learners) • Pre/Post Test Questionnaire Answer Key (for the facilitator)
Summary & closing (10 min)	

Sample Schedule

Facility-based delivery: Two consecutive days

Day 1 (2hrs 10 min)		Day 2 (2 hrs 40 min)	
Time	Session: Activity	Time	Session: Activity
5 min	One: Introduction Session Objective	30 min	Two: Client Assessment for LARC Clients (Discussion and Demonstration)
10 min	One: Pre Test	60 min	Two: Practice Screening and Client Assessment
30 min	One: Introduction to Medical Eligibility for Contraceptive Use	20 min	Two: Documentation of assessment findings
60 min	One: Practice use of MEC wheel and Quick Reference Chart for screening clients	30 min	Two: Selecting a contraceptive method for postpartum women (Demonstration and practice)
15 min	One: Assess how to be reasonably sure a client is not pregnant	10 min	Two: Post Test
10 min	One: Summary	10 min	Two: Summary & closing

Module 3: Medical Eligibility and Client Assessment

Pre and Post Test Answer Key

1. **The World Health Organization (WHO) Medical Eligibility Criteria (MEC) identify:**
 - a. **The contraceptive method that can be safely used in the presence of a given individual characteristic or medical condition**
 - b. The contraceptive method that is most effective for the client
 - c. How long the contraceptive method will be effective
 - d. The contraceptive method that will be effective for clients for more than 5 years
2. **WHO MEC Category 3 indicates:**
 - a. Methods that should not to be used for a given client
 - b. **Methods that are not usually recommended unless other more appropriate methods are not available or not acceptable**
 - c. Methods to use generally; the advantages outweigh the disadvantages
 - d. A method that may be used in any circumstance
3. **You can be reasonably sure a client is not pregnant if:**
 - a. She has started her menstrual period in the last 7 days
 - b. She has abstained from intercourse since her last menstrual period or delivery
 - c. She had an abortion 7 days ago
 - d. **All of the above**
4. **Which of the following may help you feel more confident about inserting contraceptive implants in a client whose blood pressure is 150/80mmHg?**
 - a. Positive experience using this with other similar clients
 - b. **Using the MEC Wheel/Chart for screening the client**
 - c. Discussing it with a senior doctor
 - d. Giving treatment for her high blood pressure
5. **Which of the following *must* be included while screening a client for contraceptive implants?**
 - a. A complete medical history, general examination, and pelvic examination
 - b. **Using the Pregnancy Checklist, rule out pregnancy**
 - c. Basic laboratory tests for hemoglobin, total lipids, and liver function tests
 - d. Ultrasound examination of the pelvis

6. **The physical examination of a potential IUD client *must* include:**
 - a. Breast examination
 - b. Abdominal examination
 - c. Rectal examination
 - d. **Pelvic examination**

7. **A postpartum client who delivered a baby 6 hours ago falls into which MEC category for IUD insertion?**
 - a. **Category 1**
 - b. Category 2
 - c. Category 3
 - d. Category 4

8. **Why is it important to conduct an abdominal examination on a client who wants to have a levonorgestrel intrauterine system (LNG-IUS) inserted?**
 - a. To check if the client is too obese
 - b. **To check for suprapubic tenderness**
 - c. To see if there is any abdominal scar
 - d. To satisfy the client

9. **Into which MEC category does a woman fit when she has a past history of deep vein thrombophlebitis and wants to have contraceptive implants inserted?**
 - a. Cannot use contraceptive implants (category 4)
 - b. Can use contraceptive implants if there are no other available family planning options (category 3)
 - c. **Can use contraceptive implants (category 2)**
 - d. Use the method in any circumstance (category 1)

10. **It is important to keep an accurate record of client assessment because:**
 - a. **It ensures continuity of care**
 - b. It saves time for the provider
 - c. It helps the client get another provider's opinion
 - d. It can be checked by the supervisor

Module 3: Medical Eligibility and Client Assessment

Activity 3-1: Introducing MEC Wheel and Quick Reference Chart

Instructions for the facilitators

Make two flip charts for explaining Medical Eligibility Criteria.

- Flip Chart 1: What is MEC and why are we using it?
- Flip Chart 2: MEC categories for contraceptive eligibility
 - Explain both flip charts to the learners (see notes below).
 - Distribute MEC wheel and Quick Reference Chart to the learners.

Flip Chart: I

Medical eligibility criteria (MEC)

What is Medical Eligibility Criteria?

- Guidance to determine who is eligible to use different types of contraceptives
- Recommendations on the specific conditions (medical and non-medical) to safely and effectively use contraceptive methods
 - Initiation
 - Continuation

Why are we using MEC?

- Improve Quality
- Improve Safety
- Improve Access
- Improve Confidence of service providers

Flip Chart: 2:MEC categories for contraceptive eligibility

Category	Description	When Clinical Judgment is Available	With Limited Resources for Clinical Judgment
1	No restriction for use	Use the method under any circumstances	Use the method
2	Benefits generally outweigh risks	Generally use the method	
3	Risks generally outweigh benefits	Use of method not usually recommended unless other methods are not available/ acceptable	Do not use the method
4	Unacceptable health risk	Method not to be used	

Notes for explaining flip charts to the learners:

- Categories 1 and 4 are clearly defined recommendations.
- For categories 2 or 3, greater clinical judgment will be needed and careful follow-up may be required.
- If clinical judgment is limited, categories 1 and 2 both mean the method can be used, and categories 3 and 4 both mean the method should not be used.
- The wheel includes recommendations on initiating use of nine common types of contraceptive methods:
 1. Combined pills, COC (low dose combined oral contraceptives, with $\leq 35 \mu\text{g}$ ethinyl estradiol)
 2. Combined contraceptive patch, P
 3. Combined contraceptive vaginal ring, CVR
 4. Combined injectable contraceptives, CIC
 5. Progestogen-only pills, POP
 6. Progestogen-only injectables, DMPA (IM, SC)/NET-EN (depot medroxyprogesterone acetate intramuscular or subcutaneous or norethisterone enantate intramuscular)
 7. Progestogen-only implants, LNG/ETG (levonorgestrel or etonogestrel)
 8. Levonorgestrel-releasing intrauterine device, LNG-IUD
 9. Copper-bearing intrauterine device, Cu-IUD

Module 3: Medical Eligibility and Client Assessment

Activity 3-2: Scenarios for Practice Using the MEC Wheel and Quick Reference Chart

Chart

1. 23-year-old Mary delivered a baby girl 12 hours ago, is not breastfeeding, and wants to have a copper IUD inserted.
2. Jennifer is 40 years old, has 4 kids, had a breast removed due to cancer 2 months ago, and wants to use the contraceptive implant.
3. Sherry delivered a baby 4 weeks ago, is breastfeeding, and wants to use the levonorgestrel intrauterine system (LNG-IUS).
4. Laura had her menstrual period 5 days ago; she has multiple sex partners and does not use condoms; she wants to use the copper IUD.
5. Bina has a 6-week-old, fully breastfed baby; she wants to use the contraceptive implant.
6. Linda is 18 years old; she got married 2 months ago, is nulliparous, and wants to use the LNG-IUS.
7. Pamela had unexplained vaginal bleeding twice in the last 6 months; she wants to use an IUD or the LNG-IUS.
8. Sara has been diagnosed as having a liver tumor; she wants to use the LNG-IUS.
9. Sana developed acute thrombophlebitis in her leg after her last delivery 1 week back; she wants to use the contraceptive implant.
10. Josephine has diabetes, which is controlled on insulin; she wants to use the implant.
11. Jane has uncontrolled hypertension with blood pressure greater than 160/110; she wants to have a copper IUD inserted.
12. Mary developed PID 9 months after she had a copper IUD inserted; she wants to continue using the IUD.
13. Sheela has Stage 3 AIDS, is on antiretroviral drugs (ARVs), and wants to have an LNG-IUS inserted.
14. Linda is 40 years old, smokes 20 cigarettes/day, and wants to use the contraceptive implant.
15. Sandra has uterine fibroids, located outside the uterine cavity and wants to use the IUD/LNG-IUS.

Answer Key

1. Category 1
2. Category 4
3. Category 1
4. Category 2/3B
5. Category 1
6. Category 2
7. Category 4A
8. Category 3
9. Category 3L
10. Category 2
11. Category 1
12. Category 4A
13. Category 3A
14. Category 1
15. Category 1H

Module 3: Medical Eligibility and Client Assessment

Activity 3-3: Demonstration Activity for Client Assessment

Time: 60 minutes

Objective

The main objective of this demonstration exercise is to give learners a chance to observe and practice:

- How to use the WHO Medical Eligibility Criteria (MEC) Wheel and Job Aid 3-1: WHO MEC Quick Reference Chart
- How to use of Checklist 3-1: How to Be Reasonably Sure a Client Is Not Pregnant (Pregnancy Checklist) while screening a client for use of a long-acting reversible contraceptive (LARC) method.
- How to conduct clinical assessment of a client who wants to use LARC method.

Instructions

Before starting the demonstration:

- Choose a learner to play the role of the client. You will play the role of the provider.
- Read the scenario for the demonstration and make sure the learner understands the client characters and the situation.
- Set up the scene (outpatient department [OPD] clinic) and ensure availability of the MEC Wheel, the Quick Reference Chart, and the Pregnancy Checklist, as well as blood pressure apparatus and stethoscope.
- Distribute the two MEC job aids (WHO MEC Wheel and Job Aids 3-1), Pregnancy Checklist (Checklist 3-1), and Pelvic Examination Checklist (Checklist 3-2) to the group.

Scenario for the Demonstration

(Client is being counseled and has selected the IUD as her method of choice before her assessment.)

Client: You are a 23-year-old married woman who has 2 young children. You want to wait 2 to 3 years before getting pregnant again. Your husband is not interested in family planning. You have not used any long-acting reversible contraceptive methods before. You delivered a baby girl 5 months ago, are fully breastfeeding, and have not had your periods since her birth. You are hypertensive and are controlled on medication. You are interested in using the contraceptive implant and have been counseled for it.

In assessing and screening a client, you should:

- Make sure the client has been counseled about the method: its benefits, limitations, and side-effects as well as about other contraceptives **before** selecting IUD.
- Ask the client about her intention to have more children, and when.
- Check the client for any condition that may be a precaution for IUD use:

- Known or suspected pregnancy
- Sepsis following childbirth or abortion (if insertion is immediately postpartum or post abortion)
- Unexplained vaginal bleeding
- Current pelvic inflammatory disease
- Current purulent cervicitis (gonorrhea or chlamydia)
- Malignant gestational trophoblastic disease
- Uterine fibroid or other anatomical abnormalities resulting in distortion of the uterine cavity, which is incompatible with IUD insertion
- Check pulse and blood pressure
- Evaluate the client by medical history and demonstrate how to use the MEC Wheel and Quick Reference Chart for assessing her medical eligibility for using contraceptive implants.
- Start by asking the client questions that help you be reasonably sure she is not pregnant, using the Pregnancy Checklist (Checklist 3-1).
- Ask the group whether or not the client is eligible to use IUD.
- Tell the learners: If the client answered **YES** to **at least one of questions 6–11** and she is free of signs or symptoms of pregnancy, you can be reasonably sure she is not pregnant. The client can have IUD inserted now.
- Demonstrate pelvic examination using Checklist 3-2: Pelvic Examination on the Zoe Model.

Discussion

Ask learners if they have any questions about the process or about using the job aids or checklist. Encourage them to answer each other's questions and provide positive, corrective feedback.

Module 3: Medical Eligibility and Client Assessment

Activity 3-4: Scenarios for Practicing Client Assessment

Objective

The main objective of this practice exercise is to give learners a chance to observe and practice:

- How to use the WHO Medical Eligibility Criteria (MEC) Wheel for Contraceptive
- and Job Aid 3-1 WHO MEC Quick Reference Chart
- How to use of Checklist 3-1: How to Be Reasonably Sure a Client Is Not Pregnant (Pregnancy Checklist) while screening a client for use of a long-acting reversible contraceptive (LARC) method.
- How to conduct clinical assessment of a client who wants to use LARC method.

Time: 60 minutes

Preparation

- Set up separate stations for each group (outpatient department [OPD] clinic) and ensure availability of the MEC Wheel, the Quick Reference Chart, Pelvic Examination and the Pregnancy Checklist, blood pressure apparatus and stethoscope
- Set up one station with Zoe Model to practice pelvic examination

Instructions

Before starting the practice:

- Group learners in pairs, with a third learner assigned to each group as an observer .
- Assign one scenario from the list to each group
- Give each learner an opportunity to assume the role of the provider by switching their roles
- Ask learners to read the scenario for the practice and make sure the learner understands the client character's and the situation.
- Practice history taking and client assessment including pelvic examination using checklist ,where indicated .
- After each practice round, observer provide feedback about what went well and about any points that were missed during assessment

Scenario for the Practice

(Client is being counseled and has selected the long term method of choice .)

Scenarios for practice

1. You are a 23-year-old married woman who has two young children. You want to wait 2 to 3 years before getting pregnant again. Your husband is not interested in family planning. You have not used modern contraceptive methods before. Your last child is 5 months old, and you are breastfeeding your child .You are interested in using the IUD but afraid of insertion procedure . You are not sure of your HIV status, but think your husband had many partners before marriage.
2. You are a 26-year-old woman who gave birth a week ago. You mix feed because you are at work during the day and do not have enough milk to express. You previously used a 3-month injectable but now want to change to Implant since you are tired of an injection. You are on anti-hypertensive medication and your blood pressure is controlled.
3. You are an 18-year-old girl. You started your menstrual bleeding 6 days ago. You are sexually active and have a boyfriend. You want to avoid getting pregnant and want something easy to use to prevent pregnancy. Neither you nor your boyfriend wants to use condoms. You have a slight vaginal discharge and want to have an implant.
4. You are a 30-year-old married woman who does not want to have any more children. You already have four (your latest child is 3 months old and is breast fed) and are tired and fed up with being pregnant. Your partner is interested in more children. Your husband likes having sex frequently and does not like using condoms. You are afraid of injections and want to use IUD. You have had mild seizures in the past and took medicine for them, but not since after your second pregnancy. Your husband travels occasionally and you are not sure if he is faithful.

How to Be Reasonably Sure a Client is Not Pregnant

Before initiating a medical regimen, health care providers often need to assess whether a woman is pregnant because some medications may have side effects that are potentially harmful to the fetus. According to the World Health Organization (WHO), there is no known harm to the woman, the course of her pregnancy, or fetus if hormonal contraceptive methods are accidentally used during pregnancy. However, it is recommended that family planning providers assess whether a woman seeking contraceptive services might already be pregnant, because women who are currently pregnant do not require contraception. In addition, methods such as IUDs should never be initiated in pregnant women because doing so might lead to septic miscarriage, a serious complication.

Providers often rely on the presence of menses as an indicator that a woman is not pregnant. However, providers often see women who want to start a contraceptive method when they are between menstrual periods. Since pregnancy cannot be confirmed or ruled out with a pregnancy test until a woman has missed her period, providers often require women to wait until they menstruate and then come back for method initiation. The pregnancy checklist helps providers rule out pregnancy with reasonable certainty when women are between menstrual periods, allowing women to initiate their method of choice without a delay.

FHI 360 (formerly Family Health International) developed the checklist with support from the U.S. Agency for International Development (USAID). The checklist is based on criteria endorsed by the WHO to determine with reasonable certainty that a woman is not pregnant. Evaluation of the checklist in family planning clinics has demonstrated that the tool is very effective in correctly identifying women who are not pregnant. Furthermore, studies in Guatemala, Mali, and Senegal have shown that use of these checklists by family planning providers significantly reduced the proportion of clients being turned away due to menstrual status, and improved women's access to contraceptive services.

Although the original checklist was developed for use by family planning providers, it can be used by both clinical and nonclinical health care providers to determine whether a client is pregnant. For example, pharmacists may use this checklist when selling medications that don't require a prescription, but should be avoided during pregnancy (e.g., certain antibiotics or certain common painkillers).

This checklist is part of a series of provider checklists for reproductive health services. The six questions that comprise the pregnancy checklist are integrated into these other checklists: the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*, the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives (COCs)*, the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*, and the *Checklist for Screening Clients Who Want to Initiate Contraceptive Implants*. For more information about the provider checklists, please visit www.fhi360.org.

Explanation of the Questions

The checklist consists of six questions that providers ask clients while taking their medical history. If the client answers "yes" to any of these questions, and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure that the woman is not pregnant.

Women who are in the first seven days of their menstrual cycle or who have had a miscarriage/abortion in the past seven days are protected from unplanned pregnancy because the possibility of ovulation in these situations is extremely low. With the IUD, this period is extended to day 12 of the menstrual cycle because of the additional contraceptive effectiveness of the copper IUD. The probability of ovulation is also very low for women who are in their first four weeks postpartum. Women who satisfy the lactational amenorrhea method criteria (e.g., women who are in their first six months postpartum, are fully or nearly-fully breastfeeding, and are amenorrheic) are protected from

unplanned pregnancy because of the effects of lactational amenorrhea on the reproductive cycle. Likewise, women who consistently and correctly use a reliable contraceptive method are effectively protected from pregnancy, as are those who have abstained from sexual intercourse since their last menstrual period.

Sources:

- ¹ Technical Guidance/Competence Working Group (TG/CWG). *Recommendations for Updating Selected Practices in Contraceptive Use: Volume II*. Washington: U.S. Agency for International Development, 1997.
- ² Stanback J, Qureshi Z, Nutley T, Sekadde-Kigundu C. Checklist for ruling out pregnancy among family-planning clients in primary care. *Lancet* 1999;354(August 14):566.
- ³ Stanback, John, Diabate Fatimata, Dieng Thierno, Duarter de Morales, Cummings Stirling, and Traore Mahamadou. Ruling Out Pregnancy Among Family Planning Clients: The Impact of a Checklist in Three Countries. *Studies in Family Planning* 2005;36[4]:311–315.

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions.

NO	1. Did your last menstrual period start within the past 7 days? *	YES
NO	2. Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES
NO	3. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	YES
NO	4. Have you had a baby in the last 4 weeks?	YES
NO	5. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	YES
NO	6. Have you had a miscarriage or abortion in the past 7 days? *	YES

* If the client is planning to use an IUD, the 7 day window is expanded to 12 days.

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out using the checklist.[†]
Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, you can be reasonably sure she is not pregnant.

[†] If the client is concerned about an unintended pregnancy, offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

Module 3: Medical Eligibility and Client Assessment

Checklist 3-2: Pelvic Examination Checklist

(To be completed by the Trainer)

Place a ☒ in case box if step/task is performed **satisfactorily**, and ☐ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

- **Satisfactory:** Performs the step or task according to the standard procedure or guidelines
- **Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines
- **Not Observed:** Step or task or skill not performed by learner during evaluation by clinical trainer

Learner: _____ Date Observed: _____

Checklist For Pelvic Examination					
Step/Task	Cases				
Getting Ready					
Explain why the examination is being done and describe the steps in the examination.					
Ask the woman to empty her bladder and wash and rinse her abdominal and genital areas.					
Check that the instruments and supplies are available.					
Help her to get onto the examining table.					
Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air-dry.					
Lower Abdominal and Groin Examination					
Ask the woman to lie down on the examining table.					
Look at the abdomen for abnormal coloring, scars, stretch marks, or rashes and lesions.					
Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.					
Identify any tender areas and check for rebound tenderness.					
Put new examination or high-level disinfected surgical gloves on both hands if sores are present on groin. Palpate both groin areas for bumps, buboes, or swelling.					
External Genital Examination					
Position woman and cover her by a drape					
Ask her to undress herself, take off her underwear.					
Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.					
Inspect external labia, labia minora, clitoris, urethral opening, vaginal opening, and perineum.					
Check the Skene's glands and urethra and take smears, if discharge is present.					
Check the Bartholin's glands and take smears, if discharge is present.					

Checklist For Pelvic Examination					
Step/Task	Cases				
Ask the woman to bear down while holding the labia open. Check for any bulging of the anterior or posterior vaginal walls.					
Speculum Examination					
Insert the speculum fully and open the blades. Look at the vaginal walls and note any inflammation, ulcers, or sores. Check for any discharge.					
Look at the cervix and os and note the color, position, smoothness, or discharge. If the cervix bleeds easily or there is mucopus, obtain a specimen for tests. Remove the speculum and place in 0.5% chlorine solution for decontamination.*					
Bimanual Examination					
Separate the labia with two fingers of the abdominal hand, and insert the tips of the index and middle fingers of the pelvic hand into the vagina.					
Gradually insert fingers fully or until the cervix is touched.					
Palpate the uterus and check for: <ul style="list-style-type: none"> • Size • Shape • Position • Consistency • Mobility • Tenderness Locate ovaries and determine size and consistency.					
Check the size, shape, consistency, mobility, and tenderness of any masses in the adnexa.					
Completing the Pelvic Examination					
Immerse both gloved hands in 0.5% chlorine solution, then remove gloves by turning them inside out. Dispose the used gloves, using safe infection prevention practices Wash hands thoroughly and dry them.					
Help the woman to sit up on the examining table and ask her to get dressed.					
Discuss if there are any abnormal findings and next steps. If the examination was normal, tell her that everything is normal.					

*WHO's 2016 Infection Prevention Guidelines no longer recommend soaking instruments in disinfectant prior to cleaning. Please refer to in-country guidelines for this step.

Trainer Certification

Learner is ☐ Qualified ☐ Not Qualified to conduct pelvic examinations, based on the following criteria:

Clinical Skills performed competently: **With Models** **With Clients**
☐ Yes ☐ No ☐ Yes ☐ No

Trainer's Signature: _____ Date: _____

Module 3: Medical Eligibility and Client Assessment

Handout 3-1: Client Assessment for Long-Acting Reversible Contraceptive (LARC) Methods

Key objectives of assessment of potential LARC clients

IUD/LNG-IUS

- Ensure that the woman is not pregnant
- Determine the depth and direction of her uterus (for IUD insertion)
- Ensure that she does not have gonorrhoea or chlamydia, and is not at very high individual risk of these sexually transmitted infections (STIs)
- Identify other characteristics or conditions that may affect her eligibility for IUD use
- Identify any other problems that may require further assessment or treatment

Implant

There are fewer precautions for the use of implants. Providers must be able to assess potential users who:

- Have medical conditions such as diabetes, hypertension, severe or vascular migraine.
- Clients that need additional evaluation and may require more frequent follow-up care.

Components of Client Assessment

- History
- Physical examination
- Laboratory investigations (only if indicated)

History

Personal history

- Age, marital status, married for how many years.

Menstrual History

- Ask about last menstrual periods
- Ask about menstrual patterns (e.g., regular versus irregular cycles, amount and duration of bleeding, pain/cramps)
- Screen the client for the possibility of pregnancy (use Checklist 3-1: Pregnancy Checklist)

Contraceptive history and reproductive goals

- Ask about past experiences with family planning (e.g., methods used, reasons for discontinuing)

- Ask about desire for children/more children and to space births
- Ask about desire for long-term contraceptive protection

Reproductive history

- Ask about (history or current) undiagnosed vaginal bleeding
- Ask about any vaginal discharge (current or past), any treatment received for the discharge
- Assess her individual risk for STIs (Use indirect culturally appropriate questions while enquiring about: multiple partners, partner with multiple partners, recent STI for her or partner)

Obstetric history

- Ask about previous pregnancies where and when (parity, gravida)
- Ask about past abortions (induced or spontaneous), date of last abortion (within 4 weeks)
- Ask about if, any complications in previous pregnancies or abortions

Medical history

- Ask her if she has ever been diagnosed with anemia, HIV/AIDS, or heart valve disease
- Ask her if she is taking any treatment for any of these illnesses.

Physical Examination

Contraceptive Method	History (present and past)	Physical Exam	Per speculum exam P/S	Per Vaginal exam P/V	Breast Examination	Lab Test	X-Ray/ Ultrasound
IUD Cu-T380-A	Yes	Yes	Yes	Yes	No	No	No
LNG-IUS	Yes	Yes	Yes	Yes	No	No	No
Implant	Yes	Yes*	No	No	No	No	No

*Physical examination (especially blood pressure) if the history suggests any precaution for the implant insertion

IUD/LNG-IUS

Before the examination :

- Ensure that essential equipment and supplies are available and ready for use.
- Ensure that the woman has recently emptied her bladder.
- Ask her to wash and rinse her perineal area with soap and water (if water and soap available).
- Help her to get onto the examination table.
- Assure her that you will do your best to make the examination as comfortable as possible.
- Tell her to let you know if she feels any pain at any time.
- Wash your hands thoroughly with soap and water; dry them with a clean, dry cloth or allow them to air-dry.

Abdominal examination

- Check for suprapubic or pelvic tenderness
- Check for swellings, bulges, masses, or gross abnormalities

Pelvic examination (For details, see Checklist 3-2: Pelvic Examination Checklist)

- Inspect the external genitalia and urethral opening
- Check for ulcers, lesions, and sores
- Check for buboes (enlarged groin nodes)
- Palpate the Skene's and Bartholin's glands, checking for tenderness or discharge

Bimanual examination

Perform a bimanual examination (before the speculum exam only if infection is not suspected)

- Determine size, shape, and position of uterus
- Check for enlargement or tenderness of the adnexa and cervical motion tenderness
- Check for uterine abnormalities that may interfere with proper placement of the IUD/LNG-IUS, such as a malformed uterus or uterine fibroids that distort the shape of the uterus

Speculum examination

- Check for purulent vaginal or cervical discharge (cervicitis)
- Check for ulcers, lesions, and sores
- Check cervix for bleeding, erosions, or narrowing of cervical canal (stenosis)
- If findings from the bimanual examination are unclear (e.g., position or size of uterus not determined), perform a rectovaginal examination only if indicated.

Client Assessment for Contraceptive Implants

Contraceptive implants are safe for nearly all women. They contain only progestin (levonorgestrel [LNG]/etonogestrel [ETN]); so, there are fewer precautions for their use.

Providers must be able to assess potential users:

- Physical examination only if the history suggests any precaution for the implant insertion
- If the client is having medical conditions (diabetes, hypertension, severe or vascular migraine), they may require additional evaluation and frequent follow up care before they can use contraceptive implants
- Check client for any condition that may be a precaution for contraceptive implant use, such as unexplained vaginal bleeding, breast cancer (past or current), pregnancy, liver tumor
- Evaluate client by medical history and, if there are special problems, examine client and refer to appropriate medical services or provide treatment

CLIENT RECORD CARD

For Long-Acting Contraception Method:

☐

IUD

☐

IUS (Copper T)

☐

Implant

Name of Reproductive Health Center:

Client Registration Number:

Address of Center:

--	--	--	--

HISTORY

Name of Client:

Husband's / Wife's Name:

Complete Address:

Referred by:

Age of Client:

Age of Husband / Wife:

Occupation of Client:

Occupation of Husband / Wife:

Education of Client:

☐

Illiterate

☐

Primary

☐

Middle

☐

High school or above

Education of Husband / Wife:

☐

Illiterate

☐

Primary

☐

Middle

☐

High school or above

Duration of marriage:

Years

Total number children born:

Number of children alive:

Boys

Girls

Age of the youngest living child:

Total number of :

Still births

Spontaneous
AbortionsInduced
Abortions

Outcome of the last pregnancy:

☐

Live birth

☐

Still birth

☐

Abortion

Previous use of contraceptive (check all that apply):

☐

None

☐

Oral Pill

☐

IUD

☐

Implant

☐

Rhythm/Withdrawal

☐

Condom

☐

Injectable

Last Menstrual Period:

Day

Month

☐ Regular ☐ Irregular ☐ Scanty ☐ Normal ☐ Heavy

Past History:

☐ Diabetes ☐ Hypertension ☐ Peritonitis ☐ Pelvic Inflammatory Disease ☐ HIV
☐ Jaundice ☐ Heart disease ☐ History of drug allergy ☐ Any abdominal operation ☐ None

☐ Other:

LABORATORY INVESTIGATION (Only if indicated)

Urine

☐ Normal ☐ Albumin positive ☐ Sugar positive ☐ Sugar + Albumin positive

Blood Hb%:

☐ Less than 50% ☐ 50% - 60% ☐ 60% and above

Examination:

☐ Normal ☐ Abnormal, explain:

General examination:

BP Temp Abdomen Pulse

Pelvic examination (if indicated):

☐ Normal ☐ Abnormal, explain:

P/S examination (if indicated):

☐ Normal ☐ Abnormal, explain:

Remarks of clinician:

FOLLOW UP VISITS

Date:

Complaint:

Treatment given:

If method discontinued:
Reasons for discontinuation:

Alternate method advised/chosen:

Signature of Clinician:

Name of Clinician:

Date:

Date:

Complaint:

Treatment given:

If method discontinued:
Reasons for discontinuation:

Alternate method advised/chosen:

Signature of Clinician:

Name of Clinician:

Date:

Date:

Complaint:

Treatment given:

If method discontinued:
Reasons for discontinuation:

Alternate method advised/chosen:

Signature of Clinician:

Name of Clinician:

Date:

Job-Aid 3-I: WHO MEC Quick Reference Chart

2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD), levonorgestral intrauterine system (LNG-IUS)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Pregnancy		NA	NA	NA		
Breastfeeding	Less than 6 weeks postpartum					
	6 weeks to < 6 months postpartum				See i.	See i.
	6 months postpartum or more					
Postpartum not breastfeeding <small>VTE = venous thromboembolism</small>	< 21 days					
	< 21 days with other risk factors for VTE*				See i.	See i.
	≥ 21 to 42 days with other risk factors for VTE*					
Postpartum timing of insertion	≥ 48 hours to less than 4 weeks	See i.	See i.	See i.		
	Puerperal sepsis					
Postabortion (immediate post-septic)						
Smoking	Age ≥ 35 years, < 15 cigarettes/day					
	Age ≥ 35 years, ≥ 15 cigarettes/day					
Multiple risk factors for cardiovascular disease						
Hypertension <small>BP = blood pressure</small>	History of (where BP cannot be evaluated)					
	BP is controlled and can be evaluated					
	Elevated BP (systolic 140-159 or diastolic 90-99)					
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)					
	Vascular disease					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of)				I C		I C
Stroke (history of)				I C		
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I C		I C	

Source: Adapted from *Medical Eligibility Criteria for Contraceptive Use, 5th Edition*. Geneva: World Health Organization, 2015.
Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

- Category 1** There are no restrictions for use.
- Category 2** Generally use; some follow-up may be needed.
- Category 3** Usually not recommended; clinical judgment and continuing access to clinical services are required for use.
- Category 4** The method should not be used.

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Headaches	Migraine without aura (age < 35 years)	I C				
	Migraine without aura (age ≥ 35 years)	I C				
	Migraines with aura (at any age)		I C	I C		I C
Unexplained vaginal bleeding (prior to evaluation)					I C	I C
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels					
	Persistently elevated β-hCG levels or malignant disease					
Cancers	Cervical (awaiting treatment)				I C	I C
	Endometrial				I C	I C
	Ovarian				I C	I C
Breast disease	Current cancer					
	Past w/ no evidence of current disease for 5 yrs					
Uterine distortion (due to fibroids or anatomical abnormalities)						
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I C	I C
	Current pelvic inflammatory disease (PID)				I C	I C
	Very high individual risk of exposure to STIs				I C	I C
Pelvic tuberculosis					I C	I C
Diabetes	Nephropathy/retinopathy/neuropathy					
	Diabetes for > 20 years					
Symptomatic gall bladder disease (current or medically treated)						
Cholestasis (history of related to oral contraceptives)						
Hepatitis (acute or flare)		I C				
Cirrhosis (severe)						
Liver tumors (hepatocellular adenoma and malignant hepatoma)						
AIDS	No antiretroviral (ARV) therapy	See ii.	See ii.	See ii.	I C	I C
	Not improved on ARV therapy				I C	I C
Drug interactions	Rifampicin or rifabutin					
	Anticonvulsant therapy **					

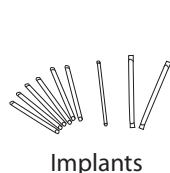
This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48 hours and more than 4 weeks postpartum).

- I/C** Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.
- NA** Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.
- i** The condition, characteristic and/or timing is not applicable for determining eligibility for the method.
- ii** Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.
- *** Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.
- **** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

Comparing Effectiveness of Family Planning Methods

More effective

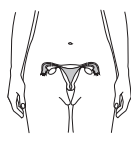
Less than 1 pregnancy per 100 women in 1 year



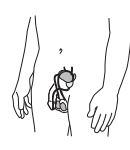
Implants



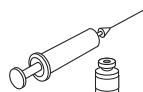
IUD



Female sterilization



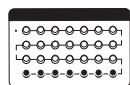
Vasectomy



Injectables



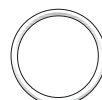
LAM



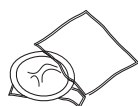
Pills



Patch



Vaginal ring



Male condoms



Diaphragm



Female condoms



Fertility awareness methods



Withdrawal



Spermicides

Less effective

About 30 pregnancies per 100 women in 1 year

How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Withdrawal, spermicides: Use correctly every time you have sex


































































































































































Sources:

Steiner MJ, Trussell J, Mehta N, Condon S, Subramaniam S, Bourne D. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol* 2006;195:85–91.

World Health Organization Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr., Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

Job Aid 3-3: Method Effectiveness Chart

Method	If method is used consistently and correctly (<i>perfect use</i>):	If method is occasionally used incorrectly or not used (<i>typical use</i>):
Implants	less than 	less than 
IUD	less than 	less than 
Male and Female Sterilization	less than 	less than 
Injectables	less than 	     
Pills	less than 	        
Male condoms	 	                
Standard Days Method	    	         
Female condoms	    	                 
Diaphragm	     	         
Withdrawal	   	                 
Spermicides	                  	                       

If 100 Women Use a Method for One Year, How Many Will Become Pregnant?

Note: The lactational amenorrhea method (LAM) is a highly effective *temporary* method with 1 to 2 pregnancies per 100 women in the first 6 months after childbirth.

