CHAPTER 26

Family Planning Provision

Importance of Selected Procedures for Providing Family Planning Methods

The table on the next page shows how important various examinations and tests are when providing specific family planning methods.

Most methods do not require any of these exams or tests (Class C). However, these exams and tests may be useful as part of a general health check-up or for the diagnosis or monitoring of other health conditions.

Key to the chart:

Class A: Essential and mandatory in all circumstances for safe and effective use of the contraceptive method. A pelvic or genital examination is essential for IUD insertion, most diaphragms, female sterilization, and vasectomy. STI risk assessment also is essential before IUD insertion. Blood pressure screening is essential before female sterilization.

Class B: Contributes substantially to safe and effective use. If the test or examination cannot be done, however, the risk of not performing it should be weighed against the benefits of making the contraceptive method available. Laboratory screening for STIs and a hemoglobin test would contribute to the safety of IUD insertion. A hemoglobin test also would contribute to the safety of female sterilization.

Class C: Does not contribute substantially to safe and effective use of the contraceptive method. These tests and exams are not required or helpful for hormonal contraceptive methods, male or female condoms, or spermicides.

These classifications apply to people who are presumed to be healthy. For a person with a known medical condition or other special condition, refer to Appendix D – Medical Eligibility Criteria for Contraceptive Use.

For information on ruling out pregnancy, see the job aid on p. 461. Ruling out pregnancy is essential for IUD insertion and helpful for deciding when to start hormonal methods.

Specific situation	Combined oral contraceptives*	Monthly injectables	Progestin-only pills	Progestin-only injectables	Implants	Cu- and LNG-IUDs	Male and female condoms	Diaphragms and cervical caps	Spermicides	Female sterilization	Vasectomy
Breast examination by provider	C	C	C	C	C	C	C	C	C	C	NA
Pelvic/genital examination	C	C	C	C	C	A	C	A	C	A	A
Cervical cancer screening	C	C	C	C	C	C	C	C	C	C	NA
Routine laboratory tests	C	C	C	C	C	C	C	C	C	C	C
Hemoglobin test	C	C	C	C	C	B	C	C	C	B	C
STI risk assessment: medical history and physical examination	C	C	C	C	C	A**	C	C†	C†	C	C
STI/HIV screening: laboratory tests	C	C	C	C	C	B**	C	C†	C†	C	C
Blood pressure screening	‡	‡	‡	‡	‡	C	C	C	C	A	C§

Note: No tests or examinations are needed before using fertility awareness-based methods, lactational amenorrhea method, or emergency contraceptive pills.

NA = Not applicable

* Includes patch and combined vaginal ring.

** If a woman has a very high individual likelihood of exposure to STIs, she generally should not have an IUD inserted unless other methods are not available or not acceptable. If she has current purulent cervicitis, gonorrhea, or chlamydia, she should not have an IUD inserted until these conditions are resolved and she is otherwise medically eligible.

† Women at high risk of HIV infection should not use spermicides. Using spermicides alone or diaphragms or cervical caps with spermicides is not usually recommended for women with HIV infection unless other, more appropriate methods are not available or acceptable.

‡ Desirable, but in settings where the risks of pregnancy are high, and hormonal methods are among the few methods widely available, women should not be denied use of hormonal methods solely because their blood pressure cannot be measured.

§ For procedures performed using only local anesthesia.

Successful Counseling

Good counseling helps clients choose and use family planning methods that suit them. Clients differ, their situations differ, and they need different kinds of help. The best counseling is tailored to the individual client.

Client Type	Usual Counseling Tasks
Returning clients with no problems	• Provide more supplies or routine follow-up • Ask a friendly question about how the client is doing with the method
Returning clients with problems	• Understand the problem and help resolve it—whether the problem is side effects, trouble using the method, an uncooperative partner, or another problem
New clients with a method in mind	• Check that the client's understanding is accurate • Support the client's choice, if client is medically eligible • Discuss how to use method and how to cope with any side effects
New clients with no method in mind	• Discuss the client's situation, plans, and what is important to her or him about a method • Help the client consider methods that might suit her or him. If needed, help her or him reach a decision • Support the client's choice, give instructions on use, and discuss how to cope with any side effects

Give time to clients who need it. Many clients are returning with no problems and need little counseling. Returning clients with problems and new clients with no method in mind need the most time, but usually they are few.

Tips for Successful Counseling

- Show every client respect, and help each client feel at ease.
- Encourage the client to explain needs, express concerns, ask questions.
- Let the client's wishes and needs guide the discussion.
- Be alert to related needs such as protection from sexually transmitted infections including HIV, and support for condom use.
- Talk with the client in a private place, where no one else can hear.
- Assure the client of confidentiality—that you will not tell others about your conversation or the client's decisions.
- Listen carefully. Listening is as important as giving correct information.

- Give just *key* information and instructions. Use words the client knows.
- Respect and support the client's informed decisions.
- Bring up side effects, if any, and take the client's concerns seriously.
- Check the client's understanding.
- Invite the client to come back any time for any reason.

Counseling has succeeded when:

- Clients feel they got the help they wanted
- Clients know what to do and feel confident that they can do it
- Clients feel respected and appreciated
- Clients come back when they need to
- And, most important, clients use their methods effectively and with satisfaction.

Counseling About Effectiveness

The effectiveness of a family planning method is very important to most clients. The effectiveness of family planning methods varies greatly (see Appendix A – Contraceptive Effectiveness). Describing and discussing effectiveness is an important part of counseling.

Describing effectiveness to clients takes thought and care. Instead of talking about pregnancy rates, which can be hard to understand, it may be more useful to compare the effectiveness of methods and to discuss whether the client feels able to use the method effectively.

The chart on the back cover can help. The chart groups contraceptive methods according to their effectiveness as commonly used. Also, it points out how the user can obtain the greatest possible effectiveness.

- In general, **methods that require *little or no* action by clients are the most effective.** The 4 most effective methods—implants, IUDs, female sterilization, and vasectomy—are shown in the top row of the chart. All 4 methods need a health care provider's help to get started, but then they need little or no action by the user. These methods are very effective for everyone who uses them—less than one pregnancy in 100 women in 1 year of use. Moreover, implants and IUDs are highly effective for 4 to 5 years or more, and female sterilization and vasectomy are permanent.
- Methods in the second row can be highly effective when used correctly and consistently. They require some repeated action by the user, however—some seldom, such as getting 4 injections a year, and some

often, such as taking a pill every day, 365 days a year. As a result, they are less effective, on average, than methods in the top row, but still effective. Pregnancy rates for these methods range from 2 to 7 pregnancies in 100 women in a year.

- The methods in the lower rows of the chart usually have much higher pregnancy rates—as high as 20 or more pregnancies in 100 women in 1 year of use for the least effective methods. The effectiveness of these methods depends greatly on the user taking correct action repeatedly, such as using a condom with every act of sexual intercourse. Particularly for these methods, some highly motivated couples are much more successful than average. Others make more mistakes and are more likely than average to get pregnant.

Women tend to underestimate the effectiveness of the methods on the upper rows of the chart and overestimate the effectiveness of the methods on the lower rows. This may lead them to make misinformed decisions and to choose a contraceptive method that does not meet their needs. Counseling may need to gently correct these common misperceptions.

In counseling it is not possible or necessary to provide complete information about every method. Clients do, however, benefit from key information, especially about the method that they want. The goal of counseling about method choice is to help the client find a method that she or he can use successfully and with satisfaction. Well-informed clients are more likely to be satisfied with their method and to use it longer. Clients need to understand how that method works, how effective it is, how to make the method most effective, what are the most likely side effects, and what to do if such side effects occur. With this knowledge and understanding, clients are better able to exercise their right to make a truly informed choice.

Who Provides Family Planning?

Many different people can learn to inform and advise people about family planning and to provide family planning methods. When more types of health workers are authorized and trained to provide family planning methods, more people have access to them.

The types of health care providers who can and do provide family planning include the following:

Type of Health Worker	Examples
Specialist doctor	• Gynecologist, obstetrician
Non-specialist doctor	• Family doctor, general practitioner
Advanced associate and associate clinician	• Assistant medical officer, clinical officer, medical licentiate practitioner, health officer, physician assistant, surgical technician, non-physician clinician, medical assistant, nurse practitioner
Midwife	• Registered midwife, midwife, community midwife, nurse-midwife
Nurse	• Registered nurse, clinical nurse specialist, licensed nurse, BSc nurse
Auxiliary nurse-midwife	• Auxiliary midwife
Auxiliary nurse	• Auxiliary nurse, nurse assistant, enrolled nurse
Pharmacist	• Pharmacist, chemist, clinical pharmacist, community pharmacist
Pharmacy worker	• Pharmacy assistant, pharmacy technician dispenser, pharmacist aide
Lay health worker	• Community health worker (CHW), village health worker, community health volunteer
User/self	• Woman, man, client

In addition, some methods can be offered by health workers but do not *require* health workers. For example, condoms are sold in shops and by vendors and in vending machines. Also, lay health workers in the community and experienced and successful users can teach others how to use their method—for example, fertility awareness methods, male and female condoms, LAM, and withdrawal—and they can support and advise new users of many other methods. Users of injectables can learn to give themselves injections with a special formulation of DMPA in the Uniject delivery device (see Chapter 4 – Progestin-Only Injectables, Self-injection Can Be an Option, pp. 83–86). Programs can support self-injection with information and training, strong referral links to health care providers, and monitoring and follow-up.

Task-Sharing: WHO Recommendations

Many countries and programs are changing their policies or regulations to allow more types of providers to offer contraceptive methods—a change known as task-sharing. Task-sharing refers to expanding the levels of health care providers who can appropriately deliver health services. Task-sharing helps to:

- address shortages and uneven distribution of providers, particularly in rural and remote areas
- give higher-level clinicians more time to use their specialized skills
- provide more family planning methods at the primary care level, and
- overall, increase access to safe and timely care

To encourage and guide task-sharing, WHO has developed recommendations on which types of health workers can safely and effectively provide specific family planning methods. WHO based these recommendations on evidence that a wide variety of providers can safely and effectively provide contraception. The table on the next page summarizes the WHO recommendations.

Specific competency-based training and continued educational support help all types of health care providers do a better job at providing family planning. They are particularly important when providers take on new tasks. Some tasks and some providers require more training and support than others. Training needs to cover skills in informing and counseling clients about choosing and using specific methods, including their side effects, as well as any specific technical skills such as how to give injections or insert and remove an IUD or an implant. Even specialist doctors need training in specific techniques—for example, no-scalpel vasectomy and laparoscopic tubal sterilization. Checklists and other job aids can help a wide range of providers and managers in various ways, such as screening clients for medical eligibility criteria, making sure all steps in a process are carried out (such as infection prevention), and ensuring good quality of services.

As programs plan for task-sharing and carrying it out, maintaining quality and safety are the top concerns. Successful task-sharing requires that a program pay attention to:

- training and support
- supplying the new providers with the method
- supervision
- referral for managing any complications
- changes to protocols, regulations, and training programs
- salaries or payment that reflect the providers' scope of practice.

Family Planning Methods and Services Typically Offered by Various Types of Service Providers

National policies and service delivery guidelines specify which cadres of providers can offer specific family planning services. The chart below shows the family planning methods that are typically offered by these cadres of providers based on recommendations from WHO.

CONTRACEPTIVE SERVICE	Lay Health Workers (Such as CHWs)	Pharmacy Workers	Pharmacists	Auxiliary Nurses	Auxiliary Nurse-Midwives	Nurses	Midwives	Associate/ Advanced Associate Clinicians	Non-specialist Doctor	Specialist Doctor
• Informed choice counselling • Combined oral contraceptives (COCs) • Progestin-only oral contraceptives POPs) • Emergency contraceptive pills (ECPs) • Standard Days Method and TwoDay Method • Lactational amenorrhea method (LAM) • Condoms (male & female), diaphragms, caps, spermicides	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*
• Injectable contraceptives (DMPA, NET-EN, combined monthly injectables)	✓	✓	✓	✓	✓	✓*	✓*	✓*	✓*	✓*
• Implant insertion and removal	R✓	✖	✖	✓	✓	✓	✓	✓*	✓*	✓*
• Intrauterine devices (IUD)	✖	✖	✖	R✓	✓	✓	✓	✓*	✓*	✓*
• Vasectomy (male sterilization)	✖*	✖*	✖*	R✓	R✓	R✓	R✓	✓*	✓*	✓*
• Tubal ligation (female sterilization)	✖*	✖*	✖*	✖*	✖*	R✓	R✓	✓*	✓*	✓*

LEGEND

- ✓ Recommended
- ✓* Considered within typical scope of practice; evidence not assessed
- ✓ Recommended in specific circumstances
- R✓ Recommended in the context of rigorous research
- ✖ Recommended against
- ✖* Considered outside the typical scope of practice; evidence not assessed

All of the recommendations assume that the assigned health workers will receive task-specific training prior to offering services. Adopting task-sharing also requires functioning mechanisms for monitoring, supervision, and referral.

The recommendations are applicable in both high- and low-resource settings. They provide for a range of types of health workers who can perform the task safely and effectively. The options are intended to be inclusive and do not imply either a preference for or an exclusion of any particular type of provider. The choice of the type of health worker for a specific task will depend upon local needs and conditions.

Infection Prevention in the Clinic

Infection-prevention procedures are simple, effective, and inexpensive. Germs (infectious organisms) of concern in the clinic include bacteria (such as staphylococcus), viruses (particularly HIV and hepatitis B), fungi, and parasites. In the clinic infectious organisms can be found in blood, body fluids with visible blood, and tissue. (Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomit are not considered potentially infectious unless they contain blood.) The organisms can be passed through mucous membranes or broken skin, such as cuts and scratches, and by needle sticks with used needles and other puncture wounds. Infectious organisms can pass from clinics to communities when waste disposal is not proper or staff members do not wash their hands properly before leaving the clinic.

Basic Rules of Infection Prevention

These rules apply the universal precautions for infection prevention to the family planning clinic.

Wash hands

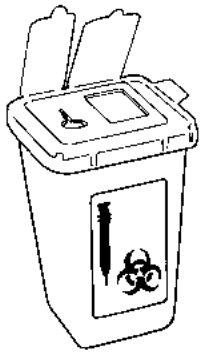
- *Hand washing may be the single most important infection-prevention procedure.*
- Wash hands before and after examining or treating each client. (Hand washing is not necessary if clients do not require an examination or treatment.)
- Use clean water and plain soap, and rub hands for at least 10 to 15 seconds. Be sure to clean between the fingers and under fingernails. Wash hands after handling soiled instruments and other items or touching mucous membranes, blood, or other body fluids. Wash hands before putting on gloves, after taking off gloves, and whenever hands get dirty. Wash hands when you arrive at work, after you use the toilet or latrine, and when you leave work. Dry hands with a paper towel or a clean, dry cloth towel that no one else uses, or air-dry.
- If clean water and soap are not available, a hand sanitizer containing at least 60% alcohol can reduce the number of germs on the hands. Sanitizers do not eliminate all types of germs and might not remove harmful chemicals.

Process instruments that will be reused

- High-level disinfect or sterilize instruments that touch intact mucous membranes or broken skin.
- Sterilize instruments that touch tissue beneath the skin (see The 4 Steps of Processing Equipment, p. 407).

Wear gloves	• Wear gloves for any procedure that risks touching blood, other body fluids, mucous membranes, broken skin, soiled items, dirty surfaces, or waste. Wear surgical gloves for surgical procedures such as insertion of implants. Wear single-use examination gloves for procedures that touch intact mucous membranes or generally to avoid exposure to body fluids. Gloves are not necessary for giving injections. • Change gloves between procedures on the same client and between clients. • Do not touch clean equipment or surfaces with dirty gloves or bare hands. • Wash hands before putting on gloves. Do not wash gloved hands instead of changing gloves. Gloves are not a substitute for hand washing. • Wear clean utility gloves when cleaning soiled instruments and equipment, handling waste, and cleaning blood or body fluid spills.
Do pelvic examinations only when needed	• Pelvic examinations are not needed for most family planning methods—only for female sterilization, the IUD, diaphragm, and cervical cap (see Importance of Selected Procedures for Providing Family Planning Methods, p. 396). Pelvic examinations should be done only when there is a reason—such as suspicion of sexually transmitted infections, when the examination could help with diagnosis or treatment.
For injections, use new auto-disable syringes and needles	• Auto-disable syringes and needles are safer and more reliable than standard single-use disposable syringes and needles, and any disposable syringes and needles are safer than sterilizing reusable syringes and needles. Sterilizing and reusing syringes and needles should be avoided. It might be considered only when single-use injection equipment is not available and the program can document the quality of sterilization. • Cleaning the client's skin before the injection is not needed unless the skin is dirty. If it is, wash with soap and water and dry with a clean towel. Wiping with an antiseptic has no added benefit.
Wipe surfaces with chlorine solution	• Wipe examination tables, bench tops, and other surfaces that come in contact with unbroken skin with 0.5% chlorine solution after each client.

Dispose of single-use equipment and supplies properly and safely



- Use personal protective equipment—goggles, mask, apron, and closed protective shoes—when handling wastes.
- Needles and syringes meant for single use must not be reused. Do not take apart the needle and syringe. Used needles should not be broken, bent, or recapped. Put used needles and syringes immediately into a puncture-proof container for disposal. (If needles and syringes will not be incinerated, they should be decontaminated by flushing with 0.5% chlorine solution before they are put into the puncture-proof container.) The puncture-proof sharps container should be sealed and either burned, incinerated, or deeply buried when three-fourths full.
- Dressings and other soiled solid waste should be collected in plastic bags and, within 2 days, burned and buried in a deep pit. Liquid wastes should be poured down a utility sink drain or a flushable toilet, or poured into a deep pit and buried.
- Clean waste containers with detergent and rinse with water.
- Remove utility gloves and clean them whenever they are dirty and at least once every day.
- Wash hands before and after disposing of soiled equipment and waste.

Wash linens

- Wash linens (for example, bedding, caps, gowns, and surgical drapes) by hand or machine and line-dry or machine-dry. When handling soiled linens, wear gloves, hold linens away from your body, and do not shake them.

Little Risk of HIV Infection in the Clinic

Health care providers may be exposed to HIV through needle sticks, mucous membranes, or broken skin, but the risk of infection is low:

- Needle sticks or cuts cause most infections in health care settings. The average risk of HIV infection after a needle-stick exposure to HIV-infected blood is 3 infections per 1,000 needle sticks.
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be about 1 infection per 1,000 exposures.

Following universal precautions is the best way that providers can avoid workplace exposure to HIV and other fluid-borne infections. Post-exposure prophylaxis (PEP) with antiretroviral drugs will help to prevent HIV infection if a needle stick might have exposed a provider to HIV.

Make Infection Prevention a Habit

With each and every client, a health care provider should think, "What infection prevention is needed?" Any client or provider may have an infection without knowing it and without obvious symptoms. Infection prevention is a sign of good health care that can attract clients. For some clients cleanliness is one of the most important signs of quality.

The 4 Steps of Processing Equipment

1. *Decontaminate to kill infectious organisms such as HIV and hepatitis B* and to make instruments, gloves, and other objects safer for people who clean them. Soak in 0.5% chlorine solution for 10 minutes. Rinse with clean cool water or clean immediately.
2. *Clean to remove body fluids, tissue, and dirt.* Wash or scrub with a brush with liquid soap or detergent and water. Avoid bar soap or powdered soap, which can stay on the equipment. Rinse and dry. While cleaning, wear utility gloves and personal protective equipment—goggles, mask, apron, and enclosed shoes.
3. *High-level disinfect or sterilize.*
   - High-level disinfect to kill all infectious organisms except some bacterial endospores (a dormant, resistant form of bacteria) by boiling, by steaming, or with chemicals. High-level disinfect instruments or supplies that touch intact mucous membranes or broken skin, such as vaginal specula, uterine sounds, and gloves for pelvic examinations.
   - Sterilize to kill all infectious organisms, including bacterial endospores, with a high-pressure steam autoclave, a dry-heat oven, chemicals, or radiation. Sterilize instruments such as scalpels and needles that touch tissue beneath the skin. If sterilization is not possible or practical (for example, for laparoscopes), instruments must be high-level disinfected.
4. *Store instruments and supplies to protect them from contamination.* They should be stored in a high-level disinfected or sterilized container in a clean area away from clinic traffic. The equipment used to sterilize and high-level disinfect instruments and supplies also must be guarded against contamination.

Managing Contraceptive Supplies

Good-quality reproductive health care requires a continuous supply of contraceptives and other commodities. Family planning providers are the most important link in the contraceptive supply chain that moves commodities from the manufacturer to the client.

Accurate and timely reports and orders from providers help supply chain managers determine what products are needed, how much to buy, and where to distribute them. Clinic staff members do their part when they properly manage contraceptive inventory, accurately record and report what is provided to clients, and promptly order new supplies. In some facilities one staff member is assigned all the logistics duties. In other facilities different staff members may help with logistics as needed. Clinic staff members need to be familiar with, and work within, whatever systems are in place to make certain that they have the supplies they need.

Logistics Responsibilities in the Clinic

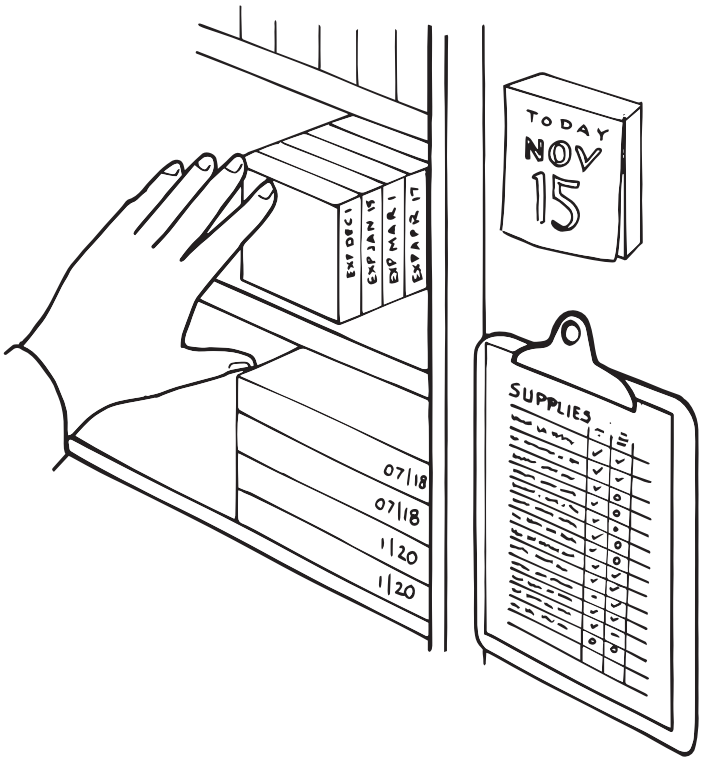
Each supply chain operates according to specific procedures that work in a specific setting, but typical contraceptive logistics responsibilities of clinic staff include these common activities:

Daily

- Track the number and types of contraceptives dispensed to clients using the appropriate recording form (typically called a "daily activity register").
- Maintain proper storage conditions for all supplies: clean, dry storage, away from direct sun and protected from extreme heat.
- Provide contraceptives to clients by "First Expiry, First Out" management of the stock of supplies. "First Expiry, First Out," or FEFO, sees to it that products with the earliest labeled expiry dates are the first products issued or dispensed. FEFO clears out older stock first to prevent waste due to expiry.

Regularly (monthly or quarterly, depending on the logistics system)

- Count the amount of each method on hand in the clinic and determine the quantity of contraceptives to order (often done with a clinic pharmacist). This is a good time to inspect the supplies, looking for such problems as products past their expiry date, damaged containers and packages, IUD or implant packaging that has come open, or discoloration of condoms.



- Work with any community-based distribution agents supervised by clinic staff, reviewing their consumption records and helping them complete their order forms. Issue contraceptive supplies to community-based agents based on their orders. A record of the date of expiry of these supplies can help with retrieving supplies that have not been distributed and are out of date.
- Report to and make requests of the family planning program coordinator or health supplies officer (typically at the district level), using the appropriate reporting and ordering form or forms. The quantity that is ordered is the amount that will bring the stock up to the level that will meet expected need until the next order is received. (A plan should be made in advance to place emergency orders or borrow supplies from neighboring facilities if there are sudden increases in demand, potential for running out of inventory, or large losses, for example, if a warehouse is flooded.)
- Receive the ordered contraceptive supplies from the clinic pharmacist or other appropriate person in the supply chain. Receipts should be checked against what was ordered.