



INTEGRATED ICCM/FP CURRICULUM FOR PHARMACISTS AND DRUG SHOP VENDORS

Family Planning On-the-Job Reference Booklet

Key FP Reference Information for Use by
Pharmacists and Drug Shop Vendors



2024

INTRODUCTION

This Family Planning (FP) On-the-Job Reference Booklet is for use by pharmacists and drug shop vendors who have been trained using the MOMENTUM Integrated iCCM/FP Curriculum for Pharmacists and Drug Shop Vendors.

This resource will provide key FP information from the curriculum to serve as a reference when counseling, referring and/or providing FP methods for clients.

(For facilitators: this booklet has been designed so that it can be printed in black and white. However, if possible, the Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use (page 10) should be printed in color.)

All sources for content and linked materials have been credited in the text. We would particularly like to thank Global Health Media Project and PATH/The Access Collaborative for use of their instructional videos, which are featured in the booklet along with other digital resources.

DO YOU KNOW YOUR FAMILY PLANNING CHOICES?

Your family planning provider can help. Please ask!

Updated to include World Health Organization Guidance through 2021

CONTRACEPTIVE IMPLANTS

- One or 2 small rods placed under the skin of a woman's upper arm.
- Little to do once implants are in place.
- Very effective for 3 to 5 years, depending on which implant.
- Can be used at any age and whether or not a woman has had children.
- A woman can have a trained provider take out the implants at any time. Then she can become pregnant with no delay.
- Unexpected light bleeding or spotting may occur, or monthly bleeding may stop.
- Not harmful.
- Safe during breastfeeding.

INJECTABLE CONTRACEPTIVES

- Three types: DMPA—injection every 3 months (13 weeks); NET EN—injection every 2 months; Cyclo-Fem and others—injection every month.
- Can still get next injection even if 4 weeks late for DMPA, 2 weeks late for NET EN, or 1 week late for monthly injectables.
- Effective and safe.
- Private. Others cannot tell you are using it.
- Can be used at any age and whether or not you have had children.
- DMPA and NET EN are safe during breastfeeding, starting 6 weeks after childbirth. Monthlies not advised.
- May be able to get injections in the community. Can give yourself the DMPA-SC injection, which is a lower-dose injectable contraceptive that comes pre-filled.
- With monthly injectables, monthly bleeding usually becomes lighter, shorter or less frequent. Spotting and unexpected bleeding can occur.
- When injections stop, a woman can get pregnant again. After DMPA, it may take a few more months.

DIAPHRAGM WITH SPERMICIDE

- Woman places diaphragm deep in vagina each time before sex. Can do this ahead of time.
- Effective if used correctly every time.
- Usually, woman must have an internal examination to get diaphragm of correct size.
- Bladder infection is more common.

INTRAUTERINE DEVICE (IUD)

- Small, flexible device made with either copper or hormone, placed inside the womb.
- Very effective, reversible, long-term copper TCU-380A IUD can be used at least 12 years. Hormonal LNG-IUD can be used for 3 to 6 years.
- Can be inserted right after childbirth, as well as at other times.
- Some pain during insertion. With copper IUD monthly bleeding may be heavier and longer, especially at first. With LNG-IUD no heavier bleeding and helps prevent anemia (low blood iron).
- Serious complications are rare. Pelvic infection occasionally occurs if a woman has certain sexually transmitted infections when the IUD is inserted.
- Can come out on its own, especially at first.
- A woman can become pregnant with no delay after the IUD is removed.

LAM (LACTATIONAL AMENORRHEA METHOD)

- A family planning method based on fully or nearly fully breastfeeding, for up to 6 months after childbirth.
- A breastfeeding woman uses LAM when:
 - » Her baby gets little or no food or drink except breast milk, and she breastfeeds
 - » Often, both day and night, and
 - » Monthly bleeding has not returned, and
 - » Her baby is less than 6 months old.
- Before she can no longer use LAM, a woman should plan for another method

CONDOMS

- Help prevent pregnancy and some sexually transmitted infections (STIs), including HIV/AIDS, when used correctly every time.
- For protection from STIs/HIV, some couples use condoms along with other family planning methods.
- Easy to use with a little practice.
- Effective if used correctly every time.
- Often not used every time, however.
- Some people object that condoms interrupt sex, reduce sensation, or embarrass them. Talking with partner can help.

FEMALE STERILIZATION

- Meant to be permanent. For women who are sure that they will not want more children. Think carefully before deciding.
- Very effective (but not 100% effective).
- Involves physical exam and safe, simple surgery. The woman usually stays awake. Pain is blocked.
- Pain and swelling can last a few days after procedure. Serious complications are rare.
- No long-term side effects. No effect on sexual ability or feelings.
- Can be done right after childbirth, as well as at other times.

VASECTOMY

- Meant to be permanent. For men who are sure that they will not want more children. Think carefully before deciding.
- Use another method for the first 3 months, until the vasectomy starts to work.
- Very effective after 3 months (but not 100% effective).
- Safe, simple, convenient surgery. Done in a few minutes. Pain is blocked.
- Pain, swelling, or bruising can last a few days. A few men have lasting pain.
- No effect on sexual ability or feelings.

COMBINED ORAL CONTRACEPTIVES

- Effective and reversible without delay.
- Take one pill every day and start new packs on time for greatest effectiveness.
- Unexpected bleeding or spotting may occur, especially at first. Not harmful.
- Monthly bleeding becomes lighter and more regular after a few months.
- Some women have mild headaches, weight change, upset stomach, especially at first. These often go away.
- Safe for nearly every woman. Serious complications are very rare.
- Can be used at any age and whether or not a woman has had children.
- Help prevent menstrual cramps, heavy bleeding, anemia (low blood iron), and other conditions.

PROGESTIN-ONLY ORAL CONTRACEPTIVES

- Good choice for breastfeeding mothers who want pills.
- Very effective during breastfeeding and reversible without delay.
- Take one pill every day for greatest effectiveness.
- If not breastfeeding, spotting and unexpected light bleeding are common.
- Not harmful.

FERTILITY AWARENESS METHODS

- A woman learns to tell the fertile time of her monthly cycle.
- During the fertile time a couple avoids vaginal sex, or they use another method such as condoms.
- Can be effective if used correctly.
- Usually only somewhat effective, however.
- Requires partner's cooperation.
- No physical side effects.
- Certain methods may be hard to use during fever or vaginal infection, after childbirth, or while breastfeeding.

EMERGENCY CONTRACEPTIVE PILLS

- Help prevent pregnancy when taken within 5 days after unprotected sex or a mistake with a family planning method.
- Safe for all women.
- They do not disrupt pregnancy or harm the baby if a woman is already pregnant.
- Regular family planning methods are more effective. Please consider starting another method now.

SOME METHODS ARE NOT ADVISED IF YOU HAVE CERTAIN HEALTH CONDITIONS

Condition	Methods Not Advised
Smoke cigarettes and also age 35 or older	Combined oral contraceptive pills (COCs). If you smoke heavily, monthly injectables.
Known high blood pressure	COCs, monthly injectables. If severe high blood pressure, also 2- and 3-month injectables.
Fully or nearly fully breastfeeding in first 6 months	COCs, monthly injectables
Breastfeeding in first 6 weeks	2- and 3-month injectables
First 21 days after childbirth, not breastfeeding	COCs, monthly injectables. (COCs and monthly injectables not advised for first 6 weeks after delivery if there are special reasons that you might develop blood clot in a deep vein (VTE). These clots are more likely for several months following the birth of a child. Wait until 6 weeks after childbirth to fit diaphragm correctly.
Certain uncommon serious diseases of the heart, blood vessels, or liver, or breast cancer	COCs, injectables, progestin-only pills, implants. Ask your provider.
Migraine headaches (a type of severe headache)	COCs, monthly injectables. Ask your provider.
Migraine aura (sometimes see a growing bright spot in one eye), at any age	COCs, monthly injectables. Ask your provider.
Gall bladder disease	COCs. Ask your provider
Certain uncommon conditions of female organs	IUD. Ask your provider.
Sexually transmitted infections of the cervix or very high individual risk of getting those infections; pelvic inflammatory disease (PID); untreated AIDS	IUD. Use condoms even if also using another method. Women with HIV, including women with AIDS and those on treatment, can generally use any family planning method they choose. (This includes the IUD for a woman with actual AIDS if she is on treatment and doing well.) Women at high risk of HIV infection can use any method except methods that involve spermicides.
Known pregnancy	No method needed.

COMPARING EFFECTIVENESS OF FAMILY PLANNING METHODS

MORE EFFECTIVE
Less than 1 pregnancy per 100 women in one 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 (for 6 months): Breastfeed often, day and night
Pills: Take a pill each day
Patch, ring: Keep in place, change on time
Male condoms, diaphragm: Use correctly every time you have sex
Fertility awareness methods: Abstain or use condoms on fertile days. Standard Days Method and Two Day Method may be easier to use.

LESS EFFECTIVE
About 20 pregnancies per 100 women in one year

Female condoms, withdrawal, spermicides: Use correctly every time you have sex

NOTE: Also consult national standards for specific guidance. For more information about these family planning methods, health care providers can consult Family Planning: A Global Handbook for Providers. Health care providers can obtain the handbook and more copies of this wall chart from Knowledge SUCCESS, Johns Hopkins Center for Communication Programs (JHCCP), 111 Market Place, Suite 310, Baltimore, Maryland 21202 USA; email orders@jhccp.org. This chart updates and replaces previously published editions. This wall chart was made possible by support from the United States Agency for International Development, Global, GH/PRH/PEC, under the terms of Cooperative Agreement 7200AA19CA00001. Revision ©2021, Johns Hopkins Center for Communication Programs.

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Male condoms, diaphragm: Use correctly every time you have sex

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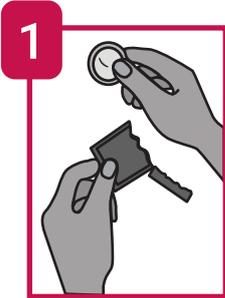


Female condoms, withdrawal, spermicides: Use correctly every time you have sex



MALE & FEMALE CONDOMS

HOW TO USE A MALE CONDOM



1 Use a new condom for each act of sex. Check the package for damage and check the expiration date. Tear open carefully without using any sharp objects.



2 Before any physical contact, put the condom on the tip of the erect penis with the rolled side out.



3 Unroll the condom all the way to the base of the erect penis.

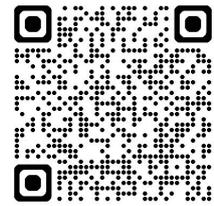


4 Immediately after ejaculation, hold rim in place and withdraw penis while it is still erect. Slide the condom off, avoiding spilling semen.



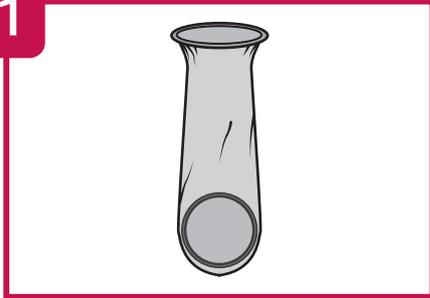
5 Dispose of the used condom safely.

You can use your smartphone or tablet to scan this code for a Global Health Media Project video on how to use male condoms.



HOW TO USE A FEMALE CONDOM

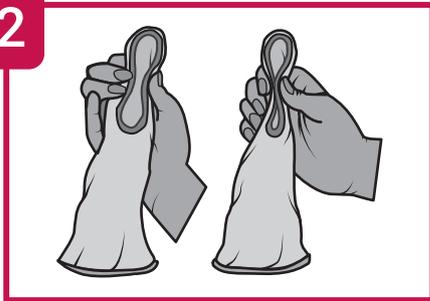
1



Use a new female condom for each act of sex.

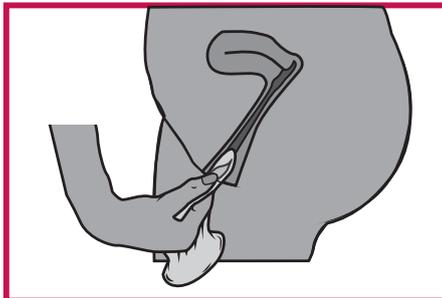
- Check package for the date and damage.
- If possible, wash hands with mild soap and clean water.

2

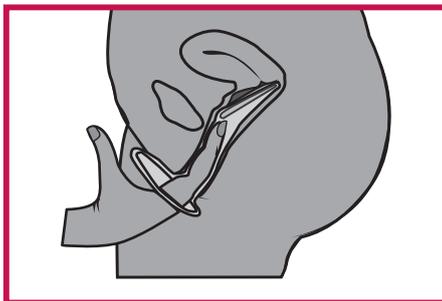


Insert condom before any physical contact.

- Can insert up to 8 hours before sex
- Hold ring at closed end and squeeze it.



- Insert ring into vagina as far as it will go.

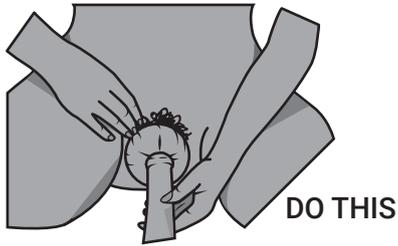


- Insert a finger to push condom into place.

You can use your smartphone or tablet to scan this code for a Global Health Media Project video on how to use female condoms.

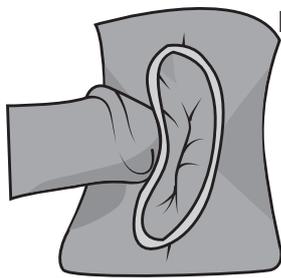


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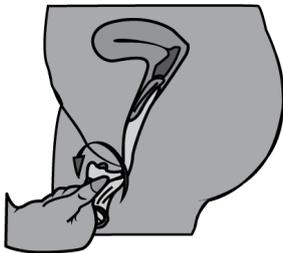


Ensure that penis enters inside of condom and stays inside it!

NOT THIS!



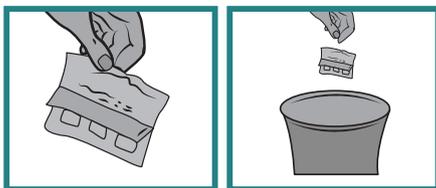
4



After the man withdraws his penis, hold outer ring, twist to seal in fluids, and gently pull condom out.

- The female condom does not need to be removed immediately after sex
- Remove the condom before standing up, to avoid spilling semen.

5



Dispose of used condom safely.



EMERGENCY CONTRACEPTIVE PILLS (ECPs)

SIDE EFFECTS OF ECPs AND THEIR MANAGEMENT

Most common side effects of ECPs	Is it safe and normal?	Management of ECP side effects or client concerns	When to refer to a higher-level provider
Slight irregular bleeding	Yes, some women experience irregular bleeding or spotting after taking ECPs; bleeding changes are normal and not harmful.	Irregular bleeding due to ECPs will stop without treatment. Assure the woman that this is not a sign of illness or pregnancy.	If the client wants further advice.
Different menstrual cycle timing or bleeding patterns	Yes, her menstrual cycle may come early or late. Bleeding may be different than expected.	Most women who have used ECPs have their next menstrual period within 7 days of the expected time. If there is a delay in menstruation of more than one week, a pregnancy test should be performed.	If the client wants further advice.
Nausea and vomiting	Yes, vomiting is rare but not dangerous.	Women who have had nausea with previous ECP use can take anti-nausea medication 30 minutes to an hour before taking ECPs. If vomiting occurs within 2 hours after taking an ECP dose, the dose should be repeated.	If her vomiting continues or if she wants advice on how to alleviate vomiting in the future.
Headache	This is less common but not dangerous. Headaches usually start a few days after use and usually end within 24 hours.	Suggest the correct dosage as indicated of aspirin or another non-prescription pain reliever to reduce discomfort.	If the client wants further advice.
Abdominal pain	Less common but not dangerous. This usually starts a few days after use and usually ends within 24 hours.	Suggest the correct dosage as indicated of aspirin or another non-prescription pain reliever to reduce discomfort.	If the client wants further advice.
Breast tenderness	Less common but not dangerous. Usually starts a few days after use and usually ends within 24 hours.	Suggest the correct dosage as indicated of aspirin or another non-prescription pain reliever to reduce discomfort.	If the client wants further advice.
Dizziness	Less common but not dangerous. Usually starts a few days after use and usually ends within 24 hours.	No treatment; will resolve on its own.	If the client wants further advice.
Fatigue	Less common but not dangerous. Usually starts a few days after use and usually ends within 24 hours.	No treatment; will resolve on its own.	If the client wants further advice.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch to another method, or

refer the client if she wants to switch to another method not available at a drug shop/ pharmacy.



You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on ECPs.

QUICK REFERENCE CHART FOR THE WHO MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE

You can also use a smartphone app from the WHO to help you determine medical eligibility. Scan this code for instructions on how to download the app in English.



You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on using the WHO MEC Wheel.



2015 Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use – to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD
Pregnancy		NA	NA	NA	
Breastfeeding	Less than 6 weeks postpartum				
	6 weeks to < 6 months postpartum				
	6 months postpartum or more				See i.
Postpartum and not breastfeeding	< 21 days				
	< 21 days with other risk factors for VTE*				
	≥ 21 to 42 days with other risk factors for VTE*				See i.
	> 42 days				
Postpartum and breastfeeding or not breastfeeding	< 48 hours or more than 4 weeks				
	≥ 48 hours to less than 4 weeks	See ii.	See ii.	See ii.	
	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	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) or stroke (history of)					
Known hyperlipidemias					
Complicated valvular heart disease					
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies				
	Severe thrombocytopenia				
	Immunosuppressive treatment				
Headaches	Non-migrainous (mild or severe)	I	C		
	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

- 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
Unexplained vaginal bleeding (prior to evaluation)					I
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels				C
	Persistently elevated β-hCG levels or malignant disease				
Cancers	Cervical (awaiting treatment)				I
	Endometrial				I
	Ovarian				I
Breast disease	Undiagnosed mass	**	**	**	
	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, gonorrhoea				I
	Vaginitis				C
	Current pelvic inflammatory disease (PID)				I
	Other STIs (excluding HIV/hepatitis)				
	Increased risk of STIs				
	Very high individual risk of exposure to STIs				I
Pelvic tuberculosis					I
Diabetes	Nephropathy/retinopathy/neuropathy				I
	Diabetes for > 20 years				C
Symptomatic gall bladder disease (current or medically treated)					
Cholestasis (history of)	Related to pregnancy				
	Related to oral contraceptives				
Hepatitis	Acute or flare				I
	Chronic or client is a carrier				C
Cirrhosis	Mild				
	Severe				
Liver tumors (hepatocellular adenoma and malignant hepatoma)					
High risk of HIV or HIV-infected (Stage 1 or 2)					
AIDS (HIV-infected Stage 3 or 4)	No antiretroviral therapy (ARV)				I
	Improved to Stage 1 or 2 on ARV therapy				C
	Not improved on ARV therapy	See iii.	See iii.	See iii.	
Drug interactions	Rifampicin or rifabutin				I
	Anticonvulsant therapy***				C

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4.
 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

- 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 See condition "Postpartum and breastfeeding" or not breastfeeding"
- ii See condition "Breastfeeding" or condition "Postpartum and not breastfeeding" instead.
- iii Women who use methods other than IUDs can use them regardless of HIV stage 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.
- ** Evaluation of an undiagnosed mass should be pursued as soon as possible.
- *** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.



COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

CHECKLIST FOR SCREENING CLIENTS WHO WANT TO INITIATE COCs

To determine if the client is medically eligible to use COCs, ask questions 1–12. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 12.

NO	1. Are you currently breastfeeding a baby less than 6 months of age?	YES
NO	2. Do you smoke cigarettes <i>and</i> are you more than 35 years of age?	YES
NO	3. Have you ever been told you have breast cancer?	YES
NO	4. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?	YES
NO	5. Do you have repeated severe headaches, often on one side, and/or pulsating, causing nausea, and which are made worse by light, noise, or movement?	YES
NO	6. Do you regularly take any pills for tuberculosis (TB) or seizures (fits)?	YES
NO	7. Have you given birth in the last 6 weeks?	YES
NO	8. Do you have gall bladder disease or serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	9. Have you ever been told you have high blood pressure?	YES
NO	10. Have you ever been told you have diabetes (high sugar in your blood)?	YES
NO	11. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, or diabetes?	YES
NO	12. Have you ever been told that you have a rheumatic disease such as lupus?	YES

If the client answered **NO** to **all of questions 1–12**, the client can use COCs. Proceed to questions 13–18.

If the client answered **YES** to **any of questions 1–6**, she is not a good candidate for COCs. Counsel about other available methods or refer.

If the client answered **YES** to **any of questions 7–12**, COCs cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

Ask questions 13–18 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 18.

YES	13. Did your last menstrual period start within the past 7 days?	NO
YES	14. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	15. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	NO
YES	16. Have you had a baby in the last 4 weeks?	NO
YES	17. 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?	NO
YES	18. Have you had a miscarriage or abortion in the last 7 days?	NO

If the client answered **YES** to **at least one of questions 13–18** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start COCs now.

If the client began her last menstrual period **within the past 5 days**, she can start COCs now. No additional contraceptive protection is needed.

If the client began her last menstrual period **more than 5 days ago**, tell her to **begin taking COCs now**, but instruct her that she must **use condoms or abstain from sex for the next 7 days**. Give her condoms to use for the next 7 days.

If the client answered **NO** to **all of questions 13–18**, pregnancy cannot be ruled out using the checklist.

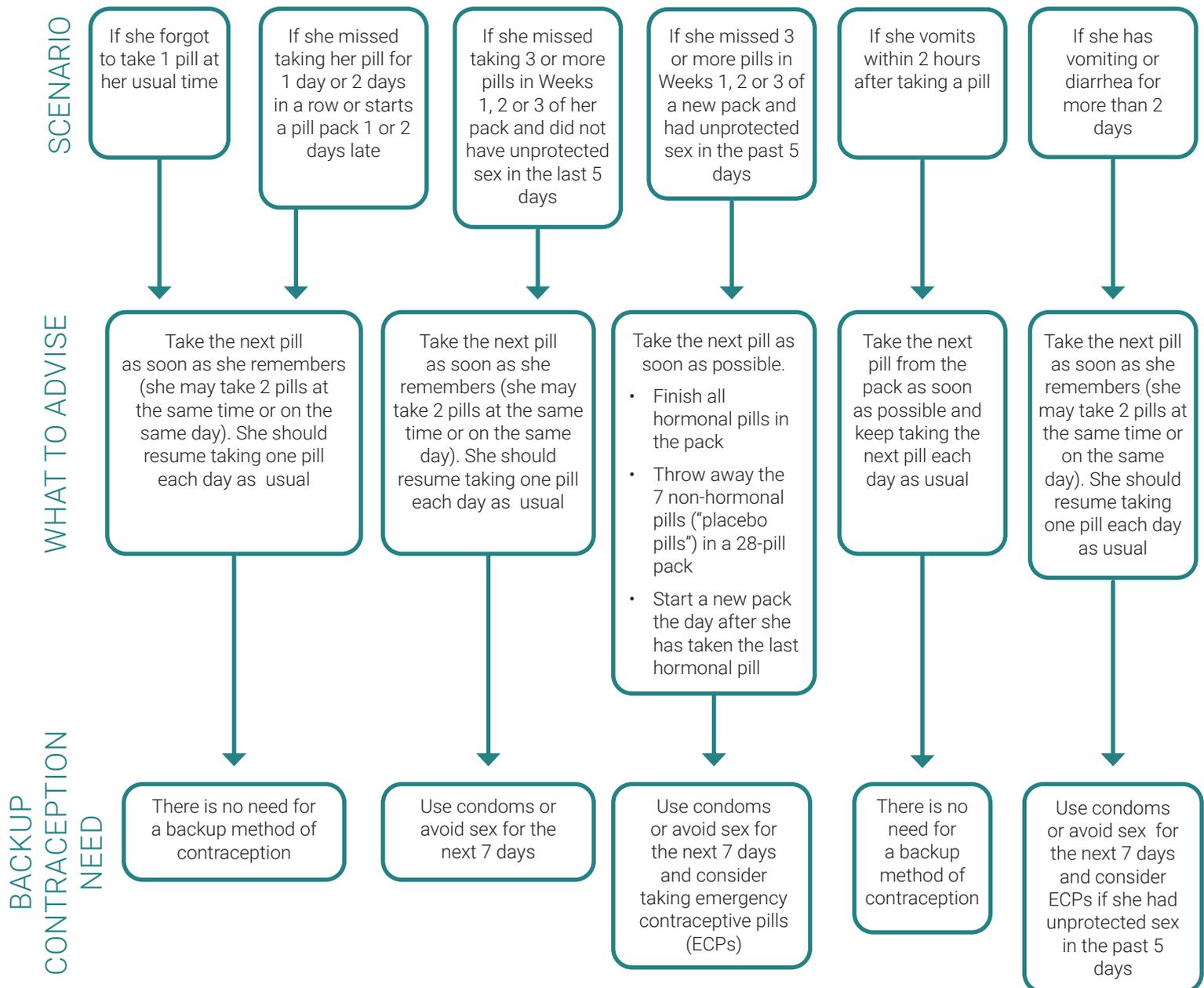
Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

Offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

COCs: IF SHE MISSES TAKING HER PILL

If a client forgets to take her COC pills, or is late taking a COC pill, what you need to advise depends on what type of pill she's using, how many pills she has missed, where she is in her pack, and whether she had unprotected sex in the last 5 days.

For users of 21- or 28-day packs of COC pills *



*For pills with 20 µg of estrogen or less, women missing one pill should follow the same guidance as for missing one or two 30–35 µg pills. Women missing 2 or more pills should follow the same guidance as for missing 3 or more 30–35 µg pills.

COCs: IF SHE MISSES TAKING HER PILL (CONTINUED)

For users of 28-day packs only

28-day pack of COCs only



Source: FP: A Global Handbook for Providers, 2022 revised edition, chapter 1 pages 17-18

MANAGEMENT OF COMMON SIDE EFFECTS FOR COCs

Most common side effects of COCs	Is it safe and normal?	Management of COC side effects or client concerns	When to refer to a higher-level provider
Irregular bleeding (bleeding at unexpected times that bothers the client)	Yes, bleeding changes are normal and not harmful. Reassure client that irregular bleeding is not harmful and usually less irregular or stops after the first few months of use.	<p>Explain that other possible causes of irregular bleeding include:</p> <ul style="list-style-type: none"> • Missed pills or taking pill at different times each day. • Vomiting or diarrhea. • Taking anticonvulsants, or certain antibiotics (rifampicin, or rifabutin) – these may make the COC less effective. <p>Reinforce correct pill taking and review missed pill instructions, including after vomiting or diarrhea.</p>	<p>If irregular bleeding continues or starts after several months of normal or no monthly bleeding.</p> <p>If using anticonvulsants, or certain antibiotics (rifampicin, or rifabutin) long-term, she may want to visit a higher-level provider to discuss more effective options.</p>
Amenorrhea (lack of monthly bleeding)	Yes, bleeding changes are normal. Reassure client that some women using COCs stop having monthly bleeding, and this is not harmful.	<p>Ask if she has been taking a pill every day. If so, reassure her that she is not likely to be pregnant. She can continue taking her COCs as before.</p> <p>Reinforce correct pill taking and review missed pill instructions.</p>	If the client wants further advice.
Ordinary headaches	Yes, ordinary headaches usually diminish over time. Reassure client that this is safe and normal.	<p>Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.</p> <p>See further below for guidance for 'severe headaches'.</p>	If headaches get worse or occur more often during COC use.
Nausea and vomiting	Yes. Reassure client that this is safe and normal.	Advise the client to consider taking pills with food or at bedtime.	If the client wants further advice.
Breast tenderness	Yes. Reassure client that this is safe and normal.	<p>Recommend a supportive bra.</p> <p>She can try hot or cold compresses.</p> <p>Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.</p>	If the client wants further advice.
Weight change	Yes. Reassure client that this is safe and normal.	Reassure the client.	If the client wants to discuss diet and receive advice.
Changes in mood or sex drive	Yes. Reassure client that this is safe and normal.	Reassure the client.	If the client is concerned about major depression or other serious mood changes.
Acne	Yes. Reassure client that this is safe and normal.	<p>If she has been taking pills for more than a few months and acne persists, give her a different COC formulation, if available.</p> <p>Ask her to try the new pills for at least 3 months.</p>	If the client wants further advice.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch pill formulations, switch to another method, or refer the client if she wants to switch to another method not available at a drug shop/pharmacy.

Sources:

- FP Global Handbook, 2022 edition, pages 20-22
- USAID/FHI360, A Guide to Effective and Efficient Provision of Combined Oral Contraceptives (COCs)
- *Session III: Providing COCs, Training Resource Package (TRP) for Family Planning



You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on COCs

MANAGEMENT OF COMMON SIDE EFFECTS FOR COCs

Rare and potentially harmful COC complications (requiring immediate referral)



Sharp abdominal pain



Chest pain



Severe headaches



Eye problems (blurred vision, brief loss of vision, a bright spot in your vision before headaches)



Sharp leg pain



Yellow skin or eyes*

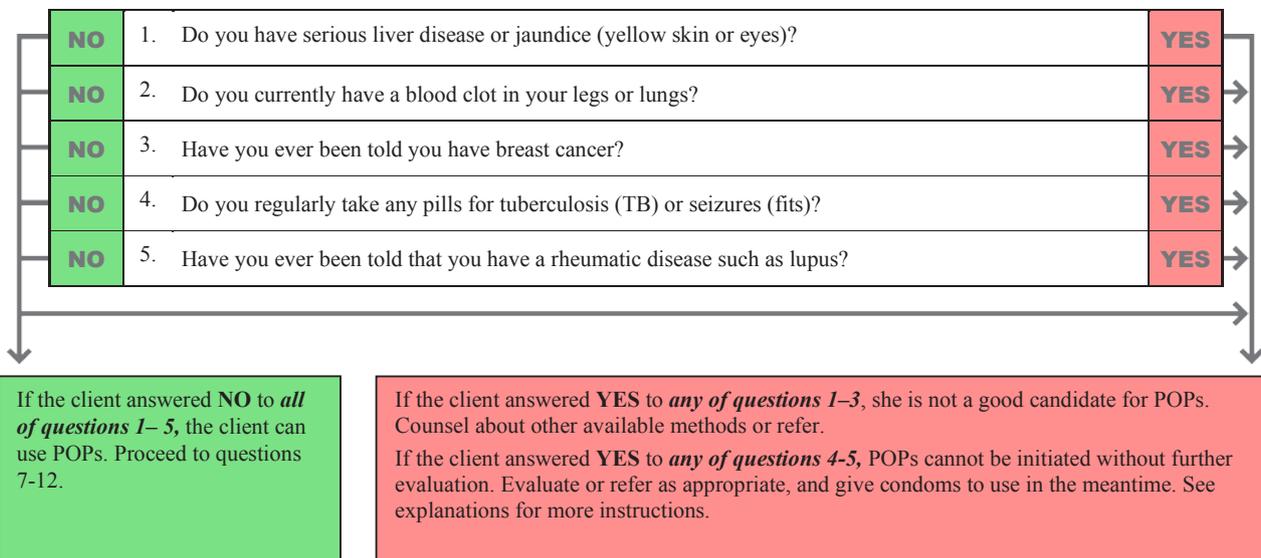
Sources:

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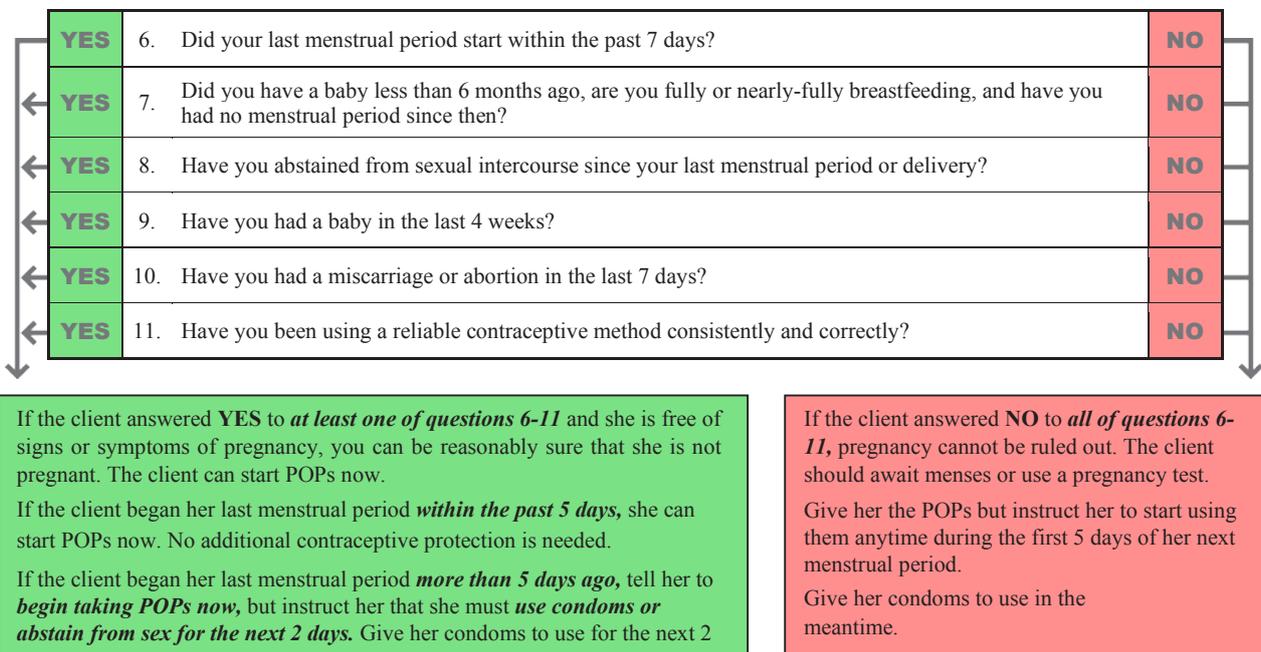
PROGESTIN-ONLY PILLS (POPs)

CHECKLIST FOR SCREENING CLIENTS WHO WANT TO INITIATE POPs

To determine if the client is medically eligible to use POPs, ask questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 12.



Ask questions 6-11 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 11.



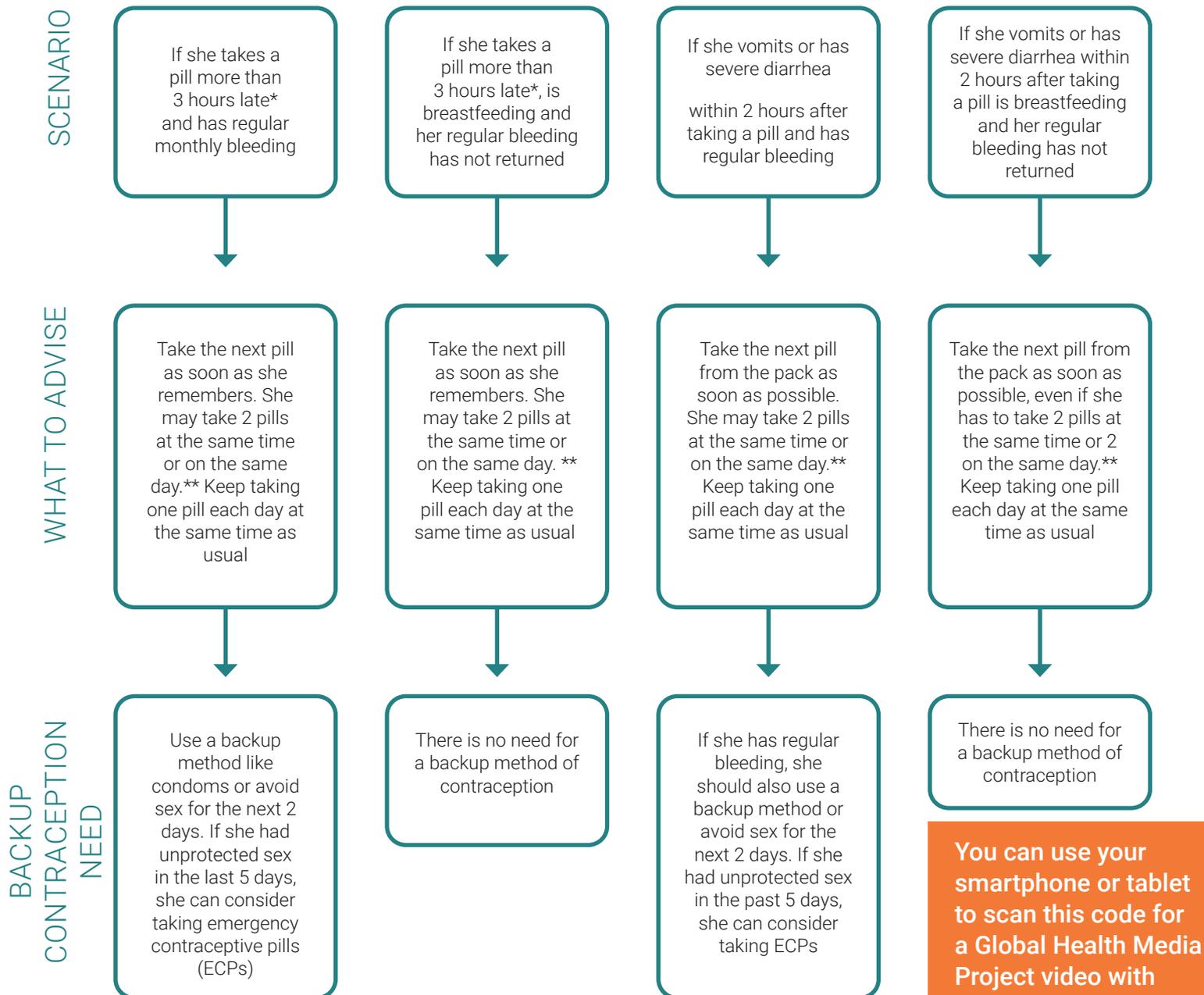
USAID
FROM THE AMERICAN PEOPLE



POPs: IF SHE MISSES TAKING HER PILL

POPs (sometimes called the mini-pill) need to be taken at the same time each day, and they can be used as a postpartum method. If a client forgets to take her pills, or is late taking a pill, what you need to advise depends on how many pills she has missed, where she is in the pack (the day and the week), if she had unprotected sex in the past 5 days, and – if she is postpartum – if her regular bleeding has returned.

For users of 21- or 28-day packs of POPs



You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on POPs



*12 or more hours late taking a POP containing desogestrel 75 mg

**This may make her feel queasy or nauseous, but reduces her chances of becoming pregnant

MANAGEMENT OF COMMON SIDE EFFECTS FOR POPs

Most common side effects of POPs	Is it safe and normal?	Management of POP side effects or client concerns	When to refer to a higher-level provider
Amenorrhea (lack of monthly bleeding)	Yes, reassure the client that bleeding changes are normal and not harmful (for both breastfeeding and non-breastfeeding women).	If she has been taking her pills, she is probably not pregnant. Offer or refer her for a pregnancy test if she is still concerned.	If the client wants further advice.
Irregular bleeding (bleeding at unexpected times that bothers the client)	Yes, bleeding changes are normal and not harmful. Reassure client that many women using POPs experience irregular bleeding—whether breastfeeding or not.	<p>Explain that the irregular bleeding sometimes reduces or stops after the first several months of use. Some women have irregular bleeding the entire time they are taking POPs, however.</p> <p>Explain that other possible causes of irregular bleeding include:</p> <ul style="list-style-type: none"> • Missed pills or taking pill at different times each day • Vomiting or diarrhea • Taking anticonvulsants, or certain antibiotics (rifampicin, or rifabutin) – these may make the pill less effective. <p>Reinforce correct pill taking and review missed pill instructions, including after vomiting or diarrhea.</p> <p>Ask her to try the pills for at least 3 months.</p>	<p>If irregular bleeding continues or starts after several months of normal or no monthly bleeding.</p> <p>If using anticonvulsants, or certain antibiotics (rifampicin, or rifabutin) long-term, she may want to visit a higher-level provider to discuss more effective options.</p>
Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)	<p>Yes, bleeding changes are normal and not harmful.</p> <p>Reassure the client that some women using POPs experience heavy or prolonged bleeding, and it often becomes less or stops after the first several months.</p>	Eat foods rich in iron and/or take iron tablets to prevent anemia.	If it does not improve or starts after several months of normal bleeding on POPs, or if there are additional symptoms.
Ordinary headaches	Yes, these usually diminish over time. Reassure client that this is safe and normal.	Suggest the correct dosage as indicated of ibuprofen, paracetamol, or other pain reliever.	If any headaches that get worse or occur more often during POP use.
Changes in mood or sex drive	Yes. Reassure client that this is safe and normal.	Reassure client.	If the client is concerned about major depression or other serious mood changes.
Breast tenderness	Yes. Reassure client that this is safe and normal.	Recommend a supportive bra. She can try hot or cold compresses. Suggest the correct dosage as indicated of ibuprofen, paracetamol, or other pain reliever.	If breastfeeding, refer to check for engorgement, blocked ducts and treatment.
Severe pain in lower abdomen	Abdominal pain may be due to various problems, such as enlarged ovarian follicles or cysts	Advise client to see a higher-level provider to rule out any serious conditions.	Refer immediately for assessment.
Nausea and vomiting	Yes. Reassure client that this is safe and normal.	Advise client to take pills with food or at bedtime.	If the client wants further advice.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch pill formulations, switch to another method, or refer the client if she wants to switch to another method not available at a drug shop/pharmacy.



PROGESTIN-ONLY INJECTABLES

CHECKLIST FOR SCREENING CLIENTS WHO WANT TO INITIATE DMPA (OR NET-EN)

To determine if the client is medically eligible to use DMPA, ask questions 1–9. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 9.

NO	1. Have you ever been told you have breast cancer?	YES
NO	2. Have you ever had a stroke or heart attack, or do you currently have a blood clot in your legs or lungs?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told you have diabetes (high sugar in your blood)?	YES
NO	5. Have you ever been told you have high blood pressure?	YES
NO	6. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES
NO	7. Have you ever been told that you have a rheumatic disease such as lupus?	YES
NO	8. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as old age, smoking, obesity, high blood pressure, or diabetes?	YES
NO	9. Are you currently breastfeeding a baby less than 6 weeks old?	YES

If the client answered **NO** to *all of questions 1–9*, the client can use DMPA. Proceed to questions 10–15.

If the client answered **YES** to *question 1*, she is not a good candidate for DMPA. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 2–8*, DMPA cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms and/or emergency contraceptive pills to use in the meantime. See explanations for more instructions.

If the client answered **YES** to *question 9*, instruct her to return for DMPA as soon as possible after the baby is six weeks old.

Ask questions 10–15 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 15.

YES	10. Did your last menstrual period start within the past 7 days?	NO
YES	11. 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?	NO
YES	12. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	13. Have you had a baby in the last 4 weeks?	NO
YES	14. Have you had a miscarriage or abortion in the last 7 days?	NO
YES	15. Have you been using a reliable contraceptive method consistently and correctly?	NO

If the client answered **YES** to *at least one of questions 10–15* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start DMPA now.

If the client began her last menstrual period *within the past 7 days*, she can start DMPA immediately. No additional contraceptive protection is needed.

If the client began her last menstrual period *more than 7 days ago*, she can **be given DMPA now**, but instruct her that she must **use condoms or abstain from sex for the next 7 days**. Give her condoms to use for the next 7 days.

If the client answered **NO** to *all of questions 10–15*, pregnancy cannot be ruled out.

She must use a pregnancy test or wait until her next menstrual period to be given DMPA.

Give her condoms and/or emergency contraceptive pills to use in the meantime.

PROGESTIN-ONLY INJECTABLES: GIVING THE INJECTION

Giving Intramuscular Injection with a Conventional Syringe

1

Obtain one dose of injectable, needle, and syringe



- DMPA: 150 mg for injections into the muscle (intramuscular injection). NET-EN: 200 mg for injections into the muscle.
- For each injection use a prefilled single-use syringe and needle from a new, sealed package (within expiration date and not damaged), if available.
- If a single-dose prefilled syringe is not available, use single-dose vials. Check expiration date. If using an open multidose vial, check that the vial is not leaking.
 - » DMPA: A 2 ml syringe and a 21–23 gauge intramuscular needle.
 - » NET-EN: A 2 or 5 ml syringe and a 19-gauge intramuscular needle. A narrower needle (21–23 gauge) also can be used.

2

Wash

- Wash hands with soap and water, if possible. Let your hands dry in the air.
- If injection site is dirty, wash it with soap and water.
- No need to wipe site with antiseptic.

If using a prefilled syringe, skip to step 5.

3

Prepare vial

- DMPA: Gently shake the vial.
- NET-EN: Shaking the vial is not necessary.
- No need to wipe top of vial with antiseptic.
- If vial is cold, warm to skin temperature before giving the injection.

4

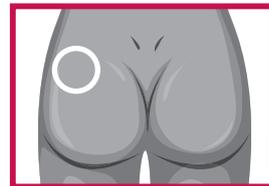
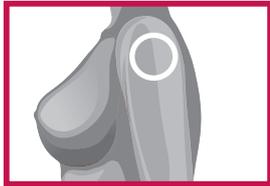
Fill syringe

- Pierce top of vial with sterile needle and fill syringe with proper dose.

5

Inject formula

- Insert sterile needle deep into the hip (ventrogluteal muscle), the upper arm (deltoid muscle), or the buttocks (gluteal muscle, upper outer portion), whichever the woman prefers. Inject the contents of the syringe.
- Do not massage injection site.

**6**

Dispose of disposable syringes and needles safely



- Do not recap, bend, or break needles before disposal.
- Place in a puncture-proof sharps container.
- Do not reuse disposable syringes and needles. They are meant to be destroyed after a single use. Because of their shape, they are very difficult to disinfect. Therefore, reuse might transmit diseases such as HIV and hepatitis.
- If reusable syringe and needle are used, they must be sterilized again after each use.

MODULE 10/FACILITATOR RESOURCE- ACTIVITY 8: INJECTIONS CHECKLIST

Task/Activity	Attempts			Comments
	1	2	3	
Tasks specific to injecting DMPA-IM or NET-EN using a conventional syringe				
Asks client where she would like to receive the injection.				
Shows sealed bottle and expiration date on label to client.				
Washes hands with soap and water.				
Allows hands to air dry.				
If skin is dirty, cleans injection site with water-soaked cotton ball.				
Double-checks the bottle for content, dose, and expiration date.				
Rolls bottle between palms or shakes gently (DMPA-IM only).				
Removes plastic cap from bottle.				
Opens sterile package for syringe/needle (attaches needle if needed).				
Inserts needle into rubber cover of vial.				
Fills syringe with contents of the bottle.				
Expels air from syringe.				
Locates the exact site for injection.				
Inserts needle straight into the muscle.				
Injects the entire contents of the syringe.				
Gently presses the injection site with a clean cotton ball.				
Places the used syringe into the sharps container.				
Washes hands with soap and water.				
Instructs the client not to massage the site.				
Calculate reinjection date (3 months or 13 weeks for DMPA; 2 months or 8 weeks for NET-EN).				

Comments or Questions:

JOB AID FOR DMPA-IM REINJECTION

1

Ask the client if she still wants to prevent pregnancy. Then ask if she wants to get another injection.

2

Check your records to see when you last gave her an injection.

3

If today is her scheduled return date, go to Step 4. If she is early or late for her injection, look at a calendar to find out if she is within the reinjection window.

- Instructions to find out whether a client is within the reinjection window are in Box 1 on the next page of this job aid.

4

Explain that women with certain serious medical problems should not get the injection. Ask her whether a doctor or nurse has told her she has a medical problem.

- If she has a medical problem, go to Box 3 on the next page.
- If she has not been told she has a medical problem, go to Step 5.

5

Give her the injection.

- Follow the steps for safe injection you learned in training.

6

Talk to her about side effects.

- Remind her that most changes to bleeding are normal and not harmful. Talk to her about what to do if she has questions or does not feel well.
- Refer her to the health center for care of side effects that are a problem for her.

7

Look at the calendar to plan the date for her next injection. This will be 13 weeks from today. Remind her of the importance of coming back on time, and discuss how she will remember.

- Remind her that she can talk with you, a doctor, or a nurse if she has any questions or problems.
- Tell her that if she is ever more than 4 weeks late for an injection, she should use condoms or not have sex until she gets another injection.

8

Remind her that the injection will not protect her from HIV or other STIs.

- Tell her to use a condom in addition to the injection if she is at risk.



During the reinjection window you can safely give your client the injection without checking if she is pregnant. Your client is in the reinjection window if she returns up to: 14 days (2 weeks) early or 28 days (4 weeks) late (See Box 1 on next page)

What if she is not within the reinjection window?

You will need to ask her questions to make sure she is not pregnant before you can give her the injection. (See instructions in Box 2 on next page.)



BOX 1

How can I tell if a client is within the reinjection window?

A client is within the reinjection window – and can get another injection – if she is up to 14 days (2 weeks) early or up to 28 days (4 weeks) past her scheduled return date. If she is up to 4 weeks late, you do not need to check if she is pregnant before giving her another injection.

- If she is within the reinjection window, go to Step 4 on the previous page.
- If she is past the reinjection window, follow the steps in Box 2 below.

BOX 2

What if a woman wants another injection but she is more than 4 weeks late?

If a client is more than 4 weeks late for her scheduled reinjection, she can still get another injection today if you can make sure that she is not pregnant, by following the steps below.

FIRST, look at a calendar and find her scheduled reinjection date. Count forward 4 weeks to find the last day of her reinjection window. Show her this date on the calendar and tell her to keep it in mind when you ask the 4 questions below.

NEXT, make sure she is not pregnant by asking these 4 questions:

- Have you had no sex since the last day of your reinjection window?
- Have you been using condoms or another method every time you had sex since the end of your reinjection window?
- Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no period since then?
- Have you used emergency contraceptive pills after every sex act since the end of your reinjection window?

If the client answers **YES to ONE OR MORE** of these questions, she is probably not pregnant, and you can give her an injection. When you give her the injection, tell her to have no sex or use condoms for 7 days. After 7 days, the injection will keep her from getting pregnant. Go to Step 4 on the previous page.

If the client answers **NO to ALL FOUR** questions, tell her to see a doctor or nurse or use a pregnancy test to make sure she is not pregnant before she gets another injection.

BOX 3

How can I tell if a client has a medical problem that makes it unsafe for her to get the injection?

You can use the MEC Wheel or Quick Reference Chart on Page 10 to check her medical eligibility. Or, you can ask her whether a doctor or nurse has told her she has one of these medical problems:

- » migraine headaches (that began or got worse since getting the injection)
- » heart attack or stroke
- » serious liver condition
- » high blood pressure
- » breast cancer
- » lupus



- If your client does not know if she has these problems (or has not heard a doctor or nurse use these words), most likely she does not have these problems. You can give her the injection. Go to Step 5 on the previous page.
- If she has one of these problems, do not give the injection. Instead, give her condoms and refer her to the health center to choose another family planning method.

Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2008 update.

JOB AID FOR NET-EN REINJECTION

1

Ask the client if she still wants to prevent pregnancy. Then ask if she wants to get another injection.

2

Check your records to see when you last gave her an injection.

3

If today is her scheduled return date, go to Step 4. If she is early or late for her injection, look at a calendar to find out if she is within the reinjection window.

- Instructions to find out whether a client is within the reinjection window are in Box 1 on the next page of this job aid.

4

Explain that women with certain serious medical problems should not get the injection. Ask her whether a doctor or nurse has told her she has a medical problem.

- If she has a medical problem, go to Box 3 on the next page.
- If she has not been told she has a medical problem, go to Step 5.

5

Give her the injection.

- Follow the steps for safe injection you learned in training.

6

Talk to her about side effects.

- Remind her that most changes to bleeding are normal and not harmful. Talk to her about what to do if she has questions or does not feel well.
- Refer her to the health center for care of side effects that are a problem for her.

7

Look at the calendar to plan the date for her next injection. This will be 8 weeks from today. Remind her of the importance of coming back on time, and discuss how she will remember.

- Remind her that she can talk with you, a doctor, or a nurse if she has any questions or problems.
- Tell her that if she is ever more than 2 weeks late for an injection, she should use condoms or not have sex until she gets another injection.

8

Remind her that the injection will not protect her from HIV or other STIs.

- Tell her to use a condom in addition to the injection if she is at risk.



During the reinjection window you can safely give your client the injection without checking if she is pregnant. Your client is in the reinjection window if she returns up to: 14 days (2 weeks) early or 14 days (2 weeks) late (See Box 1 on next page.)



What if she is not within the reinjection window?

You will need to ask her questions to make sure she is not pregnant before you can give her the injection. (See instructions in Box 2 on next page.)



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FIRST, look at a calendar and find her scheduled reinjection date. Count forward 2 weeks to find the last day of her reinjection window. Show her this date on the calendar and tell her to keep it in mind when you ask the 4 questions below.

NEXT, make sure she is not pregnant by asking these 4 questions:

- Have you had no sex since the last day of your reinjection window?
- Have you been using condoms or another method every time you had sex since the end of your reinjection window?
- Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no period since then?
- Have you used emergency contraceptive pills after every sex act since the end of your reinjection window?

If the client answers **YES to ONE OR MORE** of these questions, she is probably not pregnant, and you can give her an injection. When you give her the injection, tell her to have no sex or use condoms for 7 days. After 7 days, the injection will keep her from getting pregnant. Go to Step 4 on the previous page.

If the client answers **NO to ALL FOUR** questions, tell her to see a doctor or nurse or use a pregnancy test to make sure she is not pregnant before she gets another injection.

BOX 3

How can I tell if a client has a medical problem that makes it unsafe for her to get the injection?

You can use the MEC Wheel or Quick Reference Chart on Page 10 to check her medical eligibility. Or, you can ask her whether a doctor or nurse has told her she has one of these medical problems:

- » migraine headaches (that began or got worse since getting the injection)
- » heart attack or stroke
- » serious liver condition
- » high blood pressure
- » breast cancer
- » lupus



- If your client does not know if she has these problems (or has not heard a doctor or nurse use these words), most likely she does not have these problems. You can give her the injection. Go to Step 5 on the previous page.
- If she has one of these problems, do not give the injection. Instead, give her condoms and refer her to the health center to choose another family planning method.

Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2008 update.

DMPA-SC & SELF-INJECTION

You can also use your smartphone or tablet to scan this code and watch a training video for health workers on DMPA-SC by PATH.



You can use your smartphone or tablet to scan this code to show your clients a video on how to self-inject DMPA-SC by PATH.



DMPA-SC Injection Job Aid for Health Workers

1

Prepare supplies

- DMPA-SC pouches.
- Sharps disposal safety box.
- Soap and water.
- Cotton swabs to clean injection site if dirty.
- Trash bin for non-sharps waste.



2

Wash hands

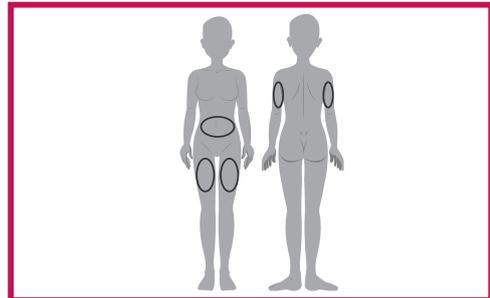
- Wash hands after setting out supplies, before giving the injection.
- Allow hands to air dry.



3

Ask client to choose an injection site

- DMPA-SC can be given on the back of the upper arm, the abdomen (not at the navel), or the front of the thigh.
- Clean the injection site if visibly dirty.



4

Open pouch and remove device

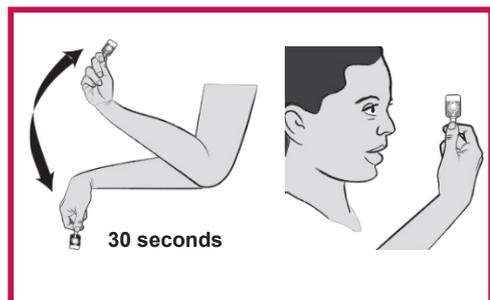
- Check the expiration date before opening the pouch.



5

Mix solution and check device

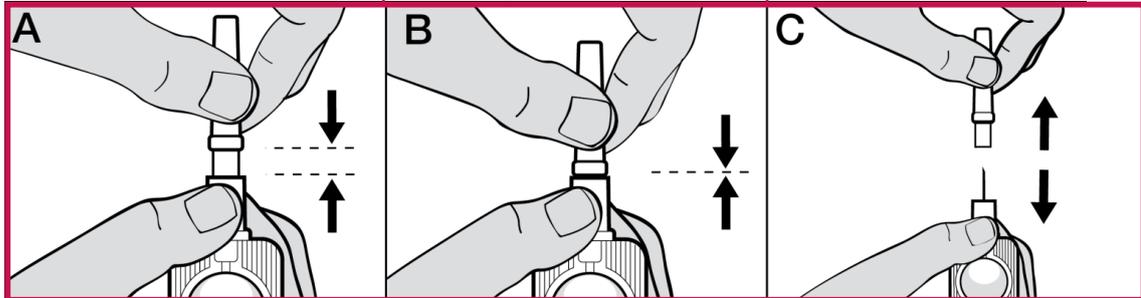
- Hold the DMPA-SC device by the port and shake vigorously for approximately 30 seconds.
- Do not bend the device.
- Check to make sure the liquid is mixed and there is no damage or leaking.
- If you do not inject right away, shake and mix again before you do inject.



6

Activate device by closing gap

- Hold the device by the port.
- Point the needle upward during activation to prevent dripping.
- Push the needle cap firmly into the port.
- If gap is not fully closed, you will not be able to squeeze reservoir during injection.
- Remove the needle cap.



7

Pinch skin gently and insert needle at a downward angle

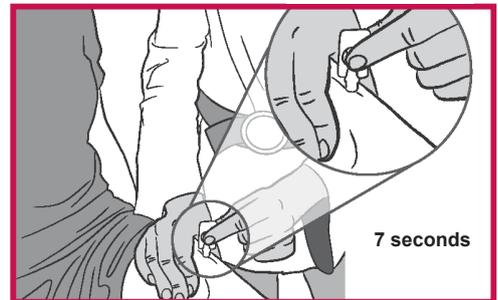
- Gently pinch the skin at the injection site. This creates a “tent” for inserting the needle.
- Continue to hold the device by the port and insert the needle straight into the skin at a downward angle.
- The port should have full contact with the skin to ensure the needle is inserted at the correct depth.



8

Slowly press reservoir

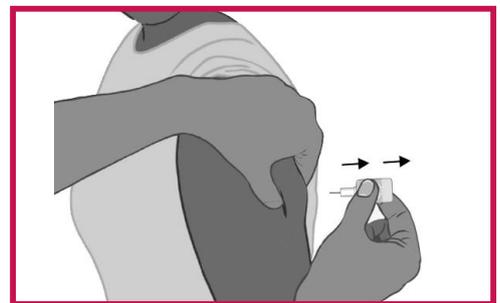
- Do not aspirate.
- Slide fingers up from the port to the reservoir.
- Press the reservoir slowly for about 5 to 7 seconds.
- It is OK if there is a little medication left in the reservoir.



9

Remove needle, then let go of skin

- After you have injected the client, remove the needle—then release the skin.
- Do not release the skin before removing the needle, as this could cause your client pain.
- Do not massage the injection site.



10

Discard device

- Do not replace the needle cap.
- Immediately discard the device in a puncture-proof container.



★ Indicates a critical step for successful injection.

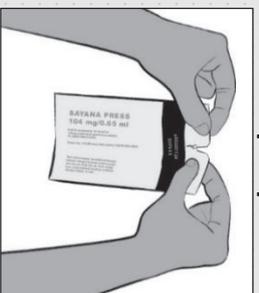
DMPA-SC (Sayana® Press) Self-injection Instructions

STEP 1: Wash hands



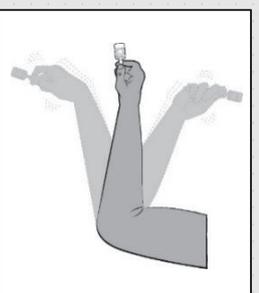
- Use soap and water.
- Shake hands in air to dry.

STEP 2: Open pouch

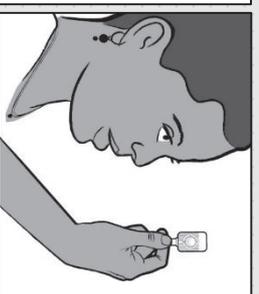


- Open pouch and remove device.
- Do not bend device.

STEP 3: Mix solution and check device

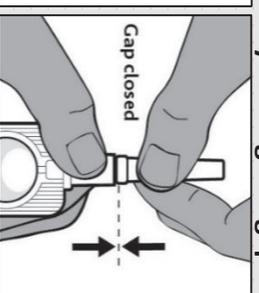
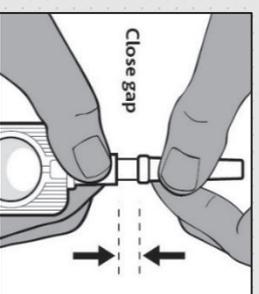


- Hold device **by the port** and shake until mixed (about 30 seconds).



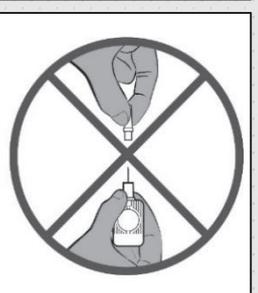
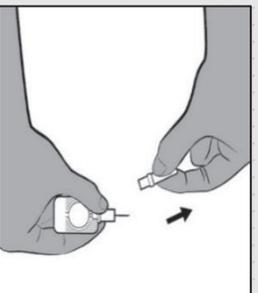
- Check to ensure no damage or leaking.
- If you do not inject right away, shake and mix again.

STEP 4: Activate device by closing the gap



- Hold device by port.
- Point needle upward to prevent dripping.
- Push cap firmly into port.
- If gap is not fully closed, you will not be able to press reservoir for injection.

STEP 5: Remove the needle cap



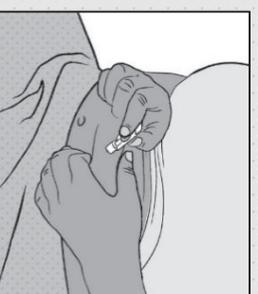
- Remove needle cap.
- Do not put needle cap back on.
- Throw cap in trash.

STEP 6: Gently pinch skin and insert needle



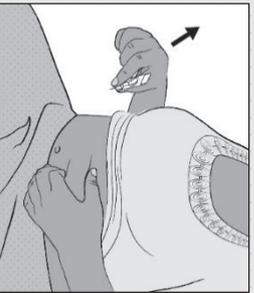
- Pinch skin to create a "tent".
- Hold device by the port and insert needle straight into skin at a downward angle. The port should touch skin completely to ensure needle is inserted at correct depth.

STEP 7: Press the reservoir slowly



- Press reservoir slowly for 5 to 7 seconds.
- It is OK if there is some liquid left in the reservoir.

STEP 8: Remove the needle

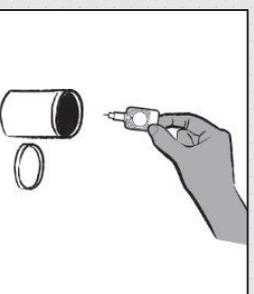


- Remove the needle, then let go of the skin "tent".



- Do not rub injection site.

STEP 9: Discard the device



- Immediately discard device in puncture-proof container.
- Put on the container lid.
- Give it to health worker to be discarded.

STEP 10: Plan for your next injection in 3 months

- Use a calendar to count 3 months to your next injection date.
- Write that injection date on your calendar.

What if you miss your scheduled reinjection date?

If you are within 2 weeks before or 4 weeks after your scheduled injection date:

- You can still give yourself an injection and be protected against pregnancy.
- Cross off the date you missed on your calendar and write your actual injection date.
- Count 3 months from your actual injection date to your next injection date.
- Write that new injection date on your calendar.

If you are more than 1 month after your scheduled injection date:

- Do not give yourself a DMPA-SC injection.
- Contact your health worker.
- Use condoms or do not have sex until you speak with your health worker.

Example calendar

Month 1							Month 2							Month 3							Month 4						
Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun
		1	2	3	4	5								1	2	3	4	5	6	7	5	6	7	8	9	10	11
6	7	8	9	10	11	12	13	14	15	16	17	18	19	8	9	10	11	12	13	14	12	13	14	15	16	17	18
13	14	15	16	17	18	19	20	21	22	23	24	25	26	15	16	17	18	19	20	21	18	19	20	21	22	23	24
20	21	22	23	24	25	26	27	28	29	30	31			22	23	24	25	26	27	28	21	22	23	24	25	26	27
27	28	29	30	31										29	30	31					26	27	28	29	30	31	

Common DMPA-SC side effects

Common side effects can include the following and are not usually cause for concern:

- Lack of monthly bleeding.
- Heavy or irregular monthly bleeding.
- Headaches.
- Weight gain.
- Abdominal pain.
- Changes in mood or sex drive.



Other important information

DMPA-SC does not protect against sexually transmitted infections such as HIV. Please use condoms in addition to DMPA-SC to prevent against sexually transmitted infections.

Store DMPA-SC in a safe place away from children or animals and extreme heat or cold.

If you have questions about self-injection, your health, or side effects, please contact a health worker.

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www.path.org/dmpa-sc | FPoptions@path.org

MANAGEMENT OF COMMON SIDE EFFECTS FOR PROGESTIN-ONLY INJECTABLES

Most common side effects of injectables	Is it safe and normal?	Management of injectables side effects or client concerns	When to refer to a higher-level provider
Irregular bleeding (bleeding at unexpected times that bothers the client)	Yes, bleeding changes are normal and not harmful. Reassure client that changes to bleeding are common and often stop after the first several months.	If side effects persist and are unacceptable to the client, present other FP options with the client and refer (if needed).	If irregular bleeding continues or starts after several months of normal or no monthly bleeding.
No monthly bleeding	Yes, most women using progestin-only injectables stop having monthly bleeding over time, and this is not harmful.	Reassure the client.	If the client wants further advice.
Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)	Yes, bleeding changes are normal and not harmful, and often become less irregular or stop after a few months.	Advise eating foods rich in iron and/or taking iron tablets to prevent anemia.	If heavy or prolonged bleeding continues or starts after 3 months of normal or no monthly bleeding.
Weight gain	Yes. This is safe and normal.	Reassure the client.	If client wants to discuss diet and receive advice.
Less common side effects of injectables	Is it safe and normal?	Management of injectables side effects or client concerns	When to refer to a higher-level provider
Abdominal bloating, discomfort	Yes.	Reassure client.	Refer for care if abdominal pain is severe.
Ordinary headaches	Yes, these usually diminish over time. Reassure client that this is safe and normal.	Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If any headaches that get worse or occur more often during use of injectables.
Changes in mood or sex drive	Yes. This is safe and normal.	Reassure client.	If concerned about major depression or other serious mood changes.
Dizziness	Yes. This is safe and normal.	Reassure client.	If the client wants further advice.
Breast tenderness	Yes. Reassure client that this is safe and normal.	Recommend a supportive bra. She can try hot or cold compresses. Suggest the correct dosage as indicated of ibuprofen, paracetamol, or other pain reliever.	If the client wants further advice.
Skin reactions at injection site	This is rare but usually safe.	Refer to a higher level provider.	Refer to a higher level provider to inspect any skin reactions.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch to another method, or refer the client if she wants to switch to another method not available at a drug shop/ pharmacy.

Rare and potentially harmful injectable complications (requiring immediate referral)

A bright spot in her vision before headaches



Yellow skin or eyes*



You can use your smartphone or tablet to scan this code or a Global Health Media Project video with information on injectables.



Sources:
 • FP Global Handbook, 2022 edition, page 89-92
 • *Training Resource Package for Family Planning, Injectables Session III: Providing Injectables
 • Sayana Press (DMPA-SC in Uninject) Clinical Brief, PATH 2017

METHODS REQUIRING EXTENDED CONSULTATION TIME:

- 1. STANDARD DAYS METHOD – CYCLEBEADS®**
- 2. LACTATIONAL AMENORRHEA METHOD (LAM)**

STANDARD DAYS METHOD

The Standard Days Method (SDM) helps a woman to know the days on which she can become pregnant, SDM is 95% effective when used correctly. Try it now, and talk to your provider about the SDM.

- The SDM is for women who get their period about once a month.
- The SDM is for couples who communicate well and agree to avoid unprotected sex on the days the woman can become pregnant.

How to Use SDM with a CycleBeads® Product

You can also use your smartphone or tablet to scan this code and play this video to show your client how to use CycleBeads.



Last brown bead

First day of your period: On the day your period starts, move the ring to the red bead and then move the ring clockwise to the next bead on each new day.

Brown days: pregnancy is unlikely. You can have sex today.

White days: a pregnancy is possible. Use a condom or avoid sex.

If your period starts BEFORE: ●

- your cycle is too short to use this method
- consult your provider

If your period starts AFTER: ■

- your cycle is too long to use this method
- consult your provider

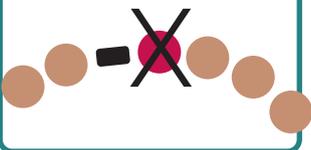
STANDARD DAYS METHOD (CONTINUED)

If she does not have a CycleBeads product, she can also draw the circles as shown in the picture above, and then follow the instructions below to use SDM on paper.

1. First circle:

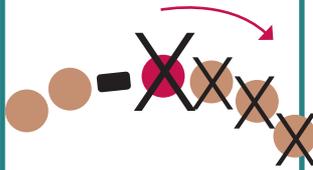
- Mark the first day of your period on the red circle
- Also, mark the date in the area provided

Date: _____



2. Each morning:

- Mark an "X" in the next circle
- Follow the direction of the arrow



3. When your period starts again, begin marking the next circle:

Date: _____



4. What should you do if you forgot to mark?

- Verify the first day of your period
- Count the days that have passed including today
- Starting with the red circle, mark the same number of circles

The client can also use a smartphone app, such as the CycleBeads app. Scan this code for instructions on how to download the app for Android or iPhone.



LAM (LACTATIONAL AMENORRHEA METHOD)

A FAMILY PLANNING METHOD FOR BREASTFEEDING WOMEN

LAM can help you prevent pregnancy if you are breastfeeding and meet **ALL** these criteria:

1 No menstrual bleeding since your baby was born



2 You only **breastfeed** your baby (no other food or liquid is given)



3 Baby is less than 6 months old



Do **YOU** meet all 3 of these criteria? If yes, you can use LAM to prevent pregnancy.

When you no longer meet ALL these criteria, begin using another family planning method immediately.

While you are using LAM:



Breastfeed as often as your baby would like, day and night.



Do not give any foods or other liquids (not even water). Breastmilk is all your baby needs to grow and be healthy for the first 6 months.



Continue to breastfeed even when you or your baby is sick.

Begin thinking about a new method while still using LAM.

Be ready to switch to a new method immediately, when you no longer meet ANY of the 3 LAM criteria.

The best methods for breastfeeding women are condoms, IUD, tubal ligation, vasectomy, and some pills and injections.

A health care provider can help you choose the best method for you.

When you start using another method, continue to breastfeed.

Breastmilk is the best food for your baby!

Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you.

HOW TO MANAGE SIDE EFFECTS FOR METHODS REQUIRING REFERRALS:

1. IMPLANTS

2. IUDs

3. FEMALE
STERILIZATION

4. MALE
STERILIZATION

Although your client may have received one of these methods from a higher-level provider, they may visit you for advice if they are experiencing bothersome side effects. These pages provide reference information for you on how to manage these side effects and when the client needs to be referred to a higher-level provider for care.

SIDE EFFECTS MANAGEMENT: CONTRACEPTIVE IMPLANTS

Most common side effects of implants	Is it safe and normal?	Management of implant side effects or client concerns	When to refer to a higher-level provider
Irregular bleeding (bleeding at unexpected times that bothers the client)	Yes, bleeding changes are normal and not harmful, and often become less irregular or stop after the first year of use.	Reassure the client. Many women using implants experience irregular bleeding.	If irregular bleeding continues or starts after several months of normal or no monthly bleeding.
No monthly bleeding	Yes, bleeding changes are normal and not harmful.	If the client has no monthly bleeding soon after implant insertion, rule out pregnancy, or if this is not possible in your shop, refer to a provider who can. She might have been pregnant at the time of insertion. If she is not pregnant, reassure client.	If you cannot rule out pregnancy or if she is pregnant.
Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)	Yes, bleeding changes are normal. Some women using implants experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less heavy or stops after a few months.	Reassure the client. To help prevent anemia, suggest she take iron tablets and tell her it is important to eat foods containing iron.	If heavy or prolonged bleeding continues or starts after several months of normal or no monthly bleeding.
Less common side effects of implants	Is it safe and normal?	Management of implant side effects or client concerns	When to refer to a higher-level provider
Ordinary headaches	Yes.	Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If she has any headaches that get worse or occur more often during use of implants.
Mild abdominal pain	Yes.	Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If abdominal pain persists.
Acne	Yes.	Reassure the client. If the client wants to stop using implants because of acne, she may want to consider switching to COCs, as they can improve acne for many women.	Refer to a higher-level provider to discuss removal and her options.
Weight gain	Yes.	Reassure the client.	If she wants to discuss diet changes.
Breast tenderness	Yes.	Recommend a supportive bra. She can try hot or cold compresses. Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If the client wants further advice.
Changes in mood or sex drive	Yes.	Reassure the client.	If the client is concerned about major depression or other serious mood changes.
Nausea or dizziness	Yes.	Reassure the client.	If the client wants further advice.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch to another method, or refer the client if she wants to switch to another method not available at a drug shop/ pharmacy.

Sources:

- FP Global Handbook, 2022 edition, pages 152-155
- Training Resource Package, Implants Session III: Providing Implants

SIDE EFFECTS MANAGEMENT: CONTRACEPTIVE IMPLANTS (CONTINUED)

Implant complications requiring immediate referral



Severe pain in lower abdomen



Pain after implant insertion or removal.

With the referral, you can suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.



Infection at the insertion site (redness, heat, pain, pus)



Abscess at insertion site (a pocket of pus under the skin caused by infection)



Expulsion of implant

You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on implants.



SIDE EFFECTS MANAGEMENT: COPPER IUDs

Most common side effects of copper IUDs	Is it safe and normal?	Management of side effects or client concerns	When to refer to a higher-level provider
Heavy or prolonged bleeding	Yes. Bleeding changes are normal and generally not harmful, and often becomes less heavy or stops after the first 3-6 months.	Advise the client to eat foods rich in iron and/or take iron tablets to prevent anemia.	When she has heavy bleeding with excessive pain or a fever. If heavy or prolonged bleeding persists for more than 6 months after IUD insertion.
Irregular bleeding	Yes. Bleeding changes are normal and not harmful, and often stops after first 3-6 months.	Reassure the client.	If irregular bleeding continues or starts after several months of normal bleeding.
Cramping and pain	Yes. Generally, this is not harmful and usually decreases over time. Reassure the client that she can expect cramping and pain in the first 1–2 days after insertion and that some cramping is also common in the first 3 to 6 months of IUD use, particularly during monthly bleeding.	Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever. If she also has heavy or prolonged bleeding, aspirin should not be used because it may increase bleeding.	If severe cramping continues beyond the first 2 days after insertion. If cramping continues and/or occurs outside of menstruation.
Worried that partner can feel strings during sex	This is not common, but this can happen when the strings are cut too short and is not harmful.	Reassure the client.	If she or her partner finds the strings bothersome.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch to another method, or refer the client if she wants to switch to another method not available at a drug shop/ pharmacy.

Other possible side effects or complications of the IUD insertion requiring referral



Severe pain in lower abdomen

This is rare, but it could be the sign of an infection or possible ectopic pregnancy, or a perforation.

Refer immediately to a higher-level provider if she has a rapid pulse, falling blood pressure or new/increasing pain.

Refer immediately if a client reports any of these signs or symptoms: Unusual vaginal discharge, fever or chills, pain during sex or urination, bleeding after sex or between monthly bleeding, nausea and vomiting.



IUD partially or completely comes out

Refer immediately to a higher-level provider.



Missing strings

Refer immediately to a higher-level provider.

You can use your smartphone or tablet to scan this code or a Global Health Media Project video with information on copper IUDs.



SIDE EFFECTS MANAGEMENT: HORMONAL IUD

Most common side effects of hormonal IUDs	Is it safe and normal?	Management of side effects or client concerns	When to refer to a higher-level provider
Irregular bleeding or spotting	Yes. Bleeding changes are normal and not harmful, and often stop after first 3-6 months.	Reassure the client.	If irregular bleeding starts after several months of normal bleeding.
No monthly bleeding	Yes, reassure the client that bleeding changes are normal and not harmful.	Reassure the client.	If monthly bleeding stops very soon after insertion of the hormonal IUD.
Heavy or prolonged bleeding	Yes. Bleeding changes are normal and generally not harmful, and often become less heavy or stop after the first 3-6 months.	Advise the client to eat foods rich in iron and/or take iron tablets to prevent anemia.	When she has heavy bleeding with excessive pain or a fever. If heavy or prolonged bleeding persists for more than 6 months after hormonal IUD insertion.
Cramping and pain	Yes. Generally, this is not harmful and usually decreases over time.	Reassure the client that she can expect cramping and pain in the first 1–2 days after insertion and that some cramping is also common in the first 3 to 6 months of IUD use, particularly during monthly bleeding. Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If severe cramping continues beyond the first 2 days after insertion or occurs outside of menstruation.
Acne	Yes.	Reassure the client. If the client wants to stop using hormonal IUDs because of acne, she may want to consider switching to COCs, as they can improve acne for many women.	Refer to a higher-level provider if the client wants to discuss removal and her options.
Ordinary headaches	Yes.	Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If she has any headaches that get worse or occur more often during use of the hormonal IUD.
Breast tenderness	Yes.	Recommend a supportive bra. She can try hot or cold compresses. Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If the client wants further advice.
Weight change	Yes.	Reassure the client.	Advise to see a higher-level provider to discuss diet.
Nausea or dizziness	Yes.	Reassure the client.	If the client wants further advice.
Changes in mood or sex drive	Yes.	Reassure the client.	If the client is concerned about major depression or other serious mood changes.
Worried that partner can feel strings during sex	This can happen when the strings are cut too short and is not harmful.	Reassure the client.	If she or her partner finds the strings bothersome, refer to a higher-level provider.

REMEMBER:

If the side effect persists and is unacceptable to client:

switch to another method, or refer the client if she wants to switch to another method not available at a drug shop/ pharmacy.

SIDE EFFECTS MANAGEMENT: HORMONAL IUD (CONTINUED)

Other possible side effects or complications of the IUD insertion requiring referral



Severe pain in lower abdomen

This is rare, but it could be the sign of an infection or possible ectopic pregnancy, or a perforation.

Refer immediately to a higher-level provider if she has a rapid pulse, falling blood pressure or new/increasing pain.

Refer immediately if a client reports any of these signs or symptoms: unexplained vaginal bleeding, unusual vaginal discharge, fever or chills



IUD partially or completely comes out

Refer immediately to a higher-level provider.



Missing strings

Refer immediately to a higher-level provider.

You can use your smartphone or tablet to read more information about the hormonal IUD on this fact sheet by the Hormonal IUD Access Group.



SIDE EFFECTS MANAGEMENT: TUBAL LIGATION (FEMALE STERILIZATION)

No side effects. See below for complications requiring referral, but these are uncommon to extremely rare.



Fever



Infection at the incision site (redness, heat, pain, pus)



Abscess (a pocket of pus under the skin caused by infection)



Severe pain in lower abdomen



Steady or worsening pain, cramps, tenderness in belly



Fainting or very dizzy



Suspected pregnancy

You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on female sterilization.



Sources:

FP Global Handbook, 2022 edition, page 236

Training Resource Package for Family Planning, Tubal Ligation Session IIIa: Counseling and Informed Consent

SIDE EFFECTS MANAGEMENT: VASECTOMY (MALE STERILIZATION)

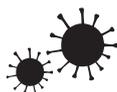
Possible complications after vasectomy	Is it safe and normal?	Management of side effects or client concerns	When to refer to a higher-level provider
Discomfort, bruising, and slight pain at the operative site	Yes.	Reassure the client. Suggest the correct dosage as indicated for ibuprofen, paracetamol, or other pain reliever. He should not take aspirin, which slows blood clotting.	If the client wants further advice.
Some blood streaks in ejaculate immediately after the procedure	Yes.	Reassure the client that these will usually go away within a couple of weeks.	If bleeding increases.
Pain lasting for months	Yes, but rare.	Suggest elevating the scrotum with snug underwear or pants or an athletic supporter. Suggest soaking the area in warm water. Suggest the correct dosage as indicated of aspirin, ibuprofen, paracetamol, or other pain reliever.	If pain persists and cannot be tolerated.

Possible complications after the vasectomy procedure requiring referral



Bleeding or blood clots after the procedure

Reassure the client that minor bleeding can occur but refer to a higher-level provider to rule out anything more serious.



Infection at the puncture or incision site (redness, heat, pain, pus)

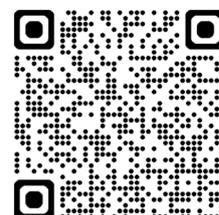
Reassure the client that this is uncommon but likely not dangerous. Refer immediately to a higher-level provider for assessment and treatment.



Abscess (a pocket of pus under the skin caused by infection)

Reassure the client that this is likely not dangerous but refer to a higher-level provider for assessment and treatment.

You can use your smartphone or tablet to scan this code for a Global Health Media Project video with information on vasectomy.



FP METHODS: STOCKOUTS AND COMPLICATIONS (FOR THE PROVIDER TO COMPLETE)

Service/Method	Where to Refer
Medical Complications:	
Condoms:	
Spermicides:	
ECPs:	
Oral Contraceptive Pills (COCs and POPs):	
Injectables:	
Fertility awareness-based methods:	
Implants:	
Copper IUDs:	
Hormonal IUDs:	
Female Sterilization:	
Male Sterilization:	
HIV/AIDS Testing and Counseling:	
HIV/AIDS Treatment/Antiretroviral Therapy:	
STI Testing and Treatment:	
Gender-based Violence Services:	
Youth Protective Services:	
Other:	

GLOBAL STANDARDS FOR QUALITY HEALTH-CARE SERVICES FOR ADOLESCENTS

A GUIDE TO IMPLEMENT A STANDARDS-DRIVEN APPROACH TO IMPROVE THE QUALITY OF HEALTH-CARE SERVICES FOR ADOLESCENTS



You can use your smartphone or tablet to scan this code to access the full WHO/UNAIDS document (English). This document provides information to help providers improve their services so that adolescents find it easier to obtain the health services that they need to promote, protect and improve their health and well-being.



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