

Chapter 1

How to Use This Book

This handbook is for family planning and reproductive health care providers who work in clinics and other health care facilities. It contains practical information about family planning methods, how to provide them, and how to help clients use them.

You can use this book:

- To look up information in order to serve your clients,
- For background information and study on your own,
- In training courses,
- When you talk to community groups,
- When you prepare information materials for the public or clients,
- To help develop policies, guidelines, procedures, and training materials.

Carry it with you, and consult it often!

Many different people can learn from this book. Please share it with clients, policy-makers, journalists, and volunteers as well as with other health care providers.

The more people who have this book, the more useful it will be. If you have extra copies, please share them with co-workers. You can order

more copies, too. This handbook is free of charge to health care providers and programs in developing countries. See the list of distributors inside the back cover. Also, you are welcome to photocopy pages of this book and give the copies to others.

You can adapt and add to this handbook. The handbook has been written for family planning providers all over the world. The situation in your area or your program may call for special information and guidance.

Please tell us how you are using this handbook. Tell us what is helpful and what causes problems. Tell us what should be clearer, what should be changed, and what should be added. With your help, we will be able to make this handbook better in the future.

How to Find Information in This Book

Finding the right chapter. There are 16 chapters in this book, including one chapter for each major family planning method. These methods are listed on the back cover. You can line up the name of the method on the back cover with the ink on the edge of the pages. That way you can turn quickly to the chapter on that method.

Finding information in the chapter. Most chapters about family planning methods have the same sections in them. There are major sections in each chapter and then some subsections. These sections and subsections are always in the same order.

The standard sections and subsections are listed below, and their contents are described:

Key Points—On page 1 of each chapter, a short list of the most important information about the method.

Table of Contents—On page 2 of each chapter. (Note that page numbers are made up of the chapter number and then a page number. For example, this is page 1–2—that is, Chapter 1, page 2.)



Introduction—Brief description of the method and some of its common names.



Deciding About the Method—Information to help decide if the method suits the specific client.

- **How Does It Work?**—How the method prevents pregnancy.
- **Advantages and Disadvantages**—The client may want to consider these. Lists of disadvantages begin with common side effects, if there are any; these are printed in brown.
- **Medical Eligibility Checklist**—After the client has freely chosen a method, this checklist helps make sure that no medical conditions prevent or restrict use of that method.



Starting the Method—Information on providing a new method and explaining how to use it.

- **When to Start?**—When a client can start using the method. This may depend on her or his situation.
- **Providing the Method**—Procedures for providing the new method.
- **Explaining How to Use the Method**—Instructions for the new user. These instructions often include what to do about side effects and reasons to see a doctor or nurse. These pages have brown borders.



Following Up—Information on what to ask and do during later visits.

- **Helping Clients at Any Routine Return Visit**—Procedures when a returning client has no problems.
- **Managing Any Problems**—Suggestions for helping when a returning client has problems with the method.



Important Information for the User to Remember—Brief information to help the client. This information can be copied or adapted and then given to clients.



Questions and Answers—Answers to providers' and clients' common questions.

In each chapter the main sections are marked with the same small symbols shown above and on page 1–3. The name of the section and method and the symbol for that section are printed at the bottom of each righthand page.

Decision tables appear throughout the chapters. The example below shows how to use these tables:

First look in this column	Then look in this column
Find here the client's situation, condition, or problem.	Find here the appropriate information or recommended action that fits the client's situation, condition, or problem.

Besides the chapters on family planning methods (Chapters 5 to 15), this book contains several other chapters. Chapter 2 summarizes benefits of family planning. Chapter 3 briefly describes family planning counseling. Chapter 4 covers various information that applies to many different clients and various family planning methods. Other chapters often refer to information in Chapter 4. Chapter 16 covers sexually transmitted diseases including HIV/AIDS.

A **wall chart** about family planning methods is available from the Johns Hopkins Population Information Program (JHU/PIP). (If you would like copies, write to JHU/PIP at the address on the inside front cover of this book. Please include shipping address and number of copies you require.) You can hang the wall chart in a client waiting area. Clients can look at the chart and see for themselves which methods may suit them best. Then they will be better prepared to talk with a provider. You are welcome to translate this wall chart and any other text into the languages of your area. You also may want to add or change text to suit your clients' needs and situations.

At the back of the book are a table of medical eligibility criteria, a list of suggested reading, a glossary of medical terms, and an index.

Special Notes on Certain Standard Features of Each Chapter

DECIDING ABOUT THE METHOD: How Effective?

This handbook describes the effectiveness of most family planning methods in terms of *the likelihood of pregnancy in the first year of using the method*. The likelihood of pregnancy is often reported in two ways:

Effectiveness as commonly used. This is the typical, or average likelihood of pregnancy for all users taken together, whether or not they use the method correctly and consistently.

Effectiveness when used correctly and consistently. This is the lowest likelihood of pregnancy reported in reliable studies. This figure is about the best that a client could hope for.

If the user's behavior has little or no effect on the likelihood of pregnancy—as with *Norplant* implants or female sterilization, for example—only one pregnancy rate is reported.

Most estimates of the likelihood of pregnancy in this book were made by James Trussell for publication in Hatcher et al. 1998. They are based on scientific reports. Most of these reports come from developed countries. Estimates for combined oral contraceptives (Chapter 5), various IUDs other than the TCu-380A (Chapter 12), and fertility awareness-based methods (Chapter 14) *as commonly used* come from Moreno and Goldman 1991. They are based on findings of Demographic and Health Surveys in developing countries. Estimates for female sterilization come from a large US study by Peterson et al. published in 1996. Except for fertility awareness-based methods, these estimates are the same or nearly the same as Trussell's. Estimates for progestin-only oral contraceptives (Chapter 6) come from McCann and Potter 1994. Estimates for LAM (Chapter 15) come from Labbok et al. 1994.¹

DECIDING ABOUT THE METHOD: Advantages and Disadvantages

Advantages and disadvantages are listed for each family planning method. These lists cover the most important characteristics and effects of the method. Common side effects are printed in brown under “Disadvantages.” With the provider’s help, the *client* considers how these advantages and disadvantages apply to her or his own situation. Then the *client* can make an informed choice about whether the method meets her or his needs.

Not all advantages and disadvantages apply to every client. Also, a disadvantage to one person may be an advantage to another person. Still, with these lists, a provider can help a client choose whether or not to use that method.

In the Advantages and Disadvantages lists, the word “may” means that the statement is based on theories or on similarity with another family planning method. There is no conclusive evidence from studies of people using this method, however. For example, “progestin-only injectables *may* help prevent ovarian cancer.” (They are similar to combined oral contraceptives.) When the word “may” is *not* used, it means that there *is* direct evidence from studies of users. For example, “progestin-only injectables help prevent endometrial cancer.”

DECIDING ABOUT THE METHOD: Medical Eligibility Checklist

Medical Eligibility Checklists appear in most chapters. They list the most important questions for medical screening of clients. These questions are based on recent recommendations from a World Health Organization (WHO) Scientific Working Group.² This WHO Scientific Working Group reviewed the latest scientific information and then made its recommendations. The checklist asks clients about characteristics—for example, whether a woman is breastfeeding—and about **known** medical conditions—for example, heart disease.

Considering the client's answers, the provider decides whether any medical conditions prevent or restrict the client's use of the method. The Working Group called these characteristics and conditions "medical eligibility criteria." Medical eligibility criteria often have been called "contraindications" when they limit use of a method.

The questions in each medical eligibility checklist are examples. Each program can decide what questions are most important in its own area. Also, the WHO Working Group expects each program to choose the most suitable *means* of screening for these conditions. Information from the client (client history) will often be the best approach, according to the Working Group. Generally, clinical and laboratory tests are not routinely needed for safe use of methods. On occasion, a client's medical history may call for specific tests.

A detailed table covering WHO medical eligibility criteria for major family planning methods appears in the Appendix after Chapter 16.

Information about when to start hormonal methods and IUDs, about what to do about missed pills and late injections, about handling menstrual changes caused by injectables and IUDs, on the importance of selected procedures (page 4–22), and on several other topics comes from recommendations of the Technical Meeting to Develop Consensus on Evidence-Based Guidance for Family Planning, convened by WHO in October 2001.

1. Trussell, J. Contraceptive efficacy. In: Hatcher et al. *Contraceptive technology* (17th revised edition). New York, Irvington, 1998.
Labbok, M., Cooney, K. and Coly, S. Guidelines: Breastfeeding, family planning, and the lactational amenorrhoea method—LAM. Washington, D.C., Georgetown University, Institute for Reproductive Health, 1994. 18 p.
McCann, M.F. and Potter, L.S. Progestin-only oral contraception: A comprehensive review. *Contraception* 50(6) (Supplement 1): S1–S195. December 1994.
Moreno, L. and Goldman, N. Contraceptive failure rates in developing countries: Evidence from the Demographic and Health Surveys. *International Family Planning Perspectives* 17(2): 44–49. June 1991.
Peterson, H.B., Xia, Z., Hughes, J.M., Wilcox, L.S., Tylor, L.R., and Trussell, J. The risk of pregnancy after tubal sterilization: Findings from the U.S. Collaborative Review of Sterilization. *American Journal of Obstetrics and Gynecology* 174: 1161–1170. 1996.
2. World Health Organization (WHO). *Improving access to quality care in family planning: Medical eligibility criteria for contraceptive use*. Geneva, WHO, Family and Reproductive Health, 1996.