

Screening Checklists to Initiate Use of Contraceptives: *Tools for Service Providers*



Welcome and Introductions

Greetings. My name is [name of presenter], and I would like to introduce to you a series of four tools for health workers providing family planning services. ■

Presentation Instructions

Please review the instructions on how to use this presentation provided in the document *What's Inside this CD-ROM*, located on the CD-ROM. It is highly recommended that presenters first review these instructions, as well as this presentation and each of the Training and Reference Guides in their entirety before giving this presentation.

Note:

The symbol ■ prompts the presenter to advance to the next slide or to the next section within a slide.

Objectives

- Rationale and purpose of the screening checklists
- Intended users of the checklists
- Current evidence on the validity and effectiveness of checklists
- Recommendations for adapting checklists to the local context

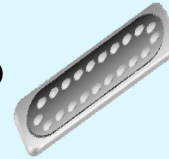


Objectives

1. During today's presentation, I will inform you about:
 - the rationale and purpose of the screening checklists;
 - the intended users of the screening checklists;
 - the current evidence on the validity and effectiveness of the checklists; and
 - recommendations for adapting the checklists to the local context.
2. By the end of the presentation, you should be able to answer the following questions.
 - Why were the checklists developed?
 - Which service providers will benefit from using the checklists?
 - How should service providers use the checklists?
 - What is the basis for the checklists? ■

Introducing the Screening Checklists

Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives (COCs)



Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)

Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD



How to be Reasonably Sure a Client is Not Pregnant



Introducing the Screening Checklists

1. First, let me introduce the four evidence-based, easy-to-use screening checklists:
 - ❑ the *Checklist for Screening Clients Who Want to Initiate Use of Combined Oral Contraceptives (COCs)* — which we will refer to as the “COC Checklist”;
 - ❑ the *Checklist for Screening Clients Who Want to Initiate Use of DMPA (or NET-EN)* — which we will refer to as the “DMPA Checklist”;
 - ❑ the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD* — which we will refer to as the “IUD Checklist”; and
 - ❑ the checklist entitled *How to be Reasonably Sure a Client is Not Pregnant* — which we will refer to as the “Pregnancy Checklist”.
2. Has anyone seen any of these screening checklists before? ■

Why Screen for Medical Conditions

- **Most** women can use most contraceptives.
- **Some** women need evaluation or treatment before starting to use certain contraceptives.
- **A few** women should not use certain contraceptives (unless cured).



Screening for Medical Conditions

1. Most national guidelines or protocols for family planning provision specify that modern contraceptive methods are generally safe and effective for use by the majority of women. However, for a limited number of women, certain contraceptive methods are not the most suitable, due to the presence or history of certain conditions. Therefore, depending on a woman's current or past medical conditions, she may or may not be a good candidate for a particular contraceptive method.
2. Screening is important to determine if a woman currently has, or has had in the past, a medical condition which can prevent safe and effective use of her method of choice. ■

Why Rule Out Pregnancy?

- Women who are currently pregnant do not require contraception.
- IUD insertion should NOT be initiated in pregnant women because it could result in a septic miscarriage.
- Sterilization should never be performed during pregnancy.



Why Rule Out Pregnancy?

Screening for contraceptive initiation should also include ruling out pregnancy, because:

- women who are currently pregnant do not require contraception;
- it is considered good practice to avoid all unnecessary medications during pregnancy;
- some methods, such as IUDs, should never be initiated in pregnant women because to do so might lead to septic miscarriage, which is a serious complication; and
- sterilization should never be performed during pregnancy. ■

Basis for the Screening Checklists

Checklists consist of questions based on:

- **WHO Medical Eligibility Criteria used to screen for medical conditions and to determine if a woman:**
 - is a good candidate for a specific contraceptive
 - will need further evaluation, or
 - should choose another method
- **Six conditions/situations to rule out pregnancy among nonmenstruating women**



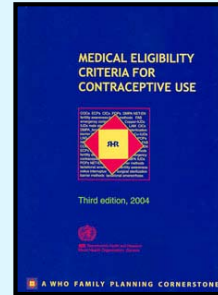
Basis for the Screening Checklists

The checklists include one to three sets of questions: two sets based on the WHO medical eligibility criteria and one set that enables providers to rule out pregnancy.

- ❑ The Pregnancy Checklist has only **one set** of questions (endorsed by WHO). Each of the six questions represents a condition or situation in which a woman cannot be pregnant.
- ❑ The COC and DMPA Checklists has **two sets** of questions — one set based on the WHO medical eligibility criteria and the other on the Pregnancy Checklist.
- ❑ The IUD Checklist has **three sets** of questions — two sets based on the WHO medical eligibility criteria and one set based on the Pregnancy Checklist. ■

Medical Eligibility for Contraceptives

- Evidence-based recommendations for contraceptive provision
- Updated through periodic expert reviews
- Guidance on 19 contraceptive methods
- List individual characteristics or health conditions that may or may not affect client's eligibility for a particular method



Medical Eligibility Criteria

1. The WHO Medical Eligibility Criteria is the cornerstone of international, evidence-based, family planning guidelines.
2. These guidelines can be used to determine “who” can use contraceptive methods safely.
3. The WHO Medical Eligibility Criteria provides guidance on the safety of 19 contraceptive methods for women and men with specific characteristics or known medical conditions. These characteristics and conditions range from age, smoking, and parity to cardiovascular disease, cancer, and infections, including HIV/AIDS.
4. These consensus-driven guidelines are updated periodically when a team of experts meet to appraise new research findings and update their recommendations. The most recent version, the third edition, was published in 2004.
5. All four checklists are based on the WHO 2004 *Medical Eligibility Criteria for Contraceptive Use*, which we will hereafter refer to as the “WHO MEC”. ■

Medical Eligibility Criteria

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

Source: WHO, 2004.

