

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

Please ask the client all of these questions and check the correct box.

NO		YES
	1. Is your menstrual period late <i>and</i> do you think you could be pregnant now?	
	2. Are you currently breastfeeding a baby under 6 months of age?	
	3. Do you smoke cigarettes <i>and</i> are you over 35 years of age?	
	4. Do you have repeated severe head pain, often on one side or pulsating, causing nausea and made worse by light, noise, or moving about?	
	5. Do you have high blood pressure?	
	6. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?	
	7. Do you have diabetes (sugar in your blood)?	
	8. Do you have or have you had breast cancer?	
	9. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	
	10. Do you regularly take any pills for tuberculosis (TB), fungal infections or seizures (fits)?	



If the client answers **NO** to all the questions, she can use COCs, *but to find out when she can start, continue with question 11.*



If the client answers **YES** to any of the above questions, *refer her to a clinic/physician, and give her condoms to use in the meantime.*

11. Has it been more than 5 days since the beginning of your last menstrual period?



**NO.** If the client began her last menstrual period *within the past 5 days*, she can be given COCs now.



**YES.** If the client began her last menstrual period *more than 5 days ago*, and if:



❖ *She has been using an effective method of contraception (including abstinence)*, give her COCs, instruct her to begin taking them now, but instruct her that she must use condoms or abstain from sex for the next 7 days. Give her condoms.

OR

❖ *She has not been using an effective method of contraception (including abstinence)*, give her the COCs but instruct her to start using them on the first day or during the first 5 days of her next menstrual period. Give her condoms to use in the meantime.

**Source:** Stang A, Schwingl P, Rivera R. New contraceptive eligibility checklists for provision of combined oral contraceptives and depot-medroxyprogesterone acetate in community-based programmes. *Bull World Health Organ* 2000;78(8):1015-23.

## Explanation of COC Checklist Questions

**1** **Is your menstrual period late and do you think you could be pregnant now?**  
This question has two parts — both of which should be asked together, and the answer “yes” must apply to both parts of the question. One or more missed periods **in combination** with the woman’s own report that she is or might be pregnant is required before a woman should be referred to a higher-level health care provider.

**2** **Are you currently breastfeeding a baby under 6 months of age?**  
This question is intended to identify women who are breastfeeding babies under 6 months of age. A breastfeeding woman can begin COCs 6 months after her baby is born. However, if a client does not plan to continue breastfeeding, she may be an eligible candidate for COCs even before the baby reaches 6 months of age.

**3** **Do you smoke cigarettes and are you over 35 years of age?**  
This is a two-part question — and both parts need to be asked together and the answer “yes” must apply to both parts of the question. A woman less than 35 years of age who smokes as well as a woman over the age of 35 years who is a nonsmoker are not at risk for problems associated with the combination of smoking and older age. The answer “no” to one or both parts of this question means a client may be eligible for COC use.

**4** **Do you have repeated severe head pain, often on one side or pulsating, causing nausea and made worse by light, noise, or moving about?**  
This question is intended to identify women with migraines, a particular type of headache that may be problematic for COC users. The use of the words “severe frequent pulsating pain” and the occurrence of other problems during the headache are essential parts of this question. These words help the client distinguish between those types of headaches that make her ineligible for COC use (such as migraines) and the less severe (more common), mild headaches for which COCs may still be used.

**5** **Do you have high blood pressure?**  
The question is intended to identify women who have ever been told that they have high blood pressure, since women with this condition should be referred for further evaluation before receiving COCs.

**6** **Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?**  
This question is intended to identify women with already known serious vascular disease, not to determine whether women might have an undiagnosed condition. Women who have had any of these conditions will often have been told that they have had this condition and will answer “yes,” if appropriate.

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**Do you have diabetes (sugar in your blood)?**

The intention of this question is to identify women who know that they have diabetes, not to assess whether they may have an undiagnosed condition.

8

**Do you have or have you had breast cancer?**

The intention of this question is to identify women who know they have had or currently have breast cancer.

9

**Do you have a serious liver disease or jaundice (yellow skin or eyes)?**

The intention of this question is to identify women who know that they currently have a serious liver disease and to distinguish between current severe liver disease (such as severe cirrhosis or liver tumors) and past liver problems (such as treated hepatitis).

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**Do you regularly take any pills for tuberculosis (TB), fungal infections or seizures (fits)?**

The following medications make COCs less effective:

- rifampicin (for tuberculosis)
- griseofulvin (an antifungal medication)
- phenytoin (for epilepsy/seizures)
- carbamazepine (for epilepsy/seizures)
- barbiturates (for epilepsy/seizures)

11

**Has it been more than 5 days since the beginning of your last menstrual period?**

The intention of this question is to determine when the client should start COCs. If she has just started her menstrual cycle and is within days 1 to 5 of the first day of bleeding, she can start the method immediately. If it is more than 5 days since her first day of bleeding, there are two options:

- If she has been using an effective method of contraception (correctly and consistently) that can help a provider rule out pregnancy, she can start taking the pill immediately but use a back-up method for 7 days.
- If she has **not** been using any effective method of contraception (including abstinence), in order to insure she is not pregnant, she needs to wait until her next menstrual period begins before starting COCs and be given condoms to use in the meantime.

