



### **Session One: Welcome and Introductions**

1. Hello. My name is [**name of facilitator/trainer**], and I am here today with [**name of other facilitators/trainers**].
2. I would like to welcome everyone to this training on “How to Use Screening Checklists to Initiate Use of Contraceptives”.
3. Before we begin the training sessions today, I’d like to start off with a few preliminaries. First, let’s to get to know each another a little. Would each of you turn to the person sitting next to you and ask: a) their name, b) the name of their organization and the nature of their work, and c) why they are attending the training today. After you’ve met your neighbor, I will ask you to present them to the rest of the group.
4. Second, can anyone tell me what you expect to learn from this workshop today?
5. Third, I would like us to suggest a few norms to be followed by the group during the training session.

#### **Note to Presenter**

Follow Training Steps 1, 2, and 3 in Session 1 of any of the Training and Reference Guides. ■

#### **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 facilitators first review these instructions, as well as this presentation and each of the Training and Reference Guides in their entirety before giving a training. The facilitator will note the following three keys used throughout the presentation.

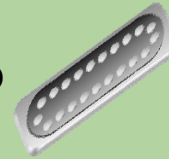
- The symbol ■ prompts the facilitator to advance to the next slide or to the next section within a slide.
- **Notes to Presenter** provide specific information as to how the facilitator should prepare his presentation.
- **Words in grey** provide specific instructions for the facilitator as he or she presents the slides.

# 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**



## **Session One: Welcome and Introductions** *(continued)*

1. During today's training, we will be discussing the following 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 or used any of these screening checklists before? ■

## Learning Objectives

- The rationale, purpose, and design of the screening checklists
- The medical eligibility criteria to screen clients for contraceptive initiation
- Proper use of the checklists



### **Session One: Welcome and Introductions** *(continued)*

1. By the end of this training, you will have learned or become familiar with:
  - the rationale, purpose, and design of the screening checklists;
  - the medical eligibility criteria to screen clients for contraceptive initiation; and
  - proper use of the checklists.
2. In so doing, we will discover the answers to the following questions.
  - Why were the checklists developed?
  - How should service providers use the checklists?
  - What is the basis for the checklists?
  - How do the checklists work? ■

## Group Activity

# Peel the Cabbage



### **Session One: Welcome and Introductions** *(continued)*

1. First, I'd like for the group to tell me about the approaches currently used in your different places of work for screening women who wish to begin using contraceptives.

**Question:** When a woman requests a particular contraceptive method, how do you determine if she is a good candidate for that particular method?

2. We will answer this question by playing a game called "Peel the Cabbage". The paper "cabbage" I'm holding contains several questions for you to answer. I am going to toss this cabbage to one of you. The person who catches the cabbage will peel off the top layer, read the question, and answer it. After answering the question, that person will then toss the cabbage to another participant who will read and answer the next question. One rule of the exercise is that participants cannot repeat any answers already given. Even if a question is repeated, participants must come up with a different answer!
3. As we go through the training today, you will have the opportunity to see whether your answers were correct or not. ■

#### **Note to Presenter**

Advance preparation is required for this exercise. Follow instructions for Exercise A (Peel the Cabbage) in any of the Training and Reference Guides. Adapt the questions to your audience.

*The following questions can be used for a combined training.*

- What practice is currently used to determine if a woman is medically eligible to receive contraception? (Consider COCs, DMPA and IUD.)
- How is pregnancy ruled out?
- Can you name some conditions that prevent women from safely using COCs, DMPA or an IUD? (Create a separate list of conditions for each contraceptive method.)

## Why Were the Checklists Developed?

- To facilitate the screening process for determining whether a client may safely initiate use of a particular contraceptive method by:
  - screening for medical conditions
  - ruling out a pregnancy
- To improve quality of care by ensuring:
  - that screening is conducted in an efficient and reliable manner
  - safety while providing family planning



### **Session Two: Rationale and Purpose of the Screening Checklists**

1. The COC, DMPA, and IUD checklists were developed to facilitate the screening process used by both clinical and non-clinical providers to determine if a woman is medically eligible to initiate use of COCs, DMPA or the copper IUD.
2. The Pregnancy Checklist was developed for a different purpose. Rather than screening women for medical conditions, it enables providers to rule out pregnancy among nonmenstruating women seeking to initiate the contraceptive method of their choice.
3. National guidelines or protocols for family planning provision specify who can use and who cannot use a particular contraceptive method, including COCs, DMPA, and IUD.
4. Tell me, in your daily work, how easy is it to use your national guidelines/protocols to determine if a woman can safely use these contraceptives?
5. All four checklists help to improve quality of care by ensuring that:
  - screening is conducted in an efficient and reliable manner
  - family planning methods are provided safely

**Question:** For those who are using these checklists, do you find it useful in your work? How? ■

(Ask this question only if participants have had prior experience using the checklists, based on their responses to the question in the narrative for slide 2.)

## 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).



### Session Two: Rationale and Purpose of the Screening Checklists *(continued)*

1. Now, let's discuss **why** we need to screen women for medical conditions.
2. We know that modern contraceptive methods are generally safe and effective for use by the majority of women. But, for a limited number of women, some contraceptive methods are not the most suitable, due to the presence or history of certain conditions.
3. 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. Screening is necessary in order to determine whether a woman can safely and effectively 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 in pregnant women should be delayed until pregnancy has ended.



### **Session Two: Rationale and Purpose of the Screening Checklists** *(continued)*

1. Screening for contraceptive initiation should also include ruling out pregnancy, because:
  - women who are currently pregnant do not require contraception;
  - 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. ■

## How the Checklists Should be Used

**As screening/decision-making tools** for providers to determine if a woman:

- is a good candidate for a specific method
- will need further evaluation, or
- should choose another method

**As job aids** to utilize resources efficiently by:

- saving time for nonmenstruating clients
- facilitating application of family planning guidelines through a simple screening process



### **Session Two: Rationale and Purpose of the Screening Checklists** *(continued)*

1. Service providers should use the checklists as screening/decision-making tools to determine if a woman:
  - is a good candidate for a specific method;
  - will need further evaluation; or
  - should choose another method. ■
2. Checklists also are job aids to help providers screen clients in a reliable and efficient manner.
  - Using the checklists saves time. For example, using the Pregnancy Checklist to rule out pregnancy saves time for both client and provider, because in most cases there is no need for nonmenstruating clients to make a second appointment to rule out pregnancy.
  - The checklists allow application of evidence-based practices during the screening process.
  - The checklists facilitate the application of lengthy and complicated FP guidelines in a simple and time-efficient manner. ■

## How the Checklists Should Not be Used

### As diagnostic tools

- The checklists are **not diagnostic tests** and cannot be used to decide if woman has a “new” condition, which may preclude use of contraceptive method.
- Questions are intended to verify **known** conditions only.

### As counseling tools

- The checklists should only be used once an informed decision has been made.



### Session Two: Rationale and Purpose of the Screening Checklists (continued)

1. However, the checklists are **not diagnostic tools**, such as a blood test, and are not intended to diagnose new conditions that may be “contraindications” for COCs, DMPA or IUD. Instead, the questions are intended to establish whether a client currently has or has had in the past a **known** condition or disease (i.e., they were told by a health provider at some point in their life that they have one of the conditions in question). Women with either active conditions or a history of particular conditions may :
  - ❑ not be appropriate candidates for this particular contraceptive method and should be counseled about other contraceptive options, and/or;
  - ❑ need further evaluation before a particular contraceptive method is initiated. ■
2. The checklists are **not counseling tools**. They should always be used **after** an informed choice has been made through appropriate counseling. ■

## What is the Basis for the Screening Checklists?

Checklists consist of **one to three** sets of questions based on:

- WHO Medical Eligibility Criteria (MEC) for contraceptive use
- Six conditions/situations that preclude pregnancy

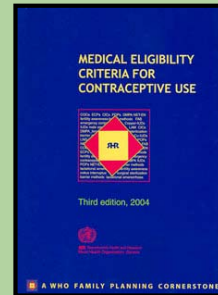


### Session Two: Rationale and Purpose of the Screening Checklists *(continued)*

1. Now that we understand why the checklists were developed and how they should be used, we shall discuss the evidence-based recommendations from which these checklists were developed.
2. The checklists have 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 have **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 and one set based on the Pregnancy Checklist. ■

## Medical Eligibility for Contraceptive Use

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



### **Session Two: Rationale and Purpose of the Screening Checklists** (continued)

1. We will now discuss the WHO Medical Eligibility Criteria and its purpose.
2. In 1999, WHO assembled a team of experts to review the available research on family planning provision and to organize this information in a manner that could be readily used by providers to determine a client's medical eligibility for contraceptive methods.
3. Accordingly, WHO developed the first international evidence-based family planning guidelines, known as its Medical Eligibility Criteria for Contraceptive Use, which can be used to determine “who” can use contraceptive methods safely.
4. 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.
5. These consensus-driven guidelines are updated periodically when a team of experts meets to appraise new research findings and update their recommendations. The most recent version, the third edition, was published in 2004.
6. All four checklists are based on the WHO 2004 *Medical Eligibility Criteria for Contraceptive Use*.
7. Hereafter we will refer to this document 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.

