

COC Scenario 1

You are a 42-year-old woman with two children who is requesting COCs. You have a history of diabetes that was first diagnosed when you were 18 years old.

1. *Is this client a good candidate for receiving COCs during today's visit?*

No.

2. *Why or why not?*

She is not medically eligible because she answers “YES” to question 9 — *Have you ever been told you have diabetes (high sugar in your blood)?* Diabetic women who have had the disease for at least 20 years, or who have vascular complications, should not use COCs because of the increased risk of blood clots.

3. *What course of action would you take next?*

Counsel the client on other available contraceptive options, such as IUDs, implants, condoms or sterilization. For these contraceptive methods, a long history of diabetes is not a contraindication to use.

COC Scenario 2

You are a 24-year-old woman who gave birth to your first child five months ago. You are fully breastfeeding and have not had a menstrual period since childbirth, but you need to return to work full-time in two weeks. Because this will make it impossible to keep up your breastfeeding schedule, you plan to switch to formula and other supplementary foods as soon as you return to work.

1. *Is this client a good candidate for receiving COCs during today's visit?*

Yes.

2. *Why or why not?*

The explanation for question 1 on the COC checklist states that whereas breastfeeding women should not use COCs, since they may decrease the duration of lactation, a woman who plans to discontinue breastfeeding may be a good candidate for the method.

3. *What course of action would you take next?*

Proceed with initiation of COCs.

COC Scenario 3

You are a 30-year-old woman who has three children. You complain about repeated headaches, but when asked about the nature of your headaches, you say that they are mild, have no distinctive pattern, and are not accompanied by other symptoms. Your last menstrual period started six days ago.

1. Is this client a good candidate for receiving COCs during today's visit?

Yes.

2. Why or why not?

According to the explanation for question 3, only migraines with focal symptoms (*severe headaches, often on one side, and/or pulsating, causing nausea*) may preclude use of COCs. Because the woman's headaches are mild and are not accompanied by other symptoms, she may be a good candidate for COCs. Also, pregnancy is ruled out because she confirmed that her last menstrual period started within the past seven days (question 10).

3. What course of action would you take next?

Proceed with initiation of COCs. Because the woman's menses started more than five days ago, she must use condoms or abstain from sex for the next seven days while using COCs.

COC Scenario 4

You are a 34-year-old woman who was diagnosed with tuberculosis two months ago and is taking rifampicin.

1. Is this client a good candidate for receiving COCs during today's visit?

No.

2. Why or why not?

She is not medically eligible because she answered "YES" to question 6 — *Do you regularly take any pills for tuberculosis (TB) or seizures (fits)?* According to the explanation for question 6, women who take rifampicin should generally not use COCs. This is because rifampicin has been shown to adversely affect the efficacy of COCs.

3. What course of action would you take next?

Counsel the woman about other contraceptive options, such as condoms, DMPA, IUDs and sterilization. Help her to choose an appropriate method. Also inform her that when she has completed her tuberculosis treatment, she can be re-evaluated for COC use, if she is still interested.

COC Scenario 5

You are a healthy woman who answers “NO” to all the checklist questions.

1. Is this client a good candidate for receiving COCs during today’s visit?

No.

2. Why or why not?

She is not eligible because pregnancy has not been ruled out. (She answered “NO” to questions 10-15.) Although she is medically eligible to use COCs, she does not need a contraceptive if she is pregnant.

3. What course of action would you take next?

Let the client know that she is not *necessarily* pregnant, but that in her case, another approach will be needed to rule out pregnancy (either a pregnancy test, a pelvic exam, or awaiting her next menses). Be sure not to lead the client to believe she is pregnant. Always provide her with some form of protection against pregnancy, such as condoms, while waiting to rule out pregnancy. If possible, also provide her with COCs and instructions to start using them on the first day of her next menses.

COC Scenario 6

You are a 41-year-old woman who smokes two cigarettes a day.

1. Is this client a good candidate for receiving COCs during today’s visit?

No.

2. Why or why not?

She is not eligible because she answered “YES” to question 2 — *Do you smoke cigarettes and are you over 35 years of age?* Women who are over 35 years of age and who smoke cigarettes may be at increased risk of cardiovascular

disease. This is a two-part question. Both parts need to be asked and the answer “YES” must apply to both parts of the question for the woman to be ineligible. This is because a woman younger than 35 years who smokes, or a woman older than 35 years who does not smoke, is not at increased risk of cardiovascular disease. If a client answers “NO” to one or both parts of this question, she may be eligible for COC use.

3. *What course of action would you take next?*

Counsel the woman on other available contraceptive options, such as DMPA, IUDs, implants, condoms or sterilization. For these methods, smoking is not a contraindication to use at any age.

COC Scenario 7

You have severe headaches on the left side of your head that make you sick to your stomach. Any type of light, even candlelight, makes your headache worse.

1. *Is this client a good candidate for receiving COCs during today’s visit?*

No.

2. *Why or why not?*

She is not eligible because she answered “YES” to question 3 — *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?* This question is intended to identify women who have migraines with aura, a particular type of headache that may increase the risk of stroke in women using COCs. The use of the words “repeated severe headache, often on one side” and the occurrence of other problems during the headache are essential parts of this question. These words help the client distinguish between the types of headaches that make her ineligible for COC use (such as migraines with aura) and the less severe or mild headaches, which do not rule out COC use.

3. *What course of action would you take next?*

Counsel the woman on other available contraceptive options, such as DMPA, IUDs, implants, condoms or sterilization. For these methods, a history of migraines is not a contraindication to use.

COC Scenario 8

You are currently being treated for viral hepatitis.

1. Is this client a good candidate for receiving COCs during today's visit?

No.

2. Why or why not?

She is not medically eligible because she answered "YES" to question 4 — *Do you have a serious liver disease or jaundice (yellow skin or eyes)?* This question is intended to identify women who have serious liver disease. It can also be used to distinguish current serious liver disease (such as severe cirrhosis, liver tumors or active hepatitis) from past liver problems (such as a history of hepatitis/hepatitis carrier). Women with serious liver disease should not use COCs, because COCs are processed by the liver and their use may worsen liver function that is already weakened by the disease.

3. What course of action would you take next?

Counsel the woman on other available contraceptive options, such as IUDs or condoms, for which active viral hepatitis is not a contraindication to use. Also encourage her to talk with your about her liver condition and the possibility of beginning COCs after treatment is completed.

COC Scenario 9

You had a heart attack five years ago for which you were hospitalized for one week.

1. Is this client a good candidate for receiving COCs during today's visit?

No.

2. Why or why not?

She is not medically eligible because she answered "YES" to question 5 — *Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?* Women with these conditions may be at increased risk of blood clots if they take COCs. Women who have had any of these conditions will often have been told about it and would likely answer yes.

3. What course of action would you take next?

Counsel the woman on other available contraceptive options, such as IUDs, implants, condoms and sterilization. For these methods, a history of heart attack is not a contraindication to use.

COC Scenario 10

You had surgery two years ago to remove a breast cancer tumor.

1. *Is this client a good candidate for receiving COCs during today's visit?*

No.

2. *Why or why not?*

She is not medically eligible because she answered “YES” to question 7 — *Have you ever been told you have breast cancer?* Women who have a history of breast cancer or current breast cancer are not good candidates for COCs, because breast cancer is a hormone-sensitive tumor, and COC use may adversely affect the course of the disease.

3. *What course of action would you take next?*

Counsel the woman on other available contraceptive options, such as IUDs, condoms and sterilization. For these methods, breast cancer is not a contraindication to use.

COC Scenario 11

You were told you had high blood pressure when you went to the clinic two years ago.

1. *Is this client a good candidate for receiving COCs during today's visit?*

No.

2. *Why or why not?*

She is not medically eligible because she answered “yes” to question 8 — *Have you ever been told you have high blood pressure?* Women with elevated blood pressure should not use COCs because they may be at increased risk of stroke or heart attack.

3. *What course of action would you take next?*

Refer the client to a higher-level provider to have her blood pressure evaluated. She may still be eligible to receive COCs, depending on the outcome of the evaluation. In the meantime help her to choose another method of contraception.