

## Checklists For COCs And DMPA (or NET-EN) Use In Community-Based Services And Checklist Guide

### Checklist for Clients Who Want to Initiate Combined Oral Contraceptives (COCs) in Community-Based Services (CBS)

Please ask the client all of these questions:	Check the correct box:	
1. Is your period late <b>and</b> do you think you could be pregnant now? .....	Yes	No
2. Are you currently breastfeeding a baby under 6 months of age? .....	Yes	No
3. Do you smoke cigarettes <b>AND</b> are you over 35 years of age? .....	Yes	No
4. Do you have <b>frequent and very severe</b> headaches that cause you problems; for example, blurred vision or temporary loss of vision, which you get <b>during</b> the headache? .....	Yes	No
5. Do you have high blood pressure? .....	Yes	No
6. Have you ever had a stroke, blood clot in your legs or lungs, or a heart attack? .....	Yes	No
7. Do you have diabetes (sugar in your blood)? .....	Yes	No
8. Do you have or have you had breast cancer? .....	Yes	No
9. Do you have a serious liver disease or jaundice (yellow skin or eyes)? .....	Yes	No
10. Do you regularly take any pills for tuberculosis (TB), fungal infections or seizures (fits)? .....	Yes	No
<p><b>If the client answers YES to any of the above questions, refer her to the clinic/physician, and give her condoms and/or spermicide to use in the meantime. If the client answers NO to all the above questions, continue with the questions below.</b></p>		
11. Do you have bleeding between menstrual periods which is <b>unusual</b> for you, or bleeding after intercourse (sex)? .....	Yes	No
<p><b>(If the client answers YES, she can use COCs, but refer her to the clinic/physician for further evaluation of bleeding. Continue with question 12.</b></p>		

**If the client answers NO to all the questions, she can use COCs, but to find out when she can start, ask:**

12. How many days ago did you start your last menstrual period?

\_\_\_\_\_ # days

**If the client began her last menstrual period within the past 7 days, she may begin COCs now.**

**If the client began her last menstrual period more than 7 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, and instruct her that she must use condoms and/or spermicides or abstinence for the next 7 days. Give her condoms and/or spermicides.
- 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 7 days of her next menstrual period. Give her condoms and/or spermicide to use in the meantime.

## Checklist for Clients Who Want to Initiate DMPA (or NET-EN) in Community-Based Services (CBS)

Please ask the client all these questions:	Check the correct box:	
1. Is your menstrual period late <b>and</b> do you think you could be pregnant now? .....	Yes	No
2. Have you ever had a stroke or heart attack? .....	Yes	No
3. Do you have diabetes (sugar in your blood)? .....	Yes	No
4. Do you have or have you had breast cancer? .....	Yes	No
5. Do you have a serious liver disease or jaundice (yellow skin or eyes)? .....	Yes	No
<b>If the client answers YES to any of the above questions, refer her to the clinic/physician, and give her condoms and/or spermicide to use in the meantime. If the client answers NO to all the above questions, continue with the questions below.</b>		
6. Do you have bleeding between menstrual periods which is <b>unusual</b> for you, or bleeding after intercourse (sex)? .....	Yes	No
<b>(If the client answers YES, she can be given DMPA now, but refer her to the clinic/physician for further evaluation of bleeding. Continue with question 7.)</b>		
<b>If the client answers NO to all the questions, she can use DMPA, but to find out when she can start, ask:</b>		
7. Are you currently breastfeeding? .....	Yes	No
<b>If the client answers YES, go to question 7a. If client answers NO, go to question 8.</b>		
7a. Is the baby less than 6 weeks old?		
<b>If client is breastfeeding a baby [less than 6 weeks old], instruct her to return for DMPA as soon as possible after the baby is 6 weeks old.</b>		
<b>If client is breastfeeding a baby 6 weeks old or older and her menstrual periods have not returned, she can be given DMPA now.</b>		
<b>If her menstrual periods have returned, go to question 8.</b>		
8. How many days ago did you start your last menstrual period?	_____ # days	
<b>If the client began her last menstrual period within the past 7 days, she can be given DMPA now.</b>		

**If the client started her last menstrual period more than 7 days ago, and if:**  
**she has been using an effective method of contraception (including abstinence), she can be given DMPA now, but instruct her that she must use condoms and/or spermicides or abstinence for the next 7 days. Give her condoms and/or spermicides.**  
**she has not been using an effective method of contraception (including abstinence), she must wait until her next period to be given DMPA. Give her condoms and/or spermicide to use in the meantime.**

## Guide For Applying Or Adapting COC And DMPA (or NET-EN) Checklists

### Goal:

These checklists provide an easy-to-use screening tool for community based services (CBS) workers. They are based on the guidance provided in the 1996 document from the World Health Organization (WHO) entitled: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. **Similar to the WHO recommendations, the checklists should be adapted to meet the needs of the local CBS program.**

### Purpose:

The checklists allow CBS workers to identify women who can safely initiate use of combined oral contraceptives (COCs) and DMPA (or NET-EN). This is done through a series of simple yes/no questions with further guidance/directions based on client responses. The checklists are not intended to identify or to newly diagnose conditions which may be "contraindications" for the method. Instead, the questions are intended to verify whether a client has or has had a known condition or disease. Women with either active conditions or a history of particular conditions will need further evaluation by a higher level health care provider before the method is initiated.

*The following section of this guide is meant to assist **PROGRAM MANAGERS, POLICY-MAKERS, ADMINISTRATORS and TRAINERS.***

1. The DMPA (or NET-EN) checklist is intended to be used to determine eligibility only for *three- or two-month progestin-only injectables*. Similarly, the COC checklist is intended to be used to determine eligibility *only for low-dose combined estrogen-progestin oral contraceptives*.
2. Adapt both the language and style to meet the cultural and linguistic needs of your clients.
3. As you make the adaptations please be careful that you do not inadvertently change the intent of the question. Explanations of the intent of each question are provided with each checklist to help with these adaptations. The following is an example of a poorly adapted checklist question:

Original COC checklist question:

Do you smoke **and** are you over age 35?

Poorly adapted question:

Do you smoke? Are you over age 35?

This adaptation has separated the original question into two different parts. By doing so, the most important aspect of the original question could be misinterpreted: that only women who both smoke **and** who are over 35 years old have an increased risk of cardiovascular disease. This poor adaptation could prevent an eligible woman who desires COCs from receiving them. (See explanation of the COC checklist).

4. The purpose of the questions is to verify whether a client has a known condition or disease which needs to be further evaluated before she can receive COCs, DMPA or NET-EN. The purpose is **not** for CBS workers to make a diagnosis about conditions or diseases.
5. CBS workers and clients may not recognize the generic names of certain drugs. The following question requires that programs supply the locally available names for particular drugs:

**COC checklist question 10:**

"Do you regularly take any pills for tuberculosis (TB), fungal infections or seizures (fits)?" (Only these particular drugs interact with COCs.)

- rifampicin (for tuberculosis)
  - griseofulvin (an antifungal medication)
  - phenytoin (for epilepsy/seizures)
  - carbamazepine (for epilepsy/seizures)
  - barbiturates (for epilepsy/seizures)
6. The WHO Eligibility Criteria for Contraceptive Use classifies history of hypertension where blood pressure cannot be evaluated (such as CBS programs), and known mild-to-moderate hypertension as conditions where DMPA (or NET-EN) may generally be used (Category 2). However, DMPA (or NET-EN) is not usually recommended for women with known severe hypertension (at least 180+/110+), or with vascular disease, unless other more appropriate methods are unavailable or unacceptable (Category 3).
  7. Please keep in mind that the questions on the checklists are meant to identify women who should be seen by a higher level provider prior to initiating the method; the conditions listed are not necessarily contraindications for use of the method.

*The following section applies to both **PROGRAM MANAGERS** and **CBS TRAINERS**:*

1. The checklists are not meant to replace counseling. Providers should make sure the client makes an informed and voluntary choice to use either COCs or DMPA.
2. Once it has been determined that a client is eligible to initiate use of the method she has chosen, instruct her on how to use the method correctly and consistently and how to manage side effects and identify warning signs of more serious complications.
3. As mentioned above, the checklists identify clients eligible to **initiate** use of either COCs or DMPA (or NET-EN), under the supervision of the CBS worker. However, they may be used or adapted to identify clients eligible to continue the use of these methods. It is not thought to be necessary to repeat each of the questions at each visit.
4. Establish an appropriate training system for use of the checklists to assure that CBS workers use them in the correct way. Periodically evaluate the correct use of the checklists.

5. Be certain that a referral system to accessible clinical sites or private providers is established and that CBS workers are familiar with the referral site and procedures.

## Explanation of COC Checklist Questions for Trainers

Question 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 women'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.

Question 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.

Question 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 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.

Question 4. *Do you have **frequent and very severe** headaches that cause you problems; for example, blurred vision or temporary loss of vision, which you get **during** the headache?* This question is intended to identify women with a particular type of headache that may be problematic for COC users. The use of the words "**frequent and severe**" 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 with focal neurologic symptoms) and the less severe (more common) mild headaches for which COCs may still be used.

Question 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.

Question 6. *Have you ever had a stroke, blood clot in your legs or lungs, or a 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.

Question 7. *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.

Question 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.

Question 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).

Question 10. *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)

Question 11. *Do you have bleeding between menstrual periods which is **unusual** for you, or bleeding after intercourse (sex)?* The intention of this question is to distinguish between normal bleeding changes (such as those associated with the use of another contraceptive method), and those that are different or unusual for the client, and to identify post-coital bleeding (since bleeding after intercourse may indicate an abnormality). The use of COCs does not make these conditions worse, but may change the bleeding pattern. Unusual bleeding changes can underlie a serious condition which should be evaluated by a higher level health care provider, but COC use need not be delayed.

Question 12. *How many days ago did you start your 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 7 of the first day of bleeding, she can start the method immediately. If it is more than 7 days since her first day of bleeding, there are two options:

- if she has been using an effective method (correctly and consistently) of contraception which 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 or spermicides to use in the meantime.

## Explanation of DMPA (or NET-EN) Checklist Questions for Trainers

Question 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 women'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.

Question 2. *Have you ever had a stroke 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 commonly have been told that they have had this condition. Those who have had this condition will answer "yes," if appropriate.

Question 3. *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.

Question 4. *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.

Question 5. *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 are currently suffering from 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).

Question 6. *Do you have bleeding between menstrual periods which is **unusual** for you, or bleeding after intercourse (sex)?* The intention of this question is to distinguish between normal bleeding changes (such as those associated with the use of another contraceptive method), and those that are different or unusual for the client, and to identify post-coital bleeding (since bleeding after intercourse may indicate an abnormality). The use of DMPA or NET-EN does not make these conditions worse, but may change the bleeding pattern. Unusual bleeding changes can underlie a serious condition which should be evaluated by a higher level health care provider, but DMPA or NET-EN use need not be delayed.

Question 7. *Are you currently breastfeeding?* A breastfeeding woman can be given DMPA or NET-EN 6 weeks after her baby is born.

Question 7a. *Is the baby less than 6 weeks old?* If clients more easily think of time in terms of months instead of weeks change the question to: "*Is the baby less than a month and a half old?*"

Question 8. *How many days ago did you start your menstrual period?* The intention of this question is to determine when the client should start DMPA (or NET-EN). If she has just started her menstrual cycle and is within days 1 to 7 of the first day of bleeding, she can start the method immediately. If it is more than 7 days since her first day of bleeding, she will need to wait until her next menstrual period begins before she can be given DMPA and be given condoms or spermicides to use in the meantime.