COUNSELING GUIDE

Preconception, prenatal, and postpartum counseling in the context of the Zika epidemic

DECEMBER 2017

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Public health workers can adapt this guide to each country’s situation and general guidelines. We ask that any adaptation acknowledges this guide’s original authors and its development under the USAID ASSIST Project.

For more information about the USAID ASSIST Project, please visit the ASSIST Knowledge Portal (www.usaidassist.org) or write to assist-info@urc-chs.com. For further information on the project’s efforts to improve the prevention and care of Zika, please visit: www.maternoinfantil.com/zika.

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Acronyms

ASSIST USAID Applying Science to Strengthen and Improve Systems Project
CDC United States Centers for Disease Control and Prevention
COC Combined Oral Contraceptives
DEET Diethyltoluamide (used as active ingredient in insect repellent)
FP Family Planning
HC3 Health Communication Capacity Collaborative
HIV Human immunodeficiency virus
IPPF International Planned Parenthood Federation
IUD Intrauterine Device
IUS Intrauterine System
LAM Lactational amenorrhea method
MEC Medical eligibility criteria
MINSA Ministry of Health (Nicaragua)
MSPAS Ministry of Public Health and Social Welfare (Guatemala)
SDM Standard Days Method
UNICEF United Nations Children's Fund
URC University Research Co., LLC
USAID United States Agency for International Development
WHO World Health Organization
1. Introduction

This guide on preconception, prenatal, and postpartum counseling in the context of Zika was designed to support health care professionals who offer care to non-pregnant and pregnant women of reproductive age in geographic regions with high incidence of Zika virus infections.

The content of the counseling guide was drawn from national and international standards and other documents about counseling, adapting it to the context of Zika virus infection, and placing special emphasis on the following:

- Zika virus transmission, including sexual transmission, and its prevention
- Risk for a pregnant woman to pass the Zika virus to her son or daughter during pregnancy
- Personal protection measures (for the mother, the newborn, and small child)
- Protective measures in the home and surroundings
- Importance of those of reproductive age understanding the risk of contracting or having Zika virus infection during pregnancy
- Family planning and emergency contraceptive counseling in the context of the Zika epidemic.
- Prenatal counseling when a pregnant woman has been diagnosed with a confirmed Zika infection
- Prenatal counseling when the fetus has suspected or confirmed diagnosis of congenital Zika syndrome
- Postpartum counseling when a newborn has been diagnosed with congenital Zika syndrome
- Referral for psychological support for the mother of the newborn with congenital Zika syndrome
- Referral for treatment and monitoring of the newborn with congenital Zika syndrome
- Referral for neurological and other developmental follow-up of children born to mothers with a suspected or confirmed diagnosis of Zika infection during pregnancy.

There are many important topics on Zika prevention and care that cannot be covered in this guide. A list of additional resources is provided on page 45 and further information can be found on the ASSIST (www.usaidassist.org/topics/zika) and Materno Infantil (www.maternoinfantil.org/zika) websites, or through the Zika Communication Network (www.zikacommunicationnetwork.org).

2. The Zika epidemic and counseling

Zika is caused by a virus that is primarily transmitted through the bite of a mosquito from the Aedes genus, especially Aedes aegypti and Aedes albopictus, which has previously bitten an infected person. These are the same mosquitoes that spread the dengue and chikungunya viruses.

The Zika virus infection is frequently asymptomatic in otherwise healthy adults or might cause mild to moderate symptoms. For symptomatic cases with moderate illness, symptoms include: fever, non-purulent conjunctivitis, headache, myalgia and arthralgia, asthenia, maculopapular and pruritic skin
rash, lower extremity edema, and less frequently, retro-orbital pain, loss of appetite, vomiting, diarrhea, or abdominal pain. Symptoms last 2 to 7 days and are self-limiting.¹

Scientific evidence strongly supports the effect of Zika virus infection during pregnancy in causing various malformations of the newborn’s central nervous system, including microcephaly, a birth defect where a baby’s head is smaller than expected when compared to babies of the same sex and age.² Microcephaly can be present from birth or can develop later, depending on the point in the pregnancy in which the woman contracted Zika. Congenital Zika syndrome refers to any birth defects associated with Zika virus infection during pregnancy.

Pregnancies in which the mother has had a Zika infection can also end in miscarriages, fetal deaths, and stillbirths. Surviving children may have various manifestations of the disease, such as visual or auditory problems, severe developmental delay, and severe neurological disorders like hypertonia/spasticity, intellectual disabilities, seizures, and growth restriction, among others.

Moreover, several countries have also reported increased cases of Guillain-Barré syndrome³ in areas with high incidence of Zika virus infections.⁴ The Zika virus is also transmitted by an infected man or woman to their sexual partners. Sexual transmission includes vaginal, anal, and oral (mouth-to-genital) intercourse. Finally, cases have been reported of Zika virus transmission through blood transfusions and laboratory contamination.

In brief, the Zika virus is transmitted:

- By a bite from an Aedes mosquito that has previously bitten an infected person
- From an infected pregnant woman to her fetus during pregnancy
- From an infected man or woman to his/her sexual partners
- Through blood transfusions and laboratory contamination

As such, pregnant women with recent possible Zika virus exposure (via living in, working in, or traveling to an area with active transmission or sex without a condom with a partner who lived in, worked in, or traveled to an area with active transmission) must be assessed to determine if they have been infected by the Zika virus. Diagnostic tests should be considered based on patient exposure and symptoms, patient preferences and values, clinical judgment, a balanced assessment of risks and expected outcomes, and guidance from their countries’ Ministry of Health or Department of Health.

Diagnostic testing for Zika virus infection can be accomplished using molecular and serologic methods. For example, the U.S. Centers for Disease Control and Prevention (CDC) recommend concurrent nucleic acid tests (NAT) and immunoglobulin M (IgM) tests for symptomatic pregnant women with possible exposure during their current pregnancy. They also recommend NAT testing for asymptomatic pregnant women with ongoing possible exposure. However, IgM testing is no longer recommended for this population as IgM can persist for months after infection and cannot reliably determine whether an infection occurred during the current pregnancy. Diagnostic testing, including

³ A neurological disorder that can cause flaccid paralysis and, in some cases, is fatal.

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which methods to use and how to interpret results, should be performed according to each countries’ Ministry of Health or Department of Health.5

So far, there is no vaccine to prevent infection by the Zika virus. Therefore, people must take measures to try to eliminate the vector, and use preventive measures for personal protection and protection of their homes and surroundings, such as the following:

- Using repellents and wearing light-colored clothing that covers most of the body
- Correctly and consistently using condoms, or practicing abstinence, as the only effective methods of personal protection to prevent sexually transmitting the Zika virus
- Using a portable or fixed fan, or air conditioning, if possible
- Placing mesh or wire nets in the windows and doors of the house to stop mosquitoes from entering
- Sleeping under a mosquito net (especially when sleeping during the day)
- Throwing out trash and unusable containers that can accumulate water where mosquitoes breed; washing and scrubbing containers used to store water

Men that work, travel, or live in an area with active transmission of the Zika virus, and who have a pregnant partner, should use condoms correctly and consistently during sexual intercourse or abstain from having sex during the pregnancy to avoid the risk of infecting his pregnant partner. Any pregnancy during which the woman had unprotected sex with a partner that had or has a Zika virus infection should be assessed for Zika virus infection, given the risk that this infection poses to the fetus.

Women and men living in an area with active transmission of the Zika virus must have all the information and family planning options available to plan their sexual life and pregnancies. As part of this planning process, women and their partners should talk about the risk of active transmission of the Zika virus with their health care providers; likewise, the counseling providers should speak with clients about their reproductive plans in the context of potential exposure to the Zika virus. An evaluation of the risk of exposure to the Zika virus includes asking about the presence of mosquitoes in and around the house, personal protection measures they practice in their homes, and levels of active transmission of Zika virus where an individual lives and works.

With guidance from health care providers, some women and their partners living in areas of active transmission of Zika virus may decide to delay their first pregnancy, space pregnancies, or not have any more children. Health care providers must counsel people on strategies to prevent unplanned pregnancies, including using effective contraceptive methods and emergency contraception. Furthermore, people should be informed that using a condom correctly and consistently every time they have sex reduces the risk of pregnancy as well as the risk of contracting Zika and other sexually transmitted infections.

The decision by the woman or couple to delay or space out pregnancies, or not have any more children, must be made with adequate and complete information on contraceptive methods and risks related to illnesses like the Zika infection, preferably in consultation with a health care provider.

Table 1
Prevention of sexual transmission for people living in areas with active transmission of Zika virus

<table>
<thead>
<tr>
<th>Condition</th>
<th>If you have symptoms or have been diagnosed with Zika</th>
<th>If you do not have signs or symptoms of Zika</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you or your partner is pregnant</td>
<td>Use condoms at all times during sex, every time you have vaginal, anal, or oral sexual intercourse, or abstain from having sex during pregnancy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It is also very important to attend prenatal care and consult your health care provider on your options during the pregnancy.</td>
<td></td>
</tr>
<tr>
<td>If you and your partner plan to become pregnant</td>
<td><strong>Men</strong>: Wait at least 6 months from the onset of symptoms before conception.</td>
<td>Talk about your plans to become pregnant with your health care provider to know your risks and available options.</td>
</tr>
<tr>
<td></td>
<td><strong>Women</strong>: Wait at least 8 weeks from the onset of symptoms before conception.</td>
<td></td>
</tr>
<tr>
<td>If you or your partner is neither pregnant nor thinking about becoming pregnant</td>
<td><strong>Men</strong>: Use a condom or abstain from sexual intercourse for at least 6 months from the onset of symptoms.</td>
<td><strong>Men and women</strong>: Consider using a condom or abstaining from sexual intercourse while there is Zika in the area. If you or your partner has Zika symptoms or is worried about being contagious, see your health care provider and follow their recommendations.</td>
</tr>
<tr>
<td></td>
<td><strong>Women</strong>: Use a condom or abstain from sexual intercourse for at least 8 weeks from the onset of symptoms.</td>
<td></td>
</tr>
</tbody>
</table>

Pregnant women living in a geographic area without active transmission of the Zika virus are recommended not to travel to an area with active transmission. And, if the pregnant woman has a partner who works in, lives in, or has travelled to an area with Zika, it is recommended that a condom is used every time they have sex or to abstain from sex during the pregnancy.  

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Table 2
Prevention of sexual transmission for people living in areas without active transmission of Zika virus

<table>
<thead>
<tr>
<th>Condition</th>
<th>If you have symptoms or have been diagnosed with Zika</th>
<th>If you do not have signs or symptoms of Zika</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you or your partner is pregnant</td>
<td>Use condoms at all times during sex, every time you have vaginal, anal, or oral sexual intercourse, or abstain from having sex during pregnancy. It is also very important to attend prenatal care and consult your health care provider on your options during the pregnancy.</td>
<td></td>
</tr>
</tbody>
</table>
| If you and your partner plan to become pregnant | **Men:** Wait at least 6 months from the onset of symptoms before conception.  
**Women:** Wait at least 8 weeks from the onset of symptoms before conception. | **Men:** Wait at least 6 months after last possible exposure before conception.  
**Women:** Wait at least 8 weeks after last possible exposure before conception. |
| If you or your partner is neither pregnant nor thinking about becoming pregnant | **Men:** Use a condom or abstain from sexual intercourse for at least 6 months from the onset of symptoms.  
**Women:** Use a condom or abstain from sexual intercourse for at least 8 weeks from the onset of symptoms. | **Men:** Use a condom or abstain from sexual intercourse for at least 6 months after last possible exposure.  
**Women:** Use a condom or abstain from sexual intercourse for at least 8 weeks after last possible exposure. |

Pregnant women with symptoms of Zika virus infection are recommended to have lab tests as part of routine prenatal care. Ministries of Health or Departments of Health must determine when tests on asymptomatic pregnant women are warranted, based on information about Zika virus transmission levels in the geographic region in which the pregnant woman and her partner(s) live and work, as well as the capacity of local laboratories.

Information, education, and counseling are essential to prevent illness from Zika virus and the consequences of being infected with this virus during pregnancy. Health care providers must have basic knowledge and capabilities (skills) in family planning and preconception counseling for women of reproductive age before they become pregnant, prenatal counseling for pregnant women (and their partners, when possible), and postpartum counseling for new parents and families. See Table 3 for key messages on how to prevent Zika.

### 3. Counseling

The quality of the interaction and communication between the provider and the client, or user of health services, is a very important factor in obtaining the desired results of preventing illness and promoting health. Counseling, as a form of interpersonal communication, is a fundamental part of this interaction and the prevention of Zika, and should always be a part of the communication of a positive diagnosis.

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Counseling is a conversation (a dialogue, a talk) between a trained and competent health care provider and the client or user of services. Its main purpose is to assist clients in analyzing their particular situation and assessing their knowledge, beliefs, and current behaviors or practices, and guiding them to consider adopting new behaviors or practices or reinforcing current behaviors and practices that:

- Reduce risks to their health
- Improve or maintain their health
- Help them recover from a health problem faced by themselves or a member of their family.

Counseling is not synonymous with giving advice. When one person gives advice to another, usually one person tells the other what they should do based on what the person giving the advice thinks is best for the other. On the contrary, a counselor does not tell a person what to do, but rather:

- Listens to a person, and tries to understand how this person feels and the reasons behind their current behaviors.
- Helps the counseled person analyze their own situation and decide what are the best options available to them to prevent a condition, or to maintain or improve their health.
- Motivates the counseled person and helps them develop self-confidence so that they can control or resolve a situation or problem, if there is one.

Counseling is not:

- **Instructions**, because the counselor does not direct, but rather facilitates and guides the change process through respectful dialogue.
- **A one-way process**, because both parties, health care provider and client, must work together to find possible solutions.
- **A teaching process**, because the health care provider does not have absolute knowledge and truth, but helps the person make their own informed and free decisions.

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9 A companion guide on psycho-emotional support is being developed. Counseling, in health, usually refers to the short-term interaction between provider and client that centers on behavioral patterns and preventive measures or services (e.g., family planning, prenatal counseling, breastfeeding counseling). Psycho-emotional support also uses counseling as part of psychotherapy, but focuses on working with the client over the longer term, drawing insights into emotional crises, problems, and difficulties.


3.2. How does it differ from other forms of interpersonal communication?

Counseling is different from health promotion, education, and information; it focuses on the person’s circumstances and individual needs (with or without their partner) and in helping them make informed decisions.

In many encounters between providers and clients, the provider tells the client or patient what they think the problem is and what the client or patient must do. Counseling is different: it’s a dialogue in which both people share their experiences and collaborate to find the best solution for the situation.

- The client provides their knowledge of their personal situation, resources, habits, and the likelihood that they will consider and adopt new practices.

- The health care provider contributes their technical knowledge, counseling skills, and the experiences of other people that have already succeeded in resolving the situation.

This dialogue increases the mutual trust between the health care provider and client. Trust increases because counseling requires mutual respect. If the client trusts the health care provider, it is much more likely that they will follow their recommendations.

3.3. Does counseling take a lot of time?

Certainly more time is needed to have a focused and individually-tailored dialogue than to send a general health message. An appropriate dialogue requires more time, but it is also much more effective and satisfactory for both the client and the health care provider.

Each case is handled individually depending on the person’s situation, varying the time needed for each counseling session. At first, the counselor might have to invest more time than expected, but as they learn the counseling techniques and algorithms, they will develop more confidence in their knowledge and skills, and they will need less time.

The purpose of counseling is to help the client in their particular situation; some situations will require more time and others will require less.

3.4. How important is counseling?

Counseling is very important because it guarantees that individuals and/or their partners know they have the right to make decisions regarding their health or family by themselves and in a responsible way. Counseling also decreases their risks and helps to prevent illnesses like Zika.

For family planning, when women make free and informed decisions (without coercion or pressure, using a “client-centered” approach) on how they would like to plan their pregnancies, it is more likely that they will feel satisfied with the method selected and that the contraceptive method will be used consistently and correctly. Women should have access to education about their sexuality, including family planning and negotiating condom use.

In the context of the Zika epidemic, counseling enables a client to assess her or his risk, adopt preventive measures, and improve her or his health care and that of her or his family. Information on ideal practices (for example, “place mesh or a wire net on the doors and windows of your house to stop mosquitos from coming in”) is not worth much if the person cannot do it or does not understand
how it can help them. Likewise, instructions on how to use a condom are not useful if the person does not know how to use condoms, cannot obtain them, does not remember to use them, or does not have their partner’s support.

A dialogue with a trained and experienced health care provider cannot always solve all these difficulties, but it may help to reduce them.

### 3.5. What conditions are conducive for counseling?

Advocate for and create the conditions that foster high-quality counseling, such as:

- **Support from the health system**: Develop a health system that offers health care providers the knowledge and skills to deliver quality counseling, provides national standards on counsels, and supports culturally appropriate communication materials, supportive supervision, performance monitoring, and evaluation.

- **Provider buy-in**: Sensitizes providers to the importance and benefits of counseling so that providers see the value in spending time on counseling.

- **Confidentiality**: Confidentiality is an essential component of counseling. Create a private space where the counseling service providers and the client and/or couple can meet so that nobody is able to overhear the conversation. Confidentiality also means that the client is sure that whatever they say or do is held in the strictest confidence. We recommend performing counseling in a comfortable place, where clients can feel comfortable having a conversation without interruptions or distractions.

- **Time**: The facilities must be appropriately organized and there must be sufficient staff so that the provider offering counseling has enough time for each individual case.

### 3.6. Who should offer counseling?

Any trained health care provider can offer reproductive health counseling. The most important thing is that the provider has the technical knowledge needed, is motivated to help people, and has developed communication techniques and counseling skills. When specialized counseling or training is required, the provider must know to whom they can refer and how to refer the client to the appropriate professional.

There are three requirements to provide quality counseling: knowledge, desire, and ability. Knowledge is having the technical knowledge of the topic about which you are counseling, desire is having a service attitude and motivation, and ability is having the skills, inputs, and resources to offer counseling, as summarized in the triangle below:

It is important to emphasize that to provide quality counseling, essential resources include: the health care provider’s time, a physical space that is friendly and private, job aids (like algorithms and other tools), prevention and demonstration supplies (like condom and dildo, repellent, bed nets), access to
a broad mix of contraceptive methods, appropriate literacy level materials, and enough staff in the health facility to cover the demand for care.

### 3.7. Which counselor characteristics are conducive for counseling?

Counselors should:

- Be trained in the subject of Zika prevention and care covered in the counseling session: prenatal, postpartum, family planning.
- Feel that counseling is an important part of their job and, in context of the Zika virus, is necessary to take advantage of every opportunity to dialogue with high-risk populations about Zika prevention measures.
- Know and respect individual rights.
- Use simple, clear language, preferably in the client’s preferred language, to ensure comprehension of key messages.
- Be friendly and earn the client’s trust.
- Feel and express empathy, meaning they put themselves in the place of the person whom they are counseling, trying to understand their fears, expectations, misconceptions, etc.
- Listen to the client with interest.
- Know about nonverbal communication and use it appropriately: their gestures should be consistent with what they are saying (verbal communication).
- Be honest and acknowledge if there are challenges to appropriately refer the client to specialty care.
- Know the cultural context, customs, and other factors (e.g., beliefs) that could affect a client’s behaviors and decisions.
- Be discreet and never reveal the client’s condition or choices to anyone without the client’s permission.
- Be impartial and not put their judgment before the client’s.
- Encourage the client to share their concerns, needs, and doubts, in order to respond to them appropriately and completely.
- Be conscious of their own values, attitudes, and beliefs.
- Be tolerant and respectful of other people’s values, especially if they differ from the counselor’s own beliefs.
- Have a genuine desire to help people.

The counselor should not:

- Have prejudices against the client’s age, ethnic group, socio-economic status, gender, or sexual orientation.

### 3.8. Which client characteristics are conducive for counseling?

The client will benefit more from counseling if she or he:

- Trusts the health professional
• Is willing and able to dialogue, negotiate, and ask for clarification
• Expects that he or she will have the opportunity to converse with the health provider
• Feels confident and comfortable to speak and ask questions
• Is able to understand the provider
• Desires to honestly talk about what she or he is feeling, thinking, and doing.

The counselor must pay attention to these characteristics in the client to provide better counseling. Specifically, if the counselor notices that the person does not trust the services, is very shy, has little education, speaks another language limiting comprehension, or anything else that does not favor communication, they must put themselves in the other person’s place and address this, trying to communicate with them with patience, sensitivity, and a good attitude.

3.9. Which communication skills are used in counseling?

The counselor needs to learn and practice the following basic communication skills:

1. **Pay attention.** Paying attention refers to the ways in which counselors are “present” with their clients, both physically and psychologically. Being present with clients tells them that you support them and that they can share their feelings and stories with you. To do this effectively, you must listen carefully to what your clients are saying. You can reinforce your attitude of respect and concern for a client with your body postures and gestures, such as sitting closer to the client (not sitting with a desk in between), leaning toward the client, opening and moving your arms (instead of crossing them), maintaining eye contact (if this is culturally appropriate), nodding, smiling, asking and answering questions, and acting natural and relaxed. Nonverbal communication may speak louder than words: a squeeze of the hand or a look of concern can communicate a lot.\(^\text{12}\)

2. **Listen.** Listening refers to the ability of counselors to capture and understand what the clients are saying as they tell their stories, whether those messages are transmitted verbally or nonverbally. **Active listening** involves the following skills:

   ▪ **Listening to and understanding the client's verbal messages.** When a client tells you his or her story, it usually comprises a mixture of experiences, behaviors, and feelings associated with these stories. The counselor should listen to and comprehend the client’s description of his or her situation or problem, and also intuit what the client is not saying.

   ▪ **Listening to and interpreting the client’s nonverbal messages.** Counselors should learn how to listen to and read nonverbal messages, such as body posture, movement and gestures, facial expressions, tone of voice, observable physiological responses, general appearance, and physical appearance. Counselors need to learn how to “read” these messages without distorting or over interpreting them.

   ▪ **Listening to and understanding the client in context.** The counselor should listen to the whole person in the context of his or her social settings and pay attention to his or her vocabulary. Counseling is best carried out in the clients’ first or maternal language. If language is a barrier to communication, find a translator.

   ▪ **Listening with empathy.** Empathic listening involves paying attention, observing, and listening in such a way that the counselor develops an understanding of the client and his or

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\(^{12}\) WHO 2017.
her world. The counselor should put his or her own concerns aside to be fully engaged with his or her client. 

Active listening is not an easy skill to acquire, but with practice providers can develop and strengthen these skills.  

3. **Show empathy.** Empathy is the ability to recognize and acknowledge the feelings of another person without experiencing those same emotions. It is an attempt to understand the world of the client by temporarily “stepping into his or her shoes.” Basic empathy requires that you:

   - Listen to the person and understand her and her concerns as best as you can
   - Tell the client and family what is happening. Often a simple explanation to help a woman and her family understand the situation and know what to expect can reduce her anxiety and prepare her for what happens next.
   - Be honest. Do not hesitate to admit what you do not know the prognosis of a child born to a Zika-infected mother, for instance. Maintaining trust matters more than appearing to know it all. 

Empathy is not the same as sympathy. To sympathize with a client is to show pity, condolence, and compassion – all well-intentioned traits, but not very helpful in counseling. 

4. **Ask questions (probes).** Probing involves questions and statements from the counselor that enable clients to explore more fully any relevant issue in their lives. Probes can take the form of open-ended questions, statements, requests, single words or phrases, and non-verbal prompts – anything that encourages a client to expand on what they are saying. Open-ended questions, in particular, are non-threatening and encourage people to provide a detailed or descriptive response rather than a simple yes or no answer. 

5. **Summarize.** It is sometimes useful for the counselor to summarize what was said in part of a session or a previous session, to provide a focus to what was discussed and to challenge the client to move forward. Summaries are particularly helpful in the following circumstances:

   - When a session seems to be going nowhere, a summary may help to focus the client.
   - At the beginning of a new session, a summary can give direction to clients who do not know where to start and it can prevent clients from merely repeating what they have already said, supporting a client to move forward.
   - When a client gets stuck, a summary may help to move the client forward so that he or she can investigate other parts of his or her story.

6. **Integrating communication skills.** Communication skills should be integrated in a natural way in the counseling process. Skilled counselors continually attend and listen, and use a mix of empathy and probes to help the client gain a greater understanding of his or her situation or problems. Each situation is unique: which communication skills to use and how to use them depends on the client, the needs of the client, and the problem being addressed.

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3.10. What are the steps in counseling?

One counseling tool is called “GATHER” and it provides general guidance on how to conduct a counseling session. The steps are:

- **G**reet the person in a friendly and respectful manner
- **A**sk the person questions
- **T**ell the options and actions
- **H**elp them make a decision
- **E**xplain or demonstrate what the person can do
- **R**eturn for another visit

However, each kind of counseling can have more specific steps, depending on the situation being addressed.

“Algorithms,” such as those shown later in this guide, can orient the counseling session. An algorithm offers a set of well-defined, ordered, and finite directions that allow the performance of an activity (in this case, counseling) through successive steps which do not generate doubt in the person who needs to perform the activity. Given an initial state or entry and following the successive steps of the algorithm, the provider can reach a final state where a solution is obtained. Flow charts are used to represent algorithms graphically.

3.11. What tools can help offer high-quality counseling?

Job aids are devices or tools (anatomical models, algorithms, cards, reminders, wall displays) that help health professionals quickly see the information they need to perform specific tasks in a standardized, quality manner, following national standards.

This guide includes the instructions for the use of three algorithms for counseling non-pregnant women of reproductive age, pregnant women and those in the postpartum period, in the context of the Zika epidemic.

It is important to remember that algorithms, like other job aids, do not substitute for training to acquire or strengthen knowledge, skills, and abilities. Job aids simply work as guides and reminders and help providers perform complex processes.

3.12. When is Zika counseling recommended?

Zika counseling can be given at any time when a person comes to the health facility for any reason or under any circumstance in which a health care provider visits the communities and homes of their area of influence. However, in areas with Zika transmission, it is compulsory to give general or tailored counseling and especially in key moments, such as when someone comes to the health facility to:

- Request a family planning method (FP), including emergency contraception
- Re-consult for a FP method

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- Receive care or a prenatal checkup
- Receive care or checkup after the baby is born, or after an abortion
- Receive care for a suspected or confirmed Zika diagnosis
- Monitor the growth and development of their young child
- Ask specifically about Zika
- Receive care for sexually transmitted diseases
- Seek help for any other reason, such as requesting women’s health services

3.13. How do you initiate Zika counseling?

Zika counseling must be incorporated into different types of health care. In any case, it is possible to start by evaluating the person’s risk of exposure to the Zika virus through questions such as the following:

- Do you live or work in an area with a lot of mosquitos?
- Are there a lot of mosquitos in your house?
- Are there people or neighbors in your area that have had Zika?
- Has someone in your family had Zika or Zika symptoms?
- Does your (sexual) partner have Zika or has he/she had Zika in the last 6 months?
- Has your (sexual) partner recently travelled to places where people have had Zika?
- Are you pregnant or do you plan to get pregnant soon?

If there are one or more positive responses, care and counseling are offered considering the context of the Zika epidemic. To counsel on preventive measures, other questions will need to be asked, such as:

- What do you do to protect yourself from mosquito bites?
- Do you have a mosquito net? Do you always (day and night) sleep under a mosquito net?
- Do you use a fan in your home? Do you use a fan in your workplace?
- Do you use air conditioning in your home? Do you use air conditioning in your workplace?
- Do you have a wire or plastic mesh or net in the windows and doors of your house? In your workplace?
- Are you sure that there are no holes in the net or spaces found between the walls and the roof of your house that allows mosquitos to come in? In your workplace?
- What do you do to reduce mosquito breeding sites at home?
- If you engage in sexual intercourse, do you use male condoms to prevent sexual transmission of the Zika virus?
- Are there activities to remove mosquito breeding places in the area you live? (i.e., fumigation, removal of useless receptacles or cleaning the places where mosquitos breed)
3.14. What are the practices recommended to prevent Zika?

People who live or work in an area where Zika is present are at risk of contracting the illness. Currently, the main ways to prevent the Zika virus are to: remove mosquito breeding sites, avoid mosquito bites, and use condoms consistently and correctly during sex. Table 3 summarizes key messages on Zika preventive measures and its consequences during pregnancy that counselors must communicate to clients during counseling.

To integrate these messages in counseling sessions, ask clients about the personal preventive measures they and their families practice. Depending on the answers to these questions, explain the options available to avoid mosquito bites and prevent sexual transmission of Zika.

<table>
<thead>
<tr>
<th>Ask questions about personal protection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Do you use a mosquito net at night and during the day if you take a nap?</td>
</tr>
<tr>
<td>▪ Do you wear long sleeves? Long skirts or pants? Stockings or socks?</td>
</tr>
<tr>
<td>▪ Do you use any mosquito repellent?</td>
</tr>
<tr>
<td>▪ If you are sexually active, does your partner have symptoms of Zika? Does your partner use a condom? (Use Annex 6 to explain how to correctly and consistently use a condom.)</td>
</tr>
<tr>
<td>▪ Do you want to get pregnant in the next two years?</td>
</tr>
</tbody>
</table>

▪ Do you use a mosquito net at night to sleep and during the day if you take a nap?

**You can explain:** The mosquito that transmits the Zika virus bites during the day, but it can also bite at night. For this reason, every time you rest, take a nap, or sleep, you should protect yourself from mosquito bites. One way to protect yourself is to put a mosquito net on your bed and sleep underneath it every time. The mosquito net may or may not be impregnated with repellent.

▪ Do you wear long-sleeved clothing? Do you wear long skirts or pants? Do you wear stockings or socks?

**You can explain:** To cover most of your skin so the mosquitos do not bite, you can use light-colored clothing with long-sleeves, a long skirt or pants and stockings or socks. The clothes can be impregnated with repellent.

▪ Do you use any mosquito repellent?

**You can explain:** You can use repellents on your mosquito net, your clothes, and directly on your skin. It is important to remember that repellents are different from insecticides to kill mosquitos and do not work if they are applied “to the air.” Repellents are designed to deter mosquitos from getting close to people and biting them. Apply insect repellents that are approved by local health authorities that do not represent a risk during pregnancy; for example, those that contain DEET (20-30%), Picaridin, IR3535, lemon and eucalyptus oil, para-menthane-diol, or 2-undecanone (you can give names of commercial brands that are available in their community). She should apply the product on the areas of the body that are not covered by clothing as well as on the clothing itself. Repellent should be applied frequently and following the manufacturer’s label instructions that are affixed to the container. Give her repellent, if possible. Discuss the use of common, locally available repellents and whether or not they are effective.
If you are sexually active, does or did your partner have symptoms of Zika? Does your partner use a condom?

You can explain: The Zika virus can also be present in the man’s semen and transmitted through sexual intercourse. Acknowledge the challenges that may be present in negotiating condom use during pregnancy.

- If you are pregnant and your partner lives, travels, or works in areas with Zika, or has had or currently has signs or symptoms of Zika, you should use a condom each time you have sexual intercourse. If your partner does not want to use a condom, you should abstain from having sex during pregnancy.

- If you are not pregnant and your partner lives, travels, or works in areas with Zika, or has had or currently has signs or symptoms of Zika, you should use a condom or abstain from sexual intercourse for at least 8 weeks after onset of symptoms or last exposure with a female partner and at least 6 months after onset of symptoms or last exposure with a male partner.

See Table 1, Table 3, and appropriate use of the condom in Annex 6.

Have you been thinking about having a baby? Do you want to get pregnant in the next two years?

You can explain: It is good to talk with your partner about when you would like to have a pregnancy as well as the ways to prevent a Zika infection before and during the pregnancy. It is also good to talk about your pregnancy plans with a health care provider to know your risks and available options.

Ask her which of these recommendations she can do. Ask her to commit to do them for her own wellbeing and the wellbeing of her baby and her whole family.

Remember that using condoms or practicing abstinence are the only ways to prevent sexually transmitted diseases like HIV and Zika

Ask clients about the protective measures they practice in their homes and surroundings. Depending on the answers to these questions, explain the options available to prevent mosquito bites.

Ask questions about the protection of the home and surroundings:

- Do you have a wire or plastic mesh or net in the windows and doors of your home?
- Is your patio free of tires, scrap metal, or containers that can collect water?
- Do you, or does someone in your household, scrub and wash basins and barrels that you use to store water regularly?

Do you have a wire or plastic mesh or net in the windows and doors of your house?

You can explain: To prevent mosquitos from entering your home or your workplace, it’s important that the windows, doors, and all open spaces in the walls and roofs to be protected with a wire mesh or net. The wire or plastic mesh or net can be impregnated with repellant or insecticide. If the mesh or net has any holes they must be fixed so that mosquitos cannot get in.
▪ Is your patio free from tires, junk or other unusable recipients that can collect water?

You can explain: Mosquitos can lay their eggs and be born in small quantities of water. Empty containers and place them face down. Cover or throw out objects that collect water, like tires, buckets, flower pots, toys, trash cans, egg shells, soft drink lids and other things that accumulate water.

▪ Do you, or does someone in your household, scrub basins, barrels, and other containers you use to store water?

You can explain: Clean and scrub containers for storing water (waste bins, tanks, kegs, barrels, and other containers) at least once a week. It is convenient to clean them with chlorine and brush the sides of them. Cover the containers well so that mosquitos cannot enter and lay their eggs. Use nylon, a net, or a metal mesh with holes smaller than an adult mosquito if you do not have lids or caps for the containers.
### Table 3
**Key messages to prevent Zika and its consequences in pregnancy**

<table>
<thead>
<tr>
<th>Mosquito bite prevention</th>
<th></th>
</tr>
</thead>
</table>
| - Use insect repellent (anti-mosquitos) during the day and night; apply it frequently, following the label’s instructions. Look for repellents with DEET\(^\text{15}\) (with concentration between 20-30%), Picaridin, IR3535, lemon and eucalyptus oil, para-menthane-diol, or undecanone.  
- Continue to use repellent for 3 weeks after leaving an area with Zika.  
- It is NOT recommended to use repellents on children younger than 2 months; for those younger than 2 years, repellents with DEET must not be higher than 10% in concentration; the lemon and eucalyptus repellent must NOT be used on children younger than 3 years old.  
- Wear long-sleeved shirts and light-colored clothing that cover your body (long skirts, pants, stockings or socks). It is more effective to treat the clothes with repellent.  
- Use fans to move the air and keep mosquitos away or use mosquito coils.  
- Always sleep under a mosquito net during the day (nap) and night. Persons infected with Zika should always sleep under a mosquito net.  
- Make changes in your home to keep mosquitos out: install wire or plastic net or mesh in doors and windows. Fix holes so that mosquitos can’t get in.  |
| Remove or change vector breeding sites (mosquitos) |  |
| - Bury wheels or tires, cans, useless plastic containers and bins that can get filled with water; turn them over so that they do not accumulate water. Throw out or get rid of the scraps around the house and community because they are mosquito breeding sites. Remove all objects that could accumulate water, including small quantities (plastic caps of bottled drinks, egg shells, jars, etc.), which could be used as breeding grounds.  
- Remove the soil and areas that are filling with stagnant water and are mosquito breeding sites.  
- Clean the drainage water in the gutters of your house where trash accumulates, like tree leaves and stagnant water, which can become mosquito breeding sites.  
- Tightly cover or hermetically seal water storage containers. For containers without lids, use wire or plastic net or mesh with holes smaller than adult mosquitoes to cover the containers.  
- Clean with chemicals (e.g., chlorine/bleach) or biological agents (e.g., fish that feed on larvae), brush daily, and cover the containers that store water that will not be used for drinking and cannot be covered or dumped out to eliminate mosquito eggs or larva.  
- If there is a septic tank, repair cracks or gaps.  
- Keep property free of weeds. |

\(^{15}\) N,N-diethyl-meta-toluamide or diethyltoluamide (used as active ingredient in insect repellent)
<table>
<thead>
<tr>
<th>Considerations before getting pregnant (preconception)</th>
<th>Prevention of sexual transmission (especially before and during the pregnancy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If a woman contracts the Zika virus during her pregnancy, she can have a baby with congenital Zika syndrome, which can present with or without microcephaly (a condition in which the child is born with a smaller-than-usual head and brain malformation).</td>
<td>For pregnant women (and their partners) with or without symptoms:</td>
</tr>
<tr>
<td>• A baby with congenital Zika syndrome (with or without microcephaly) may also have other problems such as seizures, developmental delays, impaired vision and hearing, and abnormalities in other organs.</td>
<td>• Use a condom correctly and consistently every time you have vaginal, anal or oral sex (review the correct use of the condom in Annex 6) or abstain from having sex during the pregnancy.</td>
</tr>
<tr>
<td>• Zika infection during pregnancy can also result in miscarriage, fetal death, or stillbirth.</td>
<td>For men and nonpregnant women with possible exposure but no symptoms:</td>
</tr>
<tr>
<td>• Before getting pregnant, talk with your partner about whether or not you want a pregnancy.</td>
<td>• Both men and women should consider using a condom or abstaining from sexual intercourse while there is Zika in the area. If you want to become pregnant, talk about your plans with your health care provider to know your risks and available options.</td>
</tr>
<tr>
<td>• If you want another pregnancy, it is recommended to talk about when the right time is, as well as the ways to prevent Zika infection before and during the pregnancy.</td>
<td>• Women with possible exposure to the Zika virus (via travel or sex) but no symptoms must use a condom or abstain from sexual intercourse at least 8 weeks after last possible exposure.</td>
</tr>
<tr>
<td>• Talk about your plans to become pregnant with your health care provider to know your risks and available options.</td>
<td>• Men with possible exposure to the Zika virus (via travel or sex) but no symptoms must use a condom or abstain from sexual intercourse at least 6 months after last possible exposure.</td>
</tr>
</tbody>
</table>

### Table 3

**Key messages to prevent Zika and its consequences in pregnancy**

- Make changes in public places (schools, churches, stores) to keep mosquitos out. For example, you can put wire or plastic nets or mesh in doors and windows, install and use fans, plant insect-repellent plants.

- Support and participate in city- and community-wide mosquito and breeding ground control programs and preventive communication programs.

- Report mosquito breeding sites to the municipal or community authorities so that they are removed.

For pregnant women (and their partners) with or without symptoms:

- Use a condom correctly and consistently every time you have vaginal, anal or oral sex (review the correct use of the condom in Annex 6) or abstain from having sex during the pregnancy.

For men and nonpregnant women with possible exposure but no symptoms:

- Both men and women should consider using a condom or abstaining from sexual intercourse while there is Zika in the area. If you want to become pregnant, talk about your plans with your health care provider to know your risks and available options.

- Women with possible exposure to the Zika virus (via travel or sex) but no symptoms must use a condom or abstain from sexual intercourse at least 8 weeks after last possible exposure.

- Men with possible exposure to the Zika virus (via travel or sex) but no symptoms must use a condom or abstain from sexual intercourse at least 6 months after last possible exposure.

For men and nonpregnant women with symptoms:

- Women with symptoms of the Zika virus must use a condom every time they have sex (vaginal, anal or oral) for at least 8 weeks following the onset of symptoms.

- Men with symptoms of the Zika virus must use a condom every time they have sex (vaginal, anal or oral) for at least 6 months following the onset of symptoms.
4. Algorithms for counseling in the context of the Zika epidemic

The following are three algorithms for counseling in the context of the Zika epidemic:

- **4.1.** Counseling women of reproductive age, especially preconception or before pregnancy, for family planning (FP)

- **4.2.** Counseling pregnant women in prenatal care

- **4.3.** Counseling mothers in postpartum and neonatal care

Not all the care steps are presented in these algorithms; rather they focus specifically on Zika-related counseling.

Each algorithm is a working tool that the health provider can have on hand when providing care as a reminder to follow the important elements for counseling in the context of the Zika epidemic.

The complete algorithms can be found in Annexes 1, 2 and 3 of this guide.

**4.1. Balanced counseling in family planning (FP)**

Balanced counseling\(^\text{16}\) is a practical, structured way to provide family planning (FP) counseling:

The balanced FP counseling algorithm is divided into three steps:

1. **Pre-selection** or before selecting a contraceptive method (steps 1 to 5)

2. **Selecting** a family planning method is addressed in step 6, but you can go back to previous steps if the client is undecided.

3. **Post-selection** or after selecting the method (steps 7 to 10, and 13).

Steps 11 and 12 add Zika counseling to this family planning counseling algorithm.

**4.1.1. Step 1 (Pre-selection): Greet and welcome the client**

Ask her name, welcome her, and explain to her that this should be a private conversation (confidential) between you and her (and her partner, if her partner is present and she would like her partner involved in the conversation).

**4.1.2. Step 2 (Pre-selection): Perform the verbal pregnancy test**

This checklist is used particularly in situations where there are no quick pregnancy tests (like test strip or urine test), lab tests, or bimanual examinations available.

Rule out the possibility of pregnancy by asking all the questions in the list below:
1. Have you had a baby in the last 6 months? Are you exclusively breastfeeding, and have not had monthly bleeding since then? (Yes/No)
2. Have you abstained from sexual intercourse since your last monthly bleeding or delivery? (Yes/No)
3. Have you had a baby in the last 4 weeks? (Yes/No)
4. Did your last monthly bleeding start less than 7 days ago? (Yes/No)
5. Have you had a miscarriage or abortion in the last 7 days? (Yes/No)
6. Have you been using a reliable contraceptive method consistently and correctly? (Yes/No)

If she answers NO to all questions, pregnancy cannot be ruled out. The client should wait for her next monthly bleeding or be referred to get a pregnancy test. In the meantime, she should use condoms or abstain from having sex. Provide her with condoms.

If she answers YES to at least one question and she has no signs or symptoms of pregnancy, continue to the next step.

4.1.3. Step 3 (Pre-selection): Ask if she wants a particular method

Many women come to the health facility with a method they want to use in mind. In this case, try to learn more about why she wants this particular method. Ask her: What made you decide on this method? This will allow you to gauge her understanding of the benefits and disadvantages of that particular method. If she has concerns about any disadvantages, offer to tell her about other methods that do not have these disadvantages. If she is not familiar with other methods, offer to discuss and show other methods. This is done in balanced counseling so that she is aware of her options and in case she cannot use the preferred method or is interested in knowing more about another method.

If the client maintains her decision to use the method she had in mind, go directly to step 7: “Eligibility Criteria.” Otherwise, go on to step 4.

4.1.4. Step 4 (Pre-selection): Ask questions to rule out methods

Ask all of the questions below. Present and rule out methods based on the client’s answers.
**ASK: 1. Do you want to have children in the future?**

- **If the answer is YES**, rule out permanent methods (female sterilization and vasectomy). Explain what these permanent methods are and why they would prevent her from becoming pregnant in the future.

- **If the answer is NO**, tell her that there are definitive or permanent methods like male or female sterilization, but if she does not want a permanent method she can use a long-acting reversible method like the intrauterine device (IUD), intrauterine system (IUS), the implant, or any reversible method.

  - Do not forget to mention that she can use emergency contraceptives within five days of unprotected sex to reduce her risk of unplanned pregnancy. **Go to step 6.**

**ASK: 2. Are you nursing a baby under 6 months old?**

- **If the answer is YES**, rule out combined oral contraceptive pills, the Standard Days Method (SDM) or CycleBeads, and the TwoDay Method. Explain that taking combined oral contraceptive pills in the first six weeks postpartum decreases the quantity of breast milk she can produce. Rule out the Standard Days Method (or CycleBeads) and the TwoDay Method because both methods are based on fertile days; the woman needs to return to her menstrual cycle to use these methods. If she has recently had a baby, the mother will not have monthly bleeding or will have irregular menstruation.

- Remind her that after childbirth, if the baby is younger than 6 months, she is exclusively breastfeeding during daytime and nighttime, and she has not yet restarted her menstrual period (amenorrhea), this acts as a contraceptive method (lactation amenorrhea method or LAM). But she can also consider sterilization, implant, progestogen-only pills, intrauterine
devices and systems, and condoms. Use of withdrawal, without taking additional measures to prevent pregnancy, may put her at risk of an unplanned pregnancy. She can also, when necessary, use emergency contraception.

- You can inform her that at any time her partner can have a sterilization operation (vasectomy). Do not forget that men should use condoms as a backup method for 3 months after a vasectomy.
- Let her know that she can use injections with progestogen and the vaginal ring after the sixth week.

- If the answer is NO, rule out LAM and explain to her that only women nursing a child under 6 months old can use this method.
- Go to the next question to continue investigating methods that she can use.
- See Annex 7 for postpartum contraceptive methods, recommendations on when to initiate the method, and considerations for those who are breastfeeding and for those who are not.
- To offer quality family planning counseling, consult your country’s national family planning guide to learn more about each of the contraceptive methods available in your country.

**ASK: 3. Does your partner support you in family planning?**

- If the answer is YES, continue with the next question.
- If the answer is NO rule out:
  - Male condom
  - Standard Days Method or CycleBeads
  - TwoDay Method

**ASK: 4. Is there a method that you do not want to use or you did not tolerate in the past?**

- If a woman requests a method that she can hide from her partner, the injection may be a discreet option. You should explain to her how her partner might find out she is using the following methods: implant (he may feel in the arm if he knows where to feel), IUD and IUS (he may feel strings during sex), oral contraceptives (he may find package). However, we recommend against ruling out these methods based on this risk as that will leave a woman with very few options.
▪ If the answer is YES, ask why. If her opinion is based on a misconception, correct the misconception. After sharing information about the methods with her, rule out the methods the person still does not want.

▪ If the answer is NO, show her the methods that have not been ruled out.

4.1.5. Step 5 (Pre-selection): Give her information on the remaining methods

Use a flip chart, folding leaflet, brochure, or other material to talk about key benefits and disadvantages of each remaining method (see Annex 4). You must mention the effectiveness of each method. Explain that many methods may change her periods, or monthly bleeding. Reassure her that these changes are temporary and will not affect her future ability to have children.

Your country's national family planning guide should provide you with specific information on each of the available contraceptive methods in your facility.

4.1.6. Step 6 (Selection): Ask the client to select a method
Among the methods that were NOT ruled out, ask the woman to choose the most convenient method for her. If she is hesitating between a few methods, answer her questions until she is satisfied and can choose. Remember that she must select a method freely with adequate and accurate information about the methods available.

4.1.7. Step 7 (Post-selection): Check the eligibility criteria of the selected method

Use the Medical Eligibility Criteria for Contraceptive Use (MEC) found in Annex 5. A MEC Wheel has also been developed as a job aid. You can also find the method’s eligibility criteria in your country’s national family planning guide or in “Family Planning: A Global Handbook for Providers” (Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and World Health Organization).¹⁸

Using this tool, you can offer the selected method verifying that its use is safe for the client. If not, explain why and return to the other methods that were not ruled out so the client can consider using another method.

REMEMBER the eligibility categories for the temporary methods:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>WITH CLINICAL ASSESSMENT</th>
<th>WITH LIMITED CLINICAL ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use the method in any circumstance</td>
<td>YES (Use the method)</td>
</tr>
<tr>
<td>2</td>
<td>Generally, use the method</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Use of the method not usually recommended unless other, more appropriate methods are not available or not acceptable</td>
<td>NO (Do not use the method)</td>
</tr>
<tr>
<td>4</td>
<td>Method NOT to be used</td>
<td></td>
</tr>
</tbody>
</table>

4.1.8. Step 8 (Post-selection): Give information on the selected method

Inform the client about the method she has chosen: how it works, its advantages, its disadvantages, and any potential side effects. Make this an open conversation, where you discuss the selected method and clarify any lingering doubts or questions she may have.¹⁹


4.1.9. Step 9 (Post-selection): Determine understanding and emphasize key information

To check that the client understood, ask her open questions, such as:

- Can you tell me what you need to do to make sure the method you chose works?
- How often do you have to come to the clinic to resupply the method?
- What symptoms might you have now that you’re starting to use the method?
- Can you tell me what changes to your monthly menstruation, or bleeding, may occur with this method?
- In which case(s) do you need to immediately return to the health clinic?

Reinforce the concepts that she did not understand clearly and completely. Give her printed material on the selected method.

4.1.10. Step 10 (Post-selection): Provide family planning method or referral

After the client has made a final decision, bring the selected method to her or refer her to the appropriate health facility, if your health care facility does not offer this method or cannot complete the selection procedure. Provide backup condoms while the client obtains the method she chose or recommend that she does not have sex until she gets and starts using the selected family planning method.

If it is a definitive (permanent) method, read the informed consent form to her. Fill it out and ask her, if she agrees and has understood it thoroughly, to sign it or place her digital fingerprint on it.

4.1.11. Step 11: Establish the risk of contracting Zika

Establish the risk of contracting Zika by asking the following questions:

1. Do you live or work in an area with a lot of mosquitoes? (Yes/No)
2. Are there a lot of mosquitoes in your home? (Yes/No)
3. Do you live or work in an area with people or neighbors with Zika? (Yes/No)
4. Have you travelled to an area where there are people with Zika? (Yes/No)
5. Does or did someone have Zika in your house? (Yes/No)
6. Does your partner live in, work in, or travel to places where there are people with Zika? (Yes/No)
7. Have you or your partner been sick with Zika? (Yes/No)

- If the client answers NO to all the questions, they have a LOW RISK of contracting Zika.
- If the client answers YES to one or more of the questions, they are AT RISK of contracting Zika.
If the client answers NO to all the questions, she has a LOW RISK of contracting Zika.
If the client answers YES to one or more questions, she is AT RISK of contracting Zika.

4.1.12. Step 12: Give information on Zika prevention

If the client is at risk of contracting Zika, ask about measures being practiced by the client and her family to prevent Zika infection, and deliver preventive messages accordingly. Use Table 3 to give key Zika preventive messages. Show her how to correctly and consistently use a condom to prevent sexual transmission of Zika. Annex 6 contains information on condom use.

The Zika virus is transmitted through the bite of an infected Aedes mosquito, by an infected pregnant woman to her fetus, through sexual intercourse from an infected man or woman to his or her partner, and by blood transfusions.

Most people infected with the Zika virus do not have symptoms. If there are signs and symptoms, they are normally mild. The most common are: sudden-onset fever, itchy macular or papular skin rash, arthralgia, non-purulent conjunctivitis, myalgia, lower extremity edema and, less frequently, retro-orbital pain, loss of appetite, vomiting, diarrhea or abdominal pain.

There is currently epidemiological, clinical, pathological, and laboratory evidence showing that being infected with the Zika virus during pregnancy can cause adverse outcomes in pregnancy and childbirth, including miscarriage, retardation in intrauterine growth, congenital Zika syndrome, which includes microcephaly due to abnormalities in brain development and other organs, such as the eyes.20

4.1.13. Step 13 (Post-selection): Conclude the counseling session

If the client answers NO to all the questions, she has a LOW RISK of contracting Zika.
If the client answers YES to one or more questions, she is AT RISK of contracting Zika.

4.1.14. Emergency Contraception

Emergency contraceptives are methods that can be taken right away, and may be effective up to 5 days after unprotected sex. Emergency contraception can significantly reduce your chance of getting pregnant and can be used in the following situations: unprotected intercourse, contraceptive failure, incorrect use of contraceptives, or in cases of sexual assault.

**Emergency Contraception**

Emergency contraceptives help prevent pregnancy when taken within the first 5 days after unprotected sex.

They do not cause an abortion, stop an ongoing pregnancy, or damage a developing embryo.

They are safe for any woman, including those who cannot use continuous hormonal contraception.

When a woman requests emergency contraception, it should be an opportunity to offer her a regular family planning method.

There are many options for emergency contraceptive pills, including products specifically designed for emergencies and progestogen-only and combined oral contraceptives.

Every woman has the right to receive counseling on family planning methods and, if she has had unprotected sex and does not want to get pregnant, should be offered emergency contraception and counseling about starting a regular family planning method. Women and men may want to have emergency contraception on hand as a backup method.

See Annex 8 for more information on emergency contraception.

4.2. Prenatal counseling in the context of the Zika epidemic

This is a prenatal counseling algorithm in the context of the Zika epidemic, and thus does not describe or replace prenatal care that must be given following the national standards of the country's Ministry of Health or Department of Health.

It is essential to counsel a pregnant woman about Zika, whether she had Zika before or she has not presented any symptoms of this infection.

Counseling must be incorporated into other prenatal counseling and focus on the prevention of the illness, if the pregnant woman has still not contracted the Zika virus. You must emphasize the protection of herself, her home, and her surroundings to prevent infection, as well as prevention of sexual transmission during pregnancy, if her partner lives in, works in, or travels to areas with the endemic transmission of Zika or has suffered from Zika.

4.2.1. Step 1: Greet and welcome the client

**STEP 1** Establish and maintain a friendly and respectful relationship with the pregnant woman.

Ask her name and explain to her that this should be a private conversation.
Above all, in the first meeting, ask the mother how she feels about her pregnancy. You can begin to get to know the mother and her circumstances by asking some of the following questions:

- Did you want to get pregnant?
- Did you want to get pregnant when you did?
- Were you using a family planning method when you got pregnant?
- Do you have a stable partner?
- Did your partner support you in planning the pregnancy? (Investigate possibilities of gender-based violence.)
- Does your partner support you if you want to use a condom during pregnancy?

Briefly share general information about the Zika virus with her and tell her that you are going to ask a few questions to assess her risk of contracting the illness.

The Zika virus is transmitted through the bite of an infected *Aedes* mosquito, from an infected pregnant woman to her fetus, through sexual intercourse from an infected man or woman to her partner, and by blood transfusions. Current evidence suggests that being infected with the Zika virus during pregnancy can cause adverse outcomes in pregnancy and childbirth, including miscarriage, retardation in intrauterine growth, congenital Zika syndrome, which includes microcephaly due to abnormalities in brain development and other organs, such as the eyes.²¹

### 4.2.2. Step 2: Determine the risk of contracting Zika

Establish the risk of contracting Zika by asking the following questions:

1. Do you live or work in an area with a lot of mosquitoes? *(Yes/No)*
2. Are there a lot of mosquitoes in your home? *(Yes/No)*
3. Do you live or work in an area where there have been people or neighbors with Zika? *(Yes/No)*
4. Have you traveled to an area where there are people with Zika? *(Yes/No)*
5. Does or did someone have Zika in your house? *(Yes/No)*
6. Does your partner live in, work in, or travel to places where there are people with Zika? *(Yes/No)*
7. Have you or your partner been sick with Zika? *(Yes/No)*

*If the client answers NO to all the questions, she has a LOW RISK of contracting Zika.*

*If the client answers YES to one or more of the questions, she is AT RISK of contracting Zika.*

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4.2.3. Step 3: Give prenatal care following the national standard steps

Whether the pregnant woman has low risk or is at risk of contracting Zika, provide prenatal care following the standards and procedures of prenatal care of the Ministry of Health or Department of Health in your country. If there is a prenatal care algorithm, follow its steps and complete the clinical record according to national standards of care.

<table>
<thead>
<tr>
<th>STEP 3</th>
<th>If the pregnant woman has a LOW RISK of contracting Zika, give her prenatal care following the steps of the national standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If the pregnant woman is AT RISK of contracting Zika, give her prenatal care following the steps of the national standards.</td>
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</tbody>
</table>

4.2.4. Step 4: Give counseling based on the risk of Zika infection

Counsel her in prenatal care, LAM, and other postpartum methods. Ask about and give her general messages on the prevention of Zika. Explain the risk of infection of the Zika virus for the fetus’s health (Table 3). Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind her of her next appointment. END.

Check if the pregnant woman has had or has signs or symptoms of Zika: fever (temperature equal to or greater than 38.5°C or 101.3°F); arthralgia; nonpurulent conjunctivitis; headache; myalgia; asthenia, maculopapular skin rash; retro-orbital pain; edema in lower limbs; anorexia; vomiting; diarrhea; and/or abdominal pain.

Depending on the country, comprehensive counseling for the pregnant woman may include:

- Nutrition during the pregnancy
- Consuming micronutrients (iron and folic acid) before and during the pregnancy
- Use of alcohol and other substances
- Rest and family support in domestic tasks
- Attending prenatal checkups and postpartum checkups
- Interventions for common physiologic symptoms of pregnancy
- Danger signs, a birth plan and emergency plan during pregnancy
- Importance of facility-based delivery
- Exclusive nursing for the baby’s first 6 months of life
- Postpartum family planning with the lactational amenorrhea method (LAM) and other methods that she can use immediately after giving birth, a month and a half after giving birth, or 6 months after (see Annex 7 on postpartum family planning methods)

If the pregnant woman has a LOW RISK of contracting Zika, ask her about preventive measures that she practices. Give general Zika prevention messages; above all recommend the pregnant woman not to travel to Zika-affected areas (see Table 3). If her partner works in, lives in, or travels to
areas affected by the Zika epidemic, emphasize using condoms or practicing abstinence to prevent sexual transmission. Remind her of the next appointment. Say goodbye and invite her to come back at any time.

**If the pregnant woman is AT RISK of contracting Zika**, ask questions to determine whether she has had or has signs or symptoms of Zika.

### 4.2.5. Step 5: Continue giving counseling based on the risk of Zika infection

- **STEP 5**
  - If the pregnant woman does not or has not had signs and/or symptoms of Zika
    - Counsel her in prenatal care, LAM, and other postpartum methods. Ask about and give her general messages on the prevention of Zika. Explain the risk of Zika infection and the potential impact of the Zika virus on the fetus's health (Table 3). **Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind her of her next appointment. **END.**
  - If the pregnant woman has had or has signs and/or symptoms of Zika
    - Determine if the patient has been given lab tests for Zika. Review the results if available.

**If the pregnant woman does not currently have and did not previously have any signs or symptoms of Zika**, give her comprehensive counseling as described in **step 4**. Give her messages on Zika prevention (see **Table 3**).

**If the pregnant woman currently has or previously had signs or symptoms of Zika**, ask to see her lab tests to determine whether she has the Zika virus infection. Until she receives the lab results and/or ultrasounds, you should counsel her on preventive measures given the potential risk of Zika infection to the fetus.

**Note**: If you are NOT authorized to order lab tests, make sure that the physician caring for the pregnant woman has ordered them.

Pregnant women who might have been exposed to the Zika virus must be evaluated to see if they have the infection and tested according to the guidelines of the country’s Ministry of Health or Department of Health. Emphasize the importance of returning to the health clinic for checkups. Mechanisms to connect communities to health facilities must be created or strengthened. Health staff should ensure that they have contact information for pregnant women, especially if they have had Zika, and should stay in contact with them.

Pregnant woman who have had unprotected sex with a male partner with possible exposure to the Zika virus must be tested for the infection if they develop any signs or symptoms of the Zika virus or if their male partner has had the Zika virus or another illness with similar symptoms. Infection with the Zika virus during pregnancy can cause congenital defects in the child.

*Remember to give the woman condoms and repellent, if available at the health clinic.*
4.2.6. Step 6: Check if the Zika diagnosis is confirmed

If you do not have laboratory data, use the operative definitions that your country’s Ministry of Health or Department of Health has approved to determine if a case is a suspected or confirmed case of Zika. MOH Protocols may vary by country and from WHO and CDC Guidance. Provide counseling accordingly (see step 7).

4.2.7. Step 7: Offer counseling based on the Zika diagnosis confirmation

If the laboratory test or case definition approved by your country’s Ministry of Health confirms that the pregnant woman has had or has Zika during pregnancy:

- Remember that the woman is nervous and worried about everything: the examinations, the lab exams, the possible consequences, rumors and news about Zika.
- Take into account that the pregnancy may be unwanted, might be a result of abuse or the failure of a contraceptive method, or on the contrary, might have been lovingly planned.
- Express empathy towards her, being very delicate but forthcoming when conveying the messages.
- Inform her of the consequences of having had Zika during pregnancy, including the possibility that her child will have congenital Zika syndrome, with or without microcephaly.
- Although not all pregnant women who have a Zika infection during pregnancy will have babies with microcephaly or malformations, emphasize the importance of bringing the baby for regular doctor appointments to monitor his or her growth and development.\(^\text{22}\)

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\(^{22}\) Remember also that many babies exposed to Zika virus infection during pregnancy WILL have their growth and development affected, so it is important not to falsely raise a family’s hopes when the outcome is unknown.
Microcephaly is a condition where the baby’s head is much smaller than expected. During pregnancy, a baby’s head grows because the baby’s brain grows. Microcephaly may be due to the baby’s brain not developing appropriately during pregnancy or because it stops growing after birth. This is reflected by a smaller head size. Microcephaly is a sign and can occur in combination with other congenital defects.23

If it is confirmed that the pregnant woman has or had Zika, explain to her that:

- She may have contracted Zika directly through the bite of an infected mosquito or through her partner, if he had Zika, even if he did not show any signs or symptoms.
- Explain clearly that it is neither her fault nor her partner’s fault: Zika is a virus that any person can contract.
- Tell her that the child seems affected and that he or she will need to be referred to specialized care and assessed after birth. Emphasize postpartum checkups and infant care.
- While some children can have a small head with minor consequences, others can have serious consequences such as: seizures; developmental delays; intellectual disabilities (reduction in their ability to learn and function in daily life); problems with movement and balance; feeding problems, such as difficulty swallowing; loss of hearing; and vision problems.24 However, not all children will have these problems; some cases can be less severe.
- Explain to her that she should understand the potential outcomes of Zika infection on the growth and development of her baby to be prepared for the need for long-term specialized care for the baby after birth.

Keep in mind that sometimes microcephaly can come with polyhydramnios or increased amniotic fluid. In these cases, the mother may experience some discomfort and have some symptoms that must be treated following national standards. If the quantity of amniotic fluid is larger than normal for the gestational age, the mother can have respiratory problems. She needs clinical evaluation to decide what are the most appropriate measures for each case. It is recommended to include the partner, family, and/or support system in the pregnant woman’s care, if she desires their involvement.

4.2.8. Step 8: Referral for psychological support and follow-up

When a Zika diagnosis is confirmed in the pregnant woman, refer her and her partner and/or family to a psychologist or to the health clinic’s social services, where these exist, and to other resources and organizations, as they are available, so that she can receive the necessary support and care.

In these moments, she needs to feel listened to and supported. Understanding the implications of the diagnosis may require multiple interactions between a provider and client. Make sure that you have information to contact her and ask her to come back to each checkup and each appointment with the psychologist. Remind her that monitoring her pregnancy and her baby is very important.


Referral for psychological support for the pregnant woman with a diagnosis of Zika infection is important. WHO has published a toolkit and additional guidance on psychosocial support for pregnant women and for families with microcephaly and other neurological complications in the context of Zika virus. See page 39 of this guide for additional resources.

4.3. Postpartum counseling in the context of the Zika epidemic

Emerging research suggests that a pregnant woman infected with the Zika virus can pass the virus to her fetus even during the third trimester of the pregnancy or around the time of birth. Hence, the child must have follow up visits to be able to monitor for any growth or developmental issues early on.

You should emphasize postpartum care, since many times mothers do not come back to the health clinic to continue their checkups. Mechanisms must be created, or the existing ones must be strengthened, to connect communities and community organizations with the health establishments. Likewise, health staff must make sure that they have all the information to contact and keep contact with pregnant women, especially those that had Zika during the pregnancy and/or have a child born with developmental abnormalities.

The mother should always receive postpartum counseling, whether she had Zika during the pregnancy or she did not present signs or symptoms of the infection. Counseling should focus on preventing the illness, with special emphasis on protecting the newborn, the mother, the whole family, as well as postpartum family planning.

If the mother was diagnosed with the Zika virus during pregnancy and her child has congenital Zika syndrome, microcephaly, or other developmental issues, she should be referred to receive psychological support and specialized care for the baby. She should also be counseled on postpartum family planning options and continue to receive messages on Zika infection prevention, as part of reducing the spread of the virus throughout the community and protecting her newborn from infection. The health providers must have on hand a list of the existing referral resources and know how to connect mothers and their families with these resources.

WHO recommends exclusive breastfeeding for the first six months of life. Despite having detected the Zika virus in the breast milk in some cases, there is NO evidence that Zika is transmitted through breast milk, so immediate and exclusive breastfeeding should always be recommended.

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4.3.1. Step 1: Greet and welcome the mother

Ask her name, welcome her and explain to her that this should be a private conversation. Remember that these moments can be difficult for some mothers. Every childbirth has the possibility of being a traumatic experience. The mother may be experiencing doubts and fear about her child’s condition, her caregiving, and her family’s support.

If she had Zika during her pregnancy, and there is some evidence of her child having neurological sequelae (effects), the mother is probably worried and even terrified.

Be friendly and understanding. Explain to her that you will try to answer any questions or doubts that she has, and refer her to someone for continued care and support, if needed.

4.3.2. Step 2: Establish the risk of having had or currently having Zika

This step is especially important for outpatient postpartum care in a facility where the delivery was not attended.

If the mother answers NO to all the questions, she has a LOW RISK of contracting Zika. If the mother answers YES to one or more questions, she is AT RISK of contracting Zika.

4.3.3. Step 3: Give postpartum care following the national standard steps

Whether the mother has a LOW RISK or is AT RISK of contracting Zika, provide postpartum care following the standards and procedures of postpartum care of the Ministry of Health or Department of Health in your country. If there is a postpartum care algorithm, follow its steps and complete the clinical record according to national standards of care.
4.3.4. **Step 4: Offer postpartum counseling based on the risk of having had or having Zika**

If the postpartum mother has a **LOW RISK** of having had or currently having Zika:

- Explain to her what the postpartum danger signs are for any woman: vaginal bleeding, blurred or clouded vision, strong headache, pain in the pit of her stomach, fever, respiratory difficulties. Remind her that if she shows any of these danger signs, she should immediately go to the health clinic.

- Encourage her to exclusively breastfeed her baby for the first six months. Explain the LAM contraceptive method, emphasizing the conditions that need to be met for it to be effective: (1) exclusive breastfeeding (without giving the baby any other kind of liquid); (2) not having had monthly bleeding; and (3) the baby being younger than 6 months.

- Explain what the contraceptive methods are for the postpartum period (see Annex 4 for general information on all family planning methods, Annex 6 for appropriate use of the condom, and Annex 7 for postpartum family planning methods, specifically).

- Emphasize the message that the condom is one of only two contraceptive methods to prevent sexually transmitted diseases, such as HIV and the Zika virus. The other method is abstinence.

- Ask about preventive measures and communicate the Zika prevention messages (see Table 3). Tell her that using repellants is NOT recommended for children younger than 2 months. For those younger than 2 years, repellants with DEET must not be higher than 10% in concentration. Furthermore, the lemon and eucalyptus repellant must NOT be used on children younger than 3 years old.

- Emphasize infant care: use of mosquito netting over sleeping areas and metal or plastic wire or mesh on the windows of the baby’s room and keeping the area generally clean, importance of practicing handwashing and good hygiene to protect the baby from illness.

- Describe danger signs for a newborn and explain that the baby may require immediate attention if any of the following symptoms appear: fast breathing, chest indrawing, the baby starts turning purple (cyanosis), the baby gets very cold (hypothermia), the baby becomes very hot (fever), refusal to feed, seizures, lethargy, does not stop crying, low birth weight, or severe jaundice.

- Explain to her that she or her partner should bring the child to his or her checkup every month to monitor growth and development and learn how to best to support the child’s development.

- Note the baby’s and mother’s next appointment at each visit and insist on the importance of the child’s monthly checkups.

- Provide information about how she and her family can support the child’s healthy growth and development at home.
Invite her and her partner to return to the health facility at any time, especially if they or another caretaker identify problems or concerns.

If the postpartum mother could have had or has Zika:
- Check if she had signs or symptoms of Zika during the pregnancy: fever (temperature greater than or equal to 38.5°C or 101.3°F); arthralgia; non-purulent conjunctivitis; headache; myalgia; maculopapular skin rash; retro-orbital pain; lower extremity edema; loss of appetite; vomiting; diarrhea; and/or abdominal pain. If she currently has any of the signs or symptoms of Zika, request a laboratory test.
- Continue with the next step.

Note: If you do not have laboratory data, use the operative definitions that your country’s Ministry of Health or Department of Health has approved to determine whether a case is suspected or confirmed for Zika. MOH Protocols may vary by country and from WHO and CDC Guidance.

4.3.5. Step 5: Offer postpartum counseling based on the risk of Zika infection

If the postpartum woman has had or does not have signs and/or symptoms of Zika:
- Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika by protecting herself, her home and surroundings, and her newborn (Table 3). Emphasize condom use** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind the mother of her next appointment. END.

If the postpartum woman has had or currently has signs and/or symptoms of Zika:
- Ask to see the mother’s prenatal lab test results for Zika infection.
- Ask to see the results of the child’s examinations, if you weren’t the one performing them. Check if the newborn has microcephaly or other signs of congenital Zika syndrome, like extreme irritability, seizures, hypertension/spasticity, clubfoot or other articular deformations, impaired hearing or vision, among others.27
- If the mother’s lab results are not available or do not confirm a diagnosis and comprehensive child examinations do not show any signs of congenital Zika syndrome, the infant should be monitored at each health visit.
- Continue with the next step.

27 CDC has developed a number of resources specifically for obstetricians (http://www.zikacommunicationnetwork.org/resources/healthcare-provider-toolkit-obstetricians) and pediatricians (http://www.zikacommunicationnetwork.org/resources/healthcare-provider-toolkit-pediatricians) to identify, counsel, report, and follow infants born to pregnant women with laboratory evidence of Zika virus infection.
Microcephaly is defined as a head circumference (preferably measured 24 hours after birth) which is less than a certain value for newborns of the same sex and age. This value is normally less than minus two standard deviations (-2 SD) from the average or less than the 3rd percentile. The diagnosis will be made in accordance with the guidelines of the country’s Ministry of Health or Department of Health.

### 4.3.6. Step 6: Give counseling based on the newborn’s diagnosis

| STEP 6 | The newborn does not have microcephaly nor other signs of congenital Zika syndrome. |
|        | The newborn has microcephaly or other signs of congenital Zika syndrome. |

#### Counsel the mother and her partner on postpartum and newborn care:

- Explain to the mother and her partner what the postpartum danger signs are: vaginal bleeding heavier than a normal menstrual period or that gets worse, blurred or clouded vision, strong headache, pain in the pit of her stomach, fever, red streaks or painful lumps in the breast, difficulty breathing, feelings of severe depression or those that last longer than a week after birth, or pain, swelling or tenderness in the legs, especially around the calves. Remind her that if she shows any of these danger signs she should go to the health clinic immediately.

- Emphasize the benefits and discuss how to feed the baby with exclusive breast milk for the first 6 months of life, stressing the contraceptive effect of LAM when three conditions are met: (1) exclusive breastfeeding; (2) mother has not had monthly bleeding; and (3) the baby is younger than 6 months. Exclusive breastfeeding does not only optimally feed the child, but also serves as a contraception method.

- Talk to her about the contraceptive methods for the postpartum period (see appropriate use of a condom in Annex 6 and all the postpartum methods in Annex 7 of this guide).

- Emphasize the use of the condom as one of only two methods that prevent sexual transmission of the Zika virus; abstinence from having sexual intercourse is the other method.

- Ask about preventive measures to avoid Zika infection and share Zika prevention messages with her and her partner (see Table 3). Let her know that using repellents is NOT recommended for children younger than 2 months. For children younger than 2 years, repellents with DEET must not be higher than 10% in concentration. Furthermore, the lemon and eucalyptus repellent must NOT be used on children younger than 3 years old.
▪ Emphasize infant care: sleeping under a mosquito net at all times, placing a metal wire or mesh on the windows of the baby’s room and keeping the area generally clean. Discuss the importance of practicing handwashing and good hygiene to protect the baby from illness.

▪ Describe danger signs for a newborn and explain that the baby may require immediate attention if any of the following symptoms appear: fast breathing, chest indrawing, the baby starts turning purple (cyanosis), the baby gets very cold (hypothermia), the baby becomes very hot (fever), refusal to feed, seizures, lethargy, does not stop crying, low birth weight, or severe jaundice.

▪ Ask her and her partner to bring their child for checkups to monitor growth and development.

▪ Teach her and her partner how to encourage her child’s development and how to follow her child’s development and observe if he or she reaches all the developmental milestones (holding his or her head up, smiling, babbling, turning over, sitting down, etc.). Let her know that she should report to her health care provider if she or another caregiver notices that something is not going well.

▪ Be empathic, ask her about her doubts and fears, refer her to peer support, self-help or support groups and encourage her to participate.

▪ Note the baby’s and the mother’s next appointment at each visit and remind her it is very important to keep the appointment to continue monitoring her and her child’s health.

If the newborn has microcephaly or other signs of congenital Zika syndrome:

▪ Listen to the mother and discuss with her how to care for her child and the possibilities faced based on his or her condition (mild, moderate or severe).

▪ Microcephaly is a life-long condition. There is no cure or treatment for microcephaly. Since microcephaly can vary from mild to severe, the treatment options also vary. Babies with mild microcephaly often do not have problems other than the small head size. These babies need routine checkups to monitor their growth and development. Some children with microcephaly might not show many symptoms, but later suffer from epilepsy, cerebral palsy, learning disorders, loss of hearing and visual problems.

▪ Severe microcephaly is life-threatening. In cases of severe microcephaly, the provider must help parents to understand this, and support the family with compassionate palliative care.

▪ Recommend that she and other caregivers give a lot of love to a child with microcephaly or other disabilities and they should pick him or her up, hug, caress, and talk to their child just as they would a child without microcephaly.

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Because a child with microcephaly can cry a lot, the family should be encouraged to show patience and love. However, acknowledge the challenges in taking care of a child with microcephaly, and encourage families to ask for support when needed.

If the severity of the diagnosis is not known, refer the child to a specialist to determine the severity of congenital Zika syndrome. Remember that the best option is for a pediatrician or neurological pediatrician to assess the newborn initially and to later refer the child to a specialist depending on the problems with which the newborn is diagnosed. It is important that children affected by Zika during pregnancy are assessed at required intervals to monitor growth and development.

Supporting parents and the family is extremely important.

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**ADDITIONAL ZIKA RESOURCES**

| Toolkit for the care and support of people affected by complications associated with Zika virus (WHO) |

| Zika Virus: Psychosocial Support Videos and Handouts (AAP) |

| Healthcare Provider Toolkit: For Obstetricians and Pediatricians (CDC) |
| http://www.zikacommunicationnetwork.org/resources/healthcare-provider-toolkit-obstetricians |
| http://www.zikacommunicationnetwork.org/resources/healthcare-provider-toolkit-pediatricians |

| Key Behaviours to be Promoted in Zika Response (UNICEF) |
| http://www.zikacommunicationnetwork.org/resources/key-behaviours-be-promoted-zika-response |

| Strategic Communication for Zika Prevention: A Framework for Local Adaptation (HC3) |

For more resources, please visit the following websites:
- USAID ASSIST Project: www.usaidassist.org/topics/zika
- Zika Communication Network: www.zikacommunicationnetwork.org
4.3.7. Step 7: Offer postpartum counseling

- Explain to the mother what the danger signs are in postpartum: vaginal bleeding heavier than a normal menstrual period or that gets worse, blurred or clouded vision, strong headache, pain in the pit of her stomach, fever, red streaks or painful lumps in the breast, difficulty breathing, feelings of severe depression or those that last longer than a week after birth, or pain, swelling or tenderness in the legs, especially around the calves. Remind her that if she shows any of these danger signs she should immediately go to the health clinic.

- Emphasize how to feed the baby with exclusive breast milk for 6 months, and LAM’s contraceptive effect, if three conditions are met: (1) exclusive breastfeeding; (2) has not had monthly bleeding; and (3) the baby being younger than 6 months. Exclusive breastfeeding does not only optimally feed the child, but also serves as a contraceptive method.

- Talk to her about the contraceptive methods for the postpartum period (see appropriate use of the condom in Annex 6 and all the postpartum methods in Annex 7 of this guide).

- Emphasize condom use as one of two methods to prevent sexual transmission of the Zika virus; abstinence from sexual intercourse is the other method.

- Ask about preventive measures and give her Zika prevention messages (see Table 3). Tell her that using repellents is NOT recommended for children younger than 2 months. For those younger than 2 years, repellents with DEET must not be higher than 10% in concentration. Furthermore, the lemon and eucalyptus repellent must not be used on children younger than 3 years old.

- Emphasize infant care: sleeping under a mosquito net at all times, placing a metal wire or mesh on the windows of the baby’s room and keeping the area generally clean. Discuss the importance of practicing handwashing and good hygiene to protect the baby from illness.

- Teach her and her partner how to encourage her child’s development and how to follow her child’s development and observe if he or she reaches all the developmental milestones (holding his or her head up, smiling, babbling, turning over, sitting down, etc.). Let her know that she should report to her health care provider if she or another caregiver notices that something is not going well.

- Note the baby’s and the mother’s next appointment and remind her that it is very important to keep the appointment. Invite her to come back to the health clinic at any time.
4.3.8. Step 8: Refer the mother for psychological support of the mother and newborn for monitoring

Any mother who has a child with congenital Zika syndrome, must be referred (together with her partner and/or another family member, where appropriate) to a psychologist and the newborn to a specialist.

The mother and her family need professional support to discuss their concerns, feelings, and frustrations about facing an illness that does not have a cure and that can last the child’s whole life.

Cases of congenital Zika syndrome can present different complications. Some children have seizures, developmental delays, blindness, deafness, or mobility issues. As such, treatment must be personalized.

A child with microcephaly or other malformations must be referred to a pediatrician to be assessed or to be referred to the appropriate specialist.

After counseling, make sure you have all the mother’s and family’s contact information. Emphasize the importance of staying in contact with the health facility and connect her with any community-based resources for support. Invite her to return to the health facility at any time.

*Explain that she should bring her child to his or her checkups and monitor growth every month because it is very important to monitor whether the baby’s nervous system develops normally. Remember that there can be late manifestations of congenital Zika syndrome. Do not forget to mention that microcephaly has multiple causes, including deficiency of micronutrients, genetics/chromosomes, and infectious causes.
Annex 1: Algorithm for balanced counseling in family planning in the context of Zika

Algorithm: 13 steps to give balanced counseling in family planning (FP) in the context of the Zika epidemic

**BALANCED COUNSELING IN FAMILY PLANNING**

**STEP 1**
Establish and maintain a friendly and courteous relationship with the person you are talking to.

**STEP 2**
Rule out the possibility of pregnancy by asking all the questions in the list below:
1. Have you had a baby in the last 6 months? Are you exclusively breastfeeding, and have not had monthly bleeding since then? (Yes/No)
2. Have you abstained from sexual intercourse since your last monthly bleeding or delivery? (Yes/No)
3. Have you had a baby in the last 4 weeks? (Yes/No)
4. Did your last monthly bleeding start less than 7 days ago? (Yes/No)
5. Have you had a miscarriage or abortion in the last 7 days? (Yes/No)
6. Have you been using a reliable contraceptive method consistently and correctly? (Yes/No)

**STEP 3**
Do you want to use any method in particular?
- Yes
  - Go to step 7.
- No
  - Go to step 4.

**STEP 4**
Ask all the following questions. Present and rule out methods based on the user’s answers.

1. Do you want to have children in the future?
   - If the answer is YES, show her all the reversible methods:
     - Combined oral contraceptives (pills)
     - Injection
     - Intrauterine device (IUD)
     - Lactational amenorrhea method (LAM)
     - Standard Days Method or CycleBeads
     - Condoms
     - Implant
     - Intrauterine system (IUS)
     - TwoDay Method
   - If the answer is NO, describe permanent and long-acting reversible methods (listed below) as well as the other options listed above:
     - Female sterilization
     - Vasectomy
     - Implant
     - Intrauterine device (IUD)
     - Intrauterine system (IUS)
2. Are you breastfeeding a baby less than 6 months

- If the answer is YES, rule out:
  - Combined oral contraceptives (pills)
  - TwoDay Method
  - Standard Days Method or CycleBeads

- If the answer is NO, rule out lactational amenorrhea method (LAM) and explain why.

3. Does your partner support you in family planning?

- If the answer is YES, continue with the next question.

- If the answer is NO rule out:
  - Male condom
  - Standard Days Method or CycleBeads
  - TwoDay Method

4. Is there a method that you do not want to use or you did not tolerate in the past?

- If the answer is YES, rule out the methods the woman does not want or did not tolerate in the past.

- If the answer is NO, show her the remaining methods.

**Inform her of the remaining methods using the image shown below, a flip chart, or other educational material. Remember to mention each method’s level of protection or effectiveness:**

- Some methods are more effective than others.

- The protection or effectiveness of each method is measured by the number of pregnancies that happen in one year for every 100 women using the method.

**Comparing Effectiveness of Family Planning Methods**

| More effective (less than 1 pregnancy per 100 women in 1 year) |
|---|---|
| Implants | IUD | Female sterilization | Vasectomy |

| Less effective (about 10 pregnancies per 100 women in 1 year) |
|---|---|---|---|
| Male condoms | Diaphragm | Female condoms | Fertility awareness methods |

**How to make your method more effective**

- **Implants, IUD, female sterilization:** After procedure, little or nothing to do or remember
- **Vasectomy:** Use another method for first 3 months
- **Injectables:** Get repeat injections on time
- **Lactational amenorrhea method, LAM (for 6 months):** Breastfeed often, day and night
- **Pills:** Take a pill each day
- **Patch, ring:** Keep in place, change on time
- **Condoms, diaphragm:** Use correctly every time you have sex
- **Fertility awareness methods:** Abstain or use condoms on fertile days, newest methods (Standard Days Method and TwoDay Method) may be easier to trust

**Withdrawal, spermicides:** Use correctly every time you have sex

**STEP 6**

**Method selection**

Among the remaining methods, ask the client to choose the one that is most convenient for her.
**STEP 7**
Check the eligibility criteria to determine if the client can use the method she selected.

**STEP 8**
Using an appropriate material as a counseling tool (flipchart, leaflet, brochure or other), inform the client about the method she has chosen.

**STEP 9**
Determine the client’s level of understanding and emphasize key information. Make sure the client has made a final decision.

**STEP 10**
- Depending on the method selected, bring it to her and/or refer her to the appropriate health facility.
- If you refer the client, remember to give her backup condoms or recommend that she should abstain from sex.

**STEP 11**
Establish the risk of contracting Zika by asking the following questions:
1. **Do you live or work in an area with a lot of mosquitoes? (Yes/No)**
2. **Are there a lot of mosquitoes in your home? (Yes/No)**
3. **Do you live or work in an area with people or neighbors with Zika? (Yes/No)**
4. **Have you travelled to an area where there are people with Zika? (Yes/No)**
5. **Does or did someone have Zika in your house? (Yes/No)**
6. **Does your partner live in, work in, or travel to places where there are people with Zika? (Yes/No)**
7. **Have you or your partner been sick with Zika? (Yes/No)**
   - If the client answers NO to all the questions, they have a LOW RISK of contracting Zika.
   - If the client answers YES to one or more of the questions, they are AT RISK of contracting Zika.

**STEP 12**
Explain what can be done to prevent Zika (see Table 3).
- Explain that Zika is different from dengue and chikungunya because of the risks for children whose mothers had Zika while they were pregnant.
- Explain that Zika can also be transmitted through sex (vaginal, anal, and oral) with an infected person.
- Explain that condoms protect against sexually transmitting the Zika virus, and remind the client that using condoms is one of only two ways to prevent sexually transmitted diseases like HIV and Zika. Abstinence (not having sex) is the other effective method.
- Ask if the client has any questions about Zika and the risks for her and her children’s health.
- Give her educational material on Zika, if available.

**STEP 13**
Conclude the counseling session.
- Invite the person to return at any time.
- Thank her for her visit.

---

**EMERGENCY CONTRACEPTION**

Emergency contraceptives help prevent pregnancy when taken within the first 5 days following unprotected sex. They do not cause an abortion, stop an ongoing pregnancy, or damage a developing embryo. They are safe for any woman, including those who cannot use continuous hormonal contraception. When a woman requests emergency contraception, it should be an opportunity to offer her a regular family planning method. There are many options for emergency contraceptive pills, including products specifically designed for emergencies and progestogen-only and combined oral contraceptives.
Annex 2: Algorithm for prenatal counseling in the context of Zika

PRENATAL COUNSELING IN THE CONTEXT OF THE ZIKA EPIDEMIC

STEP 1
Establish and maintain a friendly and respectful relationship with the pregnant woman.

STEP 2
Establish the risk of contracting Zika by asking the following questions:
1. Do you live or work in an area with a lot of mosquitoes? (Yes/No)
2. Are there a lot of mosquitoes in your home? (Yes/No)
3. Do you live or work in an area where there have been people or neighbors with Zika? (Yes/No)
4. Have you traveled to an area where there are people with Zika? (Yes/No)
5. Does or did someone have Zika in your house? (Yes/No)
6. Does your partner live in, work in, or travel to places where there are people with Zika? (Yes/No)
7. Have you or your partner been sick with Zika? (Yes/No)

- If the client answers No to all the questions, she has a LOW RISK of contracting Zika.
- If the client answers Yes to one or more of the questions, she is AT RISK of contracting Zika.

STEP 3
If the pregnant woman has a LOW RISK of contracting Zika, give her prenatal care following the steps of the national standards.

If the pregnant woman is AT RISK of contracting Zika, give her prenatal care following the steps of the national standards.

STEP 4
Counsel her in prenatal care, LAM, and other postpartum methods. Ask about and give her general messages on the prevention of Zika. Explain the risk of infection of the Zika virus for the fetus’s health (Table 3). Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind her of her next appointment. END.

Check if the pregnant woman has had or has signs or symptoms of Zika: fever (temperature equal to or greater than 38.5°C or 101.3°F); arthralgia; nonpurulent conjunctivitis; headache; myalgia; asthenia, maculopapular skin rash; retro-orbital pain; edema in lower limbs; anorexia; vomiting; diarrhea; and/or abdominal pain.

STEP 5
If the pregnant woman does not or has not had signs and/or symptoms of Zika.

Counsel her in prenatal care, LAM, and other postpartum methods. Ask about and give her general messages on the prevention of Zika. Explain the risk of Zika infection and the potential impact of the Zika virus on the fetus’s health (Table 3). Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind her of her next appointment. END.

If the pregnant woman has had or has signs and/or symptoms of Zika.

Determine if the patient has been given lab tests for Zika. Review the results if available.

Zika Counseling Guide
STEP 6  
Do the lab results confirm that the pregnant woman had or has Zika?
- The pregnant woman does not have and has not had Zika (or it is still not known).
- The pregnant woman has had or has Zika.

STEP 7  
Counsel her on prenatal care, LAM, and postpartum methods. Ask about and give her general messages on the prevention of Zika. Explain the risk of infection and the possible impact of the Zika virus on the fetus’s health. Emphasize use of condoms** to prevent sexual transmission. Give her repellents and condoms, if available. Remind her of her next appointment. END.
- Give the diagnosis of Zika infection and explain the risks and possible consequences of the Zika infection during pregnancy.

STEP 8  
Refer the pregnant woman with confirmed Zika infection for psychological support and follow-up. END.

**Remember that using condoms or practicing abstinence are the only ways to prevent sexually transmitted diseases like HIV and Zika.
Annex 3: Algorithm for postpartum counseling in the context of Zika

### POSTPARTUM COUNSELING IN THE CONTEXT OF THE ZIKA EPIDEMIC

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Establish and maintain a friendly and respectful relationship with the postpartum mother.</th>
</tr>
</thead>
</table>
| STEP 2 | Establish the risk that the mother had Zika during the pregnancy or currently has Zika by asking the following questions:  
1. Did you have symptoms or signs of Zika during your pregnancy? (Yes/No)  
2. Did you have any Zika tests during your pregnancy? (Yes/No)  
3. If you did have a Zika test, did the result come out positive? (Yes/No)  
4. Has your partner had Zika? (Yes/No)  
If the mother answers NO to all the questions, she has a LOW RISK of having had or currently having Zika.  
If the mother answers YES to one or more of the questions, she is AT RISK of having had having Zika. |
| STEP 3 | If the mother has a LOW RISK of having had or having Zika, provide postpartum care following the steps of the national standards.  
If the mother is AT RISK of having had or having Zika, provide postpartum care following the steps of the national standards. |
| STEP 4 | Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika by protecting herself, her home and surroundings, and her newborn (Table 3). Emphasize condom use** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind the mother of her next appointment. END.  
Check if the mother has had or has signs or symptoms of Zika: fever (temperature higher than or equal to 38.5°C or 101.3°F); arthralgia; nonpurulent conjunctivitis; headache; myalgia; asthenia; maculopapular skin rash; retro-orbital pain; lower extremity edema; anorexia; vomiting; diarrhea; and/or abdominal pain. |
| STEP 5 | If the postpartum woman has not had or does not have signs and/or symptoms of Zika  
Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika by protecting herself, her home and surroundings, and her newborn (Table 3). Emphasize condom use** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind the mother of her next appointment. END.  
If the postpartum woman has had or currently has signs and/or symptoms of Zika  
Review the mother’s laboratory test, ultrasound results, and/or the head circumference measurement at 24 hours after birth, if available. Determine whether the newborn has microcephaly or other signs of congenital Zika syndrome. |
| STEP 6 | The newborn does not have microcephaly or other signs of congenital Zika syndrome.  
The newborn has microcephaly or other signs of congenital Zika syndrome. |
Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika and protecting herself, her home, her surroundings, and her newborn (Table 3). Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind her of her next appointment. END.

Listen to the mother and her partner/family. Give them messages of support and explain how to support her child and her child’s condition (whether mild, moderate, or severe).

Counsel mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give general messages on preventing Zika by protecting herself, her home and surroundings, and her newborn. Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available.

Complete clinical records for the mother and newborn. Remind her of her next appointment.

Referral for psychological support and follow-up/treatment of the newborn. END.

**Explain that condoms are the only way to prevent sexually transmitted diseases like HIV and Zika.

Explain that she must bring her child to his or her checkups and monitor growth every month, because it is very important to monitor whether the baby’s nervous system develops normally. Remember that there can be late manifestations of the congenital Zika syndrome. Do not forget to mention that microcephaly has multiple causes, including deficiency of micronutrients, genetics/ chromosomes, and infectious causes.
### IMPLANT

- **Description**: Small plastic tube that a health professional places under the skin of the inside part of the woman’s arm to prevent pregnancy.
- **Insertion and Removal**: A health professional must insert and remove.
- **Long-acting**: Can lasts 3-5 years, depending on the type.
- **Reversibility**: It can be removed at any time.
- **Menstrual Bleeding**: May become irregular or stop, but will return to normal once removed.
- **Visibility**: Cannot be seen, but may be felt if someone knows where to feel.
- **Key Benefits**: Easy to use, quickly reversible once removed.
- **Effectiveness**: 99%. Less than 1 pregnancy per 100 women in first year.

### INTRAUTERINE SYSTEM (IUS)

- **Description**: Small plastic hormonal device that the health professional places in the uterus to prevent pregnancy.
- **Insertion and Removal**: A health professional must insert and remove.
- **Long-acting**: Can lasts 3-5 years, depending on the type.
- **Reversibility**: It can be removed at any time.
- **Menstrual Bleeding**: May become lighter or stop, will return to normal once it is removed.
- **Visibility**: Cannot be seen; strings may be felt by partner during sex but are not painful.
- **Key Benefits**: Easy to use, quickly reversible once removed, improves periods.
- **Effectiveness**: 99%. Less than 1 pregnancy per 100 women in first year.

### INTRAUTERINE DEVICE (IUD)

- **Description**: Small copper device that the health professional places in the uterus to prevent pregnancy.
- **Insertion and Removal**: A health professional must insert and remove.
- **Long-lasting**: Can provide protection against pregnancy for up to 10 years. Reversible: Can be removed at any time.
- **Menstrual Bleeding**: May become heavier.
- **Visibility**: Cannot be seen, strings may be felt by partner during sex but are not painful.
- **Key Benefits**: Easy to use, quickly reversible once removed, no hormones.
- **Effectiveness**: 99%. Less than 1 pregnancy per 100 women in first year.
<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INJECTION</strong></td>
<td>Hormonal injection in the hip or arm to prevent pregnancy. Get an injection every 1 to 3 months from a health professional, depending on type. Menstrual bleeding can be prolonged and irregular, over time most users have no bleeding at all. Bleeding can take a few months to return after stopping the injections, which can delay getting pregnant by a few months compared to other methods. Key benefit: no one can tell you are using it. Effectiveness: 94%. 6 pregnancies per 100 women in first year of typical use (some missed or late injections).</td>
</tr>
<tr>
<td><strong>LACTATIONAL AMENORRHEA METHOD (LAM)</strong></td>
<td>If the woman exclusively breastfeeds her child day and night for at least 6 months and she still does not menstruate, she can prevent pregnancy during those months. LAM is a temporary family planning method used after pregnancy and a woman should talk to her provider about another family planning method once her baby is older than 6 months, she menstruates, or she is no longer exclusively breastfeeding. Key benefits: best nutrition for your baby, mother-child bonding Effectiveness: 2 pregnancies per 100 women in first 6 months</td>
</tr>
<tr>
<td><strong>COMBINED ORAL CONTRACEPTIVES (PILLS)</strong></td>
<td>Oral contraceptives are hormone pills (either combined estrogen and progestogen or progestogen-only). You must remember to take the pill every day for this method to prevent pregnancy. Pills usually make your periods lighter with less cramping, and more predictable. Key Benefits: easy to start and stop taking; lighter, more regular periods Effectiveness: 91%. 9 pregnancies per 100 women</td>
</tr>
<tr>
<td><strong>MALE CONDOM</strong></td>
<td>A condom is a resistant pouch made of elastic material (latex) that is placed on the man’s penis before having sex. Prevents pregnancy and some sexually transmitted diseases, such as HIV and Zika. Requires cooperation of your partner. A new condom must be used every time you have sex for this method to work. Key benefits: prevents some sexually transmitted diseases, such as HIV and Zika, easy to start and stop using, no side effects. Effectiveness: 82%. 18 pregnancies per 100 women with typical use (not used consistently).</td>
</tr>
<tr>
<td>Method</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>STANDARD DAYS METHOD® (OR CYCLEBEADS®)</td>
<td>This method is used by couples who want to know which days the woman can become pregnant or not. Requires cooperation of your partner. Avoid sex or use condoms on the days you can get pregnant. When you are ready to get pregnant, can help to increase your chances by knowing your fertile days. Key benefits: no side effects, know your body.</td>
</tr>
<tr>
<td>STERILIZATION</td>
<td>A simple operation that can be done on a man or woman to prevent future pregnancy. Does not change ability to have sex. Key benefits: permanent, easy to use, no side effects.</td>
</tr>
<tr>
<td>TWODAY METHOD®</td>
<td>Track your discharge or vaginal fluid every day to know which days you can get pregnant, and avoid sex or uses condoms on those days. When you are ready to get pregnant, can help to increase your chances by knowing your fertile days. Requires cooperation of your partner. Key benefits: no side effects, know your body.</td>
</tr>
<tr>
<td>EMERGENCY CONTRACEPTIVE</td>
<td>Emergency contraceptives help prevent pregnancy when taken within the first 5 days following unprotected sex; most effective if taken within first 24 hours. Not intended as a primary form of birth control. If you are taking these pills often, you might want to consider a more reliable continuous method. Key benefit: can be used after unprotected sex.</td>
</tr>
</tbody>
</table>
Annex 5: Medical eligibility criteria wheel for contraceptive use
About this wheel

This wheel contains the medical eligibility criteria for starting use of contraceptive methods, based on Medical Eligibility Criteria for Contraceptive Use, 5th edition (2015), one of WHO’s evidence-based guidelines. It guides family planning providers in recommending safe and effective contraception methods for women with medical conditions or medically-relevant characteristics.

The wheel includes recommendations on initiating use of nine common types of contraceptive methods:

1. Combined pills, COC (low dose combined oral contraceptives, with ≤ 35 μg ethinyl estradiol)
2. Combined contraceptive patch, P
3. Combined contraceptive vaginal ring, CVR
4. Combined injectable contraceptives, CIC
5. Progestogen-only pills, POP
6. Progestogen-only injectables, DMPA (IM, SC)/NET-EN (depot medroxyprogesterone acetate intramuscular or subcutaneous or norethisterone enantate intramuscular)
7. Progestogen-only implants, LNG/ETG (levonorgestrel or etonogestrel)
8. Levonorgestrel-releasing intrauterine device, LNG-IUD
9. Copper-bearing intrauterine device, Cu-IUD

Antiretroviral Medications and Abbreviations on the MEC Wheel

<table>
<thead>
<tr>
<th>Nucleoside reverse transcriptase inhibitors (NRTIs)</th>
<th>Non-nucleoside reverse transcriptase inhibitors (NNRTIs)</th>
<th>Protease inhibitors (PIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Abacavir</td>
<td>EFV Efavirenz</td>
<td>ATV/r Ritonavir-boosted atazanavir</td>
</tr>
<tr>
<td>TDF Tenofovir</td>
<td>ETR Etravirine</td>
<td>LPV/r Ritonavir-boosted lopinavir</td>
</tr>
<tr>
<td>AZT Zidovudine</td>
<td>NVP Nevirapine</td>
<td>DRV/r Ritonavir-boosted darunavir</td>
</tr>
<tr>
<td>3TC Lamivudine</td>
<td>RPV Rilpivirine</td>
<td>RTV Ritonavir</td>
</tr>
<tr>
<td>DDI Didanosine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTC Emtricitabine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D4T Stavudine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Integrase Inhibitors

RALRaltegravir
### Emergency contraceptive pills

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>COC</th>
<th>LNG</th>
<th>UPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Past ectopic pregnancy</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Obesity* (BMI ≥30 kg/m²)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>History of severe cardiovascular disease</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>(ischaemic heart disease, cerebrovascular attack, or other thromboembolic conditions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Severe liver disease (including jaundice)</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>CYP3A4 inducers (e.g. rifampicin, phenytoin, phenobarbitol, carbamazepine, efavirenz, fosphenytoin, nevirapine, oxcarbazepine, primidone, rifabutin, St John's wort / hypericum perforatum)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Repeated emergency contraceptive pill use</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rape</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>Cu-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>4</td>
</tr>
<tr>
<td>Rape</td>
<td></td>
</tr>
<tr>
<td>a) High risk of STI</td>
<td>3</td>
</tr>
<tr>
<td>b) Low risk of STI</td>
<td>1</td>
</tr>
</tbody>
</table>

COC = combined oral contraceptives; LNG = levonorgestrel; UPA = ulipristal acetate; NA = not applicable

* Emergency contraceptive pills may be less effective among women with BMI ≥ 30 kg/m² than among women with BMI < 25 kg/m². Despite this, there are no safety concerns.
How to use this wheel

The wheel matches up the contraceptive methods, shown on the inner disk, with specific medical conditions or characteristics shown around the outer rim. The numbers shown in the viewing slot tell you whether the woman who has this known condition or characteristic is able to start use of the contraceptive method:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>WITH CLINICAL JUDGEMENT</th>
<th>WITH LIMITED CLINICAL JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use method in any circumstance</td>
<td>YES (Use the method)</td>
</tr>
<tr>
<td>2</td>
<td>Generally use method</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Use of method not usually recommended unless other more appropriate methods are not available or not acceptable</td>
<td>NO (Do not use the method)</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
<td></td>
</tr>
</tbody>
</table>

Categories 1 and 4 are clearly defined recommendations. For categories 2 or 3, greater clinical judgement will be needed and careful follow-up may be required. If clinical judgement is limited, categories 1 and 2 both mean the method can be used, and categories 3 and 4 both mean the method should not be used.

No restrictions for some conditions: there are many medical conditions when ALL methods can be used (that is, all the methods are either a category 1 or 2). Some of these conditions are listed on the back of the wheel.

With few exceptions, all women can safely use emergency contraception, barrier and behavioral methods of contraception, including lactational amenorrhea method; for the complete list of recommendations, please see the full document.

Only correct and consistent use of condoms, male or female, protect against STI/HIV. If there is a risk of STI/HIV, condom use is recommended.
A. If condition worsens while using method, can continue using it during treatment.
B. If very high likelihood of exposure to genital herpes or chlamydia, -5.
C. If past pelvic inflammatory disease (PID) or all methods, -1, including IUDs.
D. If <3 yrs, not breastfeeding & no other VTE risk factors, -3.
E. If not breastfeeding -1.
F. If 3 to <5 yrs, not breastfeeding & no other VTE risk factors, -2, with other VTE risk factors, -3.

G. If >5 yrs & not breastfeeding -1.
H. If endometrial cavity distorted preventing insertion, -4.
I. If endometrial abnormalities (benign or cancerous) or hysterectomy (malgnant).
J. If adenoma CVC <5, if carcinoma/atrophy CVC >3/4.
K. CVC = 3.
L. If established on anticoagulation therapy -2.
M. If condition developed while on this method, consider switching to non-hormonal method.
N. Risk factors: older age, smoking, diabetes, hypertension, obesity & known dyslipidemias.
O. If cannot measure blood pressure & no known history of hypertension, can use all methods. Either systolic or diastolic blood pressure may be elevated.
P. If age >18 yrs & obese IMIP-AMN-EN = 2.
Q. For insulin-dependent & non-insulin-dependent. If complicated or >2 yrs duration, COCP/POR, CVC = 3/4; DMPA, NET-EN = 3.
R. If >15 cigarettes/day CVC = 2. If >15 cigarettes/day COCP/POR = 4.
S. Aura is focal neurological symptoms, such as flickering lights. If no aura & age <35 COCP/POR, CVC = 2, POP = 1.
T. If aura & age ≤35 COCP/POR, CVC = 2, POP = 1.
U. If fat-soluble contraceptive, aspirin, clopidogrel, phenytoin, primidone or warfarin CVC = 2.
V. If not breastfeeding -1.
W. DMPA = 1, NET-EN = 2.
X. CVC = 2.
Y. If antiretroviral therapy with EPR, NVP, ATV, LPV/r, DRV/r, RTV, COCP/POR, CVC, POP, NET-EN, implants = 2, DMPA = 1.
Z. If HIV, HAART, ART, ART-90, ART-95, ART-99, ART-100, ART-101.

Conditions that are category 1 and 2 for all methods (method can be used)

Reproductive Conditions: Benign breast disease or undiagnosed mass, Benign ovarian tumours, including cysts, Dysmenorrhea, Endometriosis, History of gestational diabetes, History of high blood pressure during pregnancy, History of pelvic surgery, including caesarean delivery, Irregular, heavy or prolonged menstrual bleeding (unexplained), Past ectopic pregnancy, Past pelvic inflammatory disease, Post-abortion (pro sepsis), Postpartum > 6 months.

Medical Conditions: Depression, Epilepsy, HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2), Iron-deficiency anaemia, Sickle-cell disease and thalassemias, Malarias, Mild cirrhosis, Schistosomiasis (bilharziasis), Superficial venous disorders, including varicose veins, Thyroid disorders, Tuberculosis (non-pulmonary), Uncomplicated valvular heart disease, Vasa hypertrophy (cancer or chronic).

Other: Adolescents, Breast cancer family history, Various thoracoabdominal (VTE) family history, High risk for HIV.

Surgery without prolonged immobilization, Taking antibiotics (excluding penicillin/intabation).

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhea method, for the complete list of recommendations, please see the full document.

*Combined* is a combination of ethinyl estradiol & a progestogen.

COC: combined oral contraceptive; COCP: combined oral contraceptive pill
Co-HD: copper intrutumoral device; CVR: combined contraceptive vaginal ring
DMPA (IM, SC): deep medevity/depot medevity antioestrogen, luteinizing hormone or subcutaneous
ELA: levonorgestrel LUGS; levonorgestrel LUGS; levonorgestrel intratone device
NET-EN: nor/ethisterone estriminate P: combined contraceptive patch
POP: progestogen-only pill
Annex 6: Appropriate use of the condom

Go over the appropriate use of the condom

- The condom is a very effective pregnancy-prevention method. When used appropriately, only 2% of clients get pregnant. Furthermore, condoms are the only way to prevent sexually transmitting Zika and other sexually transmitted infections like HIV.
- Appropriate use means that you must use a condom each time you have sex and in every relationship you have.
- The condom is placed when the penis is erect, before putting it in the woman's vagina or before anal intercourse.
- Before placing the condom, check for any breakage in the wrapping and that the expiration date has not been passed.
- You should open the package with the fingertips and not with the teeth or nails because it could damage the condom.
- When placing it, you must push the tip and then roll the condom down until the end or base of the penis. After ejaculating, the condom must be removed while the penis is still erect.
- If you would like to have sex again immediately after, you need to put on a new condom and follow the same instructions to place it on the penis.
- The condom must be stored in a cool place.
- You must not keep it in your wallet because it could flatten or break the wrapping and damage the condom.

<table>
<thead>
<tr>
<th>What to recommend?</th>
<th>How to put on the condom?</th>
<th>How to remove the condom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check that the condom wrapper is in good condition and verify that the expiration date has not passed.</td>
<td>Carefully open the package with your fingertips. Never use your teeth or nails to break the wrapper.</td>
<td>Once sexual intercourse (ejaculation) ends and while the penis is still hard, withdraw by holding the condom by the ring use toilet paper to assist the process.</td>
</tr>
<tr>
<td>Note that there is an air bubble between the condom and the wrapper.</td>
<td>Without releasing the tip of the condom, unroll it to the base of the penis by pressing with your fingers index and thumb to remove the air.</td>
<td>Remove the condom by sliding it off the penis and use toilet paper to avoid all contact with semen and vaginal fluid.</td>
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<tr>
<td>Wrap the used condom in the toilet paper and deposit it in the trash.</td>
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</table>
**Key messages on the condom**

- A condom is a resistant pouch made of latex (an elastic material) that is placed on the man’s erect penis before having sex.
- It is the only method that helps you and your partner prevent pregnancy and some sexually transmitted infections like Zika and HIV.
- The condom is placed when the penis is erect, before putting it in the woman’s vagina or before anal intercourse.
- A new condom must be used every time you have sex.
- The condom is used together with fertility-based methods to have sex on the women’s fertile days and in combination with other methods to prevent sexually transmitted diseases like HIV and Zika.

**Benefits:**
- It is a cheap and easy to get method.
- Protects the individual and the couple from pregnancy and some sexually transmitted infections, such as HIV (the virus that causes AIDS).
- It’s a good method:
  - Until you start or together with another method such as the Copper I, the pill, the injection, or surgery
  - When the woman forgets to take two or more pills or misses the date of her injection
  - When the couple uses a natural method but wants to have sexual relations on the days that the woman can become pregnant or fertile days
  - When you have casual relationships or have several partners.

**Remember:**
- Always store condoms in a cool and dry place.
- Always have available one or more condoms before you need them.
- The expiration date of the condom must not have passed.
- The wrapper of the Condom must be whole and without damage and have an air bubble in the middle.
- Always open the Condom with your hands, through the groove.
- The Condom has lubricant. The use of cream, oil or petroleum jelly destroys the Condom.
- Use a new condom every time the man finishes. Use it only once.
- If the condom breaks during sexual intercourse, pull it off and use another. Go to the health provider to rule out a pregnancy and/or infection.

**THE CONDOM**

- Is a sturdy latex bag (an elastic material) that is placed on the erect penis (standing) before each sexual intercourse. The correct and consistent use of Condoms prevents pregnancy and can reduce the risk of HIV/AIDS transmission and other Sexually Transmitted Infections.

- Having a single partner and mutual fidelity decreases the risk of transmission of HIV/AIDS and other sexually transmitted infections.

*Ask the health worker of the Community Center, Health Post, Health Center, CAP, CAIMI or nearest Hospital about this method.*

*Your health, your decision, our future.*
These are the options of postpartum contraceptive methods. The chart below indicates when to start the method and special considerations for breastfeeding.

Combined oral contraceptives must be initiated up to 6 months if the woman is nursing. Fertility-based methods must start after having menstruated regularly 4 times.
Options for Immediate Postpartum
In the Clinics

<table>
<thead>
<tr>
<th>48 hours</th>
<th>1 week</th>
<th>3 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
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<tbody>
<tr>
<td><strong>LACTATING</strong></td>
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<td>IMPLANTS</td>
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<tr>
<td>LACTATIONAL AMENORRHEA METHOD</td>
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<td>MELA &amp; EMERGENCY CONTRACEPTION</td>
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<tr>
<td>ORAL PROGESTOGEN-ONLY</td>
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<tr>
<td>INJECTIONS</td>
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<tr>
<td>CONDOMS</td>
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<tr>
<td>WITHDRAWL</td>
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<tr>
<td><strong>NOT LACTATING</strong></td>
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<tr>
<td>INJECTIONS</td>
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<tr>
<td>COMBINED ORAL PILLS</td>
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<td>CONDOMS</td>
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<td>WITHDRAWL</td>
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</table>
Annex 8: Situations when emergency contraception is indicated

Emergency contraception can be useful in different situations after sexual intercourse. For example:

- When no contraceptive method has been used.
- In cases of rape or forced sexual intercourse when the woman was not protected by an effective contraceptive method.
- When there is a failure in the contraceptive method used or it was used incorrectly, for example:
  - The condom breaks, slips off, or is used incorrectly
  - Three or more combined contraceptive pills were not taken consecutively
  - Three hours’ delay in taking the progestogen-only contraceptive pill (mini-pill)
  - More than 12 hours’ delay in taking 0.75 mg desogestrel pills
  - More than two weeks’ delay in administering the progestogen-only norethisterone enanthate injection
  - More than four weeks’ delay in administering the progestogen-only depot medroxyprogesterone acetate injection
  - More than seven days’ delay in administering the monthly combined injection of estrogen and progestogen;
  - Shifting, late placement, or early removal of the transdermal patch or the hormonal vaginal ring (where these are used)
  - Shifting, breakage or tearing of the cervical diaphragm or cap (where these are used)
  - Failure in withdrawal (ejaculating in the vagina or external genitals)
  - The spermicide pill or film did not dissolve before having sex
  - Calculation error in the period of abstinence or having sex in the fertile days of the menstrual cycle, for those who did not use a contraceptive barrier method when using methods based on fertile calendar days
  - Expulsion of the intrauterine device or hormonal contraceptive implant.31

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