BALANCED COUNSELING IN FAMILY PLANNING

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

**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?
- **Yes**: Show her all the reversible methods:
  - Combined oral contraceptives (pills)
  - Condoms
  - Injection
  - Implant
  - Intrauterine device (IUD)
  - Intrauterine system (IUS)
  - Lactational amenorrhea method (LAM)
  - Standard Days Method or CycleBeads

- **No**: Describe permanent and long-acting reversible methods (listed below) as well as the other options listed above:
  - Female sterilization
  - Vasectomy
  - Intrauterine device (IUD)
  - Intrauterine system (IUS)
3. Does your partner support you in family planning?

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, continue with the next question.

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

<table>
<thead>
<tr>
<th>More effective</th>
<th>How to make your method more effective</th>
</tr>
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<tbody>
<tr>
<td>Less than 1 pregnancy per 100 women in 1 year</td>
<td>Implants, IUD, female sterilization: After procedure, little or nothing to do or remember</td>
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<td></td>
<td>Vasectomy: Use another method for first 3 months</td>
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<td></td>
<td>Injectables: Get repeat injections on time</td>
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<td></td>
<td>Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night</td>
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<td></td>
<td>Pills: Take a pill each day</td>
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<td>Patch, ring: Keep in place, change on time</td>
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<td></td>
<td>Condoms, diaphragm: Use correctly every time you have sex</td>
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<td></td>
<td>Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.</td>
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<tr>
<td></td>
<td>Withdrawal, spermicides: Use correctly every time you have sex</td>
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<table>
<thead>
<tr>
<th>Less effective</th>
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<tr>
<td>About 30 pregnancies per 100 women in 1 year</td>
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###STEP 4

2. Are you breastfeeding a baby less than 6 months?

3. Does your partner support you in family planning?

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:
- 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.

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.

###STEP 5

Method selection

Among the remaining methods, ask the client to choose the one that is most convenient for her.
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.