

Family Planning Global Handbook



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4 Key Updates in the latest handbook

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6 How to order hardcopies?

7 Additional resources





WHAT IS THE GLOBAL FAMILY PLANNING HANDBOOK

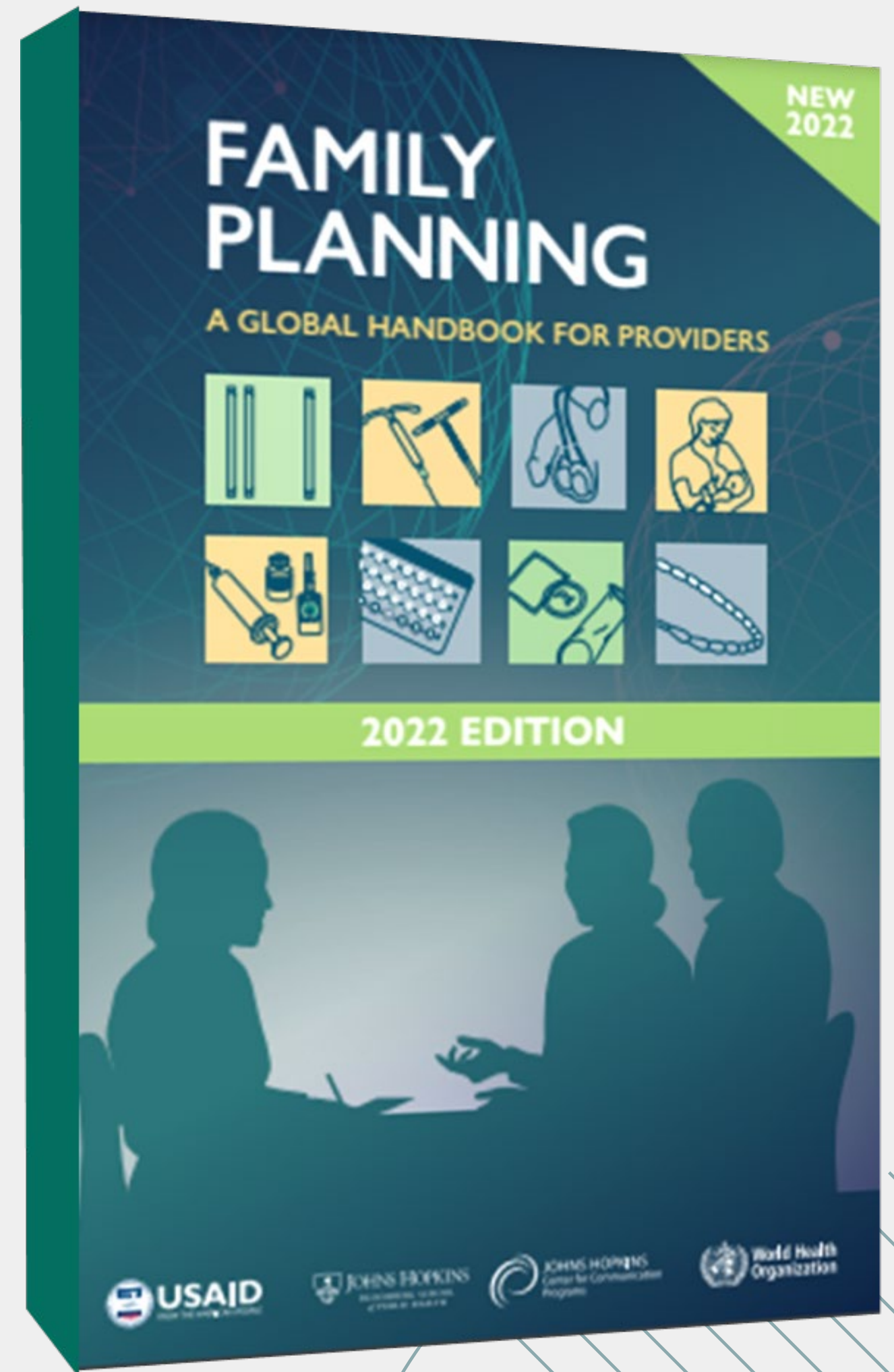


The 1st edition of the **Family Planning – A global Handbook for service providers** was published in 2007 by WHO, USAID and Johns Hopkins University CCP in collaboration with 147 other organizations.

It translates the WHO recommendations available in the **Medical Eligibility Criteria (MEC)** and the **Selected Practice Recommendations (SPR)** into practical guidance to help health care providers deliver FP methods appropriately, effectively, and safely.

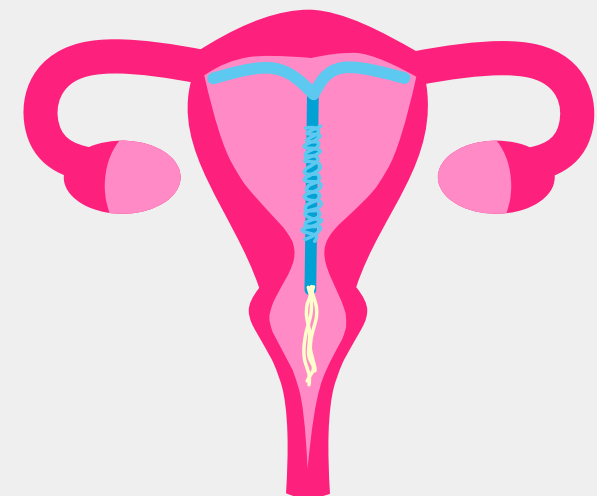
The clear, up-to-date information and advice in the handbook enables family planning providers to meet clients' needs, inform their choices, and support their use of contraception across different contexts and settings.

The current edition launched in 2022 is available in English, French, Spanish and Russian. Earlier versions however are available in PDF format in 14 languages.



Methods covered in the current FP Global Handbook

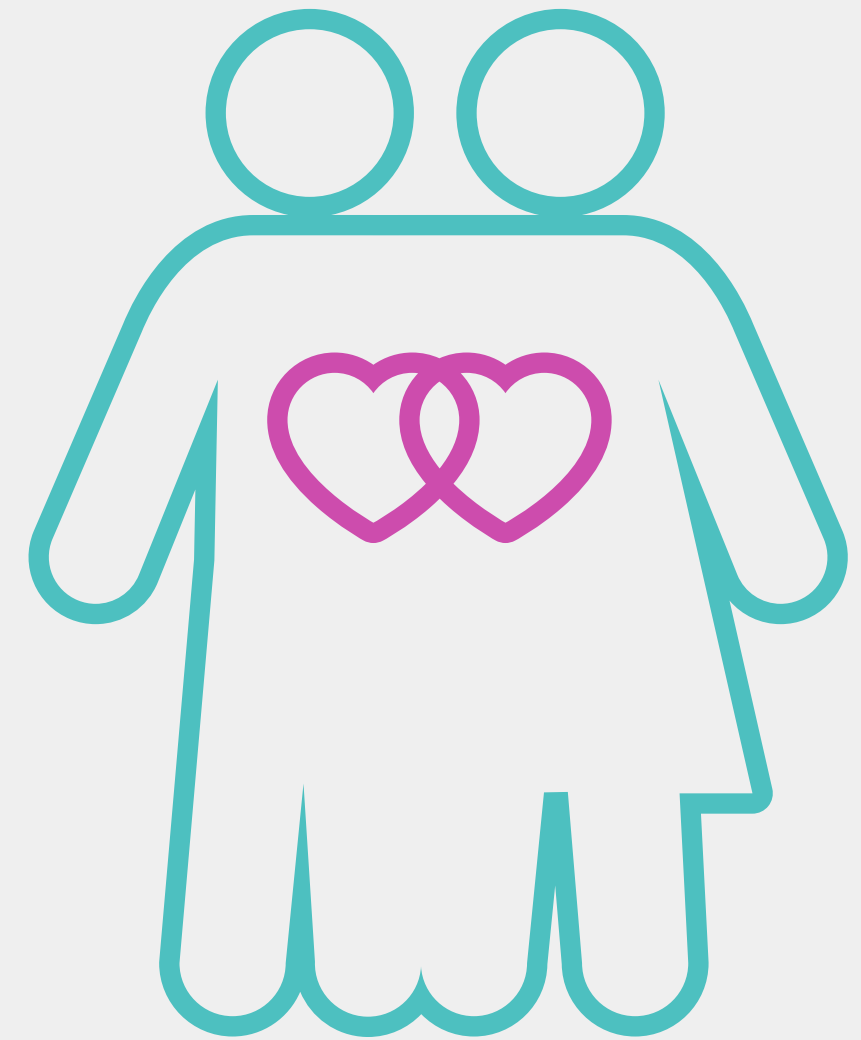
- 01 - Combined Oral Contraceptives
- 02 - Progestin only pills
- 03 - Emergency Contraceptive Pills
- 04 - Progestin only injectables
- 05 - Monthly Injectables
- 06 - Combined Patch
- 07 - Combined Vaginal ring
- 08 - Progesterone-releasing vaginal ring
- 09 - Implants
- 10 - Copper bearing Intrauterine device
- 11 - Levonorgestrel Intrauterine device
- 12 - Female Sterilization
- 13 - Vasectomy
- 14 - Male Condoms
- 15 - Female Condoms
- 16 - Spermicides and Diaphragms
- 17 - Cervical Caps
- 18 - Fertility Awareness Methods
- 19 - Withdrawal
- 20 - Lactational Amenorrhoea Method



General format of the method chapters of the FP Global Handbook

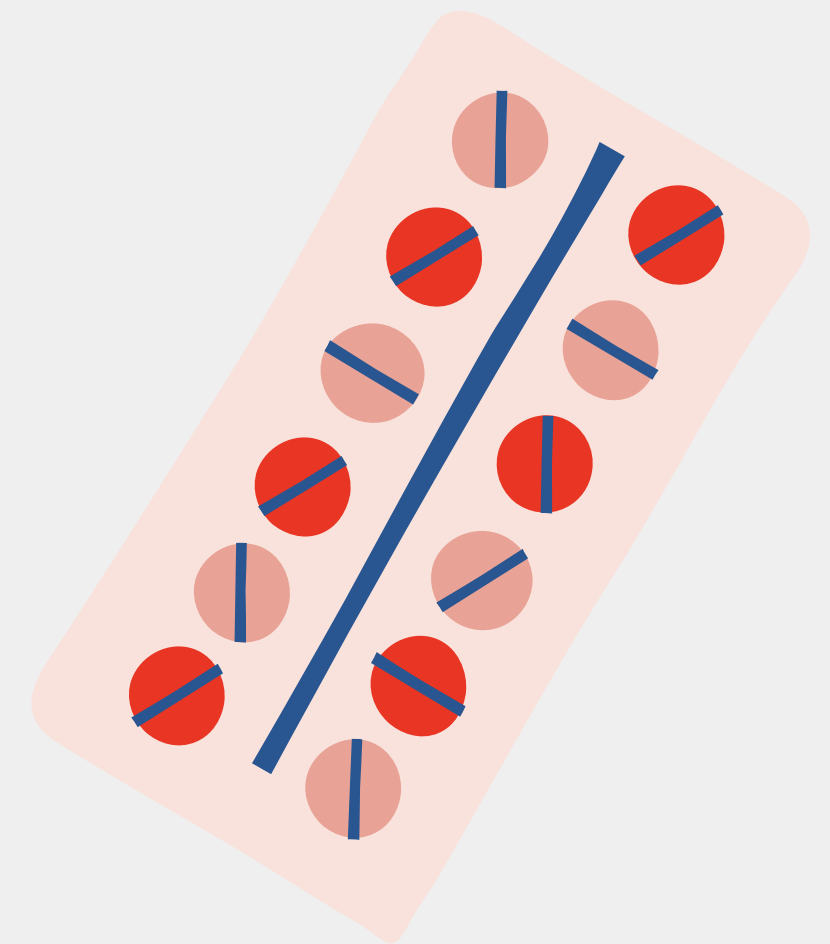
Each method chapter generally contains:


- Description of the method including its effectiveness for pregnancy prevention
- Summary of side effects, health benefits and risks
- Medical eligibility criteria for the method
- Considerations for women living with HIV
- How to provide the method
- Supporting new and continuing users
- Key facts to take note of
- Clarifications around FAQs on the method



Additional Content in the Handbook

- Information on situations / factors /characteristics that impact upon Family Planning (FP) service Provision
- Providing Family planning services during an epidemic
- Serving diverse groups
- FP for adolescents and women at high risk of HIV
- Reproductive Health issues to be considered and addressed during FP service provision or where FP services may be integrated, e.g.
 - Cervical cancer
 - Sexually transmitted infections including HIV
 - Maternal and Newborn Health
- Appendices and Glossary





WHO IS THE HANDBOOK MEANT FOR AND HOW IT IS USED

WHO CAN USE THE HANDBOOK

All health care providers can use the handbook. However, the targeted users are **Nurses and Midwives.**

The handbook is also helpful for:

POLICY MAKERS

FP CURRICULUM
DEVELOPERS

HEALTH CARE MANAGERS
AND SUPERVISORS

PHARMACISTS

PRE-SERVICE AND IN-SERVICE
TRAINERS / TEACHERS

HOW ELSE CAN THE HANDBOOK BE USED?

The handbook can be used by Member States to:

Update their national family planning guidelines

Develop job aids, posters and IEC materials

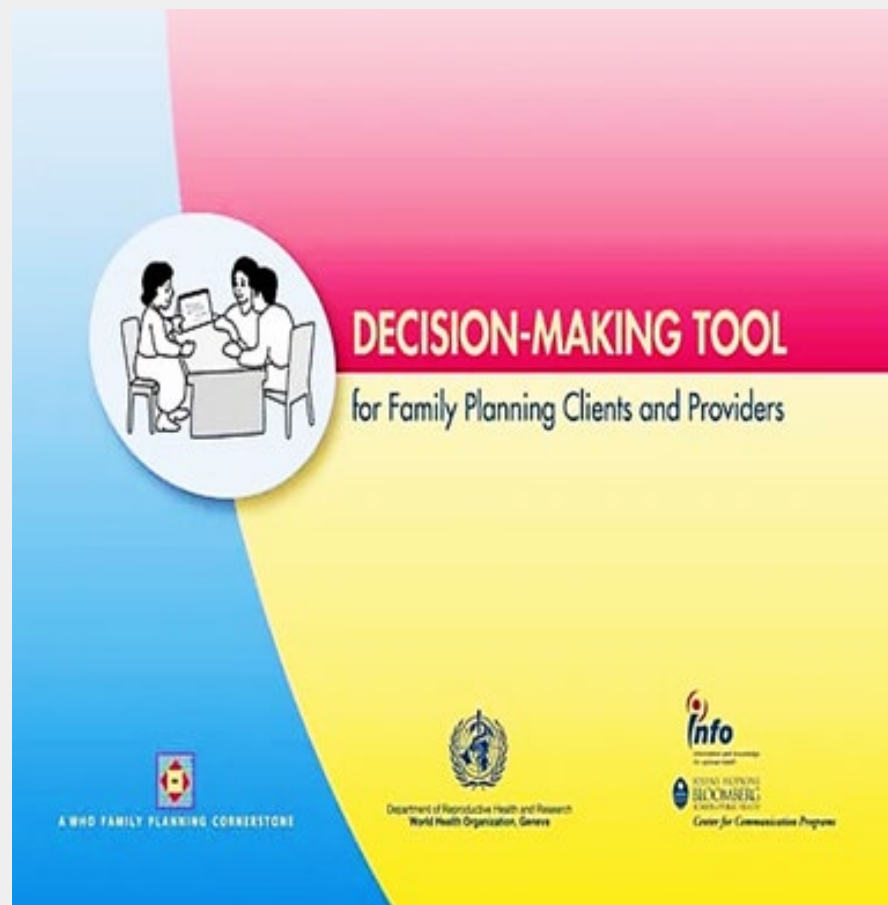
Prepare communications and advocacy materials (fact sheets, social media feeds)

Strengthen the Health information system by applying the Handbook content within decision support logic

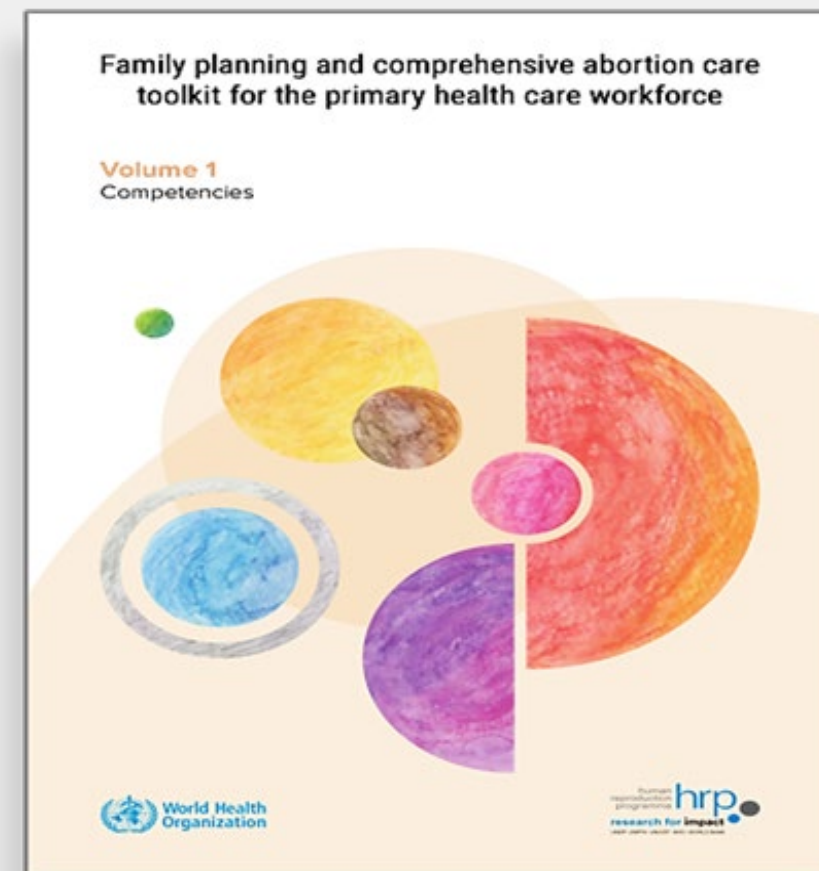
Develop Family planning training materials and curricula

Support introduction of additional family planning methods into national formularies

THE GLOBAL HANDBOOK CONTRIBUTED TO DEVELOPMENT OF THE FOLLOWING RESOURCES



The decision-making tool for family planning clients and providers
WHO SEARO region



Competencies for Family Planning and Comprehensive Abortion Care for service providers



Family Planning Digital Adaptation Toolkit



The Family Planning Training Resource Package: <https://www.fptraining.org/>

The background features four decorative corner elements. The top-left corner has a series of parallel diagonal lines in a light teal color, with a thin teal arc curving around them. The top-right corner contains a cluster of quarter-circle shapes in teal, yellow, red, and green. The bottom-left corner features a similar cluster of quarter-circle shapes in red, green, and teal. The bottom-right corner has a large, thin teal arc with several parallel diagonal lines below it.

HOW IS THE HANDBOOK UPDATED

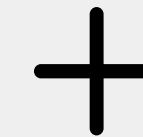
HOW IS IT UPDATED?

The handbook is a derivative product of the WHO normative FP guidance documents: **Medical Eligibility Criteria** (MEC) and **Selected Practice Recommendations for Contraceptive Use** (SPR).

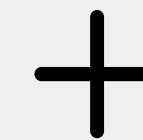
The handbook also includes up to date guidance from selected WHO recommendations in areas deemed important for FP service providers including: STIs, HIV, Cervical Cancer, DMPA sc self-injection etc.



MEDICAL
ELIGIBILITY
CRITERIA (MEC)



SELECTED PRACTICE
RECOMMENDATIONS (SPR)
FOR CONTRACEPTIVE USE



SELECTED WHO
RECOMMENDATIONS



WHAT ARE THE KEY UPDATES IN THE 2022 EDITION

KEY UPDATES IN THE 2022 EDITION

New Chapters

Family planning for adolescents and women at high risk of HIV

FP/ Contraception Service delivery during epidemics



New recommendations

Self injections as an option for clients on DMPA Sc

STI signs and symptoms and syndromic management

Cervical cancer prevention, screening and treatment

Post abortion family planning

Gender equality and gender inclusiveness

Expanded / updated coverage

Instructions on implant insertion and removal

Medical eligibility Criteria for contraceptive use



KEY UPDATES IN THE 2022 EDITION

Family planning for women and girls at high risk of HIV

All family planning methods, except for nonoxynol-9 spermicides, are safe for adolescents and women at high risk for HIV.

The family planning visit offers a key opportunity to offer HIV testing and Prevention.

Male and female condoms are the only methods that can prevent both HIV and other STIs, as well as unintended pregnancy when used consistently and correctly.

Clients at high risk for HIV should be counseled about how to prevent HIV and screened to see if they would benefit from **HIV pre-exposure prophylaxis (PrEP)**. PrEP can safely be taken with all family planning methods and can safely be used when breastfeeding.

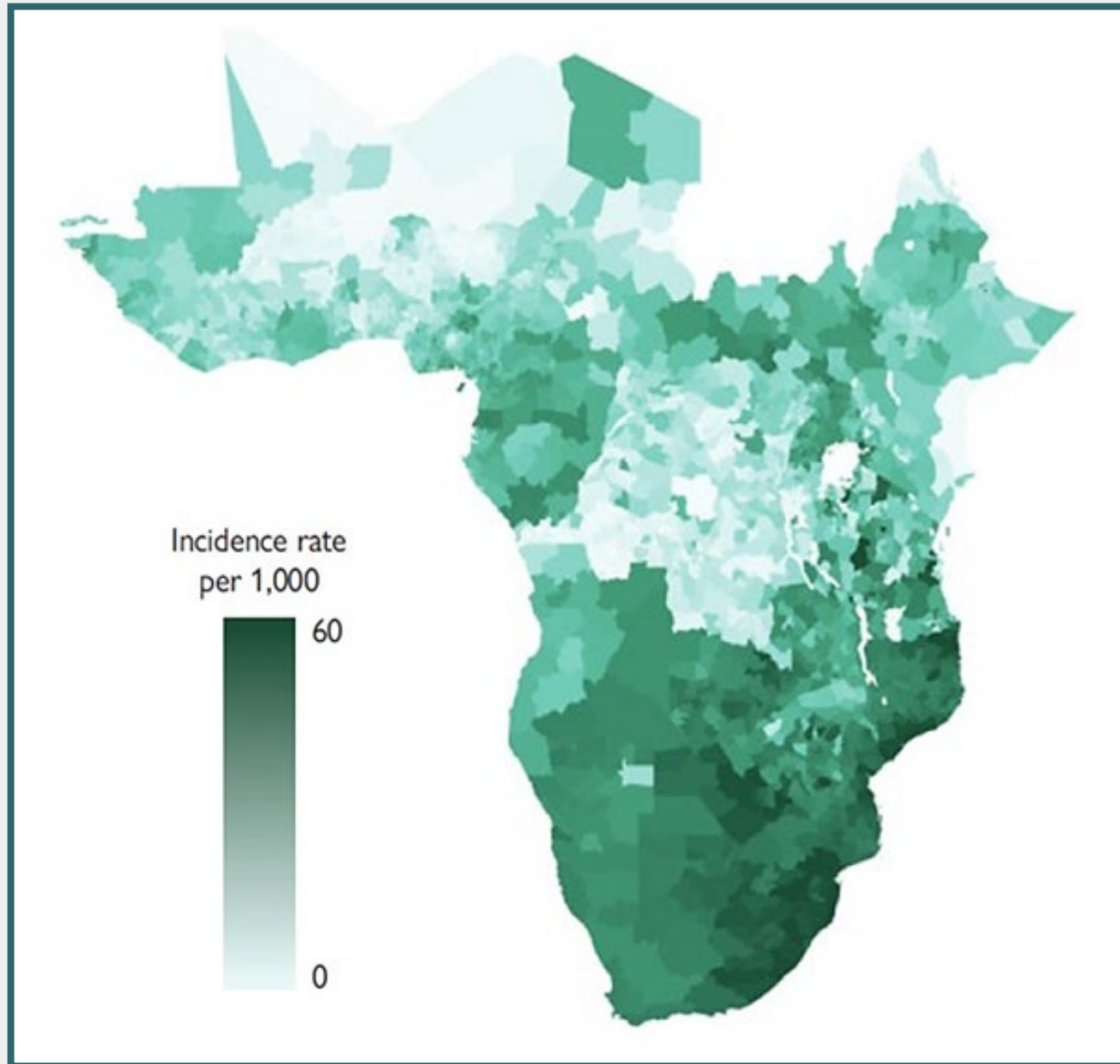
Testing male partners for HIV has many benefits for women and men.



KEY UPDATES IN THE 2022 EDITION



Recommendations related to HIV BURDEN



How to apply the recommendation on **high risk of HIV**:

High burden settings (prevalence > 5%):

All Sexually active adolescents and women should be offered an HIV test

Low and medium burden settings (prevalence \leq 5%):

HIV risk should be assessed using set criteria and clients found to be at high risk offered HIV testing

KEY UPDATES IN THE 2022 EDITION

Service delivery during epidemics

Family planning services should be maintained throughout an epidemic.

Some contraceptive methods can be safely and effectively self-initiated and continued with or without support from health care providers.

More widespread use of digital health technologies and direct pharmacy access may improve access during an epidemic.



KEY UPDATES IN THE 2022 EDITION

Self-injection of DMPA-SC

Offer self-injection as an option for DMPA subcutaneous.
Step by step instructions on how to self-inject **now available** in the handbook.

Syndromic management of STIs

STIs are prevalent and often asymptomatic, clients often present late when the complications have already set in.
The FP clinic provides an opportunity of contact with a service provider for **early diagnosis and treatment**.



KEY UPDATES IN THE 2022 EDITION

Digital Health Tools

Digital tools are essential in FP service provision during a pandemic



Contraceptive delivery tool for humanitarian settings

To access or install the Android or Apple App, visit this [link](#) for information.



Medical eligibility criteria for contraceptive use App

To access or install the Android or Apple App, visit this [link](#) for information.

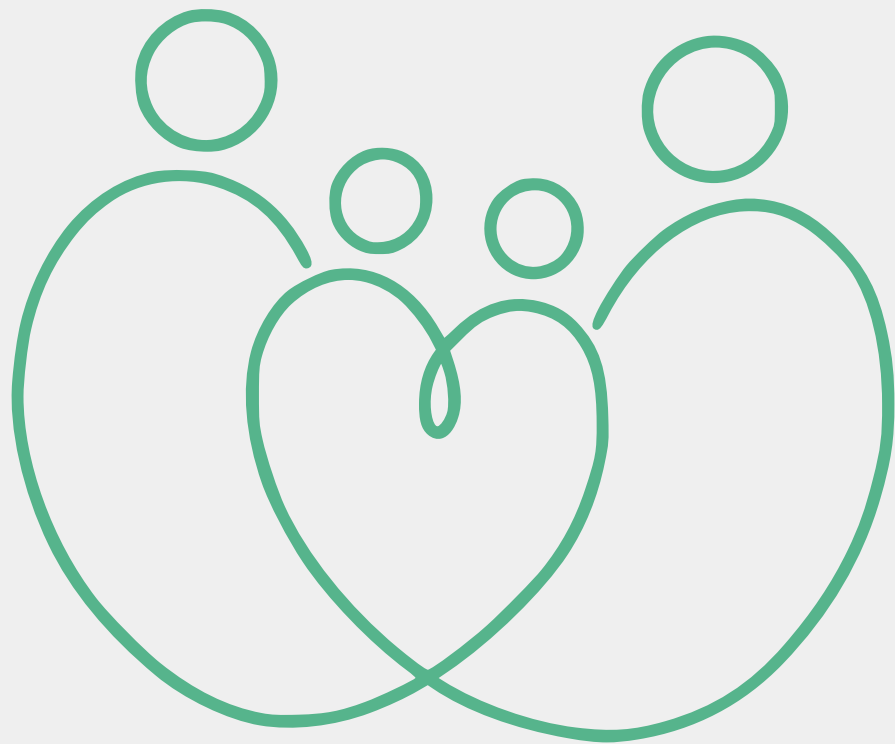


KEY UPDATES IN THE 2022 EDITION



Cervical cancer prevention, screening, and treatment

Screening for cervical pre-cancer lesions is simple, quick, and generally painless. Cervical screening should start at age 30 years, or at age 25 for those who are living with HIV. Providers need to know how to screen for and treat precancerous lesions of the cervix.



Post-abortion family planning

Fertility resumes 2-4 weeks after an abortion, therefore information on family planning is important as part of comprehensive post abortion care.

KEY UPDATES IN THE 2022 EDITION


Gender Equality and Gender Inclusiveness

Gender equality and access to family planning are integrally related. People have a right to determine whether and when to have children, how many, and with whom.

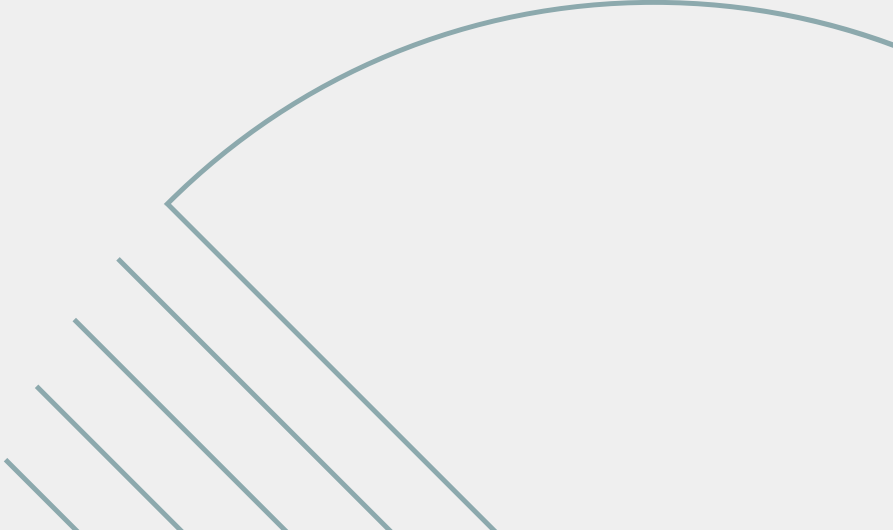

Awareness of the different needs and realities of women, men, and gender-diverse people's lives is important.

Definitions for gender inclusion, diversity, and equality are included to support providers counsel their clients.





HOW CAN YOU ACCESS THE FP HANDBOOK ONLINE



VISIT THE FP HANDBOOK SITE

www.fphandbook.org

Navigate through
the individual
chapters

The screenshot displays the FPHandbook.org website. On the left is a navigation menu with a red 'X' icon and the title 'EXPLORE THE HANDBOOK'. It lists sections under 'INTRODUCTION' (Welcome to FPHandbook.org!, Foreword From the World Health Organization, Foreword From the United States Agency for International Development, Acknowledgements, WHO's Family Planning Guidance, Human Rights: Family Planning Providers' Contribution, Gender Equality and Gender Inclusiveness, Collaborating and Supporting Organizations) and 'CHAPTERS' (1 Combined Oral Contraceptives, 2 Progestin-Only Pills, 3 Emergency Contraceptive Pills, 4 Progestin-Only Injectables, 5 Monthly Injectables, 6 Combined Patch: Only the Essentials, 7 Combined Vaginal Ring: Only the Essentials). The 'CHAPTERS' section is circled in red. A red dashed arrow points from the text 'Navigate through the individual chapters' to this section. The main content area has a blue header with a survey prompt: 'We're looking for your feedback! Please answer a few questions to help us improve our website.' with a 'TAKE THE SURVEY' button. Below this is a large banner for the 'Family Planning A GLOBAL HANDBOOK FOR PROVIDERS' 2022 EDITION. The banner includes an image of the handbook cover and text stating it 'offers clinic-based health care professionals in low- and middle-income countries the latest guidance on providing contraceptive methods.' At the bottom of the banner are three buttons: 'EXPLORE THE HANDBOOK', 'ORDER' (with a shopping cart icon), and 'DOWNLOAD' (with a download icon). The 'DOWNLOAD' button is circled in red. A red dashed arrow points from the text 'click on the DOWNLOAD icon to visit the page where all downloads are available' to this button. Below the banner, statistics are shown: '625,000 copies distributed since 2007', '14 languages', and '147 collaborating and supporting organizations'. A 'Privacy - Terms' link is in the bottom right corner.

EXPLORE THE HANDBOOK

ENGLISH ESPAÑOL FRANÇAIS

INTRODUCTION

Welcome to FPHandbook.org!

Foreword From the World Health Organization

Foreword From the United States Agency for International Development

Acknowledgements

WHO's Family Planning Guidance

Human Rights: Family Planning Providers' Contribution

Gender Equality and Gender Inclusiveness

Collaborating and Supporting Organizations

CHAPTERS

1 Combined Oral Contraceptives

2 Progestin-Only Pills

3 Emergency Contraceptive Pills

4 Progestin-Only Injectables

5 Monthly Injectables

6 Combined Patch: Only the Essentials

7 Combined Vaginal Ring: Only the Essentials

We're looking for your feedback! Please answer a few questions to help us improve our website. [TAKE THE SURVEY](#)

Family Planning
A GLOBAL HANDBOOK FOR PROVIDERS

offers clinic-based health care professionals in low- and middle-income countries the latest guidance on providing contraceptive methods.

[EXPLORE THE HANDBOOK](#) [ORDER](#) [DOWNLOAD](#)

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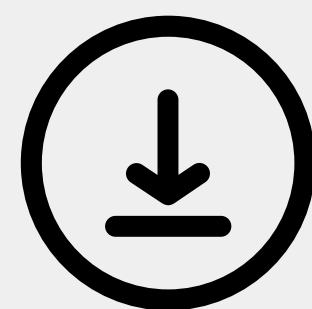
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to visit the page
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downloads are
available

TRANSLATIONS AND DOWNLOADS

www.fphandbook.org

Free available downloadable resources

2022



ENGLISH

FRENCH

SPANISH

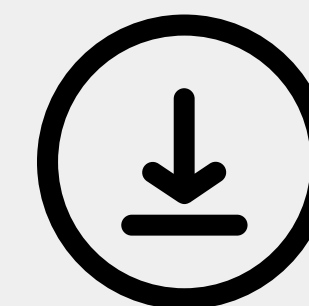
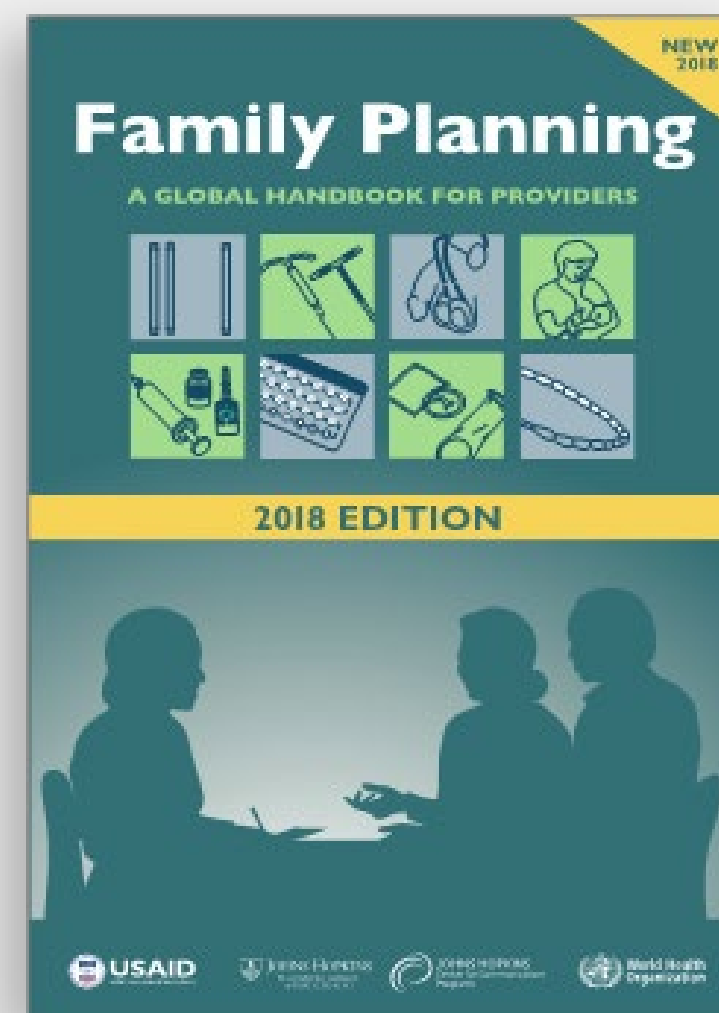
RUSSIAN

FP GLOBAL HANDBOOK

4TH EDITION

Current version

2018



SPANISH

ROMANIAN

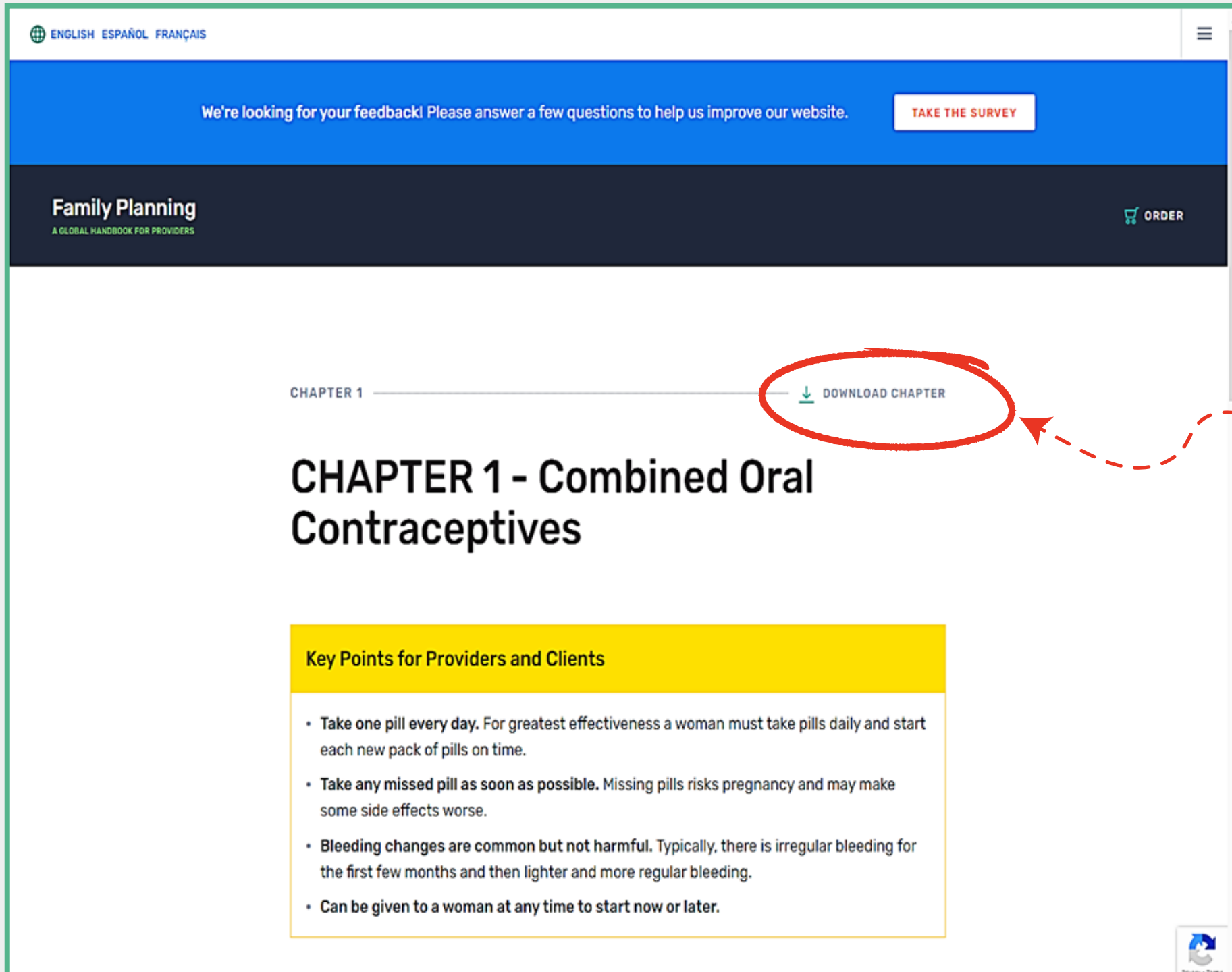
FP GLOBAL HANDBOOK

3RD EDITION

... and more!

VISIT THE FP HANDBOOK SITE

www.fphandbook.org



The screenshot shows the homepage of the Family Planning Handbook. At the top, there is a blue banner with a survey request and a 'TAKE THE SURVEY' button. Below this is a dark blue header with 'Family Planning' and 'A GLOBAL HANDBOOK FOR PROVIDERS'. The main content area features 'CHAPTER 1 - Combined Oral Contraceptives'. A red circle highlights the 'DOWNLOAD CHAPTER' button, which is linked to a download icon. A dashed red arrow points from this button to the explanatory text on the right.

ENGLISH ESPAÑOL FRANÇAIS

We're looking for your feedback! Please answer a few questions to help us improve our website. [TAKE THE SURVEY](#)

Family Planning
A GLOBAL HANDBOOK FOR PROVIDERS

ORDER

CHAPTER 1

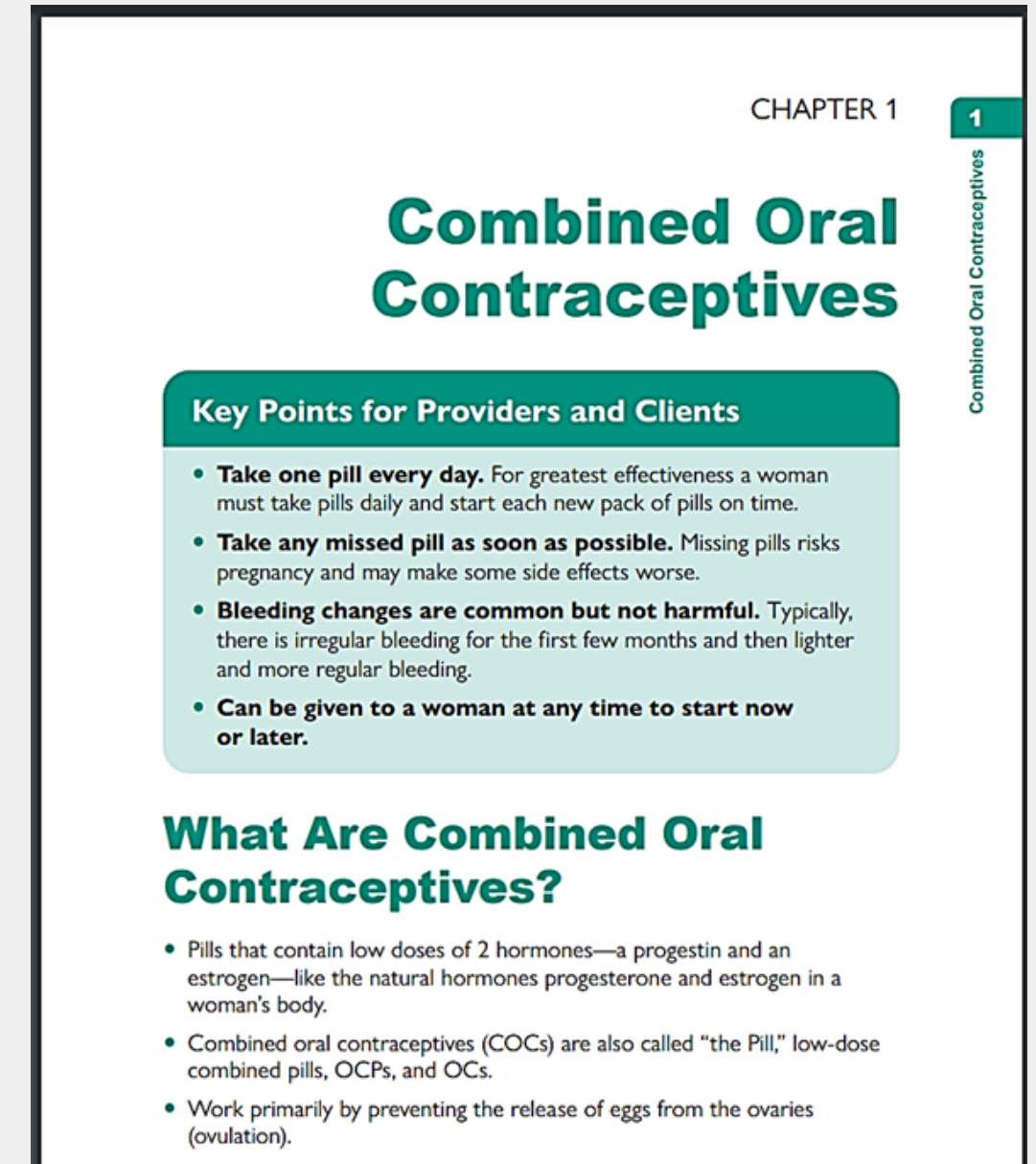
[DOWNLOAD CHAPTER](#)

CHAPTER 1 - Combined Oral Contraceptives

Key Points for Providers and Clients

- **Take one pill every day.** For greatest effectiveness a woman must take pills daily and start each new pack of pills on time.
- **Take any missed pill as soon as possible.** Missing pills risks pregnancy and may make some side effects worse.
- **Bleeding changes are common but not harmful.** Typically, there is irregular bleeding for the first few months and then lighter and more regular bleeding.
- **Can be given to a woman at any time to start now or later.**

Each Chapter has the functionality built in that allows you to download just that piece of content.



This screenshot shows the content of Chapter 1. It includes the chapter title, a 'Key Points for Providers and Clients' section with a bulleted list, and a 'What Are Combined Oral Contraceptives?' section with another bulleted list. The page is numbered '1' in the top right corner.

CHAPTER 1

Combined Oral Contraceptives

Key Points for Providers and Clients

- **Take one pill every day.** For greatest effectiveness a woman must take pills daily and start each new pack of pills on time.
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- **Bleeding changes are common but not harmful.** Typically, there is irregular bleeding for the first few months and then lighter and more regular bleeding.
- **Can be given to a woman at any time to start now or later.**

What Are Combined Oral Contraceptives?

- Pills that contain low doses of 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body.
- Combined oral contraceptives (COCs) are also called "the Pill," low-dose combined pills, OCPs, and OCs.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

1
Combined Oral Contraceptives

ORDER VIA THE WEB

fphandbook.org/order-form

The screenshot shows the FPHandbook.org website. On the left is a navigation menu with sections: INTRODUCTION (Welcome to FPHandbook.org!, Foreword From the World Health Organization, Foreword From the United States Agency for International Development, Acknowledgements, WHO's Family Planning Guidance, Human Rights: Family Planning Providers' Contribution, Gender Equality and Gender Inclusiveness, Collaborating and Supporting Organizations) and CHAPTERS (1 Combined Oral Contraceptives, 2 Progestin-Only Pills, 3 Emergency Contraceptive Pills, 4 Progestin-Only Injectables, 5 Monthly Injectables, 6 Combined Patch: Only the Essentials, 7 Combined Vaginal Ring: Only the Essentials). The main content area features a large banner for the 'Family Planning: A Global Handbook for Providers' (2022 Edition). The banner includes a survey prompt: 'We're looking for your feedback! Please answer a few questions to help us improve our website.' with a 'TAKE THE SURVEY' button. Below the banner, there are three buttons: 'EXPLORE THE HANDBOOK', 'ORDER' (circled in orange), and 'DOWNLOAD'. A dashed orange arrow points from the 'ORDER' button to the text 'Order hardcopies from the website'. At the bottom of the banner, statistics are displayed: 625,000 copies distributed since 2007, 14 languages, and 147 collaborating and supporting organizations. The footer includes a 'Privacy - Terms' link.

EXPLORE THE HANDBOOK

Family Planning
A GLOBAL HANDBOOK FOR PROVIDERS

offers clinic-based health care professionals in low- and middle-income countries the latest guidance on providing contraceptive methods.

EXPLORE THE HANDBOOK **ORDER** **DOWNLOAD**

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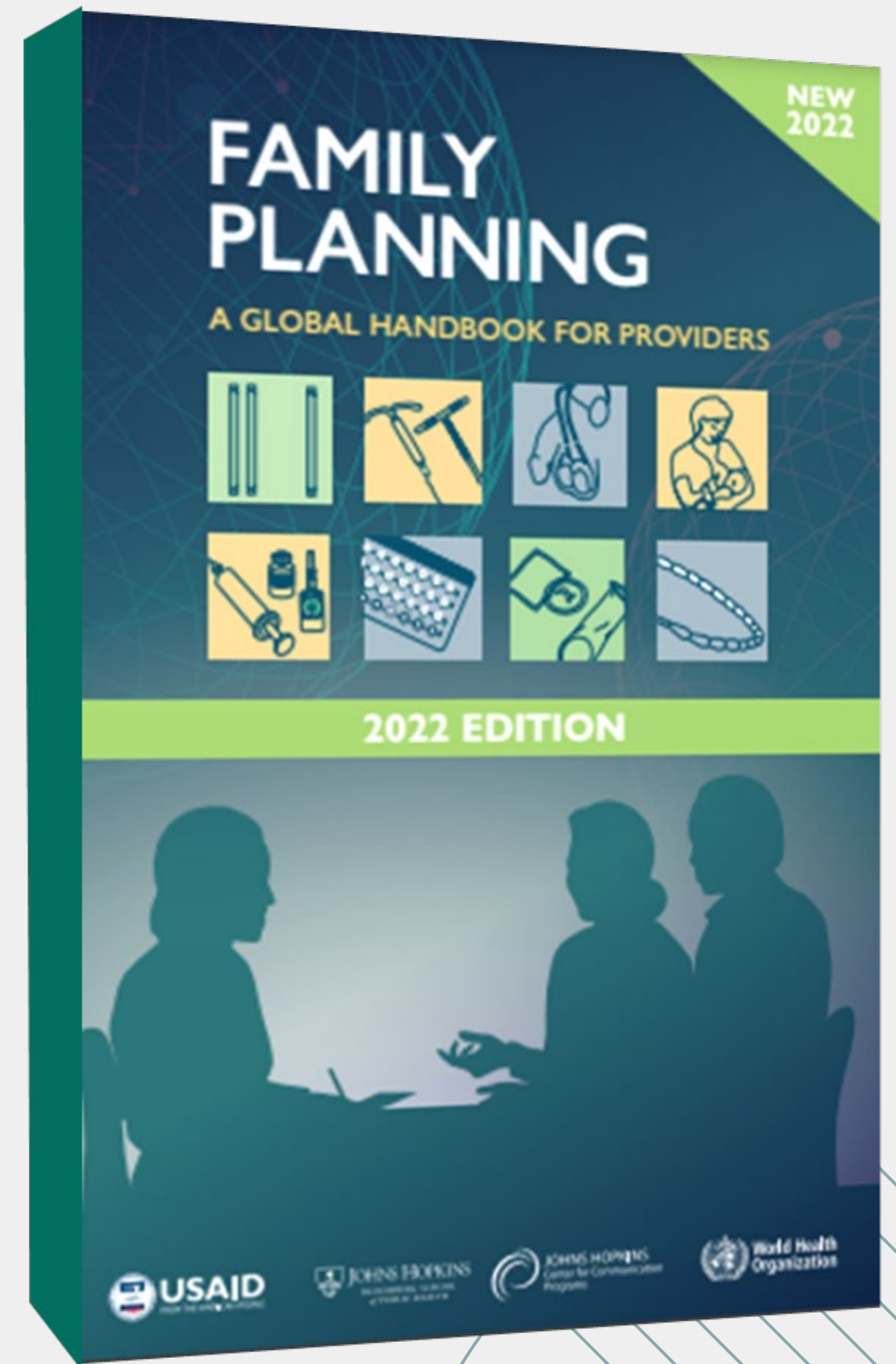


HOW CAN YOU ORDER HARD COPIES OF THE FP HANDBOOK

ORDER BY E-MAIL



Write to orders@jhuccp.org and include your name, complete mailing address, telephone number and number of copies.





ACCOMPANYING RESOURCES

Accompanying resources



1

Medical Eligibility Criteria for Contraceptive Use

<https://apps.who.int/iris/handle/10665/181468>

2

Selected Practice Recommendations for Contraceptive Use

<https://apps.who.int/iris/handle/10665/252267>

3

Decision-Making Tool for Family Planning Clients and Providers

<https://apps.who.int/iris/handle/10665/43225>

4

MEC APP: Web page with links to both Apple and Android app stores

<https://www.who.int/news/item/29-08-2019-new-app-for-who-s-medical-eligibility-criteria-for-contraceptive-use>

Collaborators and Sponsors



For more information, contact...

Dr. James Kiarie
Unit Head, CFC Unit,
WHO

srhcfc@who.int



**World Health
Organization**

Family Planning Global Handbook

Supplementary Slides



BACKGROUND

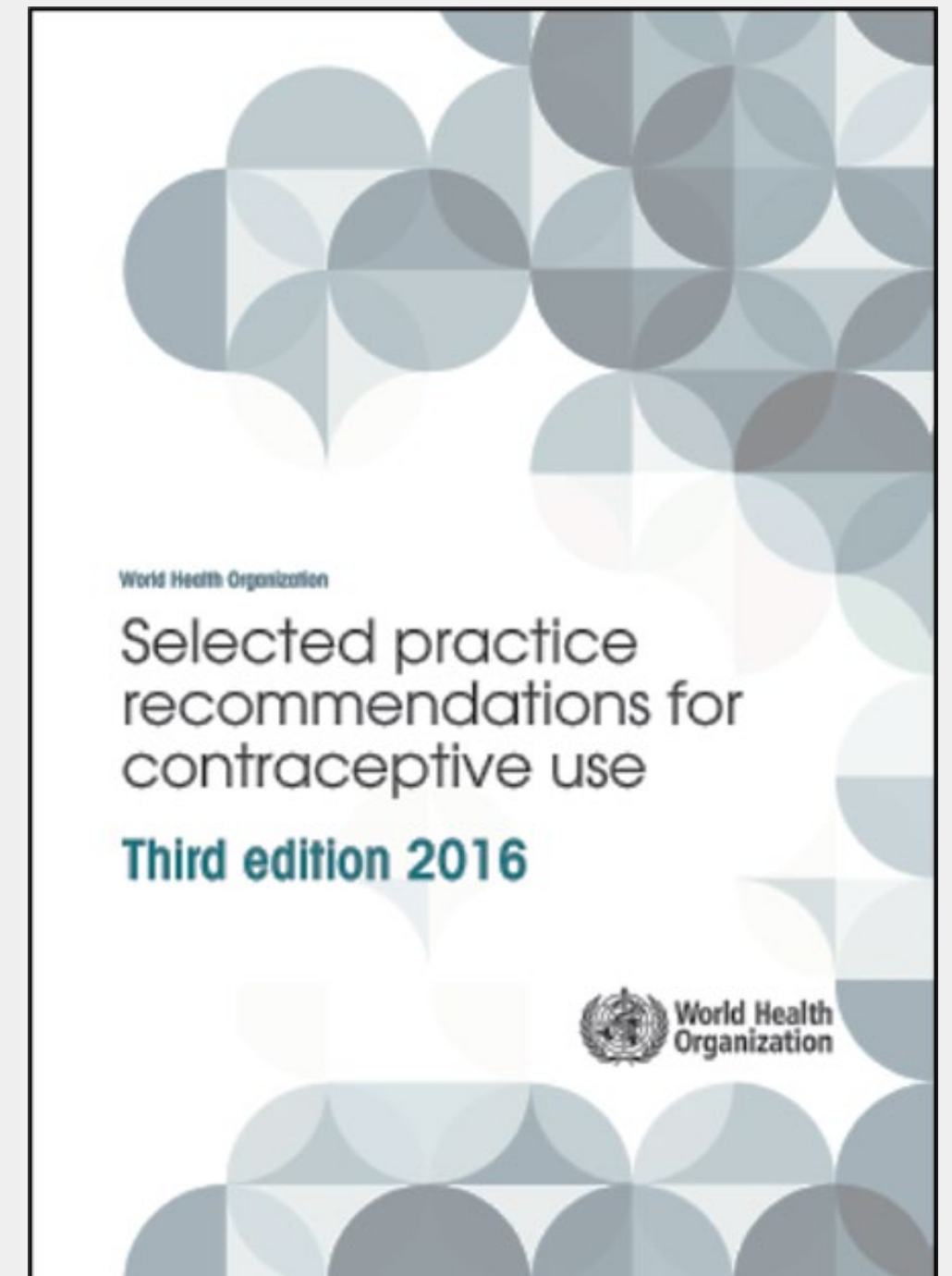
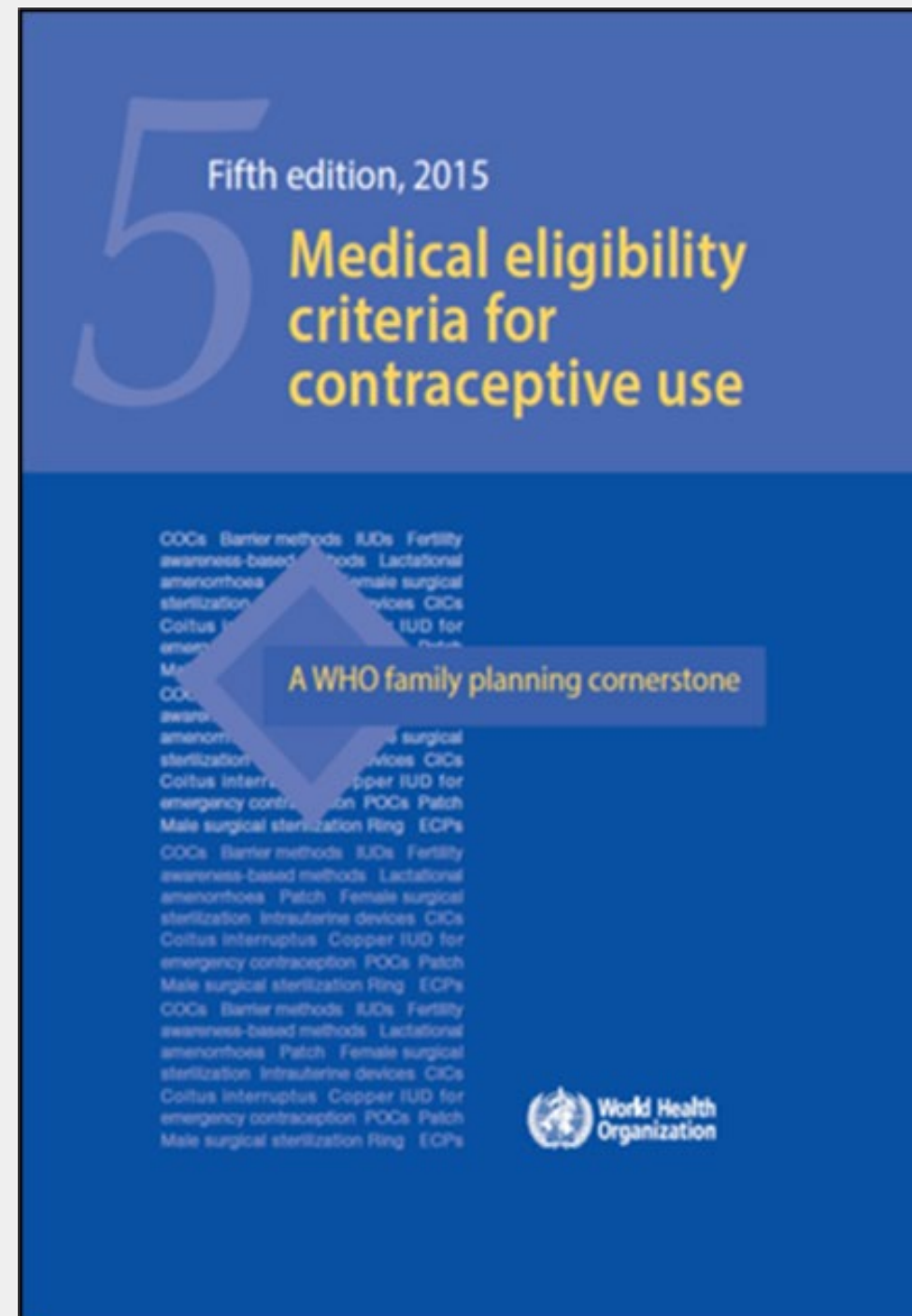
Since 1996, WHO has undertaken - with its many partners - to develop guidelines that are based on the best available evidence.

These guidelines address misconceptions regarding who can safely use contraception, which when addressed lead to a reduction in medical barriers, thereby improving access and quality of care in family planning (FP).



THE MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE (MEC)

Provides guidance on “WHO” can safely use a specific method, based on medical or other physiological characteristics



SELECTED PRACTICE RECOMMENDATIONS FOR CONTRACEPTIVE USE (SPR)

Provides guidance on “HOW” to use a contraceptive method.

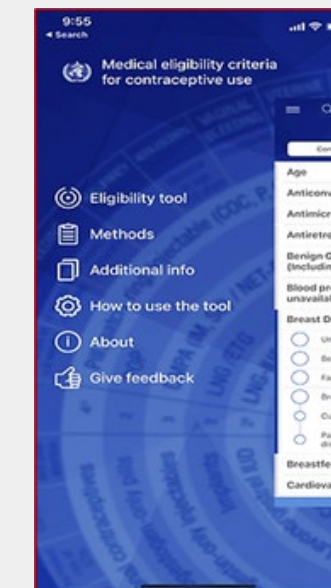
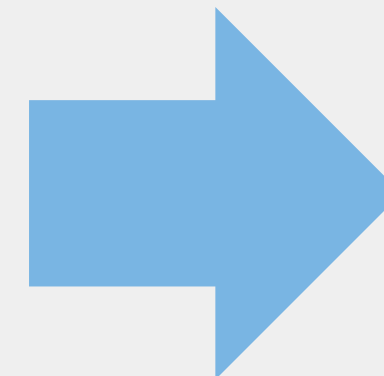
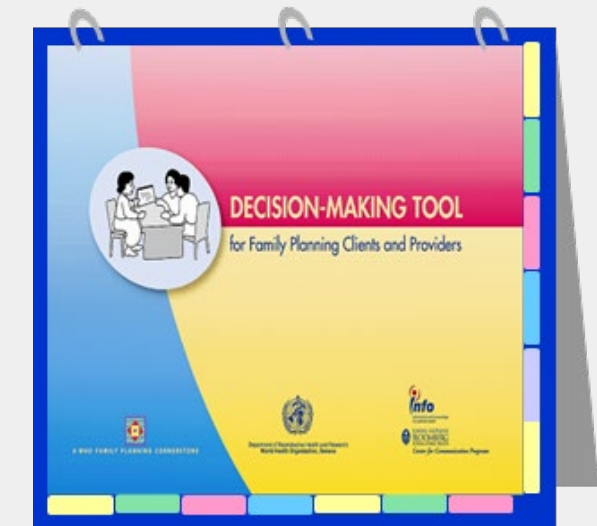
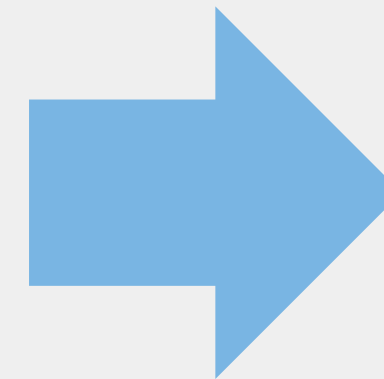
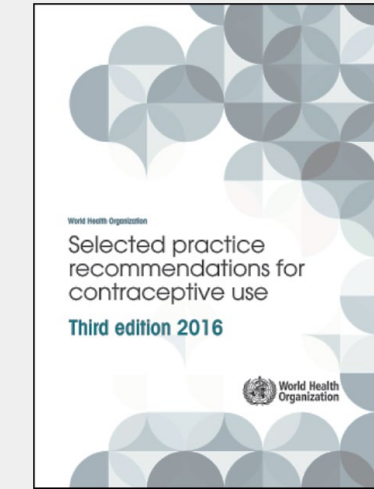
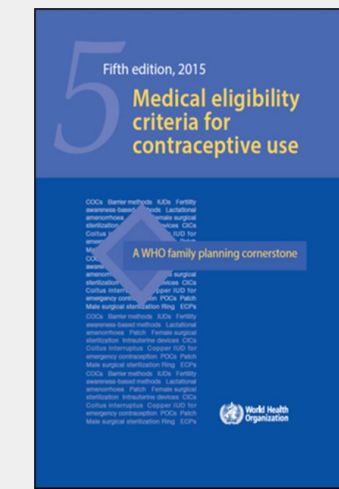
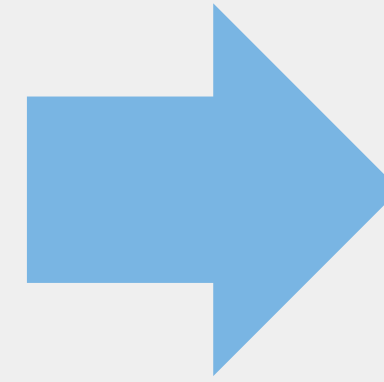
BACKGROUND

The **MEC** and **SPR** contain WHO's normative evidence-based FP/ Contraception recommendations.

Derivative Products from these include the **Global FP Handbook**, and the **Decision-Making Tool (DMT)**

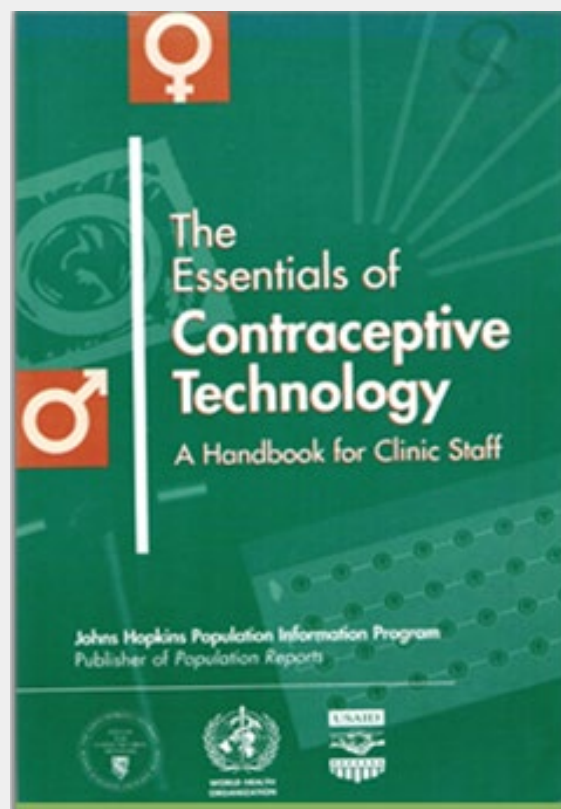
The MEC, SPR, FP handbook and DMT are commonly referred to as the **4 Cornerstones of Family planning**.

Derivative Tools include : **MEC wheel**, MEC app and **FP digital adaptation kits (DAKs)** etc.



EVOLUTION OF THE FP GLOBAL HANDBOOK FOR SERVICE PROVIDERS

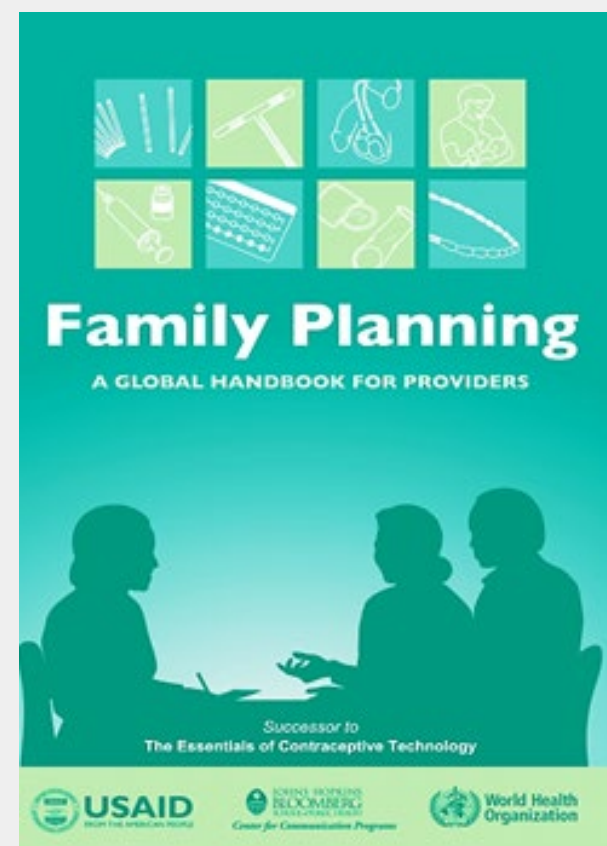
1997



ESSENTIALS OF CONTRACEPTIVE TECHNOLOGY

Forerunner of the FP Global Handbook. Published by CCP from Johns Hopkins Bloomberg school of Public Health, USA in 1997

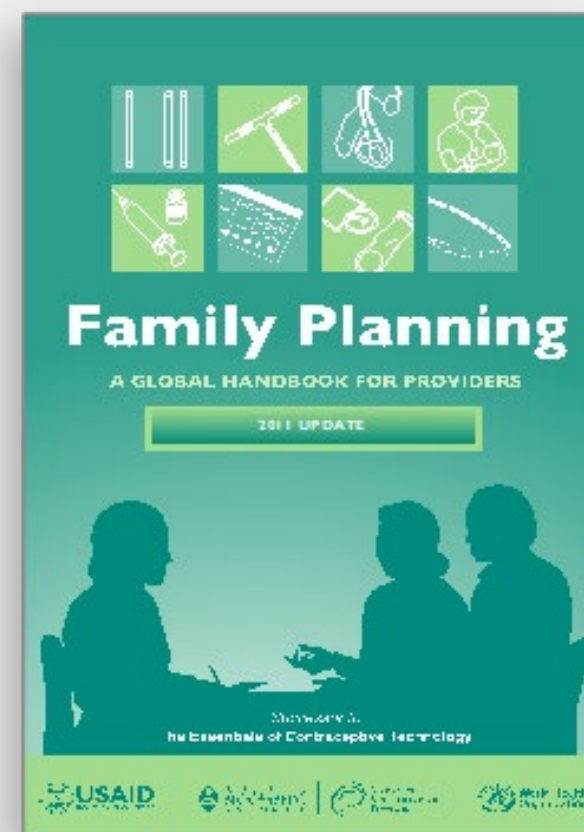
2007



FP GLOBAL HANDBOOK 1ST EDITION

Expanded on the coverage of Essentials, fuller coverage of methods, evidence-based lists of benefits and risks, updated MEC, guidance on PLHIV, new sections on RH issues

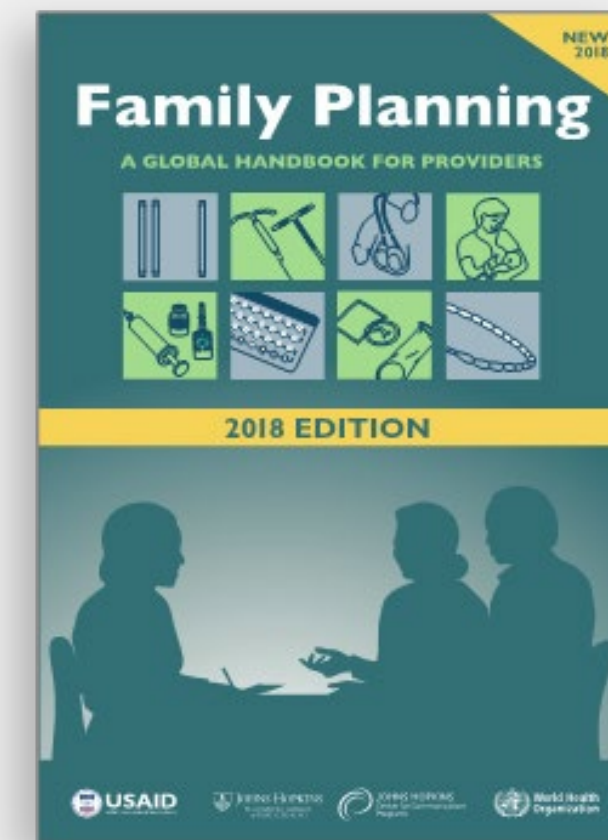
2011



FP GLOBAL HANDBOOK 2ND EDITION

New content: Repeat injections of DMPA up to 4 wks. late; Use of CHC in breastfeeding women; Contraception and SLE, Contraception in women on ARVs, community-based provision of injectables

2018



FP GLOBAL HANDBOOK 3RD EDITION

New content: Initiation of POPs and implants in postpartum breastfeeding women, SPR for Sino implant, DMPA sc. Combined patch, ring; UPA; Human rights, LIVES, Task sharing

2022



FP GLOBAL HANDBOOK 4TH EDITION

Current version

ADDITIONAL JOB AIDS: Wall Chart

Do You Know Your Family Planning Choices?

Your family planning provider can help. Please ask!

Updated to include World Health Organization guidance through **2022**

Contraceptive Implants

- One or 2 small rods placed under the skin of a woman's upper arm.
- Little to do once implants are in place.
- Very effective for 3 to 5 years, depending on which implant.
- Can be used at any age and whether or not a woman has had children.
- A woman can have a trained provider take out the implants at any time. Then she can become pregnant with no delay.
- Unexpected light bleeding or spotting may occur, or monthly bleeding may stop. Not harmful.
- Safe during breastfeeding.

Intrauterine Device (IUD)

- Small, flexible device made with either copper or hormone, placed inside the uterus.
- Very effective, reversible, long-term copper TCU-380A IUD can be used at least 12 years. Hormonal LNG-IUD can be used for 3 to 6 years.
- Can be inserted right after childbirth, as well as at other times.
- Some pain during insertion. With copper IUD monthly bleeding may be heavier and longer, especially at first. With LNG-IUD no heavier bleeding and helps prevent anemia (low blood iron).
- Serious complications are rare. Pelvic infection occasionally occurs if a woman has certain sexually transmitted infections when the IUD is inserted.
- Can come out on its own, especially at first.
- A woman can become pregnant with no delay after the IUD is removed.

Female Sterilization

- Meant to be permanent. For women who are sure that they will not want more children. Think carefully before deciding.
- Very effective (but not 100% effective).
- Involves physical exam and safe, simple surgery. The woman usually stays awake. Pain is blocked.
- Pain and swelling can last a few days after procedure. Serious complications are rare.
- No long-term side effects. No effect on sexual ability or feelings.
- Can be done right after childbirth, as well as at other times.

Vasectomy

- Meant to be permanent. For men who are sure that they will not want more children. Think carefully before deciding.
- Use another method for the first 3 months, until the vasectomy starts to work.
- Very effective after 3 months (but not 100% effective).
- Safe, simple, outpatient surgery. Done in a few minutes. Pain is blocked.
- Pain, swelling, or bruising can last a few days. A few men have lasting pain.
- No effect on sexual ability or feelings.

Injectable Contraceptives

- Three types: DMPA—injection every 3 months (13 weeks); NET-EN—injection every 2 months; Cyclo-Fem and others—injection every month.
- Can still get next injection even if 4 weeks late for DMPA, 2 weeks late for NET-EN, or 1 week late for monthly injectables.
- Effective and safe.
- Proven. Others cannot tell you are using it.
- Can be used at any age and whether or not you have had children.
- DMPA and NET-EN are safe during breastfeeding, starting 6 weeks after childbirth. Monthly not advised.
- May be able to get injections in the community. Can give yourself the DMPA-SC injection, which is a lower-dose injectable contraceptive that comes pre-filled.
- With monthly injectables, monthly bleeding usually becomes lighter, shorter or less frequent. Spotting and unexpected bleeding can occur.
- When injections stop, a woman can get pregnant again. After DMPA, it may take a few more months.

LAM (Lactational Amenorrhea Method)

- A family planning method based on fully or nearly fully breastfeeding for up to 6 months after childbirth.
- A breastfeeding woman uses LAM when:
 - Her baby gets little or no food or drink except breast milk, and she breastfeeds often, both day and night, and
 - Monthly bleeding has not returned, and
 - Her baby is less than 6 months old.
- Before she can no longer use LAM, a woman should plan for another method.

Condoms

- Help prevent pregnancy and some sexually transmitted infections (STIs), including HIV/AIDS, when used correctly every time.
- For protection from STIs/HIV, some couples use condoms along with other family planning methods.
- Easy to use with a little practice.
- Effective if used correctly every time. Often not used every time, however.
- Some people object that condoms interrupt sex, reduce sensation, or embarrass them. Talking with partner can help.

Emergency Contraceptive Pills

- Help prevent pregnancy when taken within 5 days after unprotected sex or a mistake with a family planning method.
- Safe for all women.
- They do not disrupt pregnancy or harm the baby if a woman is already pregnant.
- Regular family planning methods are more effective. Please consider starting another method now.

Combined Oral Contraceptives

- Effective and reversible without delay.
- Take one pill every day and start new packs on time for greatest effectiveness.
- Unexpected bleeding or spotting may occur, especially at first. Not harmful. Monthly bleeding becomes lighter and more regular after a few months.
- Some women have mild headaches, weight change, upset stomach, especially at first. These often go away.
- Safe for nearly every woman. Serious complications are very rare.
- Can be used at any age and whether or not a woman has had children.
- Help prevent menstrual cramps, heavy bleeding, anemia (low blood iron), and other conditions.

Progestin-Only Oral Contraceptives

- Good choice for breastfeeding mothers who were pills.
- Very effective during breastfeeding and reversible without delay.
- Take one pill every day for greatest effectiveness.
- If not breastfeeding, spotting and unexpected light bleeding are common. Not harmful.

Fertility Awareness Methods

Tracking Standard Days Method

- A woman learns to tell the fertile time of her monthly cycle.
- During the fertile time a couple avoids vaginal sex, or they use another method such as condoms.
- Can be effective if used correctly. Usually only somewhat effective, however.
- Requires partner's cooperation.
- No physical side effects.
- Cervical methods may be hard to use during fever or vaginal infection, after childbirth, or while breastfeeding.

Diaphragm With Spermicide

- Woman places diaphragm deep in vagina each time before sex. Can do this ahead of time.
- Effective if used correctly every time.
- Usually, woman must have an internal examination to get diaphragm of correct size.
- Bladder infection is more common.

Some Methods Are Not Advised If You Have Certain Health Conditions

Condition	Methods Not Advised
Smoke cigarettes and also age 35 or older	Combined oral contraceptive pills (COCs) if you smoke heavily, monthly injectables.
Known high blood pressure	COCs, monthly injectables. If severe high blood pressure, also 2- and 3-month injectables.
Fully or nearly fully breastfeeding in first 6 months	COCs, monthly injectables.
Breastfeeding in first 6 weeks	2- and 3-month injectables.
First 21 days after childbirth, not breastfeeding	COCs, monthly injectables. (COCs and monthly injectables not advised for first 6 weeks after delivery if there are special reasons that you might develop blood clot in a deep vein (VTE). These risks are more likely for several months following the birth of a child.) Wait until 6 weeks after childbirth to fit diaphragm correctly.
Certain uncommon serious diseases of the heart, blood vessels, or liver or breast cancer	COCs, injectables, progestin-only pills, implants. Ask your provider.
Migraine headaches (a type of severe headache)	COCs, monthly injectables. Ask your provider.
Migraine aura (sometimes see a growing bright spot in one eye), at any age	COCs, monthly injectables. Ask your provider.
Gall bladder disease	COCs. Ask your provider.
Certain uncommon conditions of female organs	IUD. Ask your provider.
Sexually transmitted infections of the cervix or very high individual risk of getting these infections, pelvic inflammatory disease (PID), untreated AIDS	IUD Use condoms even if also using another method. Women with HIV, including women with AIDS and those on treatment, can generally use any family planning method they choose. (This includes the IUD for a woman with actual AIDS if she is on treatment and doing well.) Women at high risk of HIV infection can use any method except methods that involve spermicides.
Known pregnancy	No method needed.

Note: Also consult national standards for specific guidance.

Remember to consider other family planning methods. Health care providers, including family planning providers, can help you choose the best method for you. For more information, visit www.usaid.gov/our-work/our-partners/johns-hopkins-center-for-communication-programs.

Comparing Effectiveness of Family Planning Methods

More effective	How to make your method more effective:
Less than 1 pregnancy per 100 women in one year	Implants, IUD, female sterilizations. 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 (for 6 months): Breastfeed often, day and night.
	Pills: Take a pill each day.
	Patch, Ring: Keep in place, change on time.
	Male condoms, diaphragms: Use correctly every time you have sex.
	Fertility awareness methods: Abstinence or use condoms on fertile days. Standard Days Method and Two-Step Method may be easier to use.
Less effective	Female condoms, withdrawal, spermicides: Use correctly every time you have sex.

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How and When to Use the Pregnancy Checklist and Pregnancy Tests

Match your client's menstrual status and chosen contraceptive method with one of the options below and follow the instructions.

Client with amenorrhea (postpartum or other type)

Implants, pills, ring, injectables, or patch

IUDs
Copper or LNG

Use Pregnancy Checklist.¹
Pregnancy ruled out: Provide method.

Pregnancy not ruled out: Use a pregnancy test.

Pregnancy test is negative (or test is not immediately available): Provide the method now.²
Schedule a follow-up pregnancy test in 3–4 weeks.

Pregnancy test is negative (or test is not immediately available): Advise woman to use COCs, DMPA, or condoms or abstain for 3–4 weeks, then repeat the pregnancy test.
Second pregnancy test is negative: Provide the IUD.

Client between two regular menses (monthly bleeding)*

Implants, pills, ring, injectables, or patch

IUDs
Copper or LNG

Use Pregnancy Checklist.¹
Pregnancy ruled out: Provide method.
Do not use a pregnancy test (in most cases it is too early for the test to be effective).

Pregnancy not ruled out: Provide the method now.²
Return for a pregnancy test if next menses are delayed.

Pregnancy not ruled out: Do not provide method.
Advise woman to return for LNG-IUD insertion within 7 days of onset of her next menses, or within 12 days for a copper IUD; but in the meantime, use COCs, DMPA, or condoms or abstain.
Return for a pregnancy test if next menses are delayed.

How and when to use the pregnancy checklist