**FAMILY PLANNING**

 **OBJECTIVES**

Have knowledge, skills, attitude, to promote health prevent illness through:-

* Basic concepts relevant to family planning
* Medical Eligibility Criteria (MEC)
* Principles of family planning
* Family planning technology

**LEARNING OUTCOMES:**

1. Principles of clients for family planning methods
2. Being able to perform physical examination and be able to take history on family Planning clients
3. Identify and respond to family planning unmet needs
4. Manage family planning contraceptive logistics
5. Contraceptive technology/ methods:
6. Artificial methods – **Long term active methods.**

 \*IUCD (coil) copper T

 \* Implants/ Norplant (cheddel 3 or 5yrs)

 - **Short term active methods.**

 \*POP progesterone only pills (micro roots)

 \* COC combined oral contraceptives (depo)

 - **Barrier methods** - condoms

1. Permanent methods - BTL Bilateral Tubular ligation

 - Vasectomy

1. Natural family planning - avoiding coitus during fertile days

 - pilling method

 - Basal body temperature

 - Withdrawal/ coitus interruptus method

1. Emergency contraceptives

**GROUP WORK**

1. Progesterone only bills
2. COCs
3. Injectable contraceptives
4. IUCD
5. Implants
6. Permanent contraceptives
7. Natural

**Guidelines**

* Definition
* Indications and contra indications who can use
* Types
* Mode of action
* Dosage
* Instructions given to the client
* Side effects - minor and major
* Benefits of the methods - contraceptive and non contraceptives
* How to dispel rumors and misconceptions

**Family planning -** the process of child spacing so that the couple has the number of children they want at the time they desired.

**Benefits of family planning**

1. **Medical benefits**
* Better health for these clients as they are protected against unwanted pregnancy hence death related to high risk pregnancy are reduces.
* Some methods such as hormonal contraceptives have additional non contraceptive benefits including the reduction of anaemia and cancer of the genital tract.
* Barrier methods minimize the transmission of STIs and HIV/AIDS if used properly.
* Mothers become healthier as they avoid the extremes of maternal age and carry their pregnancies within the child bearing bracket of 19-35yrs before and after which the mothers are at high risks of developing complication related to pregnancy.
* It decreases the risks of abortions as the baby and the mother will be prepared physical and psychological for the pregnancy.
* It reduces mortality rate.

To children:-

* Children become healthier because of child spacing giving the mother time to nurse.
* Death related to malnutrition and infection to less than 5 years is reduced.
1. **Social benefits**
* Improved relationship with the spouse and family due to lesser stress and better life.
* Socially health families who are productive and economically more stable as they participate in community development and nation building.
* Women learn to make their informed choices.
1. **Benefits to nation:**
* Nationally reduces fertility and mortality rates which lessen the burden to the nation.
* Country is able to make budgets for its citizens as the birth rate is controlled.

**Policies in family planning**

1. Counseling is an important condition for initiation and continuation of family planning method.
* In counseling it involves the method, side effects, mode of action, advantages and disadvantages.
1. Service providers must keep in mind that only condoms provide protection of STI and HIV/AIDS.
2. All clients who choose FP methods must be informed for their follow up requirements and be encouraged to return if any concern.
3. Service providers are expected to give FP services without discrimination or partiality.
4. Service providers should have respect and be non judgmental.
5. Service providers at all levels must seek to provide quality services based on Kenya quality model.
6. Service providers should maintain effective logistic system.
7. Service providers are expected to have consisted supply of methods available in order to offer client's choice.
8. Service providers should ensure effective follow up and referrals systems.

**Young people and family planning:**

* Age and parity is not a contraindication for FP.
* Service providers can encourage utilization of FP by adolescence and youth by having positive attitude, confidentiality and service convenient hours.
1. **PROGESTERONE ONLY BILLS (POP'S)**

They are pills which contain synthetic progesterone similar to the natural hormone in a woman's body.

**Mechanism of action**

1. Thickening of the cervical mucus to prevent sperms penetration.
2. Suppresses ovulation.
3. Thinning of endometrial lining making implantation unlikely.

**Indications**

* Women who are heavy smokers
* Clients of reproductive age of any parity including nulliparas
* Women immediately post partum if not breastfeeding
* Breastfeeding mothers 6 wks post partum
* Women with sickle cell disease and valvular heart disease
* Women with mild hypertension 160/100 mmhg
* Post abortion clients within 7 days
* Women who cannot use COC's due to oestrogen related complications

**Contraindications**

* Breastfeeding mothers less than 6 wks post partum
* Women who are pregnant
* Those with vaginal bleeding
* Those with breast cancer
* Those with active liver disease
* Those under drugs e.g. anti TB, anti fungals, ARVs
* Those with DVT and pulmonary embolism (deep venous thrombosis)

**Instruction of POP's**

* Take daily at the time preferably after evening meals until the packet is finished for 35 days (micronits)
* Start the packet the following day
* Never miss a pill and never rest between packets
* When you miss a pill take immediately you remember and use a condom

**Side effects**

* Headache
* Amenorrhea
* Bleeding between menses
* Nervousness
* High blood pressure
* Mood changes

**Warning/ danger signs**

**A -** Abdominal pain

**C -** Chest pain

**H -** Headache

**E -** Eye problems

**NB: In case of the above signs stop the POP's and refer to the doctor.**

1. **HORMONAL CONTRACEPTIVES:**

These are methods containing synthetic hormones oestrogen and progesterone or a combination of both which primarily work through prevention of ovulation making the cervical mucus too thick for sperm penetration.

**Classification of Hormonal contraceptives**

* Combined oral contraceptives
* Progesterone only pills
* Implants
* Progesterone only injectables e.g. depo
* Combined Injectables
* Contraceptives patch
* Vaginal rings

**ORALS:**

**Combined Oral Contraceptives**

Examples

* Microgynon (chaguo langu) contains oestrogen 30mg & progesterone 0.15mg
* Trinadiol
* Nordette
* Eugynon
* Logynon
* Neogynon

**Mechanism of action**

* Pills which contain synthetic oestrogen and progesterone similar to the natural hormones of the woman's body.

The two prevent the production of FSH and LH making the ovaries to go into a resting state. The ovaries follicles do not mature and ovulation doesn't occur.

* It suppresses ovulation
* Thickens the cervical mucus (progesterone)
* Changes the endometrial lining causing implantation unlikely.
* Suppresses the natural hormones

**Indication of COC's**

* Sexually active women of 10-14 yrs
* Breastfeeding mothers more than 6 months post partum
* Women of any parity including the nulliparals
* Women who have established menses
* Post abortion mother starting within 7 days
* Women with history of ectopic pregnancies
* Women with anaemia
* Women with severe menstrual pain

**Contraindications of COC's**

* Post partum mothers below 6 months
* Women suspected to be pregnant
* Women with active liver disease, suspicious/ unexplained vaginal bleeding.
* Women with history of blood clotting disease, heart disease, hypertension more than 160/100 mmhg, diabetic mother, women who smoke more than 35 yrs are risk to stroke and gall bladder disease.
* Women taking drugs for;-
* TB
* Rifampics
* Epilepsy
* Fungal disease
* ARVs

**Instruction for use of COCs**

* Take a pill each day at a preferred and same time
* Take the 1st pill on the 1st day to the 7th day of the menstrual cycle
* Some pills have 21 days while others have 28 days; the active pills are of 21 days. Take the 1st 21 pills and the rest are iron tablets for the 21 packets
* Take all of them and rest for 7 days and then start another packet for 28 days just continue

**NB: for those packs containing iron tablets, clients are advised to take them in case of heavy menstrual bleeding so as to boost the blood.**

* If you vomit within 30 mins of taking the pill take another 1
* If 1 pill missing take as soon as you remember even if it means taking 2 pills a day
* If 2 or more pills are missing take 2 pills each day until al missing pills are taken, use a condom incase of missed pills
* If u miss 2 or more menstrual periods, go to the clinic for a check up

**Side effects of COC's**

1. **Acne or pimples**
* Must clean the face twice a day and avoid heavy creams or oils
* Recommend other non-hormonal contraceptives
1. **Amenorrhea (no/ low menstrual bleeding)**
* Mnx - rule out pregnancy
* R/o - advice on taking pills correctly
* If pregnant, stop pills and refer to antenatal clinic.
1. **Nausea and vomiting**
* Take pills after evening meals, switch to a lower oestrogen pill/ progestin only method. If pregnant, discontinue the pills and refer to antenatal clinic
* Rule out infection e.g. gall bladder, malaria, hepatitis
1. **Spotting or bleeding between menses**
* Reassure as its common within first 3 months of using COC’s R/o gynecological problems, do Pap smear/ villi if more than a year
1. **Breast fullness and tenderness**
* Reassure improvement after 3 months or start.
* R/o pregnancy and if positive reassure and refer to ANC
* R/o breast cancer
1. **High blood pressure**
* Allow 15 min rest and allow BP retest
* Continue pills if the BP is below or 140/90 and if it goes above 140/90 refer for further treatment or change to another method
1. **Headaches**
* If not severe and frequent reassure and continue with COC's. If severe refer to a physician, check BP and if still worse, change to non-hormonal method
* R/o some family problems
1. **Change of libido**
* Counsel and R/o other factors
1. **Depression**
* Counsel or change to a non hormonal method
1. **Weight gain**
* Advice on diet or change to another non-hormonal method or low dose of COC's

**Warning signs of COC's**

**A -** Abdominal pains severe

**C -** Chest pain during coughing

**H -** Headache

**E -** Eye problem or blurred vision

**S -** Severe leg pain (thigh or calf)

**NB: if you see any of these signs stop COC's and report to the health facility immediately**

**Advantages of COC's**

1. Easy to use
2. Reduced risk of ectopic pregnancy
3. There is immediate return of fertility

**Disadvantages**

1. Do not protect one against STI's and HIV/AIDS

**3. HORMONAL IMPLANTS**

They are small hormones bearing capsules or rods inserted under the woman's under upper arm.

They release progesterone hormone slowly over a long period of time to prevent pregnancy

**Mechanism of action**

* Thickening cervical mucus
* Suppression of ovulation
* Thinning endometrial thud inhibiting implantation

**Benefits of implants**

1. Offers continuous long time protect
2. Immediate return to fertility
3. Highly effective within 24hours
4. Does not interfere with breastfeeding.
5. The periods will be reduced
6. Decreased tenderness of breast

**Indications**

* Women in reproductive age
* Breastfeeding mothers after 6 wks
* Immediate post partum if not breast feeding
* HIV/STI's infected clients
* Women with valvular heart disease
* Women undergoing surgery
* Women who are sexually active
* Women with sickle cell disease, goiter
* Women contra-indicated for oestrogen containing hormones

**Contra-indications**

* Women with ischemic heart disease, deep venous thrombosis
* Women with breast tumors/ lumps/ cancer
* Women on the following medications e.g Anti TB, ARVs
* Bp above180/110 mmhg
* Diagnosed mother with vaginal bleeding
* Women with active liver diseases - migraine (frontal headache)
* Breast feeding mother less than 6 wks post partum
* Pregnant mothers
* Serious liver disease

**Danger signs**

**D -** Delayed menses

**I -** Infection of the site

**S -** Severe LAP

**C** - Capsule/ rod expelled

**U** - Unexplained abnormal vaginal bleeding

**S** - Severe headache

**S** - Severe arm pain

**Side effects**

1. Weight gain/ loss
2. injection on the site, give antibiotics
3. low abdominal pain
4. Breast tenderness
5. Chest pain R/o cardiovascular diseases
6. Excess hair growth
7. Jaundice refer and remove it
8. Amenorrhoea
9. Bleeding/ spotting
10. **PROGESTRIN ONLY INJECTABLES (POI's)**

These are synthetic substances containing hormone progesterone injected to a woman's body at an interval to prevent pregnancy.

**Mechanism of action**

1. Suppresses ovulation
2. Thickening of cervical mucus
3. Thinning of the endometrial wall which makes implantation unlikely

**Indications**

1. Women of any reproductive age
2. Breastfeeding mother after 6 wks post partum
3. Immediate post partum if not breastfeeding
4. Post-abortion clients within 7 days
5. Women with obesity, anaemia, sickle cell, viral disease i.e. TB, hypertension (less than 160/80 mmhg) complicated DM, STI's, PID, HIV/AIDS and vulvural disease

**Contra-indications**

1. Women less than 6 wks post-partum
2. Active pregnancy
3. Liver disease
4. Malignant liver tumors
5. Unexplained abdominal vaginal bleeding
6. Ischemic heart disease
7. Bp more than 160/100
8. History of stroke or cardiovascular accident
9. Current DVT (Deep venous thrombosis or pulmonary embolism)

**Instruction for use of POI's**

* **I.M injection -** Depo-provera given every 3 months
* Clients may experience the fail menstrual periods
* Spotting between periods
* Amenorrhoea (absence of menstruation)
* Breast tenderness
* In case of the above reassure the pt
* The injection is given at the upper arm buttocks or thighs
* Do not massage the injection site

**Side effects**

* Spotting or bleeding btw periods
* Amenorrhoea - R/o pregnancy, reassure and refer to ANC clinic
* Bleeding/ prolonged or heavy - give brufen 400 or 800 mg for 7-14 days TDS. Iron tablets to treat anaemia.
* Unwanted weight gain - advice on diet
* Dizziness - refer to doctor to treat the cause
* Depression - counsel and if persistent advice on a non-hormonal method
* Bloated abdomen; counsel on diet and give anti acids
* Loss of libido; change to another method
* Headaches; R/o infection like malaria, hypertension
* Acne; wash face daily to avoid cream, counsel if persistent and shift to a non-hormonal method
* LAP; refer immediately in case of elevated pulse or temperature, lower abdominal tenderness, decreased Bp, suspected or confirmed pregnancy
1. **EMERGENCY CONTRACEPTIVE PILLS (ECP) / POIST COITAL METHOD:**
* A method of preventing pregnancy after unprotected sex or condom failure.

**Mechanism of action**

1. Prevent ovulation
2. Inhibiting the transportation of the ova or sperms

**Indications**

1. Woman who has forced sexual intercourse like rape,
2. Broken condom
3. Sex without any contraceptive method.

**NB: Cannot be used as a regular method because it changes the menstrual cycle**

**Only effective within 72 hrs**

**Doesn't protect against HIV/AIDS**

**Side effects**

* Nausea
* Dizziness
* Breast tenderness
* Spotting

**Dosage of ECP**

Within 72hrs of unprotected sex

* 1st taken antiemetic medication
* 1 tab P2 or 2 start
* 2 tabs for eugynon
* 4 tabs microgynon start and repeat after 12 hrs
* 25 tabs microlit
* Repeat dose after 12 hrs then counsel for a long term contraceptive
1. **INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCDs)**

They are small plastic device containing copper or steroid hormone that is placed high up in the uterus to prevent pregnancy.

It interferes with the sperms ability to pass through the uterine cavity to fertilize the ovum.

**Mechanism of action**

**S –** Sperms’ immobilization - prevention of sperms from moving to the ovum

**O -** Ova transportation.

**F -** Fertilization interference.  **I -** Implantation prevention.

**E -** Endometrial thinning.

**Advantages**

1. It is effective
2. Highly effective
3. It enables immediate return to the fertility
4. Long term method

**Disadvantages/ Non beneficial**

1. Reduces the fear of conception
2. Enjoyment of sex
3. Comfortably use during breastfeeding
4. Does not interfere with sex

**Types of IUCDs & duration of effectiveness**

**Non-hormonal IUCDs**

**Types Duration of effectiveness**

Copper T 380 A 12 yrs 99%

Multiload 375 A 5 yrs

Multiload micu 250A 5 yrs

Gynaefix 8 yrs

Nova T200 5 yrs

Lippers loop rarely used

**Causes of failure rate**

1. Skills of the service providers
2. Displacement during intercourse
3. During menstruation period
4. Age and parity

**Hormonal Releasing IUCDs**

Progestasert (progestin IUCDs) 5 Yrs

MIRENA (live IUCDs) 5 yrs

**Indications of IUCDs**

* Women of the productive age including nalliparas
* 4 wks post partum within 48 hrs non hormonal IUCDs
* 4 wks after delivery
* Women following the 1st trimester 3 months abortion
* Women with irregular menstrual cycle
* Women already treated for PID
* Women with PVT, stroke, complicated valvular heart disease, non-pelvic TB, breast disease, DM, liver & gall bladder disease
* Unable to follow instruction
* People who live away from the health facility

**Contra-indications**

* Unexplained vaginal bleeding
* Current PID/ purulent cervicitis
* Pelvic TB/ cancer
* Women at risk of STI/ Hiv/Aids
* Post septic abortion
* Post partum women after 48 hrs and 4 weeks are over
* Congenital uterine abnormalities
* Multiple sexual partners
* Pregnant women

**Relative contraindication**

* Anaemia following an abortion
* Rheumatic heart disease
* Clients with leukemia
* Severe cervical stenosis
* Abnormality of the uterus - Bicornuate uterus (double uterus)
* Painful menstruation + heavy bleeding

**Limitation**

* Requires a competent service provider
* May increase the menstrual flow and cramps
* Does not prevent ectopic pregnancy
* Does not prevent STI/HIV
* May be displace/ expelled
* Vaporation due to insertion

**Warning signs of IUCDs**

**P -** Period's late

**A -** LAP

**I -** infection

**N -** Not feeling well

**S -** Strings missing

**Client Assessment**

* Indication
* Exclude pregnancy
* Check list to R/o pregnancy
* As you less than 6 months post partum and fully breastfeeding free from menstrual bleeding since the last delivery
* Has she given birth in the last 4 wks/ within 4 wks post partum
* Is she within 7 days post-abortion
* Is she within past 7 days menstrual period
* Has she correctively and consistently using another reliable contraceptive method
* If the client answers no to all the above questions, suspect pregnancy
* If she says yes to any questions, the client is not pregnant and help her choose a method

**History taking and physical examination**

* Purpose
* To obtain the baseline data for future reference
* To screen the client for assessment purpose
* To detect any condition which will contra -indicate a contraceptive method
* To detect any abnormalities that may require treatment or referral
* To discover any complication that would have rises from the previous contraceptive use for continuous users

**Environment for history taking**

* Environment must be conducive
* Observe privacy
* Must have the requirements for history taking
* Daily activity register

**Components of history taking**

* Check the personal data
* Reasons for coming to the clinic
* Know her social history
* Know her medical history
* Menstrual history
* History of STI's -if she has vaginal discharge, Dysuria-burning sensation during urination, any genital itching, abdominal pain, sore/ ulcers in the external genitalia
* Obstetric history - no of pregnancies, mode of delivery, any complication she could have developed, breastfeeding, date of last delivery/ abortion,
* Sexual history - are they in polygamous/ monogamous relationship, no of sexual partners, do they experience any pain during sexual intercourse, bleeding during and after sexual intercourse, do they enjoy sex
* General examination -take vital observation (weight and blood pressure), assess head to toe to R/o any abnormalities
* Pelvic examination

**Objectives for pelvic assessment:**

* To detect or assess any physical condition
* Detect and assess any condition treatment and referral

**Requirements**

* Client
* Adequate light
* Kidney dish for placing 2 speculums, 2 galipots for putting hibitane and other for dry swabs, sanitary pad
* Sterile gloves
* 0.5 chlorine solution
* Wash hands

**Client’s preparation**

* Explain the procedure
* Empty the bladder before the bladder
* Put clients on lithotomy position
* Start the preparation to the external genitalia, state, any cleanliness, any growth, any bleeding, sores, and scars.
* Speculum examination - tell her you want do the examination and hold the speculum with the right hand and introduce it to the vaginal until resistance, open the space and examine cervix for any signs of bleeding, internal holes - open or closed, inspect the lateral site for any bleeding, ulcers, inspect the vaginal wall for any bleeding, ulcers, sore. Do a cervical screening before removing the speculum

**Bimanual examination - vaginal digital examination**

* Swab the vulva with 5 swabs
* Introduce fingers and go straight to the cervix, check open/ closed, abnormal growth, consistence of the cervix- firm and hard as the tip of the nose, R/o for tenderness
* Move to the uterus and the other should be on the abdomen, palpate the size, position
* Adnexas they are in the right an left side- check for any masses, tenderness, exite the cervix to rule out endometriatise
* Palpate the vaginal walls for the state of lugay, test the muscle tone (tighten the muscle) and any swelling
* Teach the client kege's exercise
* Check for cystocele - abnormal protrution of the urinary bladder to vagina - press the
* Check for rectocele - abnormal protrution of the rectum to the vaginal
* Palpate for barthones glands to determine if there is any tenderness
* Milk the skenes glands
* Check the facial expression
* Palpate the ingino glands use left hand check for infection and tenderness
* Examine the gloves after you come out
* Share with your client the results

**Process of counseling**

**Counseling –** it is a face to face communication between a service provider and a client with a view of assisting the client to make an informed reproductive choice.

* It is aimed at helping the client understand the family planning methods and reproductive choices.
* It also provides guidance in decision making.
* To improved choice which leads to improved compliance and less discontinuation
* Counsel client; dispel any rumors of family planning

**Principles of counseling**

1. Inform choice- give information to clients on reproductive choice

Give information on the correct use of the method

1. Privacy - provide privacy for the client
2. Respect and empathy- respect the client irrespective of their social status
3. Confidentiality - do not share the information of the client without the permission

**THE PROCESS OF COUNSELLING/ APPROACHES USED IN COUSELLING**

**G**

 **-** Greet the client, welcome, offer a sit and introduce yourself, ask how you can help them, ask the clients consent

**A**

 **-** Ask the client about themselves and any FP experiences they have,

 Ask any concerns and needs, allow them to ask questions which bother them.

 If the client is new, take history using the check list avoid medical terms when asking questions Use simpler language or body parts

 If old ask if any problem since last date to clinic.

**T**

 **-**Tell the client the available methods of family planning and reproductive choices

Find out how much they know about a particular method. Correct them politely if they give wrong information with facts of a particular method.

Tell them about various methods, how they work to prevent conception, advantages, disadvantages, side effects and mode of action.

**H**

 **-** Help the client make informed choice through history taking, physical examination and finding the real needs, avoids biases

Ask the method they prefer to use

Find out the plans they have for their family and spacing of pregnancies and deliveries

Find out what the sexual partner prefers.

If the method they have chosen is unsuitable, counsel the client and help her choose another method.

**E**

 **-** Explain in detail the method of choice and give detailed information how to use the method

Let the pt understand the major and minor side effects of the method and if major let her visit the clinic ASAP

**NB - if the client chooses vasectomy method and BTI, They should sign the consent because it is an irreversible procedure.**

**R**

 **-** Return visit, remind the client about the return visit as they are using the method. When they come back ask if they are using the method correctly.

Find out the problems when using the method

Remind them about the minor side effects and how they can be managed

Answer concerns and questions appropriately

**Acronym REDI**

**R -** Rapport building

**E -** Exploration, find out about clients, knowledge of FP

**D -** Decision making

**I -** Implementing the decision

**Balanced, counseling strategy plus**

It is an interactive and client friendly counseling strategy where tool kit cards help the service provider

It focuses on individual client's needs and limits information overall

**Steps of Balanced, counseling strategy plus**

Greet the client ask them about themselves

R/o pregnancy using the client assessment check list question, if not sure sends them for pregnancy test

Display all the method cards and if a client wants a particular method, ask important questions

Questions

1. Do you wish children in future?, if Yes remove the permanent method
2. Are you breastfeeding less than 6 months? remove card for COC's
3. Is the partner supportive? if no remove card for natural method
4. Do you want to continue method? if yes remove the other cards

Subject the client to medical eligibility criteria

**MEC - WHO guidelines which helps a service provide to decide whether a particular method can be used in a given individual X-tics or medical condition**

**Client's rights**

* Right to information
* Right to access services
* Right to informed choice
* Right to safe services
* Right to privacy and confidentiality
* Give them time to finish what they are expressing
* Right to continuity of care

**Counseling skills**

During counseling g the services needs to follow the acronym

**S**it squarely

**O**pen posture

**L**ean forward

**E**ye contact

**R**elax

Some skills include'

* Active listening
* Positive body language
* Seek clarification
* Effective questioning
* Paraphrasing
* Reflecting feeling
* Use of saliency

**Qualities of a good counselor**

* Able to establish rapport
* Be able to explain clinic procedures before hand
* Help the client feel comfortable and respected
* Encourage clients to participate fully in decision making process and explore client's feeling and fears and concerns
* Be able to encourage clients to express their feeling by using counseling skills effectively (use of open ended quiz)
* Get feedback from clients, doesn’t read personal feeling to interfere with counseling process
* Should be empathetic
* Should be honest respective and helps the client deal with rumors and misconception

**Barriers to effectively counseling**

* Lack of privacy
* Age
* Language
* Gender
* Level of education
* Religious believes
* Personal bias
* Too long messages/ information overload
* Inappropriate non verbal communication
* Personality types - Impatient types
* Unconducive environment - too noisy
* Labeling of clients e.g nani,
* Treat clients equally

**Benefits of counseling**

* Proper use of the method
* Improved use of methods
* Good spacing of children
* Long continuation
* Increased acceptance
* Improved reproductive health and satisfied users.

**Steps/ phases of counseling**

* Initial counseling
* Methods specific counseling
* Return visit counseling

**Medical barriers to FP methods**

* Abbreviated as APM
* Age, Parity and Menses
* Age - 15-49 yrs of age who is within the child bearing age can use FP methods after counseling
* Parity - it is not an influence to certain FP methods
* Menses

**W.H.O MEDICAL ELIGIBILITY CRITERIA (MEC)**

A guideline of a FP health care provider to decide if a particular contraceptive method can be used in a given individual x-tics or in a medical condition

**Purpose of MEC**

1. To base guidelines for FP practices on the best available evidence
2. To address misconceptions regarding who can and who can't use safely the method
3. To reduce medical barriers
4. To improve access and quality of care in FP

**Categories of MEC**

**Category 1**

A condition for which there is no restriction to a given FP method

**Category 2**

A conditionwhere the advantages out ways the disadvantages

**Category 3**

The disadvantages out ways the advantages

A condition where the theoretical given disks out ways the advantages

**Category 4**

Condition that presents an unacceptable health risk if the method is used

**WHO classification of sterilization**

* Accept if you find out that there is no medical reason not to go for sterilization
* Caution the client - the procedure is conduction in a routine setting but with extra preparation and precautions
* R/o that the pt does not have hypertension
* Ensure that the pt is not anemic
* Should not be obese
* Delay the procedure until the condition is evaluated and corrected. Give a temporary alternative method
* Consider any young person with no child
* People with history of pelvic inflammatory disease
* Special - a special procedure which require a special setting and experienced stuff

**Managing FP contraceptives logistics**

It involves ordering, storage of contraceptives, report writing, follow-up of clients and the role of the nurse in logistics system

* A structure that ensure quality of contraceptives are move to different levels according to schedule

**Purpose of contraceptives logistic system**

To obtain and move materials and supplies in a timely portion and a place where they are needed.

**Factors to consider when supplying the contraceptives**

* Should be the right item
* Right quantity
* Right condition - not expired, damaged
* Must be there at the right time and right cost
* Should be at the right place

**Movement of supplies and information through the distribution system**

* Supplies move from the medical supply coordinating unit in Nairobi which is the central stores
* It moves directly to the county stores from Nairobi stores
* From county stores to service delivery points

**Information flow**

* Information is needed back to the HQ for planning purposes
* The information is two-way-traffic
* Information must be accurate
* Must be legible
* Must be timely

**System for distribution of contraceptives**

**Push system** - quantity of contraceptives to be distributed is determine by a higher level personnel

**Pull system** - when a service delivery point places the order for contraceptives and they get the supplies

**When to use a push system**

* When the information about the consumption of contraceptive is available and reliable
* If managers are able to process information
* When there is a greater demand than the supplies and therefore the supplies are to be rationed
* When the staff at the service delivery point lack management skills to make logistic decision

**When to use pull system**

* When data processing at the central level is limited
* When the stuff at the service delivery point have management skills to make logistic decision
* When there is good supervision

**NB** it is the duty of the manager at the service provider to determine the minimum and maximum stock to avoid over loading

**How to access for the quantity of contraceptives at hand**

Done by counting/ conducting a physical inventory (counting all the contraceptives by name/ brand)

**Purpose of physical inventory**

* To identify differences between the actual supplies and what is recorded in the pin card
* To detect any supplies that are about to expire or expired and count them by brand
* To determine the stock you have in hand before placing an order

**When to conduct a physical inventory**

* Before writing a quarterly report (after 3 months)
* When you receive new contraceptives
* Arrange the contraceptives in FEFO system (First Expiry First Out)
* Separate the expired but do not destroy them
* We need to know how to calculate for the Average Monthly Consumption Rate.

**How to calculate the AMCR**

Take the 1st 3 months of contraceptives by brand and divide by 3

Before placing an order, determine the minimum quantity level and maximum at your service provider

**Maximum quantity level** The amount of contraceptive by brand which the service delivery stock should not go beyond

**Minimum quantity level** The amount of contraceptive by brand which the service delivery stock should not go below

**How to calculate maximum stock**

Know the maximum months of supply - the months of months a service provider can stock the contraceptive (6 months)

Max = Average monthly contraceptive x 6 months

Min = Average monthly contraceptive x 3 months

Assignment

Safety stock

Lead time

Working stock

Types of logistics used in service delivery points

Daily activity register

Clients file

Clients follow up card

Quarterly report book

**Storage of contraceptives**

Method of keeping contraceptives at hand safe and available when they are needed

**Storage guidelines**

* Dry, well light and ventilated room and out of direct sunlight
* Free from water penetration 7 dampness
* Sore cartons of condoms away from electric motors and direct light
* Contraceptives cartons should be 10cm from the wall & between themselves. should not be 8 feet to the roof
* Do not stores cartons directly on the floor
* Arrange the cartons so that the identification labels and expire dates are visible
* Store contraceptives away from other chemicals e.g insecticides, office supplies and other materials
* Separate and disposed/ damaged contraceptives without delay

**Shelve life of contraceptives**

The period contraceptives can be stored without losing the safety, usability and potency

It is normally shortened if you don’t follow the storage guidelines

**All brands of all contraceptives**

Shelve life is 5 yrs

Stored in a well ventilated room under normal temperature

**Indication/ deteriotion of all contraceptives**

* Change of color
* Change in hardness or consistence
* If the inner package is broken
* If some pills are not complete
* If the accompanying info package is not corresponding to the existing package

**Injectables**

* Their shelve life is 5 yrs
* Do not refrigerate
* Stored in room temp
* Do not use if the seal is broken

**Condoms**

* Stored at room temperature
* Do not use if there is change in color
* If they are sticky/ crystal
* Shelve life is 5 yrs
* If package is broken do not use
* If they appear dirty
* Do not exposure to direct sunlight
* Avoid extreme temperature
* Should not be lubricated

**Implants**

* Shelve life 5 yrs depending with brand
* Stored in room temp
* Do not use if broken/ if capsules are less
* Avoid excess moisture/ humidity
* If the accompanying info package is not corresponding to the existing commodity

**IUCDs**

* Do not use if broken
* Avoid extreme temperatures

**Factors affecting shelve life/ quality of contraceptives**

* Direct Sunlight
* Chemicals
* Extreme temperature
* Inadequate ventilation
* Rain

**Quality assurance of contraceptives**

It determines that the contraceptives are in good, quality for clients to use

**How to determine quality of contraceptives**

* Visual inspection - to check if there is change of color, broken or missing
* Package integrity
* Feedback from clients
* Expire date

**Action to take when quality problems occur**

* Separate expired contraceptives and return to the district store for possible
* Do not accept any consignment that are damaged
* Do not accept contraceptives that are almost getting expire
* Make sure your stores follow the storage guidelines

**Role and responsibility of a service provider in contraceptives logistic management**

* Maintain FP records
* Order contraceptives
* Provision of quality services to clients
* Fill the quarterly report on quarterly basis
* Ensure good storage of contraceptives following proper storage guidelines FEFO
* Train other staff on logistics management
* Know how to feel the green card
* Know how to calculate the min and max stock levels
* Be able to do the physical inventory