



CONTRACEPTION

Facilitator Manual – Kiribati

2020



Acknowledgements Training Package

This comprehensive Training Package which includes facilitator notes, participant handouts, activities and slide deck drew heavily from the Family Planning Global Handbook for providers (WHO, 2019), the Medical Eligibility Criteria for Contraceptive Use (WHO, Fifth Edition, 2015), and Selected Practice Recommendations for Contraceptive Use (WHO, Third Edition, 2016).

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About this course

Course overview

This module addresses contraceptive methods, contraindications, initiation procedures, side effects, and management of everyday issues. Contraceptive options for people in specific circumstances (pre-existing illness and comorbidities) and coordination of information and referral pathways will also be briefly covered. This module has been developed and should be delivered with the Counselling and Consultation module.

Aim of course

This course will equip clinicians with specialised knowledge of contraception, including contraceptive methods, medical eligibility criteria, contraindications, initiation procedures, common side effects and how to manage these. Contraceptive options for people in specific circumstances and coordination of information and referral pathways will also be covered. The facilitator's manual is designed for clinicians delivering classroom-based lessons/presentations in a training environment and provides instruction, coaching, and feedback to prepare those who provide training.

Course objectives

1. Demonstrate and apply knowledge on the mechanism of action, effectiveness, contraindications, side-effects, risks, advantages, and disadvantages of all forms of contraceptive options available to the individual countries
2. Conduct effective client history taking to exclude contraindications to contraceptive methods according to WHO Medical Eligibility Criteria
3. Manage the troublesome side effects of contraceptive methods

4. Assess and provide contraceptive options for those with specific circumstances (pre-existing illness, comorbidities, clients under 18, women near menopause and clients with disability)
5. Use effective communication to provide accurate information on contraceptive methods to enable an informed choice, in addition to dispelling myths and misconceptions

Course values

Sexual and reproductive health and rights embrace human rights that are already recognised in national laws, international human rights documents, and other consensus documents. It is the fundamental right of all couples and individuals to decide whether to have or not have children, to decide freely and responsibly the number, spacing and timing of their children and to have access to the information and services to do so. The right to attain the highest standard of sexual and reproductive health also includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence, as expressed in human rights documents.^{1,2}

Assessment

Training participants will undertake a variety of assessments for this unit. Assessment methods include a case study, written questions, clinical simulation, and peer assessment/reflection.

Content for session 3 can be delivered in an alternate order depending on the audience.



Learning outcomes

Demonstrate and apply knowledge in the following for each method:

1. Description of the method
2. Efficacy
3. Mechanism of action
4. Contraindications
5. Non-contraceptive benefits
6. Advantages and disadvantages
7. Procedures required for initiation and screening for medical eligibility using Medical Eligibility Criteria (MEC)
8. Known health risks and side effects
9. Correcting misunderstandings, myths and misconceptions
10. Effect on STI and HIV risk
11. Return to fertility
12. Method-specific counselling – Explaining how to use, what to do if e.g. missed pill, how to deal with side effects etc.
13. The availability of (or plans to introduce) the method in the country
14. Follow-up schedule, content, management of common side effect [PP 2.61] [PP 2.62]



TIMING
120 MINS



Activities

- 3.1 Contraceptive review – 60 minutes
- 3.2 When to start a method of contraception – 30 minutes



Resources

- 3.1 Handout – Contraceptive review table
- 3.2 Handout – Textbook
- 3.3 Handout – Contraceptive flipchart

Facilitator notes – Review

This session is interactive where participants are asked to review what they know and demonstrate knowledge on each of the contraceptive methods available. The information provided in the workbook is for your reference and participants can access complete the template by using any of the resources provided.

[A 3.1 – 60 minutes] [PP 2.63] [H 3.1] [H 3.2] [H 3.3]

Facilitator notes – Textbook

The 2018 edition of the WHO Family Planning Global Handbook for Providers includes new WHO recommendations that expand contraceptive choices. This Handbook provides basic information that clinicians need to assist women and couples in choosing, using, and changing family planning methods as they move through their lives. As always, program managers and clinicians play a central role in supporting clients to make voluntary and informed choices from a range of safe and available methods. The client-clinician relationship, grounded in evidence-based and skilful counselling, can help inform the client's understanding of family planning benefits in general and the chosen method.

New clients may have a method already in mind, but they may not be aware of other options. Continuing clients may have concerns with their current method, and knowledgeable counselling can help prevent discontinuation or help clients switch methods effectively. With the information in this book and the right resources, clinicians can ensure that a client's reproductive intentions, life situation, and preferences govern family planning decisions.

Facilitator notes – Contraceptive flipchart

The Contraceptive Flipchart is a tool designed to aid clinicians and clients during family planning counselling. It can be used in conjunction with the WHO Family Planning Global Handbook for Providers, and the WHO MEC Wheel. Clinicians are expected to undertake training on how to use the Flipchart to ensure correct implementation and ongoing use. This Flipchart is a tool designed for family planning clinicians and clients to use during family planning counselling. The Flipchart can be used to:

- Help clinicians guide clients through family planning options to help them identify a method that suits them best
- Prompt the clinicians to share all the essential information a client needs to make an informed decision
- Help to counsel clients effectively and offer high-quality family planning care to your clients

Principles of the Contraceptive flipchart

1. The client makes the decision
2. The client's privacy and confidentiality need to be ensured at all times
3. The clinician helps the client consider and make decisions that best suit that client
4. The client's wishes are always respected
5. The clinician responds to the client's statements, questions, and needs
6. The clinician listens to what the client says to know what to do next

Facilitator notes – Contraceptive table for review

<p>Implants (LARC) Progestin only</p> <p>Effectiveness</p> <p>Consistent and correct use >99% Common use >99%</p> <p>Mechanism of action (How does it work)</p> <p>Works primarily by inhibiting ovulation and thickening the cervical mucus</p>	<p>Advantages</p> <p>Highly effective – more than 99% for 3-5 years Cost effective method of contraception that lasts for up to five years You do not have to remember to use contraception every day Does not interfere with you having sex³² Can be inserted in the immediate postpartum period before the client is discharged following childbirth</p>	<p>Disadvantages</p> <p>It does not protect against sexually transmitted infections (STIs/BBVs) Minor procedure to insert and remove Causes non-harmful changes to bleeding patterns Can be associated with hormonal side effects</p>	<p>Side effects and risks</p> <p>Changes in bleeding patterns, including: First several months to a year: lighter bleeding and fewer days of bleeding, prolonged bleeding, irregular bleeding, infrequent bleeding, no monthly bleeding After about one year: lighter bleeding and fewer days of bleeding, irregular bleeding, infrequent bleeding, and no monthly bleeding Users of implants are more likely to have infrequent bleeding, prolonged bleeding, or no monthly bleeding than irregular bleeding Other side effects may include:</p> <ul style="list-style-type: none"> • Headaches • Abdominal pain • Acne (can improve or worsen) • Weight change • Breast tenderness • Dizziness • Mood changes • Nausea <p>Other possible physical changes: Enlarged ovarian follicles Known Health Risks: None</p>
<p>Intrauterine Devices (IUD) (LARC) Copper IUD</p> <p>Effectiveness</p> <p>Consistent and correct use >99% Common use >99%</p> <p>Mechanism of action (How does it work)</p> <p>Works by causing a chemical change that damages sperm and egg before they can meet</p>	<p>Advantages</p> <p>Highly effective – more than 99% for ten years No hormones Can be used as Emergency Contraception if inserted within five days of unprotected sexual intercourse No one can see that you are using an IUD Can be inserted within 48 hours of childbirth</p>	<p>Disadvantages</p> <p>It does not protect against sexually transmitted infections (STIs/BBVs) Causes non-harmful changes to bleeding patterns Minor procedure to insert and remove Small risk of expulsion, usually during a period. There are risks that can be associated with insertion procedure³³</p>	<p>Side effects and risks</p> <p>Some users report the following: changes in bleeding patterns (especially in the first 3 to 6 months), including: prolonged and heavy monthly bleeding, irregular bleeding, more cramps and pain during monthly bleeding Known Health Risks: Uncommon: May contribute to anaemia if a woman already has low iron blood stores before insertion and the IUD causes heavier monthly bleeding Rare: Pelvic inflammatory disease (PID) may occur if the woman has chlamydia or gonorrhoea at the time of IUD insertion</p>

Intrauterine Devices (IUD) (LARC)

Copper IUD

Effectiveness

Consistent and correct use >99%
Common use >99%

Mechanism of action (How does it work)

Works by causing a chemical change that damages sperm and egg before they can meet

Advantages

Highly effective – more than 99% for ten years
No hormones
Can be used as Emergency Contraception if inserted within five days of unprotected sexual intercourse
No one can see that you are using an IUD
Can be inserted within 48 hours of childbirth

Disadvantages

It does not protect against sexually transmitted infections (STIs/BBVs)
Causes non-harmful changes to bleeding patterns
Minor procedure to insert and remove
Small risk of expulsion, usually during a period
There are risks that can be associated with insertion procedure

Side effects and risks

Some users report the following: changes in bleeding patterns (especially in the first 3 to 6 months), including: prolonged and heavy monthly bleeding, irregular bleeding, more cramps and pain during monthly bleeding
Known Health Risks:
Uncommon: May contribute to anaemia if a woman already has low iron blood stores before insertion and the IUD causes heavier monthly bleeding
Rare: Pelvic inflammatory disease (PID) may occur if the woman has chlamydia or gonorrhoea at the time of IUD insertion

Combined Oral Contraceptive Pill (COC)

Estrogen and Progestin

Effectiveness

Consistent and correct use 99%
Common use 93%

Mechanism of action (How does it work)

Works primarily by preventing the release of eggs from the ovaries (ovulation)

Advantages

Can be stopped at anytime
Do not interfere with sex
Is readily accessible to most
Are easy to use
Can be helpful to manage acne and menstrual problems such as heavy menstrual bleeding, painful periods, and symptoms of endometriosis
Can be used as Emergency Contraception in the absence of prepacked Emergency Contraception

Disadvantages

It does not protect against sexually transmitted infections (STIs/BBVs)
May cause non-harmful changes to bleeding patterns
Can be associated with hormonal side effects
Maybe the less appropriate choice for the client who finds this strict adherence to precise, scheduled pill-taking difficult

Side effects and risks

Changes in bleeding patterns, including: lighter bleeding and fewer days of bleeding, irregular bleeding, infrequent bleeding and no monthly bleeding
Other side effects may include:

- Headaches
- Dizziness
- Nausea
- Breast tenderness
- Weight change
- Mood changes
- Acne (can improve or worsen, but usually improves)

Other possible physical changes: Blood pressure increases a few points (mm Hg). When increase is due to COCs, blood pressure declines quickly after use of COCs stops
Known Health Risks
Very rare: Blood clot in deep veins of legs or lungs (deep vein thrombosis or pulmonary embolism)
Extremely rare: Stroke, heart attack

Progestin-only Pill (POP)

Effectiveness

Consistent and correct use 99%
Common use 93%

Mechanism of action (How does it work)

Works primarily by thickening cervical mucus – blocking sperm penetration

Advantages

Have few contraindications
Does not interfere with sex
Can be stopped at anytime
Is readily accessible to most
Are easy to use
An oral option for clients with contraindications or side effects to estrogen
Can be used as emergency contraception in the absence of prepacked emergency contraception

Disadvantages

It does not protect against sexually transmitted infections (STIs/BBVs)
Must take at exactly the same time each day for this method to be reliable/ effective – a short window (3 hours)
Maybe the less appropriate choice for the client who finds this strict adherence to precise, scheduled pill-taking difficult
May cause non-harmful changes to bleeding patterns
Can be associated with hormonal side effects

Side effects and risks

Changes in bleeding patterns, including:
For breastfeeding women, longer delay in return of monthly bleeding after childbirth, frequent bleeding, irregular bleeding, infrequent bleeding, prolonged bleeding, no monthly bleeding
Breastfeeding also affects a woman's bleeding patterns.
Other side effects include:

- Headaches
- Dizziness
- Mood changes
- Breast tenderness
- Abdominal pain
- Nausea

Other possible physical changes:
For women not breastfeeding, enlarged ovarian follicles
Known Health Risks: None

Injectables

Depot medroxyprogesterone acetate (DMP)

Progestin only

Effectiveness

Consistent and correct use 99%
Common use 96%

Mechanism of action (How does it work)

Works primarily by preventing the release of eggs from the ovaries (ovulation)

Advantages

Can be helpful to manage menstrual problems such as heavy menstrual bleeding, painful periods, and symptoms of endometriosis
It can be used if the client is using medications which reduce the effectiveness of some other methods like the Pill and implant
Other people cannot detect it
Savana Press is administered subcutaneously and can be self-administered every 3 months

Disadvantages

It does not protect against sexually transmitted infections (STIs/BBVs)
It cannot be immediately reversed
IM injections every three months - effectiveness depends on returning on time for the next injection
There can be a delay in the return to fertility for up to 18 months
It may decrease bone density (but this is usually reversible)
Causes non-harmful changes to bleeding patterns
Can be associated with hormonal side effects

Side effects and risks

Most users report some changes in monthly bleeding. Typically, these include, with DMPA: First 3 months: irregular bleeding, prolonged bleeding
At one year: no monthly bleeding, infrequent bleeding, irregular bleeding
NET-EN affects bleeding patterns less than DMPA. NET-EN users have fewer days of bleeding in the first 6 months and are less likely than DMPA users to have no monthly bleeding after one year
Other side effects may include:

- Weight gain
- Headaches
- Dizziness
- Abdominal bloating and discomfort
- Mood changes
- Less sex drive

Other possible physical changes:
Loss of bone density
Known Health Risks: None

Barrier method/s Male condom

Effectiveness

Consistent and correct use 98%
Common use >87%

Mechanism of action (How does it work)

Work by forming a barrier that keeps sperm out of the vagina

Advantages

Condoms are the only form of contraception which offers protection from STIs/BBVs

Can be used as a backup method of birth control because it is effective immediately

Condoms are effective if used correctly, every time you have sex

They are cheap, small, and easy to carry

You do not have to see a doctor get them

Condoms do not physically alter the fertility of the client using them

The product is freely available from many locations

Disadvantages

Most condoms are made from perishable latex rubber. This means that they can break if they are not stored correctly

Not as effective at preventing pregnancy as many other modern methods

Oil-based lubricants can cause latex condoms to break so only use a water-based lubricant

Reduced sensitivity during intercourse is a commonly voiced complaint

Those with latex allergies may not be able to use regular condoms

Excessive friction during sex may cause the condom to tear and may result in an unintended pregnancy^{34,35,36}

Side effects and risks

No known side effects

Known Health Risks:

Extremely rare: severe allergic reaction (among people with latex allergy)

Barrier method/s Female condom

Effectiveness

Consistent and correct use 95%
Common use 79%

Mechanism of action (How does it work)

Work by forming a barrier that keeps sperm out of the vagina.

Advantages

Condoms are the only form of contraception which offers protection from STIs/BBVs

Can be inserted up to eight hours before sex³⁷

They are small and easy to carry

Female condoms do not physically alter the fertility of the client using them

Can be used as a backup method of birth control because it is effective immediately after insertion

It can be used with any type of lubricant, e.g. water-based, silicone-based, or oil-based lubricant

Disadvantages

Requires practice to insert correctly

A client may find this method unsuitable if they are not comfortable with the insertion technique and/or have vaginal abnormalities that interfere with the fit

The penis can slip into the vagina between the client condom and the vaginal wall

There is a need to be careful when removing the penis from the vagina; otherwise, the condom might come off or tear

Side effects and risks

No known side effects

Known Health Risks:

Extremely rare: if made from latex, severe allergic reaction (among people with latex allergy)