Checklist to be reasonably sure a woman is not pregnant

Ask these 6 questions:

- Did you have a baby less than 6 months ago? If so, are you fully or nearly-fully breastfeeding? Have you had no menstrual bleeding since giving birth?
- Have you abstained from unprotected sex since your last menstrual bleeding or delivery?
- Have you given birth in the last 4 weeks?
- Did your last menstrual bleeding start within the past 7 days (or within 12 days if you plan to use an IUD)
- Have you had a miscarriage or abortion in the past 7 days?
- Have you been using a reliable contraceptive method consistently and correctly?

If client answers  

<table>
<thead>
<tr>
<th>If client answers</th>
<th>Then</th>
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| “Yes” to *any* of the questions *and* she is free of signs and symptoms of pregnancy | 1) Pregnancy is unlikely.  
2) Continue to Step 3. |
| “No” to *all* of the questions | 1) Pregnancy cannot be ruled out.  
2) Give client a pregnancy test if available.  
3) Ask her to return when she has her next menstrual bleeding.  
4) Provide her with a back-up method, such as condoms, to use until then.  
5) End the session. |
Checklist to be reasonably sure a woman is not pregnant

Balanced Counseling Strategy
Monthly Injectable

Combined Injectable Contraceptives or CICs

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no missed or late injections) — 1 pregnancy per 100 women (1%)

- Typical use (some missed or late injections) — 3 pregnancies per 100 women (3%)

- Requires that you get an injection every 4 weeks (30 days) to prevent pregnancy.

- More regular monthly bleeding than with DMPA or NET-EN injectables.

- Delayed return of fertility after woman stops method. It takes an average of about 1 month longer than with most other methods.

- Does not protect against sexually transmitted infections (STIs), including HIV.
Monthly Injectable

Combined Injectable Contraceptives or CICs

Balanced Counseling Strategy
Emergency Contraception

Emergency Contraceptive Pills or ECPs

Effectiveness for pregnancy prevention:
When taken within 5 days of having unprotected sex:
- With ECPs — only 1 or 2 pregnancies per 100 women (1 or 2%)
- Normally (no ECPs) — 8 pregnancies per 100 women (8%)

- The only method that can help prevent pregnancy after a woman has had sex.
- Must be used within 5 days of having unprotected sex.
- Safe for women who cannot use hormonal contraceptive methods.
- Not recommended for regular use. Is not effective as a continuous method of contraception.
- ECPs do not disrupt existing pregnancy.
- Does not protect against sexually transmitted infections (STIs), including HIV.
Emergency Contraception

Emergency Contraceptive Pills or ECPs

Balanced Counseling Strategy
Female Condoms

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (used with each act of sex) — 5 pregnancies per 100 women (5%)
- Typical use (not used consistently) — 21 pregnancies per 100 women (21%)

- The female condom is a sheath made of a transparent film with flexible rings at both ends. It is the same length as a male condom.
- Before having sex, place the female condom into your vagina. It fits loosely inside the vagina.
- You must use a new condom for each act of sex.
- Protect against pregnancy and sexually transmitted infections (STIs), including HIV.
- Preserve feeling of sex for men and women.
- Require partner’s cooperation.
Female Condoms

Balanced Counseling Strategy
Hormonal Implants

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Less than 1 pregnancy per 100 women (1%)

- Are small rods or capsules (about the size of a matchstick) put under the skin.
- Provide long-term protection from pregnancy for 3 to 7 years. Length of protection depends on the implant.
- A trained provider must insert and remove implants.
- Safe for women who are breastfeeding. You may get implants 6 weeks after giving birth.
- Often cause changes in monthly bleeding.
- Do not protect against sexually transmitted infections (STIs), including HIV.
Hormonal Implants

Balanced Counseling Strategy
Intrauterine Device

**IUD**

**Effectiveness for pregnancy prevention:**

Pregnancy rate is:

- In first year of use — less than 1 pregnancy per 100 women (1%)
- Over 10 years of use — 2 pregnancies per 100 women (2%)

- Provides long-term protection against pregnancy for up to 12 years.
- Is a small, flexible, plastic and copper device placed in the uterus. Most IUDs have 1 or 2 thin strings that hang from the cervix into the vagina.
- A trained provider must insert and remove the IUD.
- Typically causes longer and heavier bleeding and more cramps or pain during monthly bleeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).
Intrauterine Device

Balanced Counseling Strategy
Lactational Amenorrhea Method

Effectiveness for pregnancy prevention:

Pregnancy rate in first 6 months after childbirth is:

- When all 3 conditions are met — Less than 1 pregnancy per 100 women (1%)  
- Typical use (not all 3 conditions are met) — 2 pregnancies per 100 women (2%)  

- LAM is the use of fully or nearly fully breastfeeding to delay return to fertility after having a baby. It is a temporary family planning method.  
- LAM requires 3 conditions. All 3 must be met:  
  1) Your monthly bleeding has not returned since giving birth.  
  2) The baby is fully or nearly fully breastfed and is fed often, day and night.  
  3) The baby is less than 6 months old.  
- Mothers with HIV could pass HIV to their infants through breastfeeding.  
- Does not protect against sexually transmitted infections (STIs), including HIV.
Lactational Amenorrhea Method

LAM

Balanced Counseling Strategy
Male Condoms

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (used with each act of sex) — 2 pregnancies per 100 women (2%)
- Typical use (not used consistently) — 14 pregnancies per 100 women (14%)

- Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
- If you have had an allergic reaction to latex rubber, you should not use latex condoms.
- Before having sex, place the condom over the man’s erect penis.
- You must use a new condom for each act of sex.
- Protect against pregnancy and sexually transmitted infections (STIs) including HIV.
- Require partner’s cooperation.
Male Condoms

Balanced Counseling Strategy
**Minipill**

Progestin-only Oral Contraceptives

**Effectiveness for pregnancy prevention:**

Pregnancy rate in first year of use is:

- Correct use (no missed pills) — less than 1 pregnancy per 100 women (1%)
- Typical use (some missed pills) — 3–10 pregnancies per 100 women (3–10%); for breastfeeding women — 1 pregnancy per 100 women (1%)

- Requires that you take 1 pill every day.
- Safe for women who are breastfeeding. You may begin the minipill 6 weeks after giving birth.
- May cause irregular monthly bleeding. For breastfeeding women, causes delayed return of monthly bleeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.
Minipill

Progestin-only Oral Contraceptives

Balanced Counseling Strategy
The Pill

Combined Oral Contraceptives

Effectiveness for pregnancy prevention:
Pregnancy rate in first year of use is:

- Correct use (no missed pills) — less then 1 pregnancy per 100 women (1%)
- Typical use (some missed pills) — 8 pregnancies per 100 women (8%)

• Requires that you take 1 pill every day.
• May cause irregular bleeding during the first few months of use.
• May also cause absence of periods or other side effects.
• Does not protect against sexually transmitted infections (STIs), including HIV.
The Pill

Combined Oral Contraceptives

Balanced Counseling Strategy
**Progestin-only Injectables**

DMPA or NET-EN

**Effectiveness for pregnancy prevention:**

Pregnancy rate in first year of use is:

- **Correct use (no missed or late injections)** — 1 pregnancy per 100 women (1%)
- **Typical use (some missed or late injections)** — 3 pregnancies per 100 women (3%)

- You get an injection every 2 or 3 months, depending on type of injection.
- Safe for women who are breastfeeding. You may begin the method 6 weeks after giving birth.
- May cause irregular or no menstrual bleeding.
- There is a delayed return to fertility after you stop the method. It takes about 4 months longer than with most other methods.
- Does **not** protect against sexually transmitted infections (STIs), including HIV.
Progestin-only Injectables

DMPA or NET-EN

Balanced Counseling Strategy
**Effectiveness for pregnancy prevention:**

Pregnancy rate in first year of use is:

- **Correct use (with each act of sex)** — 18 pregnancies per 100 women (18%)
- **Typical use (inconsistent use during sex)** — 29 pregnancies per 100 women (29%)

- Contain nonoxynol-9, a chemical that kills sperm.
- Are available in many forms (tablet, foam, film).
- Kill sperm when inserted deep in the vagina.
- Must be inserted before each act of sex.
- Can be used alone or with a male condom, diaphragm, or cervical cap.
- Do **not** protect against sexually transmitted infections (STIs), including HIV.
- Frequent use of nonoxynol-9 may increase the risk of HIV infection.
Spermicides

Vaginal Tablets, Foam, Film

Balanced Counseling Strategy
**Standard Days Method® (SDM)**

**Effectiveness for pregnancy prevention:**

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 5 pregnancies per 100 women (5%)
- Typical use — 12 pregnancies per 100 women (12%)

- You keep track of your menstrual cycle to know the days you can get pregnant (fertile days).
- Ideal for women whose menstrual cycles are usually between 26–32 days long.
- You use a calendar or CycleBeads®, a string of color-coded beads, to track the days you can get pregnant and the days you are **not** likely to get pregnant.
- On the days you can get pregnant, you must abstain from having unprotected sex. Or, you can use a condom or other barrier method.
- **Does not** protect against sexually transmitted infections (STIs), including HIV.
- Requires partner’s cooperation.
Standard Days Method®

SDM

Balanced Counseling Strategy
**Tubal Ligation**

**Female Sterilization**

**Effectiveness for pregnancy prevention:**

Pregnancy rate after the procedure is:

- In first year — Less than 1 pregnancy per 100 women (1%)
- Over 10 years — 2 pregnancies per 100 women (2%)

- Permanent method for women who do **not** want more children.
- Involves a surgical procedure. There are both benefits and certain risks in the procedure.
- Protects against pregnancy right away.
- **Does not** protect against sexually transmitted infections (STIs), including HIV.
Tubal Ligation

Female Sterilization

Balanced Counseling Strategy
**TwoDay Method®**

**Effectiveness for pregnancy prevention:**

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 4 pregnancies per 100 women (4%)
- Typical use — 14 pregnancies per 100 women (14%)

- Ideal for women who have healthy cervical secretions.
- Healthy secretions do not have a foul smell or cause itchiness or pain.
- You have to monitor your cervical secretions each day. This helps you to track the days when you can get pregnant (fertile days).
- On days you can get pregnant, you must abstain from unprotected sex. Or, you can use a condom or other barrier method.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner’s cooperation.
TwoDay Method®

Balanced Counseling Strategy
Vasectomy

Male Sterilization

Effectiveness for pregnancy prevention:

Pregnancy rate after the procedure is:

- Over first year — 1 to 3 pregnancies per 100 women whose partner has had a vasectomy (1 to 3%)
- Over first 3 years — 4 pregnancies per 100 women whose partner has had a vasectomy (4%)

- Permanent, safe method for men who do not want more children.
- A safe, simple surgical procedure.
- Does not affect male sexual performance.
- Does not protect from pregnancy immediately. There is a 3-month delay before the method takes effect.
- You must use condoms or another method for 3 months after the procedure.
- Does not protect against sexually transmitted infections (STIs), including HIV.
Vasectomy

Male Sterilization

Balanced Counseling Strategy