

Key Reminders About Hormonal Family Planning Methods

Combined oral contraceptives (COCs), monthly injectables, long-acting injectables (NET-EN and DMPA), implants, progestin-only pills (POPs)

When to Start Hormonal Methods

A woman can start a hormonal method any time it is reasonably certain that she is not pregnant, such as:

	After monthly bleeding begins	Breastfeeding	After child-birth, not breastfeeding	Switching methods
COCs	In first 5 days	At 6 months*	In 3rd week	At once, if previous method was used correctly
Monthly injectables	In first 7 days			
Long-acting injectables, implants	In first 7 days	At 6 weeks	Anytime up to 4 weeks	
POPs	In first 5 days			

She also can start a hormonal method at any of these times:

- She has not had sex since her last monthly bleeding or delivery
- She had a baby in the last 6 months, with no monthly bleeding since then, and she is fully or nearly fully breastfeeding
- She had a miscarriage or abortion in the past 7 days

*If partially breastfeeding, at 6 weeks

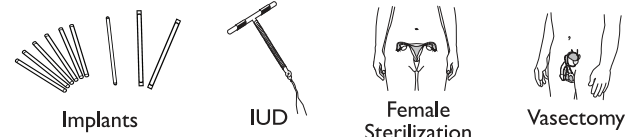
Ask Client if She Has Any Serious Health Problems

If client reports any of these conditions can she use . . . ?		
	COCs, monthly injectables	Long-acting injectables	Implants, POPs
High blood pressure (measure if possible)	NO if $\geq 140/90$	NO if $\geq 160/100$	YES
Reported high blood pressure (where blood pressure cannot be taken)	NO	YES	YES
Smokes and also age 35 or older	NO*	YES	YES
Serious liver condition: cirrhosis, hepatitis, tumor	NO	NO	NO
Migraine and also age 35 or older, or migraine with aura at any age	NO	YES	YES
Diabetes for more than 20 years	NO	NO	YES
Clot in deep vein of leg (DVT)	NO if ever had DVT	NO	NO
Ever had serious heart condition or stroke	NO	NO	YES
Gall-bladder disease	COCs: NO Monthly inject: YES	YES	YES
Ever had breast cancer	NO	NO	NO

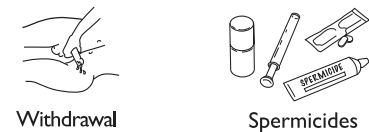
*For monthly injectables, **YES** if fewer than 15 cigarettes a day

Comparing Effectiveness

More effective
Less than 1 pregnancy per 100 women in one year



Less effective
About 30 pregnancies per 100 women in one year



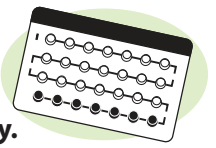
Correcting Mistakes

WHEN A WOMAN HAS MISSED COCS:

Key concept: Going a number of days without hormonal pills increases risk of pregnancy. So greatest risk comes from lengthening the hormone-free week between cycles.

Tell her what she should do:

- **If you miss any hormonal pills, always take a pill as soon as you remember. Keep taking one each day.** If you miss 1 or 2 pills, this is all you need to do.
- **Start each new pack on time**—even if you missed some of the last 7 pills in a 28-pill pack.
- If you miss 3+ pills (among the first 21 pills) or if you start a pack 3 days late or more:
Start taking pills again.
Also use condoms or avoid sex for next 7 days.
- And if you miss the 3 or more pills in the 3rd week of the pack:
Start pills again. Use condoms or avoid sex for 7 days.
Also start new pack on next day after 3rd week of pills.
(Throw away any 4th-week pills.)



LATE INJECTION RULES:

How late can she have her injection?

- DMPA: OK up to 4 weeks late
- NET-EN: OK up to 2 weeks late
- Monthly injectables: OK up to 1 week late



EMERGENCY CONTRACEPTIVE PILLS:

- Take as soon as possible within 5 days after unprotected intercourse.
- Dose: If available, 1.5 mg levonorgestrel in one dose (dedicated product, or 40 or 50 POPs). Or with COCs, 0.5 mg levonorgestrel + 0.1 mg ethinyl estradiol; repeat 12 hours later.

Managing Common Side Effects

Usually, reassurance is enough: Side effects are not dangerous. They often stop on their own.

- No monthly bleeding: Reassure. No need to treat. Not a sign of pregnancy if using method correctly.
- Minor headache, tender breasts: Try common pain relievers. (If migraine headache, see handbook for guidance.)
- Irregular or heavy bleeding: For modest, short-term relief, try a nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen 800 mg 3 times a day for 5 days. Do not skip COCs or POPs.
- Upset stomach with COCs or POPs: Take pills at bedtime or with food.



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Please post this sheet on your table or wall. You can refer to it for reminders about providing hormonal methods and counseling users.

For more information on all methods, consult *Family Planning: A Global Handbook for Providers*. Order from www.fphandbook.org or INFO Project, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA.

