Appendix C: Quality Counseling Handouts

The following handouts are included in the Toolkit for Training Staff and may be particularly helpful references for all staff to review, either as an introduction to key quality contraceptive counseling skills and strategies, or as a follow-up reference to reinforce training activities.

- Principles for Providing Quality Counseling
- Contraceptive Counseling Process Guide
- OARS Model: Essential Communication Skills
- Birth Control Method Options Chart
- Explaining Contraception Job Aids
- Seven Strategies for Effective Education
- How Do I Choose?
- Conducting a Sexual Health Assessment
- Interactive Contraceptive Counseling and Education
Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. Education is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using client-centered skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

PRINCIPLE 1:
Establish and maintain rapport with the client
▶ Create a welcoming environment — greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions. Explain privacy and confidentiality to help build a climate of safety and trust that will encourage questions at every stage of the client encounter.

PRINCIPLE 2:
Assess the client’s needs and personalize discussions accordingly
▶ Tailor your questions and conversation so that your client’s clinical needs, personal life considerations and psychological concerns are integrated into important education and decision making discussion.

PRINCIPLE 3:
Work with the client interactively to establish a plan
▶ Address your client’s personal goals by interactively exploring decision making and readiness for behavior change if needed. Help establish a plan that will allow the client to achieve personal goals.

PRINCIPLE 4:
Provide information that can be understood and retained by the client
▶ Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client’s plan at this time in her or his life.

PRINCIPLE 5:
Confirm client understanding
▶ Use an interactive teach-back process to give your client an opportunity to say — in his or her own words — the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client’s success in their reproductive health choices.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U. S. Office of Population Affairs, 2014; Appendix C
# Contraceptive Counseling Process Guide

## Process

### Beginning (and throughout)

**Establish and maintain rapport with the client**
- Warmly greet the client by name and introduce yourself
- Be genuine, showing respect and empathy
- Ask about the client's reason(s) for today's visit, plan and prioritize visit
- Explain private and confidential services
- Ask open-ended questions
- Respectfully affirm what you see and hear (showing interest, support and cultural awareness)
- Show that you care by listening (verbally and non-verbally)
- Reflect on what you observe and hear, to gain a deeper understanding
- Summarize key points throughout with a focus on the client's goals
- If using EMR, position the monitor to keep eye contact

### Middle

**Assess the client’s needs and personalize discussions accordingly**
- Review and update the medical, sexual and social history
- Explore client preferences regarding method characteristics: frequency of use, effectiveness, how to use, menstrual changes, side effects, and benefits
- Ask about client knowledge and experience with birth control methods
- Address pregnancy and parenting intention/ambivalence along with STD/HIV protection
- Respectfully explore client beliefs and feelings, including ethnic, cultural, and/or individual factors that may be relevant to their birth control method decisions and method use

**Work with the client interactively to establish a birth control method plan**
- Ask open-ended questions about concerns or possible barriers relevant to method choice
- Explore the client's method preferences, and if appropriate, offer additional information about the most effective methods
- Help the client to optimize method choice by assisting the client in aligning their preferences with their method selection
- Reflect back important thoughts or feelings you hear from the client and/or feelings you sense from the discussion
- Clarify partner involvement and the role of others who may be important to the client's decision making and method use
- Affirm and support the decision making process with a respectful, nonjudgmental approach in helping the client make a plan

**Provide information that can be understood and retained by the client**
- Provide balanced, unbiased, tailored information about method characteristics in an interactive conversation
- Provide accurate information (correct use, effectiveness, benefits, side effects, potential risks, STD/HIV protection)
- Use clear, understandable words, images, materials, models and/or sample methods
- Use numbers and comparisons that are easy to understand
- Assess and address myths and misinformation in a respectful and affirming way
- Include information about STD protection and emergency contraception

### Closing

**Confirm client understanding**
- Ask the client to tell and show what was learned (teach-back) and provide additional information, as needed
- Address any possible barriers to a successful plan and method use
- Confirm the client's plan for correct method use and follow-up, including what to do if dissatisfied with the method, back-up method, and emergency contraception, as needed
- Provide contact information and future opportunities for follow up, other methods or services
- Summarize with key points and provide a friendly close
OARS Model: Essential Communication Skills

OARS is a skills-based, client-centered model of interactive techniques. These skills include verbal and non-verbal responses and behaviors that need to be culturally sensitive and appropriate. This model integrates the five principles of providing quality counseling from the QFP recommendations. Using these skills will help establish and maintain rapport with your client, assess your client’s needs, and personalize your counseling and education responses.

OPEN-ENDED QUESTIONS

- Establish a safe environment and help to build rapport and a trusting and respectful professional relationship.
- Explore, clarify and gain an understanding of your client’s world.
- Learn about your client’s experiences, thoughts, feelings, beliefs, and hopes for the future.

You may ask:

✓ What… brings you to the clinic today?
✓ When… if ever, might you want to be a parent?
✓ Where… will you get the support you need?
✓ Who… have you talked to about birth control?
✓ How… have you made decisions before about birth control?
✓ Tell me more about…?

AFFIRMING

- Build rapport, demonstrate empathy, and affirm your client’s strengths and abilities.
- Build on your client’s level of self-efficacy and share a belief that they can be responsible for their own decisions and life choices.

You may ask:

✓ It’s great that you are here today. It’s not always easy…
✓ It sounds like you’ve been really thoughtful about your decision.
✓ You’re really trying hard to…
✓ It seems like you are really good at…

REFLECTIVE LISTENING

- Listen to your client to help you gain a deeper understanding of their life.
- Listen, observe, and share (reflect on) your own perceptions of what your client shares.
- Reflect on the words that they use — You say you really don't want to be pregnant right now.
- Reflect on behavior and feelings — You have tears in your eyes and you sound sad…
- Your client gains an opportunity to “hear” your experience of what was shared reflected back to them.

You can reflect words, emotions, and/or behaviors:

(Reflecting words) Some of what I heard you say…

(Reflecting emotions) You seem [to be feeling]…

✓ sad
✓ frustrated
✓ excited
✓ angry

(Reflecting behavior) I noticed…

✓ tears in your eyes…
✓ your voice sounds shaky…
✓ you smiled when you said that…

SUMMARIZING

- Help move the conversation from the beginning, through the middle, to closing.
- Check that you are understanding your client’s goals and preferences.
- Confirm that your client has an understanding of the key elements of a plan.

Summarizing can be demonstrated in three ways:

✓ A collective summary — So let’s go over what we have talked about so far.
✓ A linking summary — A minute ago you said you wanted to talk to your partner… Would you like to talk more about how you might try?
✓ A transitional summary to close — So you’ve just described your plan. We’re always here to help in any way. What other questions do you have before you leave today?
<table>
<thead>
<tr>
<th>Birth Control Method Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most Effective</strong></td>
</tr>
<tr>
<td>Female Sterilization</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Least Effective</td>
</tr>
</tbody>
</table>

**Risk of pregnancy**
- LNG: .2 out of 100
- CopperT: .8 out of 100
- LNG: .05 out of 100
- .05 out of 100
- 6 out of 100
- 9 out of 100
- 12 out of 100
- 18 out of 100
- 21 out of 100
- 22 out of 100
- 12–24 out of 100
- 24 out of 100
- 28 out of 100

**How the method is used**
- Surgical procedure
- Placement inside uterus
- Placement into upper arm
- Shot in arm, hip or under the skin
- Take a pill
- Put a patch on skin
- Put a ring in vagina
- Use with spermicide and put in vagina
- Put over penis
- Put inside vagina
- Pull penis out of the vagina before ejaculation
- Monitor fertility signs. Abstain or use condoms on fertile days.
- Put inside vagina

**How often the method is used**
- Permanent
- Lasts up to 3–12 years
- Lasts up to 3 years
- Every 3 months
- Every day at the same time
- Each week
- Each month
- Every time you have sex
- Daily
- Every time you have sex

**Menstrual side effects**
- None
- LNG: Spotting, lighter or no periods
- Spotting, lighter or no periods
- Can cause spotting for the first few months. Periods may become lighter.
- None

**Other possible side effects to discuss**
- Pain, bleeding, infection
- Some pain with placement
- May cause appetite increase/weight gain
- May have nausea and breast tenderness for the first few months.
- Allergic reaction, irritation
- None
- Allergic reaction, irritation
- None
- Allergic reaction, irritation

**Other considerations**
- Provides permanent protection against an unintended pregnancy.
- LNG: No estrogen. May reduce cramps.
- CopperT: No hormones. May cause more cramps.
- No estrogen
- No estrogen. May reduce menstrual cramps.
- Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.
- No hormones
- No hormones.
- No hormones. Nothing to buy.
- No hormones. No prescription necessary.
- No hormones. Can increase awareness and understanding of a woman's fertility signs.
- No hormones. No prescription necessary.

Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.

Other Methods of Birth Control:
1. Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and
Female Sterilization

How female sterilization is done

Two female sterilization (or tubal ligation) procedures are available.

- The first procedure is an operation that can be done in a clinic or hospital with either a local (awake) or general anesthetic (asleep). It takes about 30 minutes to do the procedure. A very small cut (incision) is made either beside the belly button or lower on the abdomen. Thin instruments are put through the incision to cut, block, or tie off the fallopian tubes. Because of the tiny incision and the short time of surgery, it is usually possible to go home the same day.
  - There may be slight pain or soreness in the abdomen for 2-3 days, or a sore throat or headache from the anesthesia.
  - Most people have no other problems and feel back to normal within a week.
  - It is fine to have sex as long as it doesn't cause discomfort.
- A tubal ligation can be done immediately after childbirth or at any time during the menstrual cycle.

- The second procedure, transcervical sterilization (or Essure®) is conducted by a trained provider in a clinical/office setting. The provider places a soft, flexible device into each fallopian tube to prevent the joining of sperm and an egg (fertilization). This device is placed in the tubes after being passed through the vagina, cervix and uterus using a small scope. There have been some cases in which the device caused persistent pain or allergic reactions. In other cases it has perforated the uterus or tubes and travelled into the abdominal cavity, needing to be removed surgically. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended.
  - After the device is inserted, it is important to use contraception until having a procedure, three months later, to be sure the tubes are completely blocked. This procedure is painful for some people.

How female sterilization works

- Female sterilization, or tubal ligation, is often called “having your tubes tied.” It’s a procedure that permanently blocks the fallopian tubes so the egg cannot move to the uterus and the sperm cannot reach the egg.
- Sterilization is considered a permanent (not reversible) method of birth control and should be chosen only when people are sure that they do not want children in the future.
- Tubal sterilization does not remove any organs; it only affects the fallopian tubes.
- There are no changes in the production of female hormones or periods after a tubal sterilization.
- There should be no changes in sexual desire, sexual response or orgasm.

Note: Female sterilization is also frequently referred to as tubal ligation or tubal sterilization.
Effectiveness (Risk of pregnancy)
- Tubal sterilization is a highly effective, permanent method of birth control.
- Fewer than 1 woman out of 100 (in fact only 5 women out of 1,000) will become pregnant after tubal ligation in the first year after the procedure.

Possible side effects
- Surgery can be associated with discomfort at the surgical site and the need for a recovery period after anesthesia.

Other considerations for female sterilization
- Tubal sterilization surgery gives excellent permanent protection from pregnancy.
- It is safe and private; a partner’s involvement is not required for sterilization.
- Tubal sterilization is considered permanent and irreversible. Even though it’s possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in a future pregnancy. Reconnection surgery can be very expensive and may not be covered by public or private insurance.
- Tubal sterilization should include counseling by a qualified healthcare provider prior to the surgery, addressing potential risks, side effects, and the procedure process. This conversation should include a discussion about the possibility of regretting the decision to have a sterilization.
- Tubal sterilization is expensive if insurance or financial support is not available. Medicaid and other state funds may pay for tubal sterilization.
- If the tubal sterilization surgery is paid for by federal or state funds, a 30-day waiting period is required.

Issues to explore with clients
- Whether vasectomy for a partner may be an option
- Whether the client would like to consider a highly effective, reversible method as an alternative
  - Some people regret having had a sterilization procedure, especially if they are very young, have no children at the time of sterilization, or are in an unstable relationship. Healthcare providers can support clients who are considering their options in the context of possible regret, leaving the final decision to have sterilization in the hands of the client.

Key reminders for clients
If at any time you want to talk about other birth control methods, please come back to see us.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Male Sterilization

How a vasectomy is done

Two vasectomy procedures are available in a clinic or doctor’s office and each take about 30 minutes.

- For each procedure, a local anesthetic (like dentists use) is injected into the skin of the sack that holds the testicles.
- A no scalpel vasectomy (NSV) — is done by making a small puncture in the testicles through which the tubes (vas deferens) are sealed. This procedure is shorter, generally has fewer side effects, and is less painful than the traditional method.
- The traditional method of vasectomy involves a small cut made in the testicles. The tubes are pulled through the opening and sealed. The incision is then closed.
- Since sperm may still be in the tubes, vasectomy is not effective until a semen analysis has been performed after the procedure. The provider performing the vasectomy will give instructions about a follow up visit to check the semen to make sure no sperm are present.

Note: Male sterilization is also frequently referred to as vasectomy.

How a vasectomy works

- Male sterilization, or vasectomy, is a simple surgery in which the tubes (vas deferens) that carry sperm up to the penis are cut and sealed.
- Vasectomy is considered a permanent (not reversible) method of birth control and should be chosen only by individuals who are sure that they do not want children in the future.
- After a vasectomy, male hormones and sperm will still be produced, but the sperm will not be able to join with the other fluids in the semen.
- When sperm cells aren’t used, the body will absorb them.
- The amount of fluid in the ejaculation is the same, except there are no sperm. Sex drive, ability to have sex and orgasms do not change because of a vasectomy.

Effectiveness (Risk of pregnancy)

- A vasectomy is a highly effective, permanent method of birth control.
- Fewer than 1 woman in 100 will become pregnant in the first year after her partner has the procedure.
- A pregnancy happens very rarely, when the tubes were not completely sealed during surgery or if the tubes grow back together.
- A pregnancy may also happen if a couple does not use some other kind of birth control until the follow-up semen test shows that there are no sperm in the ejaculation fluid.
Possible side effects

- Bleeding under the skin after the procedure.
- Swelling, bruising and discomfort that can be reduced with mild pain medication.
- Most side effects after vasectomy go away within one or two weeks.
- It is recommended to avoid heavy physical labor for at least 48 hours.
- An athletic supporter and ice packs can be used to make this healing time more comfortable.
- Sex can be resumed when the cut is healed and the area is no longer sore.

Other considerations for vasectomy

- Sterilization is one of the safest, most effective and most cost-effective contraceptive methods.
- Vasectomy is safer, simpler, and less expensive than tubal ligation.
- It is a very private method, with no need for partner involvement.
- Research continues to show that the chances of getting heart disease, cancer, or other illnesses do not increase after a vasectomy.
- A vasectomy can be expensive if insurance or financial support is not available. Public funds may be available to pay for the surgery.

A vasectomy is considered permanent and irreversible. Even though it is possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in a future pregnancy. Reconnection surgery is very expensive and may not be covered by public or private insurance. If the vasectomy is paid for by federal or state funds, a 30-day waiting period is required.

Issues to explore with clients

- Whether they can talk to their partner about the possibility of having a vasectomy
- Whether the couple would like to consider a highly effective, reversible method
  - Some people regret having had a sterilization procedure, especially if they are very young, have no children at the time of sterilization, or are in an unstable relationship. Healthcare providers can support clients who are considering their options in the context of possible regret, leaving the final decision to have sterilization in the hands of the client.
- The potential need to use a different method of contraception if having sex with other partners.

Key reminders for clients

If at any time you want to talk about other birth control methods, please come back to see us.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Intrauterine Device (IUD)

How to use an IUD

• An IUD can be inserted at any time during the menstrual cycle, or inserted immediately after abortion or childbirth, even if breastfeeding.
• Placement of an IUD is a minor, non-surgical procedure done through the cervix.
• After insertion, an exam with a healthcare provider is advised if the person experiences symptoms of pregnancy or thinks their IUD might have come out. An exam is also usually done if the person with the IUD feels hard plastic in their vagina — or if their partner feels it.
• The IUD can be removed at any time; it is not required that the device be used for the full length of time for which it is approved.

Effectiveness (Risk of pregnancy)

• With typical use, fewer than 1 woman in 100 become pregnant in the first year of use.
• Cu-IUD is effective up to 10 years. The LNG-IUD is effective up to 3-5 years (depending on which one is selected). The healthcare provider can consider and discuss new research that shows some IUDs may be effective for even longer time periods.

Two types of intrauterine contraceptives are available in the United States.

• A small plastic T-shaped device wrapped with copper (Cu-IUD, or Paragard®)
• A small T-shaped device that continually releases a low dose progestin hormone (levonorgestrel) into the uterus (LNG-IUD). There are several brands of hormonal IUDs, including Skyla®, Mirena®, Kyleena®, and Liletta®.

How an IUD works

• Both types of IUDs are placed inside the uterus by a trained healthcare provider.
• Both the Cu-IUD and the LNG-IUD primarily work by affecting the way sperm move and stop sperm from getting to the egg.
• The LNG-IUD also works by thickening the cervical fluid — the liquid at the opening of the uterus — to stop sperm from getting in the uterus.
• The LNG-IUD also prevents ovulation in some users in some menstrual cycles.
• These devices do not interrupt an implanted pregnancy.

The copper IUD is also a highly effective method of emergency contraception (EC) for those women who would like to use an IUD as ongoing contraception. For EC, the IUD must be inserted within 5 days of the first act of unprotected sexual intercourse.
Possible side effects

- Menstrual changes
  - Expulsion of the IUD can occur.
  - LNG-IUDs can decrease symptoms of heavy menstrual bleeding or menstrual cramping, and can also help with anemia.
  - The client’s healthcare provider can talk about potential risks, side effects, and the insertion and removal process for these devices.

Issues to explore with clients

- The importance of using a highly effective method
- Feelings around having an IUD in their uterus
- Preferences about bleeding, including feelings about not having bleeding (LNG-IUD) or having unpredictable (LNG-IUD) or heavy bleeding (Cu-IUD)
- Feelings about using a method that requires a provider to insert and remove it.

Key reminders for clients

If at any time you are dissatisfied with your method, or you want to change methods, or have an IUD removed, please come back to see us.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Other possible side effects

- There may be some pain or discomfort with the IUD placement.
- Rarely, if a person has a sexually transmitted infection at the time of insertion, the insertion process can introduce infection from the vagina into the uterus, and increase the risk of pelvic inflammatory disease (PID).

Other considerations for an IUD

- IUDs are safe and available for adolescents and people who have never been pregnant.
- IUDs have no estrogen, and therefore use is not limited among people with conditions such as migraine.
- The LNG-IUD decreases the risk of uterine cancer.
- The Cu-IUD is very effective as emergency contraception if inserted within 5 days of unprotected sexual intercourse.
- Rarely, a pregnancy can happen. If pregnancy happens, the IUD should be removed if the strings are visible.

How to use an implant

- The implant can be placed immediately after childbirth if desired, even if breastfeeding.
- The implant is placed into the upper arm through a special needle by a trained healthcare provider using local anesthesia. The healthcare provider will give follow up instructions.
- The implant works for up to three years. The healthcare provider can consider and discuss new research that shows the implant may be effective for a longer time period.
- An implant can be removed at any time; it is not required that the implant be used for the full three years.
- Removal of an implant requires a minor surgical procedure that typically takes only a few minutes using local anesthesia.

Effectiveness (Risk of pregnancy)

- With typical use, fewer than 1 woman in 100 will become pregnant in the first year of use.
- The implant is effective up to 3 years.

Possible side effects

- Menstrual changes
  - Irregular and unpredictable bleeding
  - Bleeding can be heavy or light, last for a few days or many days, or there may be no bleeding at all for several weeks
  - Periods may stop completely
  - Bleeding patterns can change over time
  - Menstrual cramping may be reduced

How an implant works

- An implant is a small, flexible capsule or rod that is placed under the skin of the upper, inner arm.
- An implant is filled with a low dose progestin hormone that is continually released into the body. The progestin in the implant lowers the chance that the body will release an egg so that no egg is present to be fertilized.
- The implant also works by thickening the cervical fluid — the liquid at the opening of the uterus — to stop sperm from getting into the uterus.
• Other possible side effects
  – There may be some discomfort and bruising at the place of insertion for a short time
  – Some people have a small scar after removal

**Other considerations for an implant**

• The implant is safe with very few complications.

• It has no estrogen, and therefore its use is not limited among people with conditions such as migraine.

• The implant generally decreases menstrual bleeding, and it can reduce the risk of anemia.

• The client’s healthcare provider can talk about managing potential risks, side effects and the placement and removal procedures for the implant.

**Issues to explore with clients**

• Importance of using a highly effective method

• Feelings around having an implant in their arm

• Preferences about bleeding, including feelings about having unpredictable bleeding

• Feelings about using a method that requires a provider to remove it

**Key reminders for clients**

*If at any time you are dissatisfied with your method, or you want to change methods, or have your implant removed, please come back to see us.*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

**Injectable (The Shot)**

**Effectiveness (Risk of pregnancy)**
- The effectiveness of the shot depends on getting the shot on time.
- With typical use, *4 women out of 100* will become pregnant in the first year of use.
- The chance of pregnancy increases if the person waits more than 3 months between shots.

**Possible side effects**
- Menstrual changes
  - Irregular spotting or bleeding
  - Heavier periods
  - Lighter periods
  - No periods (which becomes more common over time)
- Other possible side effects
  - Decrease in cramps
  - Increased appetite and weight gain
  - Mood changes

**How the shot works**
- The injectable method of contraception contains one hormone — a progestin. Often clients refer to this method as “the shot” or “depO” (Depo-Provera).
- The progestin hormone in the shot stops the body from releasing an egg, so no egg can be fertilized.
- Progestin also works by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

**How to use the shot**
- The shot is given by a qualified healthcare provider; it requires a prescription.
- The shot is given in the arm, hip, or under the skin every 3 months (12-15 weeks).
- The shot may be given immediately after childbirth and is safe to use when breastfeeding.
Other considerations for the shot

- It has no estrogen, and therefore its use is not limited among people with conditions such as migraine.
- The shot may delay return to fertility.
- Using the shot lowers the risk of uterine cancer and can also help with anemia.
- Using the shot can make existing depression worse. People who have severe depression should talk to a healthcare provider about using this method.
- The Federal Drug Administration (FDA) placed a warning on the shot because of concerns about decreased bone density in those using this method for more than two years. However, studies indicate that there are no long-term effects on bone health from using the shot.
- The client’s healthcare provider can talk more about using the shot and can answer questions about bone loss as well as managing possible side effects.

Issues to explore with clients

- The ease and acceptability of coming back to the clinic every three months
- The acceptability of having injections
- Feelings about irregular bleeding
- Concerns about weight gain and depression

Key reminders for clients

For the shot to be highly effective, you will need to get your next shot in the next 3 months. How easy will it be for you to come back to the clinic for your next shot? What might you do if you can’t get back to the clinic?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you can’t get back to the clinic on time and you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

How to use the pills

- In most states, the pills require a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.
- The pill should be taken at about the same time every day.
- Many pills are packaged to be taken for three weeks, with the fourth week consisting of placebo pills (or “sugar” pills). Most people will have bleeding during that fourth week.
- There are increasing options for how pills are packaged, such as pill packs that only have 4 days of placebo pills in a month and pills that are packaged with 12 weeks of active pills, followed by one week of sugar pills.
- Missing any pills increases the risk of pregnancy. This is particularly important at the end of the week of sugar pills, as ovulation (release of an egg) is more likely if there are too many days in a row without the use of active pills. People should receive specific “missed pill” instructions, including the use of emergency contraception (EC) when indicated.

Effectiveness (Risk of pregnancy)

- The effectiveness of using pills depends on using it correctly and consistently — by taking the pill each day at about the same time every day.
- With typical use, 8 women out of 100 become pregnant in the first year of use.
- Missing a pill, or not taking it at the same time every day, increases the chance of pregnancy.

How pills work

- Combination birth control pills contain hormones (estrogen and progestin) that are similar to hormones that are produced naturally by the body.
- The hormones in the pill work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the pill also work by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.
**Possible side effects**

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- Other possible side effects
  - Some mild nausea and/or breast tenderness (which usually improves over time)
  - Some people have less acne when taking pills
  - Research has shown that people who take the pill do not typically gain any more weight than they would gain without taking pills

**Issues to explore with clients**

- Ease and acceptability of remembering to take a pill every day.
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure.

**Key reminders for clients**

*For the pills to be highly effective, you must take your pills every day, at about the same time. What can help you remember to take your pill every day — at about the same time? What will you do if you miss a pill?*

*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you miss pills, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)*

*Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.*

**Other considerations for taking pills**

- Pills provide protection against ovarian cancer, uterine cancer and iron deficiency anemia.
- Current research indicates that pill use is not associated with breast cancer.
- People with heavy, painful periods can experience improvement in these symptoms with use of the pill.
- Some people should not use the pill because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for people over 35. People who use birth control pills are strongly advised not to smoke.
- People should not use an estrogen-containing methods for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The client’s healthcare provider can talk about potential risks and managing possible side effects of the pills.

How to use progestin-only pills

- In most states, POPs require a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.

- Progestin-only pills must be taken on time, at about the same time every day. The pills only work for 24 hours, so there is no effect once this time period has passed (which is different than with combined oral contraceptive pills).

- If a user misses any pills, or takes a pill more than 3 hours late, or has diarrhea or vomiting, they could be at risk for pregnancy. People using POPs should receive information about Emergency Contraception (EC).

- Unlike with combined oral contraceptive pills, there is no placebo or “sugar” pill week with POPs. The hormonal pills are taken throughout the month, with no break between packs.

- Pills can be started immediately after abortion or childbirth, even if breastfeeding.

Effectiveness (Risk of pregnancy)

- The effectiveness of using pills depends on using it correctly and consistently — by taking the pill each day at about the same time every day.

- With typical use, 9 women out of 100 will become pregnant in the first year of use.

- Missing a pill, or not taking it at the same time every day increases the chance of pregnancy.
Possible side effects

- Menstrual changes
  - Spotting between periods

Other considerations for taking progestin-only pills

- The progestin-only pill has fewer health risks than combination birth control pills and can be given to people who cannot take estrogen.
- Because it has no estrogen, its use is not limited among people with conditions such as migraine.
- Current research indicates that pill use is not associated with breast cancer, and it can reduce the risk of anemia.
- POPs are sometimes prescribed in the immediate post-partum period, as people are not advised to use estrogen-containing methods for the first 3-6 weeks after delivering a baby due to the risk of blood clots and potential effects on breastfeeding.
- The client’s healthcare provider can talk about potential risks and managing possible side effects of the pills.

Issues to explore with clients

- Ability to take a pill at the exact same time every day, and understanding of the risk of pregnancy involved with even a slight delay in taking the POP
- Feelings about irregular bleeding between periods, which is more common with use of these methods

Key reminders for clients

For the progestin only pills to be highly effective, it is especially important for you to take them every day, at about the same time. What might be the most helpful way for you to remember to take your pill every day — and at about the same time? What will you do if you miss a pill … or a couple of pills?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you miss pills, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.
Patch

How to use the patch

- In most states, the patch requires a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.
- The patch is a once-a-week (7 days) method of birth control on a four-week cycle. Written instructions come with the patch.
- A new patch must be used each week for three weeks; replaced on the same day of the week. The fourth week is patch-free.
- During the fourth week, no patch is used, and bleeding is expected.
- It is important to place a new patch promptly at the end of the patch-free week, as ovulation (releasing an egg) may occur if the period of time without a patch is extended.
- The patch is placed on healthy skin on the abdomen, buttock, lower back, upper outer arm or upper torso where it will not be rubbed by tight clothing.
- The patch should not be placed on the breast.

How the patch works

- The birth control patch is a thin, stick-on, square, 1-3/4 inch patch.
- The patch contains hormones (estrogen and progestin) that are similar to hormones that are produced naturally in the body. When using the patch, these hormones enter the bloodstream through the skin.
- The hormones in the patch work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the patch also work by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

Effectiveness (Risk of pregnancy)

- The effectiveness of using the patch depends on using it correctly and consistently — by keeping the patch in place and replacing the patch each week on the same day of the week.
- With typical use, 9 women out of 100 become pregnant in the first year of use.
- Forgetting to replace the patch once every seven days, or forgetting to start a new cycle of patches after the fourth week, increases the chance of getting pregnant.
Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- Other possible side effects
  - Some mild nausea and/or breast tenderness, which usually improves over time
  - Some people have less acne when using the patch.
  - Some people report skin irritation under and around the patch.
    To decrease the risk of skin irritation, the patch can be placed on a different part of the body each week.

Issues to explore with clients

- Comfort and acceptability of wearing something on their skin
- Ease of remembering to change the patch every week
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure

Other considerations for using the patch

- The patch provides protection against ovarian cancer, uterine cancer and iron deficiency anemia.
- The patch stays on during a shower, bathing, swimming or other exercise. Warm, humid conditions do not decrease its sticking power.
- People with heavy, painful periods can experience improvements in these symptoms when using the patch.
- Some people should not use the patch because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- The Federal Drug Administration (FDA) placed a warning on the patch in 2005 because of findings of increased levels of estrogen compared to the pill and concern for a related increased risk of blood clots with the patch. Studies investigating this question have given variable results. If present, the absolute risk is likely to be small (15-50 per 100,000 women per year).
- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for those over 35. People who use the patch are strongly advised not to smoke.

Key reminders for clients

- People should not use an estrogen-containing method for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The client’s healthcare provider can talk about the potential risks and managing possible side effects of the patch.

Other considerations for using the patch

- For the patch to be highly effective, you must change the patch as directed. How can you remember to change your patch on time?
- If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.
- If you forget to place the patch on time, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps

Issues to explore with clients

- Comfort and acceptability of wearing something on their skin
- Ease of remembering to change the patch every week
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure

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- The patch provides protection against ovarian cancer, uterine cancer and iron deficiency anemia.
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- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for those over 35. People who use the patch are strongly advised not to smoke.

The vaginal ring is a once-a-month method of birth control. Written instructions come with the ring. The ring is placed in the vagina and left there for 21 days (3 weeks) where it releases a steady flow of hormones. During week four the ring is removed and bleeding will usually start two to three days later. A new vaginal ring must be inserted each month to continue to prevent pregnancy. It is important to insert the new ring immediately at the end of the ring-free week. If there is a delay, ovulation (releasing an egg) may occur. There are enough hormones in one ring to last for up to 35 days, which can provide some flexibility around when a person has bleeding. People can choose how long to wait before inserting a new ring, as long as it is not more than 7 days. To avoid bleeding, a person can insert a new ring immediately after removing the ring from the prior month (similar to continuous cycling with combined oral contraceptive pills). The exact placement of the ring is not important because it does not work as a barrier method of birth control. If the ring comes out, it can be rinsed off and reinserted. If it comes out for more than three hours, people should call a healthcare provider for specific instructions. The effectiveness of using the vaginal ring depends on using it correctly and consistently — by keeping the ring in place (see instructions) and replacing it each month. With typical use, 9 women out of 100 will become pregnant in the first year of use. Forgetting to replace the ring on time increases the chance of pregnancy.
### Possible side effects

- **Menstrual changes**
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- **Other possible side effects**
  - Vaginal discharge can increase, but the ring is not associated with vaginal infections or bacterial vaginosis
  - Some people will have less acne when using the ring
  - Some mild nausea and/or breast tenderness (which usually improves over time)

### Issues to explore with clients

- Comfort with touching genitals to put the ring in place and to take it out
- Feelings about a method that needs to be changed every month
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure

### Key reminders for clients

**For the ring to be highly effective, you must change the ring as directed. How will you remember to change your ring on time?**

**If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.**

**If you forget to place the ring on time, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)**

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

### Other considerations for the vaginal ring

- The vaginal ring provides protection against ovarian cancer, uterine cancer and iron deficiency anemia.
- There is no danger that the vaginal ring will be pushed up too far in the vagina or “lost.”
- Some people say they are aware that the ring is in their vagina, but it should not be felt by the user or their partner once it is in place.
- Some people should not use the ring because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for those over 35. People who use the vaginal ring are strongly advised not to smoke.
- People should not use an estrogen-containing method for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The ring can be used immediately after an abortion.
- The client’s healthcare provider can talk about potential risks and managing possible side effects with the vaginal ring.

Before Inserting

- The user empties their bladder (pees) and washes their hands.
- A tablespoon of spermicidal gel is squeezed into the diaphragm cup or cervical cap.
- The diaphragm or cervical cap is inserted into the vagina as instructed when it was fitted. It must cover the cervix. Insert a finger into the vagina to check that the diaphragm or cervical cap is in place.
- Both the diaphragm and cervical cap are effective as soon as they are inserted.

<table>
<thead>
<tr>
<th>Diaphragm</th>
<th>Cervical Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be inserted up to 2 hours before sexual intercourse</td>
<td>Can be inserted up to 42 hours before sexual intercourse</td>
</tr>
</tbody>
</table>

After Sex

- The diaphragm or cervical cap should be left in place for at least six hours after sex. Avoid douching with either device in place.

<table>
<thead>
<tr>
<th>Diaphragm</th>
<th>Cervical Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should not be in the vagina more than a total of 24 hours</td>
<td>Should not be in the vagina for more than a total of 48 hours</td>
</tr>
<tr>
<td>If the user had sex more than once, additional spermicidal gel should be added into the vagina before intercourse without moving the diaphragm.</td>
<td>The user does not need to apply additional spermicide if they have sex more than once during the time the cap is in place.</td>
</tr>
</tbody>
</table>

- The diaphragm or cervical cap is removed by slipping a finger into the vagina and under the rim to gently slide it out.

How the diaphragm and cervical cap work

- The diaphragm is a dome-shaped rubber (latex) cup with a stiff rim.
- It's used with a special gel or cream that contains a spermicide (a substance that kills sperm).
- The diaphragm and spermicide are inserted together into the vagina and over the cervix to keep sperm from entering the uterus.

How to use the diaphragm and cervical cap

- The diaphragm or cervical cap comes in different types and several sizes. Each user must be fitted for a diaphragm by a trained health provider.
- The diaphragm or cervical cap should be checked for holes or weak spots, especially around the rim. A diaphragm with a hole should not be used.
- The diaphragm or cervical cap should be refitted after a pregnancy (especially after a vaginal birth) and after weight gain or weight loss of ten pounds or more.
- Oil-based lubricants, such as hand lotion or petroleum jelly, or vaginal medications (e.g., for yeast infections) should never be used because they can damage the diaphragm or cervical cap.
Effectiveness (Risk of pregnancy)

- The effectiveness of using a diaphragm or cervical cap depends on how well the instructions for how to use it are followed.

### Table: Effectiveness Rates

<table>
<thead>
<tr>
<th>Method</th>
<th>Typical Use Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaphragm</td>
<td>12 women in 100 will become pregnant in the first year of use.</td>
</tr>
<tr>
<td>Cervical Cap</td>
<td>23 women in 100 will become pregnant in the first year of use.</td>
</tr>
</tbody>
</table>

- If a person uses the diaphragm or cervical cap according to instructions, each time they have sex, chances of pregnancy decrease.

Possible side effects

- Some people are allergic to latex rubber or to the spermicidal gel or cream. If this happens, women can try another brand.

### Table: Possible Side Effects

<table>
<thead>
<tr>
<th>Method</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaphragm</td>
<td>Some users find that the diaphragm may cause bladder irritation or an increased risk of bladder infections. If there is any pain or discomfort with urination, they should see a health care provider.</td>
</tr>
<tr>
<td>Cervical Cap</td>
<td>The cervical cap has not been associated with bladder infections.</td>
</tr>
</tbody>
</table>

Other considerations for the cervical cap or diaphragm

- It's important that the provider give the client instructions about insertion and provides time to practice inserting and removing the device.
- These methods have very few side effects or major health risks.
- Getting a cervical cap or diaphragm may require an exam and a fitting from a qualified healthcare provider. Both methods require a prescription.

Issues to explore with clients

- Feelings about using a non-hormonal device that can be used only when needed, but does not have to interrupt sex
- Comfort with touching genitals to put a diaphragm or cervical cap in place and take it out
- Will the cervical cap or diaphragm and spermicide be available when needed? Are they comfortable buying spermicide in a drug store, health clinic or online?

Key reminders for clients

- For the diaphragm to be highly effective, you must follow the instructions and use it every time you have sex. How can you remember to have your diaphragm with you when you might need it?

- If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

- If you do have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website: [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Male Condom

How to use the male condom

Before Sex

- Users should check the expiration date and avoid using a condom with an expired date.
- A new condom should be used for every act of vaginal, anal and oral sex throughout the entire sex act (from start to finish).
- Lubrication is important to decrease the chance of breakage. A lubricant can be added to the condom or to the vagina. For latex condoms, only water-based lubricants like K-Y Jelly®, Astroglide®, or spermicidal creams or foam should be used. Oil-based lubricants (e.g. baby oil, hand lotion, petroleum jelly, or cooking oil) can weaken the condom and cause it to break or tear.
- The condom should be placed on the tip of the erect penis with the rolled side out, leaving a half-inch space for semen to collect, and unrolled all the way to the base of the erect penis.

After Sex

- Immediately after ejaculation and before the penis gets soft, the rim of the condom should be held and the penis carefully withdrawn.
- Throw it away (don’t flush it!).

Effectiveness (Risk of pregnancy)

- The effectiveness of using a male condom for birth control depends on using it correctly — following the package instructions — with each act of sexual intercourse.
- With typical use 13 women out of 100 will become pregnant in the first year of use.

Note: The male condom may also be referred to as the external condom.

How the male condom works

- The male condom, or external condom, is a thin sheath that fits over the erect penis.
- Most condoms are made from latex (rubber) or polyurethane (synthetic condoms).
- For the prevention of pregnancy, it works as a physical barrier to stop sperm from getting into the vagina.
- For the prevention of transmission of sexually transmitted infections and HIV infection, condoms work as a barrier between partners so body fluids (i.e., semen, blood, vaginal secretions, and saliva) are not shared during sexual activity.
Key reminders for clients

For condoms to be effective for preventing a pregnancy, you need to use them every time you have sex. How easy is it for you to use them all the time? How will using condoms work for you — and your partner — in the future?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If your condom breaks or slips, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Possible side effects

- Some people are allergic to latex (rubber). If you or your partner has a latex allergy, you can switch to one of the several synthetic condoms.

Other considerations for male condoms

- Condoms (latex and synthetic) are safe and effective for preventing pregnancy and reducing the transmission risk of HIV and sexually transmitted infections such as chlamydia, gonorrhea, trichomoniasis, and hepatitis B.
- Condoms may also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (e.g., herpes, HPV, and syphilis).
- Using spermicide with condoms increases their effectiveness in preventing pregnancy. If spermicide is used frequently (more than twice a day) it can irritate the vagina and increase risk of transmitting HIV.

Issues to explore with clients

- Both partners’ feelings about use of a barrier method
- The ease of using a method that requires planning ahead and having a condom on hand
- Comfort with buying condoms in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

Female Condom

How to use the female condom

Before Sex

- The FC package has instructions and drawings that show how to put it in.
- Always check the expiration date.
- Insert it up to 8 hours before intercourse.
- Keep the outer ring outside the vagina.
- During sex the condom may move around. If the outer ring starts to be pushed into the vagina, or if the penis starts to go up along the outside of the condom, the condom should be taken out and another condom should be used.

After Sex

- Squeeze and twist the outer ring to keep the semen from spilling, and gently pull the condom out.
- Throw it away (don’t flush it!).
- Female and male condoms should not be used together; they can stick together, causing one or both of them to slip out of place.

Effectiveness (Risk of pregnancy)

- The effectiveness of using female condoms for birth control depends on using it correctly — following the package instructions — with each act of sexual intercourse.
- With typical use 21 women out of 100 will become pregnant in the first year of use.
- If the female condom isn’t used every time, or if it slips or breaks, or is put in or taken out the wrong way, the chance of pregnancy increases.
- Female condom use becomes more effective with practice. A user can practice putting it in before using it with a partner.

Note: The female condom may also be referred to as the internal condom.

How the female condom works

- The female condom (FC), or internal condom, is a soft, loose-fitting sheath (pouch) that works as a physical barrier and lines the vagina during sexual intercourse to keep sperm from entering the vagina.
- The FC has a soft ring at each end of the pouch. The closed end of the pouch (along with a ring) is used to put the condom into the vagina to hold it in place. The open end stays outside of the vagina. The open end ring is used as a guide to insert the penis into the vagina.
- The FC also works as a barrier between partners that provides protection from sexually transmitted infections including HIV infection.
Possible side effects

- There are few side effects; if a user experiences a possible allergic reaction or irritation, they can try another type or brand of condom.

Other considerations for female condoms

- Female condoms are non-hormonal with no known health risks, are user-controlled, and provide protection against pregnancy and some sexually transmitted infections such as chlamydia, gonorrhea, trichomoniasis, hepatitis B, and HIV infection.
- Female condoms may also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (i.e., herpes, HPV, and syphilis).
- The non-latex material is stronger and less likely to cause allergic reactions than latex condoms.
- Female condoms are more expensive than male condoms.

Issues to explore with clients

- Comfort with touching genitals to put the female condom in place and take it out
- Whether it’s important to have a barrier method that the client can control
- The ease of using a method that requires planning ahead
- The acceptability of barrier methods
- Comfort with buying female condoms in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

Key reminders for clients

For these condoms to be effective for preventing a pregnancy, you need to use them every time you have sex. How easy is it for you to use them all the time? How will using female condoms work for you in the future?

If at any time you are dissatisfied with your method, or want to change methods, please come back to see us.

If your condom breaks or slips, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

How the sponge works

- The Today® sponge is a small, one-size, disposable (single use), over-the-counter method of birth control for women.
- It contains spermicide (a substance that kills sperm) to prevent pregnancy.
- The sponge is inserted into the vagina and placed in front of the cervix as a barrier that keeps sperm from entering the uterus.
- The smooth side of the sponge has a woven loop of polyester fabric that provides easy removal of the sponge.

How to use the sponge

Before Sex

- To use the sponge correctly, follow the instructions in the package.
- Remove the sponge from its package and moisten the sponge with tap water just before inserting it into the vagina. Gently squeeze to produce “suds” that will activate the spermicide and help with insertion.

- Slide the sponge into the vagina along the back wall of the vagina until it rests against the cervix. The dimple side should be up against the cervix, with the loop away from the cervix.
- Insert a finger into the vagina to check that it is in place.
- The sponge is effective immediately for up to 24 hours, with one or multiple acts of intercourse and no need to add more spermicide.

After Sex

- After intercourse, the sponge must be left in place for at least six hours before it is removed. Do not leave in place for more than 24-30 hours.
- To remove the sponge, grasp the loop on the sponge with one finger and gently pull.
- Check to be sure the sponge is in one piece; if it is torn, remove all pieces.
- Throw the sponge away (don’t flush it!).

Effectiveness (Risk of pregnancy)

- The effectiveness of the sponge depends on using it correctly and consistently according to the package instructions - every time with sexual intercourse.
- With typical use, 12 women out of 100 (who have not experienced childbirth) will become pregnant in the first year of use.
- With typical use, 24 women out of 100 (who have experienced childbirth) will become pregnant in the first year of use.
- If the sponge is not used every time or it slips out of place, the chance of pregnancy increases.
Potential side effects

- Allergic reaction to the spermicide in the sponge
- Consult a health care provider if you and/or your partner are allergic to sulfa drugs.

Other considerations for the sponge

- The sponge should not be used during a menstrual period, immediately after childbirth, miscarriage, or abortion.
- The sponge should not be worn for more than 24-30 hours after insertion (including the six hour waiting time after intercourse) because of the possible risk of Toxic Shock Syndrome (TSS) — a rare but serious disease.
- The sponge is not recommended for people who have had TSS symptoms in the past. Danger signs for TSS:
  - Sudden high fever
  - Vomiting, diarrhea
  - Dizziness, faintness, weakness
  - Sore throat, aching muscles and joints
  - Rash (like a sunburn)

Issues to explore with clients

- Comfort with touching genitals to put sponge in place
- Ability to plan ahead and make sure sponge are available when needed
- Comfort with buying sponge in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

Key reminders for clients

For the sponge to be effective, you need to check the expiration date, follow the instructions, and use it every time you have sex. How easy will it be for you to always have sponges available when you need them?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Spermicides

How vaginal spermicides work

- Spermicides contain chemicals that kill sperm. In the U.S. nonoxynol-9 is the active chemical used in spermicides.
- Vaginal spermicides come in several forms (gel, foam, cream, film, suppository, or tablet).
- Some spermicides are used along with a diaphragm (i.e., gels, creams) or condoms but they can also be used alone.

How to use vaginal spermicides

- To use vaginal spermicides correctly, it is very important to follow the instructions in the package.
- Often the package instructions will provide drawings and give specific advice about how soon the method is effective (e.g., immediately after insertion or to wait 10-15 minutes).

• Most spermicides must be in the vagina for no more than one hour before sex.
• People should avoid douching after using spermicides because it makes this method less effective.

Effectiveness (Risk of pregnancy)

• The effectiveness of spermicides depends on using it correctly and consistently according to the package instructions — every time with sexual intercourse.
• With typical use, 28 women out of 100 will become pregnant in the first year of use.
• To increase the effectiveness, spermicides can be used with a male condom (external condom).

Potential side effects

• Allergic reactions; trying a different brand may help.

Other considerations for spermicides

• Frequent use of spermicides (more than 2 times per day) can cause internal vaginal irritation and increase transmission risk of HIV infection.
**Issues to explore with clients**

- Comfort with touching genitals to put spermicides in place
- Ability to plan ahead and make sure spermicides are available when needed
- Comfort with buying spermicides in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

**Key reminders for clients**

*For spermicides to be effective, you need to check the expiration date, follow the instructions, and use them every time you have sex. How easy will it be for you to always have spermicides available when you need them? Using condoms with the spermicide will increase effectiveness.*

*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)*

*Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.*

Withdrawal

Effectiveness (Risk of pregnancy)

- The effectiveness of using withdrawal depends on using it correctly and consistently — specifically on the ability to withdraw the penis before ejaculation.
- With typical use, 20 women out of 100 will become pregnant in the first year of use.
- People who are less experienced with using this method or who have a difficult time knowing when they will ejaculate will have a greater risk of failure.

Possible side effects

- This method has no health risks or side effects.

Other considerations when using withdrawal

- There is nothing to buy.
- Withdrawal is an acceptable method for some couples with religious preferences related to the use of birth control.
- It is a backup method if no other methods are available.

How withdrawal works

- Withdrawal prevents fertilization by not allowing semen (and sperm) to enter the vagina; sperm does not reach the egg. It is also called Coitus Interruptus.

How to use withdrawal

- While having intercourse, before ejaculating, a person pulls their penis out of their partner's vagina and away from their partner's genitals.
- The person withdrawing must depend on their judgment of their physical sensations to decide when they are about to ejaculate in order to withdraw in time.
Issues to explore with clients

- Whether a person will be able to consistently withdraw their penis before they ejaculate
- Whether interruption of the sexual excitement phase may decrease pleasure
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy
- For the partner who may become pregnant, feelings about using a method controlled by their partner

Key reminders for clients

For withdrawal to be effective you must use it the right way and each time you have sex. How will that work for you and your partner?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you do have unprotected sex and don’t want to be pregnant, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Fertility Awareness-Based (FAB) Methods

What are FAB methods?

- The Fertility Awareness-Based (FAB) Methods work by identifying the “fertile time” each month — the days when intercourse would most likely result in pregnancy — and either not having sex during these days or using a birth control method like condoms.

Preventing or achieving pregnancy

- FAB methods help a person (or couple) become more familiar with the signs of ovulation and the pattern of the menstrual cycle to help plan sexual activity to avoid or plan a pregnancy.
- Checking the specific signs of fertility every day of the person’s menstrual cycle can show when they are fertile.
- During the fertile time, not having intercourse or using a barrier method (i.e., condoms) can prevent pregnancy.
- FAB methods can be used to prevent a pregnancy or plan a pregnancy.

Use of FAB methods

There are several FAB methods that rely on information about the timing of a person’s menstrual cycle, changes in their cervical fluid, and/or their basal body temperature.

- A menstrual cycle is counted from the first day of bleeding in one month to the first day of bleeding the next month (usually 23–35 days). The most fertile time is when ovulation occurs, usually in the middle of the menstrual cycle.
- Cervical fluid (healthy vaginal discharge) changes throughout each menstrual cycle. After each menstrual period ends, there may be no cervical fluid to notice in the vaginal area. These are “dry” days. As ovulation approaches (and a person becomes more fertile), the fluid becomes more wet and stretchy (like egg white).
- Morning body temperature rises within about 12 hours of ovulation and stays at this slightly higher range until around the time of the next period.

These FAB methods use a calculation to identify the fertile days:

- Standard Days Method (SDM) using CycleBeads® — based on statistical information about women who have regular menstrual cycles and can be used by those who have cycles between 26 and 32 days long. Counting from the first day of a period, days 8 through 19 of the menstrual cycle are considered the fertile days.
- Calendar Rhythm Method (CRM) — count and record days in each menstrual cycle for six months and predict future fertile days (when pregnancy can occur) using a standard calculation.

These FAB methods rely on observing bodily changes:

- TwoDay Method — track cervical fluid every day, twice a day. People are considered fertile when they have secretions on either that day or the day prior.
• Ovulation Method — observe and chart cervical fluid and identify fertile days using an approach such as the trademarked Billings method.

• Symptothermal Method — observe and record cervical fluid as well as changes in basal body temperature (BBT).

Note: Providers will need additional detailed information and educational resources to teach clients about FAB methods.

**Effectiveness (Risk of pregnancy)**

- The effectiveness of using fertility awareness based methods for birth control depends on using the method correctly and consistently. Because there are various approaches to fertility awareness based methods the effectiveness rates vary.

- With typical use 24 women out of 100 who use FAB methods become pregnant in the first year of use.

- These methods can be effective if the instructions are followed carefully for each menstrual cycle. Fertility products are available to help keep track of the changing fertility signs.

**Other considerations when using FAB methods**

- Using FAB methods can increase awareness and understanding of one’s body and there are no health risks or side effects.

- These methods can be used as birth control as well as provide very helpful information for planning a pregnancy.

- Couples may develop greater communication, cooperation and responsibility using these methods. The method is more effective with cooperation between sexual partners.

- These methods may be more acceptable for those with religious preferences related to the use of birth control.

- Learning these methods takes time and practice.

- Using these methods consistently and correctly takes commitment, calculation, and planning.

- It is recommended that individuals interested in these methods receive individualized instruction on the chosen FAB method.

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**Issues to explore with clients**

- The ability to and comfort with tracking each menstrual cycle and/or cervical fluid

- Plans to prevent pregnancy on fertile days

- Clients can get information about fertility-based methods on the internet (type words such as “fertility awareness” or “natural family planning” into any search engine) and through smart phone “apps.” Fertility monitoring products can be found in drug stores or online. Some information and products are more reliable than others.

- Information about CycleBeads® and the SDM is available at www.cyclebeads.com.

**Key reminders for clients**

*If at any time you want to talk about other birth control methods, please come back to see us.*

*Emergency contraception (EC) to prevent an unintended pregnancy is available. To find out where you can get EC, call us, ask a pharmacist, call a local family planning clinic, or visit the website [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

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Abstinence

How abstinence works
- Sexual abstinence is defined by individuals in many different ways.
- Sexual abstinence for pregnancy prevention is defined as not having any penis-to-vagina contact during sexual activity.

How to use abstinence
- People who use abstinence should be encouraged to talk with their partner(s) about this decision and decide in advance what sexual activities are a “yes” and what activities are a “no.”
- Those who use abstinence should be aware that using drugs and/or alcohol may influence sexual decisions and increase the risk of pregnancy and sexually transmitted infections.
- Abstinence is a choice people can use at any time and at any age.

Effectiveness (Risk of pregnancy)
- When used consistently, total abstinence is very effective protection against pregnancy and reducing the risk of sexually transmitted infections including HIV infection.

Other considerations for abstinence
- Abstinence has no health risks, is free, available to anyone, at any time.

Issues to explore with clients
- How easy it will be to avoid situations that may make it more difficult to use abstinence consistently.

Key reminders for clients

For abstinence to be effective you must consistently not have sex 100% of the time. How well is it working for you? How will it work for you in the future?

If at any time you want to learn more about and/or use a birth control method, please come back to see us.

If you do have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.
Breastfeeding for birth control is not recommended if a person answers "yes" to any question below:

1. Have your periods returned?
2. Are you giving your infant other food, supplements or formula; either day or night?
3. Is your baby more than six months old?

To continue being protected, a person should have a new method of birth control ready before answering “yes” to any of these questions.

How breastfeeding works for birth control

• Lactational Amenorrhea Method (LAM) is a short-term birth control method based on the natural effect of breastfeeding on fertility.

• Breastfeeding after having a baby may work to prevent pregnancy for up to six months post-partum.

• Three necessary conditions for the LAM method are:
  - Menstrual periods have not returned.
  - Only food is breast milk. No other foods or liquids are given either day or night.
  - The baby is less than 6 months old.

How to use breastfeeding for birth control

• Follow the instructions above for using breastfeeding for birth control.

• Before the person no longer meets all three criteria above, they should be ready with another method of birth control to avoid pregnancy.

• The parent should breastfeed as often as the baby wants, both day and night. They should not give other foods or liquids if using breastfeeding as birth control.

• The parent should continue to breastfeed even if they or the baby are sick.

• A healthcare provider or lactation educator can answer questions and offer support for breastfeeding and for using LAM for birth control.

Effectiveness (Risk of pregnancy)

• If all three criteria are met, breastfeeding can be more than 98% effective.

• Effectiveness will greatly decrease as soon as breastfeeding is reduced, formula, any liquid or regular food are introduced, menses returns, or when the baby reaches six months.
Other considerations for breastfeeding as birth control

- Ovulation may occur before the person's periods return after childbirth. As a result, if they don't follow the guidelines of this method, they could become pregnant again before their period returns.

Issues to explore with clients

- How long they plan to exclusively breastfeed
- What method they plan to use when breastfeeding no longer protects against pregnancy

Key reminders for clients

If at any time you want to use a birth control method, please come back to see us. What might you want to use after this method is no longer effective?

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.
Emergency Contraceptive Pills (ECP)

How emergency contraceptive pills work
- Emergency contraceptive pills (ECP) are used AFTER sexual intercourse.
- ECP works primarily by stopping a person's body from releasing an egg (ovulation), so there is no egg present to be fertilized.
- Emergency contraception may prevent pregnancy, but it will not stop an already-established pregnancy or harm a developing fetus.

How to use emergency contraceptive pills
- ECPs should be taken as soon as possible (within 5 days) after unprotected intercourse or as directed by a health provider or pharmacist.
- There are two types of ECP's. The first type contains progestin and is available in many forms including over-the-counter. The second type contains ulipristal acetate (called ella® in the U.S.).
- If breastfeeding, people who use ulipristal should pump and discard their breastmilk for 24 hours after taking it.
- People should wait 5 days after taking ulipristal to start taking birth control pills.
- Some combination birth control pills can be taken as emergency contraception as directed by a healthcare provider or pharmacist.
- In the days or weeks after taking ECP, a person should use condoms and/ or another birth control method until they have a period.
- If a person's period does not start within three weeks, they should take a pregnancy test at home or see a healthcare provider for a pregnancy test.

Effectiveness (Risk of pregnancy)
- Taking emergency contraceptive pills may reduce a person's chance of pregnancy after unprotected intercourse if taken within 5 days of unprotected sexual intercourse.
- How effectiveness is calculated for ECP is different from other birth control methods. ECP effectiveness rates are based on the pregnancy risk after a single act of sexual intercourse.
- Studies show a range of effectiveness that depends on which ECP product is taken, how soon after sex it is taken (up to 72 hours or 120 hours) and on which day of the menstrual cycle unprotected intercourse occurred.
- ECP's can be less effective in people who are overweight or obese. A healthcare provider can help choose the ECP which is most effective for a client depending upon their weight.
- Using ECP routinely is less effective than other available contraceptives.
- After taking ECP, unprotected intercourse should be avoided until another birth control method is used.
- A healthcare provider can discuss other birth control options after ECP use.
Possible side effects

- Side effects with ECP are rarely reported. A few people report nausea. Medicine for nausea is available.
- ECP may change the amount, duration, and timing of the next menstrual period.

Other considerations for emergency contraceptive pills

- Emergency contraceptive pills can be taken at any time a person is concerned about unprotected intercourse that may cause pregnancy. Examples of when they can be used include after:
  - The condom (male or female) slips, breaks or leaks
  - A missed birth control pill(s)
  - A diaphragm or cervical cap is inserted incorrectly or removed too early
  - Any other birth control method is used incorrectly
  - Exposure to some medicines, drugs or other toxic agents (which can reduce the effectiveness of some methods)
  - Nonconsensual unprotected sex

Issues to explore with clients

- The copper IUD is also a highly effective method of emergency contraception (EC). See the Intrauterine Device (IUD) fact sheet.
- For more information visit  
  http://ec.princeton.edu/emergency-contraception.html

Seven Strategies for Effective Education

For clients to make informed decisions and follow treatment plans, information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client’s beliefs, ethnic background and cultural practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual. Help your clients understand risks and benefits by using clear numbers and comparisons, and providing balanced, positive messages. Ask clients to show and tell you what they have learned. This is called using “teach-backs.” And finally, a client encounter should include a counseling and education approach that is interactive and engaging.

**Provide information that is clear and easy to understand**
- Whether you’re with a client, in a group, or writing materials, keep it simple! Substitute a short word for a long one: “use” instead of “utilize.” If you do use complicated terms, also say it more simply: “use it every time you have sex and always the right way.” Instead of “use birth control consistently and correctly.”

**Use culturally and linguistically appropriate messages**
- Don’t make assumptions about your clients’ beliefs, religion, or customs, but do ask — respectfully. Ask a question such as, “Is there anything I should know about you — about your culture, beliefs, or religious or other practices that would help me take better care of you?” This makes it clear that you’re asking so that you can better serve them, not just because you’re nosy.

**Tailor information to the individual client**
- Focus on your client’s needs and knowledge gaps. What are the 3 to 5 most important educational messages that this individual client should walk away with knowing? That’s as much as most of us will remember, so focus on those important messages. Highlight or circle these key points on any handouts you provide.

**Share balanced information**
- Present advantages and benefits of contraception as well as potential side effects, risks, and warnings in an accurate and unbiased way. Ensure clients know about the range of birth control options available. Using a neutral approach, ask about and explore concerns the client may have and sensitively correct any misinformation. For example, if you are talking about pills you can say “for most women pills are safe with no side effects. Some women do have side effects but often they go away or we can help manage them by changing the prescription.”

**Use clear numbers and comparisons**
- Frame your information with numbers use a consistent format and frame the information positively: For example, when talking about contraceptive effectiveness use “99 out of 100 women who typically use this method will not get pregnant.” Use simple graphs and visuals to help clients understand the information correctly.

**Engage the client in an interactive conversation**
- Actively engage your client by asking questions and giving information that your client needs to know. Use a question and answer style to help clients learn and remember important information. Ask “What questions do you have?” rather than, “Do you have any questions?” Use interactive teaching methods such as writing or circling tailored messages on your educational materials.

**Use teach-backs to confirm understanding**
- Ask clients to tell you, in their own words, what they’re going to do: “We’ve covered a lot today, so I want to be sure that I was clear. Can you tell me what you’ll do if you miss taking a pill?” Ask your clients to show you, as well. “I just showed how to put a condom on the model; now you try!” During teach-backs provide encouragement and respectfully correct mistakes.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014; Appendix E

Quality Family Planning
www.fpntc.org

FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, DHHS, or FPNTC member organizations.
How Do I Choose?
Things to think about when choosing a birth control method

- What is important to me in a birth control method for me and my partner?
- How would I support my partner to take a pill every day?
- How could I support my partner to get a shot every 3 months?
- Would I consider sterilization?
- Do I need protection from STDs?
- How would I feel if my partner got pregnant?
- Will I use a condom every time?
- Would I (could I) stop during sex to use a condom?
- What would it be like to talk to my partner about birth control?
- How could I support my partner to get a shot every 3 months?
- Would I consider sterilization?
Conducting a Sexual Health Assessment

Starting the Conversation

**Transitional statements** can help you move comfortably from addressing the client’s stated needs into assessing the need for other services.

**Examples:**
- “Having a healthy pregnancy and baby starts with keeping your body healthy. I’d like to ask you some questions about your sexual health.”
- “The same things that put you at risk for being pregnant may put you at risk for getting an STD. I’d like to ask you some questions about your sexual health.”

**A normalizing statement** helps put the client at ease and lets them know that a sexual health assessment is an important part of providing comprehensive services.

**Examples:**
- “These questions may feel very personal, but know that we ask all clients these questions so that we can provide the best care possible.”
- “I ask these questions at least once a year of all my clients because they are very important for your overall health.”

Helping the Client Feel Comfortable

Effective interviewing and counseling skills are essential to obtaining an accurate and complete sexual history. Providers should strive to establish and maintain client rapport throughout the assessment.

- **Show respect and compassion for the client**
- **Use open-ended questions**
  - Example: “Tell me about any new sex partners you’ve had since your last visit.”
- **Use understandable, nonjudgmental language**
  - Example: “Are your sex partners men only, women only, or both men and women?”
- **Use normalizing language throughout the assessment**
  - Example: “Some of my clients have difficulty using a condom with every sex act. How is it for you?”

Sources:
**Conducting a Sexual Health Assessment**

**Five Ps**

You may find the “Partners” section is a comfortable place to begin your assessment, or you may find it is more natural to begin with another section based on that client’s unique visit (for example, if the client came in for a pregnancy test, you might begin with Pregnancy Prevention).

Remember, these questions follow your transitional statement and/or introducing the reasons for asking these personal questions.

**Partners:** It might be necessary to define the term “partner” to the client or use other, relevant terminology. Remember: never make assumptions about the client’s sexual orientation.

Tell me about any current or recent partners you’ve had sex with?
If needed: To help me understand, do you have sex with men, women, or both?
In the past 2 months, how many partners have you had sex with? How about in the past 12 months?
Is it possible that any of your partners in the past 12 months had sex with someone else while still in a sexual relationship with you?
Is there anything else you’d like to tell me about your partner(s)?

**Past STD History:** Begin with “I’m going to ask you about past sexually transmitted diseases, because the likelihood of you getting an STD is higher if you or your partners have had one in the past.”

What STDs have you had in the past, if any?
Have any of your partners had an STD?

**Pregnancy:**

What are your current plans or desires regarding pregnancy?
If not wanting to be involved in a pregnancy: What are you doing to prevent pregnancy?
What’s been your experience with using your current method? OR Do you have a method in mind you might want to use?

**Practices:** Begin with “To understand your risks for STDs, I need to understand the kind of sex you have had recently.”

What kinds of sex do you have or have you had? (for example, oral sex, vaginal sex, anal sex, sharing sex toys)
Some clients may feel more comfortable with simple, direct questions:
Have you had vaginal sex, meaning penis in vagina? Have you had anal sex, meaning penis in rectum/anus? Have you had oral sex, meaning mouth on penis/vagina?
Is there anything else about your sexual practices that I need to know about to ensure I can provide you with good care?

**Protection from STDs:**

What do you do to protect yourself from STDs and HIV?
Tell me about your use of condoms when you have [vaginal, anal, oral] sex.
If a client uses condoms inconsistently: In what situations (or with whom) do you use condoms?
If a client never uses condoms: There are lots of reasons why people don’t use condoms; what might be your reasons?

**Concluding the Assessment:**

Is there anything else about your sexual practices and health that I need to know about to ensure I can provide you with good health care?
What other concerns or questions about your sexual health would you like to discuss?
Interactive Contraceptive Counseling and Education

**Counseling** is an interactive process that enables your client to make and follow through on decisions. Providing quality contraceptive counseling is an essential component of client-centered care. Counseling is a dialogue; it's a conversation. Counseling includes exploring the client's experiences, feelings and beliefs to help facilitate the client's decision making. The approach used in counseling is to help clients understand themselves better and to follow through on their decisions.

**Education** is an integral component of the counseling process that provides accurate information so that clients can make informed decisions. Information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs and practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual. Education is never one-way; it should be interactive and engaging.

A quality client-centered counseling and education encounter is interactive, engaging, nonjudgmental and respectful of the client's goals and preferences.

<table>
<thead>
<tr>
<th><strong>COUNSELING</strong></th>
<th><strong>EDUCATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you know about the different methods of birth control?</td>
<td>Let me show you this chart of methods and we can talk about the ones that might work for you.</td>
</tr>
<tr>
<td>What's the most important thing for you in a birth control method?</td>
<td>If it's most important that you don't get pregnant right now, the most effective methods are the ones that have one procedure and then you can forget about them — like an IUD or an implant.</td>
</tr>
<tr>
<td>What methods have you used in the past... how did they work for you?</td>
<td>The most important way for a method to be effective is for you to be able to use it consistently and correctly — in other words — every time you have sex and always the right way.</td>
</tr>
<tr>
<td>It sounds like you've heard things about IUDs that make you worried...</td>
<td>We now have a lot of research that tells us that IUDs are really safe for most women.</td>
</tr>
<tr>
<td>How concerned are you about side effects with pills?</td>
<td>Often, if a woman has side effects with one pill a provider can make a change in her prescription...</td>
</tr>
<tr>
<td>What things might get in the way of you returning to the clinic to get your shot?</td>
<td>If you can't make it to the clinic in time for your shot, be sure to have a backup plan — like having condoms around.</td>
</tr>
<tr>
<td>How might your partner feel about using a condom — every time you have sex?</td>
<td>Now that we've talked about condoms, tell me how you'd use condoms — step-by-step.</td>
</tr>
<tr>
<td>Before you leave, I just want to ask you — What do you know about Emergency Contraception?</td>
<td>EC is available over-the-counter now. Let's circle (or write down) the name of a drug store near you where you could get EC anytime.</td>
</tr>
</tbody>
</table>

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