Activity 5.1   Using the Teach-Back Method and Closing a Session

Purpose

The purpose of this activity is to prepare staff to use the teach-back method and other key steps in closing a counseling session to confirm a client’s understanding of his or her chosen method and help the client make a plan for method use.

Who should participate?

Appropriate for all clinic staff who provide family planning services to clients

Especially important for staff who provide contraceptive counseling and education

Time

60 minutes

Preparation

Review the following:

• Module 5 Preview & Preparation
• Activity 5.1 PowerPoint Presentation
• Activity 5.1 Video and/or Demonstration Script
• Activity 5.1 Handouts

Trainer Tip: A key piece of closing the visit is ensuring easy onsite access for a range of methods, along with referrals for methods not available onsite. Learn what methods are available at your site, and talk with leadership as needed to increase the range of methods easily available to clients.
Materials

Handouts:
Make half as many copies as participants:
- Role Play Scenarios #1 and #2
- Training Tool — Explaining Contraception — only Intrauterine Device (IUD), Female Sterilization, and Fertility Based Awareness (FAB) Methods

Presentation:
Load onto laptop and/or print slides as a handout for participants:
- Confirming Understanding and Making a Plan

Video/Demonstration:
Open and test the video link before the training:
- Teach-back Method — Diabetes Medication (skip to the 2:00 mark)

OR
Conduct a brief demonstration with a volunteer, using the sample script:
- Teach-Back Sample Script — Jordana (consider sharing the script with your volunteer in advance)

Supplies:
- Samples of birth control methods to use during role plays
- Large paper to stick/tape to the wall (optional)
- Markers (optional)
- (if available for presentation) Laptop, projector and screen
- (if available for video) Internet connection, audio speakers (optional)

Resources
Have at least one printed copy available for reference:
- Providing Quality Family Planning Services (QFP): Recommendations of CDC and OPA, Appendix C
Detailed Instructions

1. Introduce the activity:

   We’re going to practice going through key steps at the close of a session, focusing on confirming your client’s understanding of the information you’ve communicated and helping them make a plan for correct and consistent use of their chosen method.

2. Review the Key Concepts for Participants.

   (Optional: Post on large paper or white board.)

   This activity will take us through the following Key Concepts that I hope you will remember and apply in your work with clients:

   - Closing the session is a key time to explore and address any additional information needed about the chosen method and potential barriers to use of this method.
   - Confirming a client’s understanding and providing accurate information will help enable the client to use the chosen contraception method correctly and consistently.
   - Staff should confirm the client’s plan for follow-up, including a back-up plan and/or emergency contraception, appropriate to the method chosen.
   - To support method satisfaction and decrease risk of discontinuation, staff should encourage all clients to return to the clinic at any time with questions or concerns or if they want to change their method.

3. Begin the PowerPoint Presentation (or use the slides handout).

   Title Slide

   Module 5: Confirming Understanding and Making a Plan

   May 2016

   Activity 5.1
   Confirming Understanding and Making a Plan

   Key Concepts

   1. Closing = key time to address additional info needed/potential barriers
   2. Accurate info + confirming understanding will support correct and consistent method use
   3. Confirm plan for f/u, including back-up plan/EC
   4. Encourage client to return any time w/questions or to change methods
Let’s start with the first piece of closing the session: confirming the client’s understanding of what you’ve discussed.

**Who is familiar with, or has heard of, the teach-back method?**

If anyone has heard of the method, offer them the chance to describe it, if they wish (but don’t put them on the spot!).

A highly effective strategy to ensure our clients leave with the information they need is called “teach-back.”

Click for the rest of the text on the slide to appear.

- **Teach-back** is a method for ensuring client understanding in a non-shaming way
- It involves asking patients to explain in their own words what they need to know or do
- It is an indication of how well YOU communicated the information, NOT a “test” of the patient

The teach-back is your chance to check for client understanding and, if necessary, clarify or answer any client misunderstandings or misinformation, then check the client’s understanding again.

Also, teach-back is evidence-based. Two studies (from other areas of health care outside family planning) found that using the teach-back method improves patient-provider communication and patient health outcomes.
4. Show example of teach-back — either video or in-person demonstration

**VIDEO**

Let’s look at an example. This video clip shows a provider going over instructions for new diabetes meds with a client and then checking the client’s understanding. We’re going to skip ahead to just few the teach-back portion.

Video link (skip ahead to the 2:00 minute mark):
www.youtube.com/watch?v=DcfPhZu2bi4

**DEMONSTRATION**

**In-person demonstration:**

Let’s take a look at an example.

Go through the demonstration with a volunteer, using the sample script if needed.

5. Debrief the video/demonstration:

Any general comments or reactions to the video?

How did the provider introduce the teach-back portion of the session? What did (she or he) say?
6. **Return to the PowerPoint Presentation (or the slides handout)**

   *Why didn’t the provider just say, “Tell me what I just told you”?*

   Invite participants to share responses.
   
   - By saying, “I want to make sure that I did a good job explaining,” it puts the focus on the provider doing a good job, and avoids shaming the client.

   *What question did the provider ask?*

   - [in the video] “Can you explain to me, in your own words, what the plan is, and what we’re going to be doing?”
   - [in the demonstration] “Can you explain to me, in your own words, what you understand is important in changing over to the Depo shot?”

   Invite participants to give examples of similar questions that would be asked in your clinic setting.

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7. **Lead a group brainstorm** about questions to assess client understanding.

   *What are some questions that we could use with our clients to check out their understanding?*

   As the group responds, write the questions on large paper (or ask for a volunteer’s help in taking notes). These questions will later serve as a “cheat sheet” in the role play activity.

   If anyone offers close-ended questions (e.g., “Do you think you’ll ever miss a shot appointment?”), ask the group to turn each closed question into an open-ended question before writing it down.

   Sample questions include:
   
   - What will happen if you decide to stop getting the shot?
   - What are some “normal” side effects you might expect?
   - What are some warning signs? And what would you do if you experienced any?
   - What’s your plan for talking to your partner about... (whatever)?
   - How will you protect yourself from STDs?
   - What’s the most important thing you learned today?
8. **Return to the PowerPoint Presentation** (or the slides handout)

   *Remember — Teach-back is all about the client owning the information, by saying it in his or her own words.*

   Another tool we can use to reinforce teach-back and to help the client own the information is to tailor patient education materials for that specific client.

   **How many of you write all over your patient education materials, training tools, etc.?** Good for you! This personalizes it and makes it much more likely the client will take it home and refer to it.

   **So why do you think teach-back is so important?**

   Get a few responses before moving to the next slide.

   **In a 2003 assessment of Americans’ health literacy, among patients who could recall their doctor’s instructions, nearly half of the patients remembered the information incorrectly.**

   **Trainer Tip:** Source included on References slide at end.

   Another survey found that up to 80% of clients said they forgot what their doctor said to do after leaving the office.

   **Trainer Tip:** Source included on References slide at end.

   On the other hand, numerous studies have found that taking the few minutes to use teach-back results in client’s increased understanding and greater retention of information provided.

   **Trainer Tip:** Tailor or eliminate the following statement as needed depending on your agency’s practices.

   Also, if we can confirm our client’s understanding, then we can use a check box or written statement in place of a written method-specific informed consent form. (QFP, page 13)
What if your client isn’t able to remember everything?

Your responsibility as the provider is to explain again, and in different ways, to help the client clearly understand the important information about their chosen method.

You might restate what you’ve already said, but this time:

• Use simpler language.
• Take more/longer pauses, with more time for questions; for example, when discussing what to do if you miss a pill, allow extra time for questions.
• Break up the information into smaller chunks; for example, when confirming understanding of consistent and correct method use, ask specific questions — 1) “How will you use it?” 2) “What will you do if you have spotting or bleeding?” 3) “What will you do if you forget..?” etc.

Are there other strategies you would add?

Once you’ve restated the instructions, it’s important to reassess the client’s understanding through asking them again to repeat the instructions back to you in their own words.

Pay close attention to the client’s words and body language to gauge their level of comfort with the conversation and the next steps they’re going to take.

When should we be using the teach-back method?

While we’ve been talking about using it at the end of a client visit, we really need to use it throughout a visit, especially with a young client, or a complicated visit involving lots of new information.
Returning to our steps for closing the session, here are some key things to cover with the client:

- We've talked about teach back, which is a helpful tool both for confirming understanding and summarizing key points for the client to remember at the close of a session.
- You also want to help the client solidify a plan to use their method. **What do you think the plan should include?**

Pause for responses before clicking to show slide text.

- How the client will access their chosen method; ideally you’ll be able to provide it onsite, but you may need to give them a referral;
- How the client plans to use their chosen method effectively – that is, consistently and correctly;
- What the client should do if they have questions or problems; and
- How to use back-up and/or emergency contraception

- You also will want to provide your contact information and any other information related to follow-up appropriate for that particular client and their chosen method. This should include a genuine invitation to return to see you at any time for any reason, including if they are wanting to change methods.
- Lastly, provide any additional services and/or referrals needed to address any other stated client needs.

Any other questions or comments before we practice?

References & Resources and Contact Information are included at the end of each presentation.
9. Ask participants to form pairs for a practice activity.

   Instruct the pairs to decide who will be the “counselor” and who will be the “client.” Let the pairs know that every person will get a chance to play both roles.

10. Give each “counselor” a copy of Role Play 1.

11. Hand out copies of the “Intrauterine Device (IUD)” Training Tools — Explaining Contraception and a sample hormonal IUD.

12. Give the following instructions to the pairs:

   • For those of you playing the “counselor,” your scenario sheet includes background information on the client and the session up to that point. During the session, you can use the training tool and the method sample as references or tools.
   
   • For those of you playing the “client,” don’t give a perfect summary right away during the teach-back; give the “counselor” a chance to practice restating information and using open-ended questions like the ones we brainstormed earlier.
13. **Instruct participants to begin the role play sessions.**
   Let pairs know that they’ll have about 5 minutes for this first role play.

14. **After about 5 minutes, call “stop” and lead a quick large group debrief.**
   Ask the “clients”:
   - *What did your partners do that was helpful?*
   Ask the “counselors”:
   - *How did that go? How easy/hard was it?*

15. **Ask the pairs to reverse roles for Role Play 2. Give the new “counselors” a copy of Role Play 2.**

16. **Hand out new Training Tools — Explaining Contraception and sample methods, for Female Sterilization and the Fertility Awareness Based (FAB) Methods.**
17. **After about 5 minutes, call “stop” and lead another quick debrief.**

   Ask the “clients”:
   - What did your partners do that was helpful?

   Ask the “counselors”:
   - How did that go? How easy/hard was it?

18. **Lead a final full group discussion**, asking questions such as:

   - What final questions or comments do you have about closing the session — either using teach-back, or helping the client make a plan?
   - How might you incorporate teach-backs into your practice?
   - What are some ways you/we can support one another to build our skills in effectively closing a contraceptive counseling and education session?

19. **Wrap up the activity**, highlighting the following points:

   - Taking time to close the session — using the teach-back method and helping clients make a plan — is useful to clients, by helping them to most effectively use their chosen methods, and follow other critical instructions.
   - It’s also useful to us, by increasing the likelihood that clients will know when they do and don’t need to return to the clinic.
   - Thinking of each counseling session as having a beginning, middle and closing can be a helpful structure as we think about how to cover a lot of information, sometimes in a very short time. We should always take some time for meaningful closure of a conversation before we end our time with a client.
   - **Thank you for your participation in this practice** — especially for those of you who may have been asked to talk about methods you’re less familiar with. Through continued practice, we can all grow our skills in providing the highest quality client-centered care.
Teach Back Sample Script — Jordana

Client: Jordana is 25 years old with no children

Trainer Note: Participants who completed Module 3 were introduced to Jordana in Activity 3.5

Reason for visit: Switching from the pill to the Depo shot

Background: Jordana was having trouble remembering to take a pill every day and thinking it might be easier to get a shot every 13 weeks. After learning more about the shot, including how it works and how to use it effectively, potential side effects, and benefits, Jordana has decided the shot is the best birth control method for her.

Counselor
So Jordana, we've talked about the difference between taking a pill every day and coming to the clinic for a shot every 13 weeks. And after talking about both — it sounds like you want to change from taking the pills to taking Depo — the birth control shot.

Jordana
Yeah, I really want to try something new and something I don't have to remember every day. When I put an appointment in my calendar, I always remember to go. I don't really want to put anything into my body — like you talked about the IUD or the implant in my arm.

Counselor
It sounds like remembering something every day is not for you. But, remembering appointments in your calendar works well. That's good because being on time for the Depo shot is really important for protection against pregnancy.

Jordana
Right — I get it. I don't want to be pregnant right now so I know I can't forget to get my shot on time!

Counselor
Okay — so let's review. I want to make sure I did a good job explaining all that information about the shot. Can you tell me, in your own words, what you understand is important in changing over to the Depo shot?

Jordana
Okay, this is what I remember — the shot works by putting that hormone into my body so I don't get pregnant. That's why I have to get the shot every 3 months.

Counselor
That's right. That is the most important part about using Depo. So, tell me about what might happen with your periods?

Jordana
I know you said my period might get a little irregular...and maybe some spotting And I don't mind some spotting — I had that sometimes with my pills, and it was no big deal. ...and maybe my period will just go away. That would be great!
Counselor
That's right. Sounds like you have a good understanding of what to expect. What about STD protection?

Jordana
I know that I would need to use condoms for STD protection. Just like with the pill. No worries… I got that!

Counselor
And what did we talk about happens when you decide to stop the shot?

Jordana
Um… that my period might take a while to come back — how long did you say?

Counselor
Well your period could come back right away, or it could take several months or even a year or longer — each woman is different.

Jordana
Oh, OK that's not a problem. Like I said — I'm not going to get pregnant for a long time.

Counselor
Since you're not planning a pregnancy, remind me what you'll do if you're late for your shot?

Jordana
Well since I can get pregnant when I miss a shot, if I miss my appointment, I'll have to use condoms until I get the shot. And I also have emergency contraception. I think you told me it takes 7 days to start working, so I would use condoms for 7 days after the shot. Is that right?

Counselor
Yes, that's exactly right. Now, let's talk about how you want to change from taking the pills to the shot.

Jordana
Well, I haven't missed any pills this month. I'll be all done with my pack on this coming Saturday, so I'd like to get the shot before my pills run out. Can I get the shot today while I'm here and then stop my pills?

Counselor
Sure, you can get the shot today and you're right — once you've had the shot you'll have full protection from pregnancy.

Jordana
So, that means I can stop taking my pills tonight?

Counselor
That's right. But before you go, I just want to make sure you know what to do if you have questions about the shot or if you have problems or if you want to change methods in the future.

Jordana
I have the clinic number here — I will call you if I have any questions.

Counselor
Ok… good, what other questions do you have before you go for your shot?
Role Play #1 — Counselor’s description

Client: Theresa, a 16 year old female with no children

Reason for visit: She is here for her first clinic visit and would like to start on a method of birth control.

Chosen contraceptive method: Teresa has decided to use a hormonal IUD. She believes the IUD will work well for her because it is very effective and she won't really have to think about it. She's also excited that it may lighten her periods or make them go away completely, and she thinks she'll be able to handle any potential spotting without too much trouble.

Focus of the role play: Confirm Teresa's understanding of key points about the hormonal IUD, and help her make a plan for using the method, including appropriate follow-up and an invitation to return to the clinic.

Be sure to cover the following points:

✓ Teach back of what was learned
  □ “I want to be sure that I did a good job explaining…can you tell me ______?”
  □ Method use, effectiveness, side effects, STD/HIV protection
  □ If Teresa doesn't remember or is confused, repeat and reassess

✓ Summarize the key points to remember

✓ Confirm the plan
  □ Where/how Teresa can get access to her chosen method
  □ How Teresa plans to use her method consistently and correctly
  □ What Teresa can do if she has questions or problems
  □ How to use back up and/or emergency contraception

✓ Provide contact information and additional information:
  □ Appropriate follow up
  □ What Teresa can do if she wants to change methods

✓ Provide additional services and/or referrals as needed
Role Play #2 — Counselor’s description

Client: Maria, a 35 year old female with three children age 10 and older

Reason for visit: Maria has been taking pills off and on for 15 years and wants to give her body a “break from hormones.”

Chosen contraceptive method: TBD (to be determined) — Maria is still considering her options. She feels strongly about using a non-hormonal method. She does not plan to have more children, and is considering sterilization, but she wants more time to think about that decision and consider whether she and her partner could successfully use the Fertility Awareness Based (FAB) methods you talked about today.

Focus of the role play: Confirm Maria’s understanding of key points about female sterilization and FAB methods, and help her make a plan for making a decision, including how to protect herself as she takes time to decide, and an invitation to return to the clinic.

Be sure to cover the following points:

✓ Teach back of what was learned
  □ “I want to be sure that I did a good job explaining…can you tell me ______?”
  □ Method use, effectiveness, side effects, STD/HIV protection
  □ If Maria doesn't remember or is confused, repeat and reassess

✓ Summarize the key points to remember

✓ Confirm the plan
  □ Where/how Maria can get access to her chosen method when she makes a decision
  □ What Maria can do if she has more questions
  □ How to protect herself from unintended pregnancy while she considers her options (continued use of pills vs. condoms)

✓ Provide contact information and additional information:
  □ Invite Maria to return to the clinic once she makes her decision, or before if she wants to talk more about her options

✓ Provide additional services and/or referrals as needed
Intrauterine Device (IUD)

How to use an IUD

• An IUD can be placed in a woman’s uterus at any time during her menstrual cycle, or inserted immediately after childbirth or an abortion.

• Placement of an IUD is a minor, non-surgical procedure done through the cervix.

• After insertion, the woman should see a health care provider for an exam if she or her partner feels hard plastic, if she thinks it might have come out, or if she experiences any symptoms of pregnancy.

• 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, less than 1 woman in 100 become pregnant in the first year of use.

• Cu-IUD is effective up to 12 years. The LNG-IUD is effective up to 3-5 years (depending on which one is selected).

How an IUD works

• Both types of IUDs are placed inside the uterus by a trained health care 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 mucus — the liquid at the opening of the uterus — to stop sperm from getting in the uterus.

• The LNG-IUD also prevents ovulation in some women, in some menstrual cycles.

• These devices do not interrupt an implanted pregnancy.
Possible side effects

- Menstrual changes

Other considerations for an IUD

- IUDs are safe and available for adolescents and women who have never been pregnant.

- 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.

- Expulsion of the IUD can occur.

- LNG-IUDs can decrease symptoms for women with heavy menstrual bleeding or menstrual cramping, and can also help women with anemia.

- The client’s health care provider will 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 her uterus

- Preferences about bleeding, including how much of a bother would it be to stop having bleeding (LNG-IUD) or have unpredictable (LNG-IUD) or heavy bleeding (Copper IUD).

- 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 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.

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, the woman can usually 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 women have no other problems and feel back to normal within a week.
  - As soon as the woman feels comfortable after sterilization she can have sex.
  - 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 a less invasive procedure 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 are no incisions, punctures, or tying of tubes. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended.
  - The woman must return three months after the sterilization for a procedure to check that the tubes are completely closed, and is advised to use contraception until then.

How female sterilization works

- Female sterilization 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 if the woman is sure that she does not want children in the future.
- Tubal sterilization does not remove any organs; it only affects the fallopian tubes.
- After a tubal sterilization, a woman will still produce female hormones and have periods.
- There should be no changes in her sexual desire, sexual response or orgasm.

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- There should be no changes in her sexual desire, sexual response or orgasm.
Effectiveness (Risk of pregnancy)

- Female sterilization is a highly effective, permanent method of birth control.
- **Less 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

- Local anesthesia is safer than general or spinal anesthesia but there may be side effects with either medication.

Other considerations for female sterilization

- Female 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 is not covered by Medicaid.
- Tubal sterilization should include counseling by a qualified health care 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.
- Female 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.
- Local anesthesia is less expensive than general or spinal anesthesia.

Issues to explore with clients

- Whether vasectomy for a male partner may be an option
- Whether the client would like to consider a highly effective, reversible method. Some women regret having had a sterilization procedure, especially if they are in an unstable relationship, are very young or have no children at the time of sterilization.
- Health care 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.

Use of FAB methods

There are several methods that have been described that rely on information about the timing of a woman’s menstrual cycle, her basal body temperature, and changes in her cervical mucus.

- 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). A woman’s most fertile time is usually in the middle of this cycle when ovulation occurs.
- A woman’s cervical fluid (vaginal discharge) changes throughout each menstrual cycle. After each menstrual period ends, there may be no vaginal fluid or discharge. These are “dry” days. As ovulation approaches (and a woman becomes more fertile), the fluid becomes sticky, creamy, and stretchy (like egg white).
- A woman’s morning temperature rises within 12 hours of ovulation. After her temperature has been higher for three continuous days (following 6 days of lower temperatures) the woman may assume ovulation has occurred and the fertile period has ended for that cycle.

Specific methods that rely on these factors include the following:

- Standard Days Method (SDM) using CycleBeads® — based on statistical information about women who have regular menstrual cycles and can be used by women who have cycles between 26 and 32 days long. Counting from the first day of a period, a woman (couple) would consider days 8 through 19 in her menstrual cycle as 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.
- TwoDay Method — track cervical fluid every day, twice a day. Women are considered fertile when they have secretions on either that day or the day prior.

What are FAB methods?

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

Preventing or achieving pregnancy

- FAB methods can be used to prevent a pregnancy or plan a pregnancy.
- FAB methods help a woman (or couple) become more familiar with the signs of ovulation and the pattern of the woman’s menstrual cycle to help plan sexual activity to avoid or plan a pregnancy.
- Checking the specific signs of fertility every day of the woman’s menstrual cycle can show when the woman is fertile.
- During the fertile time, couples wishing to avoid pregnancy can use a barrier method (i.e., condoms), not have intercourse, or engage in sexual activity other than intercourse.
Issues to explore with clients

- The ability to and comfort with tracking each menstrual cycle and/or her cervical mucous
- Use of this method can be facilitated by getting 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.
- Information about CycleBeads® and the SDM is available at [www.cyclebeads.com](http://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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**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 a woman'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. It’s helpful to have cooperation between a woman and her partner.
- These methods may be more acceptable for women and couples 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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Other references available on [www.fpntc.org](http://www.fpntc.org).