

Contraception Activity

Facilitator guide

Purpose

The purpose of this activity is for participants to practice comprehensive, non-coercive contraceptive counseling for women undergoing abortion care at or after 13 weeks gestation. The case studies will aid the participants in decision-making regarding method type, when to initiate, and what social or medical issues might impact method choice or timing of initiation. In addition, participants will discuss other method-related concerns including side effects, risks, dispelling myths, issues of domestic violence, and/or STI/HIV screening.

Depending on the baseline knowledge or the needs of the group, you may need to combine this activity with a more in-depth review of contraception basics and/or the World Health Organization *Medical Eligibility Criteria for Contraceptive Use* (WHO MEC) either as a PowerPoint presentation or discussion (**presentation not provided**). Contraceptive counseling and services is addressed on page 25 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ('second trimester')*.

Materials

- Be aware of the contraceptive methods available
- Make photocopies of cases (below) to give to participants
- Make photocopies of the Ipas Contraceptive Counseling Checklist
- Provide copies of the World Health Organization *Medical Eligibility Criteria Wheel for Contraceptive Use* (WHO MEC). The wheel can be downloaded from here:
http://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/
 - Ideally, laminate each component of the wheel, cut the wheel out, and assemble prior to the training. This preparation allows for greater longevity and ease of use. The wheels can be left with the trainees at the end of the training.
 - Paper rivet or paper fasteners (to place in the middle of the wheel to allow it to turn).
- Prepare two flipcharts with the following key points:
 - General contraceptive overview
 - What methods can be immediately initiated following an uncomplicated abortion at or after 13 weeks according to the WHO MEC?
 - What is the WHO MEC category for each of these methods (1,2,3,4)?
 - What if the woman experiences an infection or a hemorrhage following her abortion? Does this impact choice or initiation timing of any of the methods?
 - Instructions for the sample cases: When discussing the sample cases the trainees should review:

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- What types of methods were offered to the woman and why?
- What issues affected the choice of this method?
- What other issues were discussed with the woman – side effects, risks, dispelling myths, issues of domestic violence or STI/HIV counseling?

- Markers

Timeline

1 hour (30 minutes small group and 30 minutes large group discussion/presentation)

Instructions

- Depending on the baseline knowledge or the needs of the group, you may need to combine this activity with a more in-depth review of contraception basics and/or the World Health Organization *Medical Eligibility Criteria for Contraception Use* (WHO MEC) either as a PowerPoint presentation or discussion (**presentation not provided**). If only a brief review is needed, then you can facilitate a group discussion utilizing the general contraceptive overview questions listed under the materials: flipchart section above and refer trainees to page 25 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ('second trimester')*.
- Then, divide participants into small groups (typically groups of 3 work well). Give each group a contraception cases handout (below) and assign each group one to three cases to discuss. Give each group the following instructions:
 - Spend a couple minutes discussing each case and the key issues.
 - Conduct a role play with their case. One person can act as the provider, one person the woman and the third person can observe/record using the contraceptive checklist. The observer should make sure to pay particular attention to the responses to the questions listed on the flipchart.
 - What types of methods were offered to the woman and why
 - What issues affected the choice of this method
 - What other issues were discussed with the woman – side effects, risks, dispelling myths, issues of domestic violence or STI/HIV counseling
 - Let groups know they will have 30 minutes to review the cases and practice role plays within their small groups.
 - If there is time let groups know you will ask one or all groups to share their role play in front of the larger group. They can feel free to embellish the cases or the “patient” can be challenging to demonstrate how they might manage these issues in a real clinical setting. After the role play, solicit feedback from the larger group and correct or add any information that might not have been covered during the role play or during the feedback.

Trainer's Guide to Cases

Case 1

A 17-year-old woman underwent an uncomplicated second-trimester abortion and is ready to go home. She is healthy with no medical problems. The woman says that she does not want to get pregnant again anytime soon and would like to talk more about contraceptive options. She says that she does not want anyone, even her boyfriend, to know that she is using a contraceptive method.

Key discussion points:

- According to the WHO MEC, this woman is eligible for any method. However, her preferences regarding the timing of her next pregnancy (not any time soon) and the desire for a discrete option, an injectable or a long-acting reversible method (e.g. implants, IUDs) are likely to be her best option. A woman might be worried about the detection of IUD strings, but to address this concern, the strings can be cut flush to the cervix. If this is done, the woman should be informed IUD removal may be slightly more difficult and she will need to have it removed by a provider who is trained in stringless IUD removals.
- Screen for domestic violence
- STI/HIV screening and education

Case 2

A 28-year-old woman returns to the clinic for a two week postabortion follow-up visit. She did not start a method immediately post-abortion because she wanted to talk with her husband. She has had two vaginal deliveries and one previous abortion in the past. Her children are all alive and well. The youngest is 4 years old. She says that she does not want another baby because her husband is working six hours away in the city and only comes home for weekends once or twice a month.

Key discussion points:

- Confirm whether the woman does not want a pregnancy any time soon or has completed her family. Long-acting reversible methods (e.g. IUD and implant) prevent pregnancy as well as permanent methods and avoid the risks of surgery. Even if a woman is done with child-bearing and is considering female sterilization, other methods should be discussed including long-acting reversible methods and vasectomy. Make sure that a woman understands the concept of permanence but that permanent methods may still, albeit rarely, fail.
- Discuss need for STI/HIV prevention/protection

Case 3

A 20-year-old woman who has one living child just completed an uncomplicated second-trimester abortion and says that she does not want to be pregnant for a few years. The woman reports that she suffers from chronic anemia. When asked how she is feeling after the abortion, she just shrugs her shoulders, looks at the floor and says she feels ashamed.

Key discussion points:

- According to the WHO MEC, this woman is eligible for any method. Given her history of anemia, the copper IUD is not be the best option as compared to hormonal methods as it may cause heavier menstrual bleeding. Hormonal options have the additional non-contraceptive benefit of decreasing menstrual bleeding which should help to improve her

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anemia. Many women use contraception to treat and/or manage medical conditions such as dysmenorrhea or metrorrhagia.

- Screen for depression, domestic violence, and provide psychological support

Case 4

A 40-year-old woman had a second-trimester abortion 1 month ago but left without a method of contraception. The woman has four living children. She says that she and her husband do not want any more children. She has come to the hospital with her sister, but her husband is coming to check on her later. She heard that female sterilization can be done at this hospital and that is why she has come here.

Key discussion points:

- Confirm the woman is done with childbearing. Even if a woman is done with child-bearing and considering female sterilization, other contraceptions should be discussed including long-acting reversible methods and vasectomy. Use of a long-acting method avoids the risks of surgery and often can be provided immediately. Vasectomy also provides similar or superior pregnancy prevention to female sterilization and is associated with fewer risks. Make sure that a woman understands the concept of permanence with these permanent methods and that permanent methods may still, albeit rarely, fail.
- Screen for domestic violence

Case 5

A 15-year-old woman who is not married has had an uncomplicated abortion at 17 weeks and is waiting to be discharged. She says that she and her boyfriend do not trust "modern" contraceptive methods.

Key discussion points:

- If possible, ask clarifying questions of the woman. What doesn't she trust about modern methods? Address these concerns directly. Dispel myths. Reassure that modern methods are extremely safe and provide better pregnancy protection than traditional methods. Risks of using a modern contraceptives are many times lower than a pregnancy. Modern methods can provide many non-contraceptive benefits including decreasing risk of cancer, treatment of anemia, and decreasing pain with menses. Sex can be more enjoyable and more spontaneous as they do not have to worry about the risk of pregnancy or avoid sex at certain times of the month.
- STI /HIV screening and prevention

Case 6

A married 36-year-old woman had a second-trimester abortion due to a fetal anomaly. She says that she wants to have one more child but she wants to wait at least one year. She smokes and has high blood pressure. She is not interested in an IUD because it might get lost inside her body.

Key discussion points:

- According to the WHO MEC, this woman should avoid estrogen-containing contraceptive methods (risks: age over 35 and smoker, high blood pressure). She can safely use a progestin-only method (progestin only pills, NET-EN or DMPA injection, implant), barrier methods, or an IUD. It is important to dispel any IUD myths (such as the myth that it may be lost in the body). As she would like to wait at least a year for another pregnancy, she may want to avoid DMPA injection as it is the only method that can delay return to fertility.

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- Pre-conceptual counseling (folic acid, immunizations) as well as improving her health for that next pregnancy (e.g. smoking cessation)

Case 7

A 32-year-old woman with three children who has had two abortions. You are concerned that she may have postabortion endometritis (uterine infection). After her first abortion, she did not want any information on contraception because she had been using natural family planning successfully for years. She and her husband believe that contraceptives cause cancer.

Key discussion points:

- According to the WHO MEC, this woman is eligible for any method except immediately placing an IUD if the woman has endometritis. Dispel myths: reassure her that modern methods are extremely safe and provide better pregnancy protection than traditional and natural family planning methods. Risks of using a modern contraceptive method are many times lower than a pregnancy. Modern methods decrease the risk of ovarian and endometrial cancers and do not impact the risk of breast cancer. Clarify if the woman is done with childbearing as this may help you discuss permanent methods which are non-hormonal and may be more acceptable to the woman and her partner. Additionally, a copper IUD is another method that is non-hormonal, highly effective, but reversible. As she may have an infection, she cannot have an IUD now but may use an interim method until her infection has been treated and then the IUD can be placed.

Case 8

A 28-year-old woman with 2 children recently underwent an abortion at 16 weeks. She suffers from anemia. She does not want any more pregnancies soon but may want to have one more child someday. She underwent contraceptive counseling but declined a method as her husband works away from home and only comes home rarely. She worries that her husband will think she is using birth control because she is "cheating".

Key discussion points:

- According to the WHO MEC, this woman is eligible for any method. Given her history of anemia, the copper IUD is not be the best option as compared to hormonal methods as it may cause heavier menstrual bleeding. Hormonal options have the additional non-contraceptive benefit of decreasing menstrual bleeding which should help improve her anemia. Many women use contraception to treat and/or manage medical conditions such as dysmenorrhea or metrorrhagia. It may be helpful to have him attend a visit with her to help explain how women become anemic, how it can be treated, and how this is better for her health and well-being now and in preparation for a future pregnancy.
- Screen for domestic violence

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