

Birth Spacing Methods Information Booklet



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Introduction

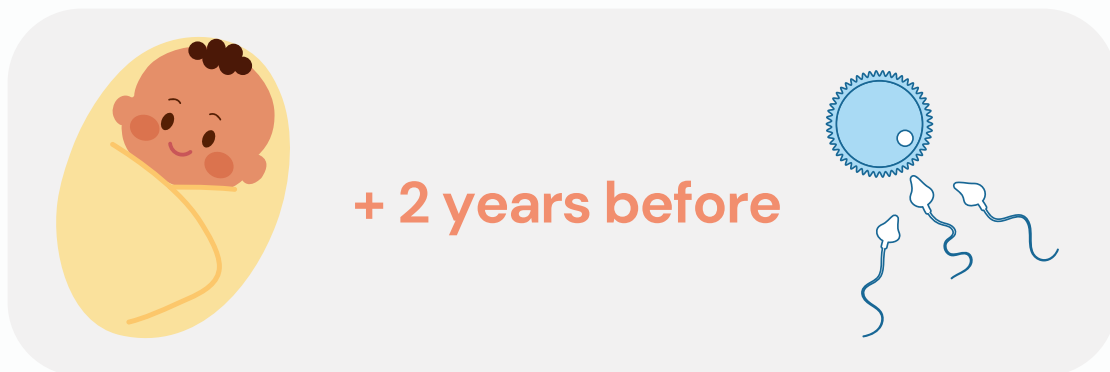
This booklet contains information about different birth spacing methods.

What are birth spacing methods?

Any method to delay or prevent pregnancy so clients can choose the size of their families. Pregnancy can occur 3 weeks after giving birth.

What are the benefits of using birth spacing methods?

- Mothers can choose when they give birth
- Allows mothers to space out births. Women who delay pregnancy for at least 2 years after giving birth are healthier and have healthier babies.
- They also have more energy and resources for their families.



Is there any risk of infertility, diseases or birth defects?

- Birth spacing methods are very safe and do not cause diseases or birth defects.
- No birth spacing methods cause long-term infertility except for sterilisation.
- Some methods cause short-term infertility, but fertility returns a few months after you stop using the method.

Do any tests need to be done to start birth spacing methods?

You will find more information about tests that need to be done under each method description in this booklet. Sometimes a blood pressure measurement or other tests are needed.

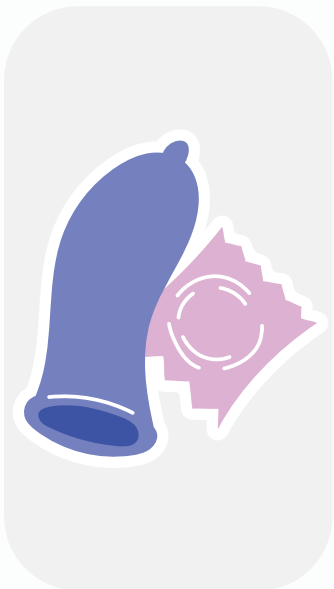
What is most safe?

Dual methods

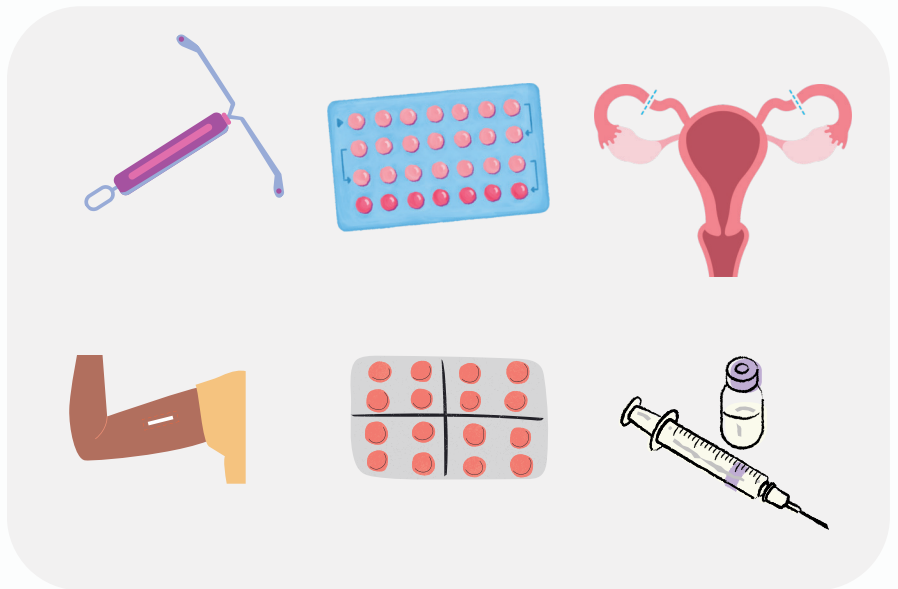
Some methods are more effective at preventing pregnancy but do not prevent sexually transmitted diseases (STIs), such as hormonal implants and IUDs.

If the client is at risk of an STI, inform clients that they should use condoms in combination with other methods to protect against both STIs and pregnancy.

Male condoms



One of these methods



Lactational Amenorrhea Method (LAM)

- exclusive breastfeeding method
- maximum 6 months after giving birth
- LAM can be used alongside all the other methods except the combined pill.



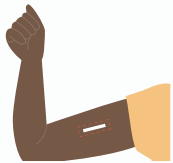
Postpartum Method Safety

Use this guide to ensure methods are safe for the client at her point after birth

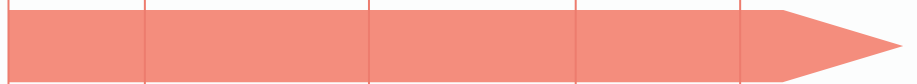
0 days 2 days 4 weeks 6 weeks 6 months



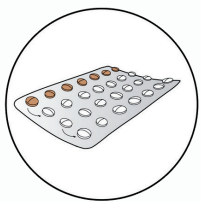
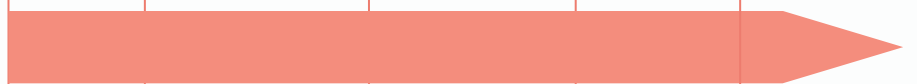
Injectable



Implant



Minipill



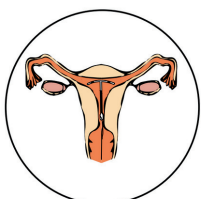
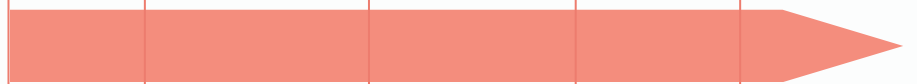
Combined Pill



IUD



Condom



Female Sterilisation



Up to 7 days

Addressing client concerns

Concerns about bleeding

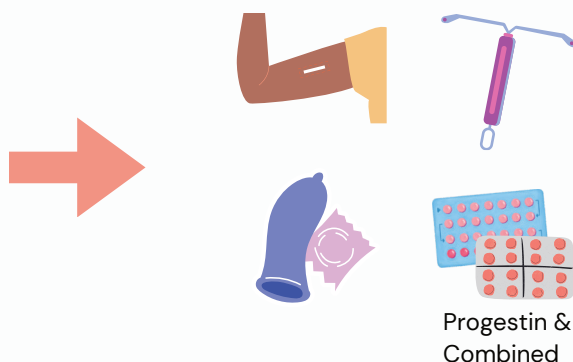
If your client is concerned about changes to her menses, you can recommend condoms, which don't affect bleeding. If the client is breastfeeding and wants to delay the onset of bleeding, you can recommend LAM or the minipill.



Client wants fertility to come back quickly

Condoms do not affect a client's fertility. Fertility returns within a month of stopping the following methods:

- Hormonal implants
- IUDs
- Pills – both the minipill and combined pill



Concerns about sexually transmitted infections (e.g. HIV)

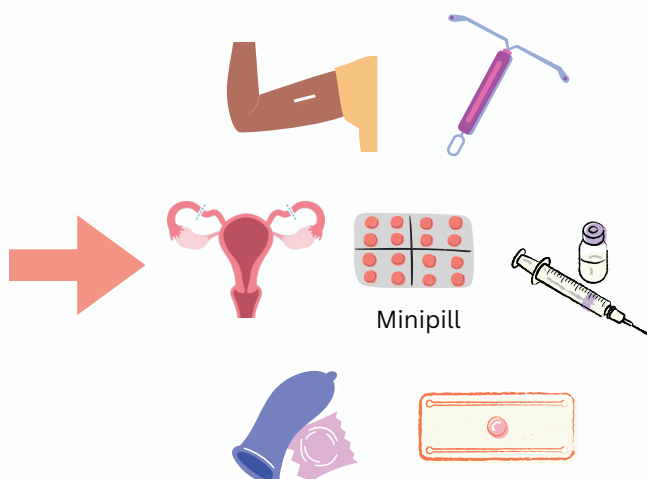
If your client is concerned about receiving or sharing a sexually transmitted infection, you can recommend that she use condoms. She can use condoms with other methods.



What methods are safe with breastfeeding?

All birth spacing methods except the combined pill can be used safely while breastfeeding.

Some methods can only be used 6 months after birth, see the chart on the previous page for details.



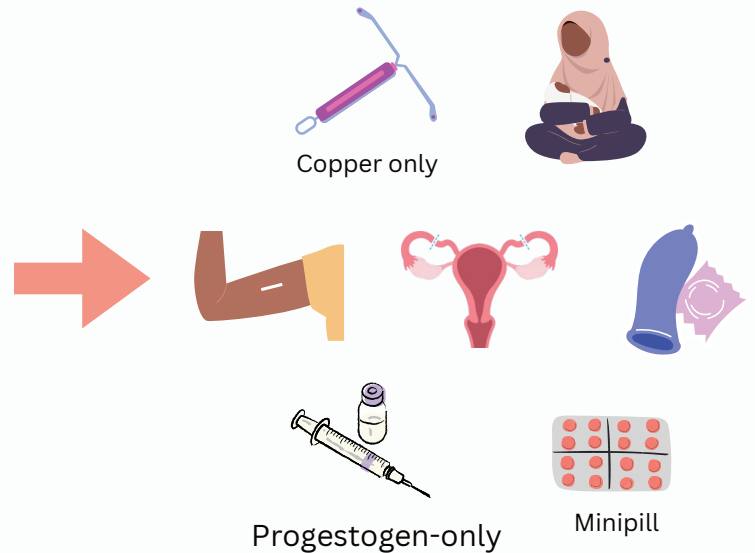
Addressing client concerns

continued

Client does not want to have oestrogen

Methods without oestrogen:

- Implants
- IUDs
- LAM
- Tubal ligation
- Minipill
- Progestogen-only Injectables
- Condoms



Client would like to use a method without anyone knowing

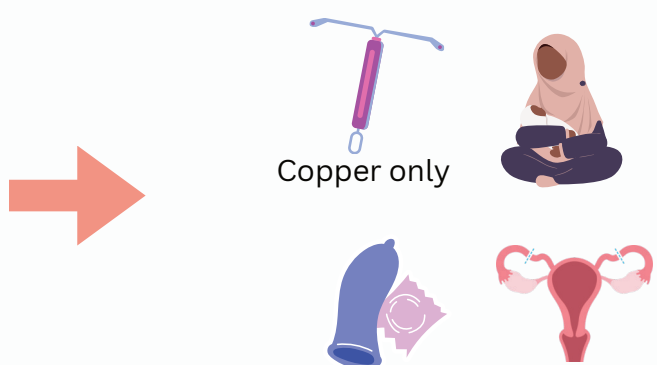
- Injectables: client only needs to visit a provider every 2-3 months. It leaves only a small injection mark on the upper arm
- Implants: the client will have a bandage on their arm and some bruising for 1-2 days and then it lasts 3-5 years. Very difficult to see, though can be felt under the skin by pressing down on the area of insertion



Client does not want to have hormones

Methods without hormones:

- Copper IUDs
- LAM
- Tubal ligation
- Condoms



What can be done about side effects?

Many clients are concerned about potential side effects. To help with this you should:

1. **Tell the client what to expect**, let them know about common side effects
2. Let them know they can **come back anytime** if they are worried about a symptom or want to change methods
3. **Acknowledge** your client's concerns
4. Provide them with **solutions for common side effects**.
5. **Offer other methods** if symptoms continue

Irregular bleeding or spotting

- Reassure the client that irregular bleeding and spotting are common and safe most of the time
- If irregular bleeding starts after several months of no bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to the method use
- Check for pregnancy if you or the client thinks she might be pregnant
- If bleeding is worrisome for client, offer a 5-day course of NSAIDs
 - Ibuprofen – 800 mg (3x per day) for 5 days, OR
 - Mefenamic Acid – 500 mg (3x per day) for 5 days
 - *Can be repeated monthly, but no more frequently*
- If bleeding continues, a course of the combined pill may be appropriate
 - 1 tablet, 2x daily until bleeding stops or up to 7 days, followed by
 - 1 tablet, 1x daily for 2–3 cycles
- If NSAIDs and combined pill do not address bleeding concerns, advise client that switching methods is an option

Amenorrhea

- Take history to rule out pregnancy
- Advise client that it is common, especially in those using the injectable, and it is safe. Blood will not “build up” in the womb.

What can be done about side effects?

continued

Heavier monthly bleeding

- Do a speculum examination to rule out other problems
- Provide iron tablets if possible
- Advise her to eat foods containing iron like leafy green vegetables.
- If heavier or prolonged bleeding continues or starts after several months of no bleeding, or if you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use
- Offer a 5-day course of NSAIDs
 - Ibuprofen – 800 mg (3x per day) for 5 days, OR
 - Mefenamic Acid – 500 mg (3x per day) for 5 days
 - *Can be repeated monthly, but no more frequently*
- If bleeding continues, a course of the combined pill may be appropriate
 - 2 tablets, 2x daily for 3 days, then
 - 1 tablet, 2x daily for 3 days, then
 - 1 tablet, 1x daily for 3 cycles
- If NSAIDs and combined pill do not address bleeding concerns, advise client to switch to another method

Cramping

- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.
- If she also has heavy or prolonged bleeding, aspirin should not be used because it may increase bleeding.
- If cramping continues beyond the first 2 days of receiving an IUD, evaluate for partial expulsion or perforation.

Breast tenderness

- Recommend that she wear a supportive bra.
- Try hot or cold compresses.
- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.

Keeping clients protected

Providers should give clients condoms to use as a backup method

Clients should be offered a backup method, when:

- they are unable to receive their preferred method that day
- they are still deciding between methods, and need protection in the meantime
- there is a gap between when the client starts using the method and when it becomes effective. For the IUD, implants, injections, and the combined pill, effectiveness begins:
 - Straight away if use starts in the first 5 days of the menstrual cycle (five days after the start of her period.)
 - Otherwise; 7 days after beginning the method



Providers should recommend clients use the emergency pill as a backup or emergency method



- The emergency contraceptive pill can be used after unprotected sex to prevent pregnancy
- Women can safely use this pill without any tests
- Providing clients with a supply of emergency contraceptive pills is a good backup option
- More about this method on page 22.

Providers should support clients continuing methods

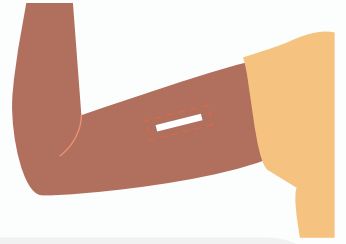


Ways providers can support clients continuing methods:

- Asking if they are happy with their method and if they have any questions
- Asking them if they are experiencing any side effects they would like help with
- Providing resupply of combined or mini pills before they are due, for a year in advance if possible
- Asking clients when they need their next injectable, or when their implant or IUD expires and helping them plan their next supply
- Doing blood pressure checks if it has been a year or more since they were last checked

Hormonal implants

1 or 2 small rods, about the size of matchsticks



Benefits

- Does not require the client to do anything once they are inserted
- Prevents pregnancy very effectively
- Long-lasting
- Can remove at any time
- Can be used without anyone knowing

Method of use

A trained person inserts it into a woman's arm.

How long does it last?

3–5 years depending on the type, but it can be removed at any time.

- Jadelle: 5 years
- Sino-plant II: 4 years
- Implanon or Nexplanon: 3 years

When can it be used?

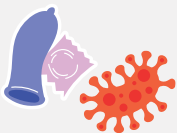
Any time that a woman is not pregnant.

Side effects

Changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or no monthly bleeding, are common and safe. Approximately half with frequent or prolonged bleeding will improve after three months.

How does it work?

- The implant steadily releases the hormone progestogen into the bloodstream, which prevents the release of an egg each month (ovulation).
- Once removed, fertility usually returns within a month
- Less than 1% chance of pregnancy using this method

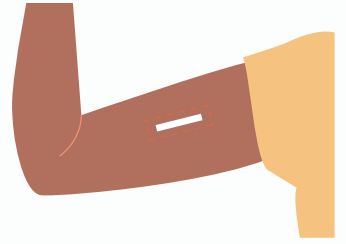


Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

Hormonal implants

continued



Who should not use it?

Women who:

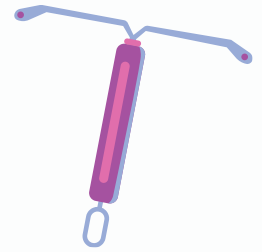
- severe cirrhosis of the liver or a severe liver tumour
- a problem now with a blood clot in their legs or lungs
- unexplained bleeding in between periods or after sex
- have breast cancer or have had it in the past
- lupus with positive (or unknown) antiphospholipid antibodies and are not on immunosuppressive therapy

Tests before prescribing

- Questions to check if the client is pregnant
- Blood pressure measurement

Intrauterine Device (IUD)

small, flexible, plastic device placed in the uterus



Benefits

- Does not require the client to do anything once they are inserted
- Prevents pregnancy very effectively
- Long-lasting
- Can remove at any time
- Can be used without anyone knowing (sometimes a partner may feel strings during sex)

Method of use

Specially trained providers insert and remove IUDs from the womb.

How long does it last?

Up to 10 years but it can be removed at any time.

When can it be used?

Can be inserted:

- immediately after childbirth (within 48 hours), or
- after 4 weeks postpartum.

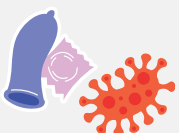
Side effects

Common and safe side effects:

- Prolonged and heavy monthly bleeding
- Irregular bleeding
- More cramps and pain during monthly bleeding
- Cramping in the first six months

How does it work?

- IUDs steadily release copper, which prevents the sperm from meeting the egg.
- The IUD has 1 or 2 thin strings that hang from the cervix into the vagina so that it can be removed.
- Less than 1% chance of pregnancy using this method



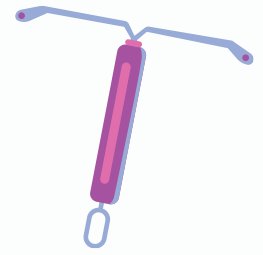
Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

Continues on the next page

Intrauterine Device (IUD)

continued



Tests before prescribing

- Questions to check if the client is pregnant
- A pelvic examination
- STI risk assessment are essential
- When available, a haemoglobin test and laboratory tests for STIs including HIV

Who should not use it?

Women who:

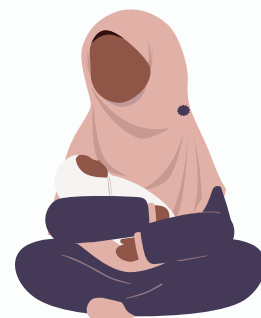
- Have infections following childbirth
- have unexplained vaginal bleeding
- Have genital cancer, pelvic tuberculosis, or gestational trophoblastic disease
- have Stage 3 HIV/AIDs or who are Stage 1 or 2 but not on antiretroviral medicines
- have a very high risk of having sexually transmitted infections (STIs), particularly chlamydia or gonorrhoea
- Are pregnant

Lactational Amenorrhea Method

exclusive breastfeeding method

Benefits

- It is a natural birth spacing method
- It supports optimal breastfeeding, providing health benefits for the baby and the mother



Method of use

Breastfeeding prevents pregnancy IF:

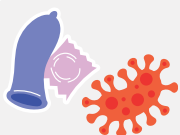
- Monthly bleeding has not returned
- The baby is exclusively breastfed (no food or water)
- The mother breastfeeds every 4–6 hours day and night
- The baby is less than 6 months old
- 2% chance of pregnancy using this method

When can it be used?

It is a temporary method for a maximum of 6 months after pregnancy.

Tests before prescribing

None.

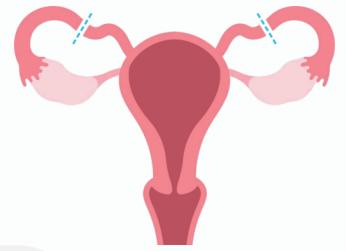


Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

Tubal ligation

female sterilisation surgery



Benefits

- No ongoing side effects
- No need to worry about getting pregnant again
- Nothing to do or remember after the procedure

Method of use

It's a surgical procedure that happens under a local or general anaesthetic.

How long does it last?

- Permanent method for women who do not want more children.

When can it be done?

Within 7 days of giving birth or after 6 weeks postpartum.

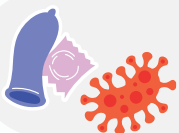
Side effects

After the surgery, the client may:

- feel unwell and a little uncomfortable, and have to rest for a few days.
- have some slight vaginal bleeding
- feel some pain, like period pain
- depending on the type of surgery, they could have a small wound with stitches in it
- as with any surgery, there's a small risk of complications, such as internal bleeding, infection or damage to other organs

How does it work?

- The fallopian tubes are blocked by applying clips or rings, or by tying, cutting and removing a small piece of the tube.
- 1-2% chance of pregnancy using this method



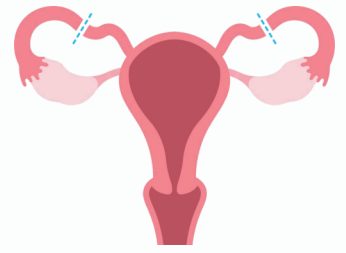
Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

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Tubal ligation

continued

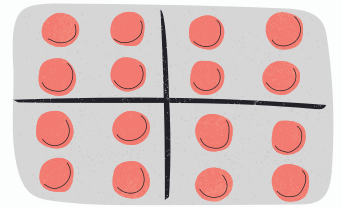


Tests before prescribing

- Pelvic examination
- Blood pressure screening
- When available, a haemoglobin test
- Questions to check if the client is pregnant

Minipill (POP)

a daily pill, safe for breastfeeding women



Benefits

- Can be used while breastfeeding
- Can be stopped at any time without a provider's help
- Does not interfere with sex

Method of use

- The client must take a pill at the same time every day
- Missed pills should be taken as soon as possible
- If she vomits within 2 hours of taking a pill, she should take another as soon as possible

How long does it last?

The client can be on it for as long as she likes.

When can it be used?

Any time that a woman is not pregnant.

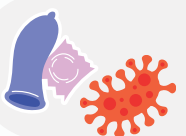
Side effects

It is safe and normal for clients to experience:

- Changes in monthly bleeding including irregular bleeding
- For breastfeeding women, it causes delayed return of monthly bleeding.

How does it work?

- Minipills contain progestin, a hormone that thickens the mucus in the neck of the womb, so it's harder for sperm to penetrate into the womb and reach an egg.
- It can also stop the release of the egg (ovulation)
- 3-10% chance of getting pregnant using this method



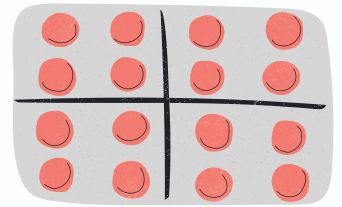
Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

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Minipill (POP)

continued



Who should not use it?

Women who:

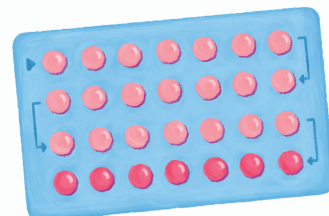
- Have severe cirrhosis of the liver or a severe liver tumour
- a problem now with a blood clot in their legs or lungs
- Are taking medication for seizures
- Are taking rifampicin or rifabutin for tuberculosis or other illness
- have breast cancer or have had it in the past
- lupus with positive (or unknown) antiphospholipid antibodies and are not on immunosuppressive therapy

Tests before prescribing

- Blood pressure screening

The Combined Pill

a daily pill



Benefits

- Can be stopped at any time without a provider's help
- Does not interfere with sex
- Easy to use
- Easy to obtain in pharmacies

Method of use

- The client must take a pill at the same time every day
- If she misses a pill or vomits within 2 hours of taking a pill, she should take another pill as soon as possible
- If the client misses 3 or more pills or has vomiting/diarrhoea for more than 2 days:
 - She should ensure to use condoms for the next 7 days
 - She should consider taking the emergency pill or having an IUD inserted if she has had unprotected sex in the last 5 days

When can it be used?

From 6 months after giving birth.

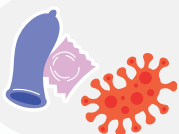
Side effects

It is safe and normal for clients to experience:

- Irregular bleeding during the first few months of use, after which users may experience lighter and more regular bleeding.
- Small blood pressure increase
- Nausea, headache, bloating, breast tenderness, mood or weight change (more rare).

How does it work?

- The combined pill contains oestrogen and progestogen. These hormones prevent the ovaries from releasing an egg each month (ovulation).
- 9% chance of getting pregnant using this method



Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

Continues on the next page

The Combined Pill

continued



Who should not use it?

Women who:

- Are breastfeeding a baby less than 6 months old
- Have had a baby in the last 3 weeks
- Smoke cigarettes
- Have cirrhosis of the liver, a liver infection, or liver tumour
- Have had jaundice when using COCs
- Have high blood pressure
- Have had diabetes for more than 20 years or damage to your arteries, vision, kidneys, or nervous system caused by diabetes
- Have gallbladder disease now or take medication for gallbladder disease
- Have or have you ever had breast cancer
- Have migraines
- Are taking medications for seizures
- Are taking rifampicin or rifabutin for tuberculosis or other illness
- Are planning a major surgery that will keep her from walking for one week or more
- Have several conditions that could increase your chances of heart disease (coronary artery disease) or stroke, such as older age, smoking, high blood pressure, or diabetes
- Have thrombogenic mutations or lupus with positive (or unknown) antiphospholipid antibodies

Tests before prescribing

- Blood pressure screening

Injectables (progestin-only)

an injection every 2–3 months



Benefits

- Requires action only every 2 or 3 months. No daily pill-taking.
- Do not interfere with sex
- Are private: No one else can tell that a woman is using contraception
- Stop monthly bleeding (for many women)

Method of use

- A trained professional gives an injection every 2–3 months, depending on the type; or, a client self-injects
- There are 2 types: Intramuscular DMPA 150mg (NET-EN), and Subcutaneous DMPA 104mg (Sayana Press)

When can it be used?

From 6 weeks after giving birth

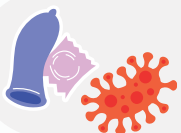
Side effects

It is safe and normal for clients to experience:

- Irregular or no menstrual bleeding
- Delayed return to fertility after the client stops the method. It takes longer than with most other methods. On average it takes 1–4 months for fertility to return, but for some women, it takes one year.
- Weight gain in some women

How does it work?

- The contraceptive injection releases the hormone progestogen into your bloodstream, which prevents the release of an egg each month (ovulation).
- 6% chance of getting pregnant while using this method.



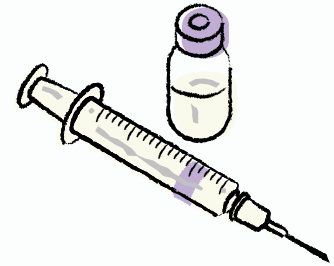
Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

Continues on the next page

Injectables (progestin-only)

continued



Who should not use it?

Women who:

- have unexplained vaginal bleeding
- have a history of breast cancer
- have major risk factors for venous cardiovascular disease, including older age, stroke, smoking, diabetes, hypertension or known dyslipidaemia.

NET-EN is not advised if a woman:

- takes medicine for seizures or
- takes Rifampicin (for tuberculosis or other infections).
- on NNRTIs (specifically Efavirenz or Nevirapine) or Ritonavir-boosted protease inhibitors as part of HAART, there may be lower effectiveness of NET-EN injectables.

Tests before prescribing

- Blood pressure screening
- Questions to check if the client is pregnant

Male condoms

a thin rubber sheath worn on a man's penis during sex



Benefits

- Have no hormonal side effects
- Can be used as a regular, temporary or backup method
- Can be used without seeing a health care provider
- Sold in many places, easy to obtain
- Help protect against both pregnancy and STIs, including HIV
- Can make sex last longer

Method of use

- Before having sex, a man must place a condom over the erect penis.
- He must wear it for the duration of intercourse
- He must use a new condom for each sex act
- If a condom breaks or has a hole, it will not be effective.
- Condoms are less likely to break if used with a water-based lubricant.

How long does it last?

Clients must use a new condom every time they have vaginal sex for it to be effective at preventing pregnancy.

Side effects

- No side effects unless one of the clients is allergic to latex, which is the material most condoms are made of.
- There are non-latex options for those who are allergic.

How do they work?

- Condoms are a 'barrier' method of contraception
- They stop the sperm from meeting an egg
- They can also protect against STIs if used correctly during vaginal, anal and oral sex.



Less effective at preventing pregnancy

18% chance of getting pregnant

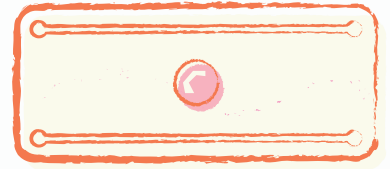
Recommend using condoms with more effective methods for preventing pregnancy.



Protects against STIs

The emergency pill

a pill to take after unprotected sex, a backup method



Benefits

- Offer a second chance at preventing pregnancy
- Enable a woman to avoid pregnancy if sex was forced
- Reduce the need for abortion

Method of use

- One pill
- Should be taken as soon as possible after unprotected sex

When can it be used?

- Most effective in the 24 hours after unprotected sex
- Must be taken within 3–5 days of having unprotected sex, depending on the type
- Any time postpartum, safe to breastfeed 4 hours after taking it

How long does it last?

- Only prevents pregnancy for unprotected sex in the previous 3–5 days, most effective in the first 24 hours after sex
- Does not prevent pregnancy the next time the client has sex
- Does not protect against future acts of sexual intercourse

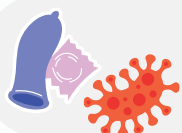
Side effects

It is safe and normal for clients to experience:

- nausea
- vomiting
- vaginal spotting or bleeding for a few days
- can make your next period earlier, later or more painful than usual

How does it work?

Contains a hormone that prevents or delays the release of an egg (ovulation). It is not an abortive method.



Does not protect against STIs

Recommend using condoms with this method to protect from STIs.

