

A360 Counseling Algorithm

PART ONE

Thanks for coming in today! My name is _____. What's your name?

Do you already have certain methods in mind or do you want to talk through all the options? If she already has certain methods in mind, skip to **Part Two**.

Put the samples of all methods out and tell her the name of each one. *All of these methods are safe and used by women and girls all over the world. I'll ask you a few questions to narrow down the options to fit your needs best.*

1. *How bad would it be if you got pregnant right now?*
 - a. *If bad, remove SDM, emergency contraceptive pills, and condoms. These methods are more likely to fail. However, condoms are the best protection against STIs and HIV, so using them together with another method will give you effective protection from both pregnancy and STIs/HIV. (keep condoms on the side to show later for STI prevention)*
 - b. *If VERY bad, see (a) and also remove OC pills. These are more effective some methods, but not the most effective.*
2. *When do you want to get pregnant?*
 - a. *If she does want to after 6 months or more, remove sterilization. Since you want to get pregnant in the future, let's remove sterilization, because it's the only method that's not reversible.*
 - b. *If in the next 6 months or less, see (a) and also remove injectables. Injectables can take a few extra months for your fertility to return. All the other methods have immediate return to fertility.*
3. *Is there anyone who can't know that you are using contraception? If yes, who?*
 - a. *If someone other than her partner can't know- Someone could feel your implant if they knew where to feel. Someone could see pills or condoms. Should we remove any of these methods?*
 - b. *If her partner can't know, remove condoms and SDM. Your partner must help you use condoms and SDM. It is possible for your partner to feel the IUD/IUS strings during sex, or to feel an implant in your arm if he knows where to feel. He*

could also see your pack of pills. Should we remove any of those methods?

PART TWO

Compare the remaining methods with their key benefits and disadvantages below. *Which methods do you want to hear more about?*

Method	Key Benefits	Needs resupply	Longer return to fertility	Less effective	Partner role	No HIV/STI protection
Implant	Easy to use				Could feel	X
IUS	Easy, lighter periods				Could feel	X
IUD	Easy, No hormones				Could feel	X
Sterilization	Permanent, Easy		Irreversible		Won't know	X
Injectable	Secret	3 mo	X		Won't know	X
Pill	Lighter periods	1 mo		X	Could see	X
Condom	STIs/HIV protection	X		X	Must cooperate	
SDM	No side effects			X	Must cooperate	X
EC	Can use after sex	X		X	Won't know	X

PART THREE (skip if client is not interested in any methods that change periods)

How are your periods now? Let's talk about the ways some methods can change your periods and what that means for your body and your life.

- *When your body prepares for pregnancy, it creates a nutrient-rich lining of the womb to nourish the baby.*
- *Having your period means your body was ready for pregnancy but it didn't happen.*
- *When your body isn't ready for pregnancy, it doesn't create the lining and you don't have a period- for example, when you are breastfeeding.*
- *Some contraceptive methods do the same thing- prevent the lining from forming, which means you get to keep those nutrients inside your body for a future pregnancy. Nothing builds up inside the womb.*
- *You don't need to have a regular period for your health if you aren't trying to get pregnant right now. Your period will return to what is normal for you when you stop using the method, and you can get pregnant even before it returns.*

Here are how different methods can change your periods- none of them are harmful. Some people like having lighter or no periods, because it makes their life more enjoyable. Bleeding changes are different for each person, but we can talk about what is most likely to happen with each method. Do you prefer certain types of bleeding changes?

More likely unpredictable periods	More likely predictable periods
Injectables: at first, unpredictable and sometimes prolonged periods. Over time, high chance of no periods , less cramping.	Pills: might have some spotting at first, then lighter periods with less cramping, if pill taken correctly will be very predictable

Implants: **light** spotting, less cramping, unpredictable. Some chance of no periods, which increases over time

EC: after taking EC, your next period might be **early or late**, and you may have spotting. Taking EC multiple times can make your period unpredictable.

IUS: might have irregular or heavy bleeding for first 3-6 months, then usually **less or no bleeding**. Chance of no period increases over time.

IUDs: some IUD users have **slightly heavier** periods with a bit more cramping.

PART FOUR

Which method do you think is best for you?

- Assess medical eligibility for chosen method using the eligibility checklist
 - If not eligible, look back at next best option until she finds a suitable method.
- If eligible, explain details of what to do, what to expect, and when to return
- Confirm the client wants this method.
 - If yes, provide the method or refer if you cannot provide the method at this time.
 - If no, look back at next best option until she finds a suitable method.
- If chosen method is not condoms- *Do you also need protection from STIs and HIV? Using condoms in addition to your method will protect from STIs and HIV.*
- If chosen method is EC- *Since EC is not as effective as other methods, consider trying another method if you are using it frequently.*

Congratulations on your new method! Come back to see me any time if you have questions or concerns.