

FAMILY PLANNING/REPRODUCTIVE HEALTH TRAINING MANUAL FOR PRIVATE SECTOR PHYSICIANS



DAY THREE

Session 1

□ Topics:

- Subdermal implants (Implanon).
- Clinical practice of Implanon Insertion and removal on arm models.

□ Objectives-

By the end of the session participants will be able to:

- ✓ Describe key facts about implanon.(mode of action, effectiveness, side effects and when to use).
- ✓ Identify the woman who are not eligible for use of implanon (using WHO Medical Eligibility Criteria).
- ✓ Demonstrate Implanon insertion and removal on arm models according to the steps of the clinical skills checklist.

3

Implants



❑ What are implants?

- Small plastic rods about the size of a matchstick, that release a progestin like the natural hormone progesterone in a woman's body.
- **Implanon: 1 rod, effective for 3 years.**
- Contain (etonogestrel, 68 mg) third generation of progestagens).

❑ Mechanism of action:

- Preventing the release of ovum from the ovaries (ovulation).
- Thickening cervical mucus (thus blocks sperm from meeting an ovum).

4

Implants (Cont)

❑ Effectiveness:

- One of the most effective and long- lasting methods.
- Less than 1 pregnancy per 100 women using implants over the first year.

❑ Return of fertility after implants are removed: no delay.

5

Implants (Cont)

❑ Advantages:

- Help protect against: risks of pregnancy, Symptomatic pelvic inflammatory disease.
- May help protect against: iron-deficiency anemia, Cancer endometrium and cancer ovary.

6

Implants (Cont)

❑ Disadvantages:

- Insertion and removal by a minor surgical procedure.
- Cannot be initiated or discontinued without service provider help.
- Needs to be inserted and removed by a specially trained service provider.
- High cost.

7

Implants (Cont)

❑ Side effects: Some users report the following:

- Noted changes in bleeding patterns: lighter bleeding, irregular bleeding or no monthly bleeding.
- Weight gain, headaches, dizziness, abdominal pain, mood changes, acne, breast tenderness and nausea.
- Physical changes: enlarged ovarian follicles.

8

Implants (Cont)

❑ Uncommon Complications:

- **Infection** at insertion site, most infections occur within the first 2 months after insertion.
- **Difficult removal.**
- **Expulsion** of implant, most often occur within the first 4 months after insertion.

9

Implants (Cont)

❏ Who can not use implants? (i.e category 3-4 of WHO Medical Eligibility Criteria):

- Have severe cirrhosis of the liver, a liver function, or liver tumor.
- Have blood clot in their legs or lungs.
- Have unusual vaginal bleeding.
- Have or have ever had breast cancer.



10

Implants (Cont.)

❏ When to start?

❖ Having menstrual cycles or switching from non hormonal method:

- If she is starting within 5 days after the start of her monthly bleeding, no need for a backup method.
- If it is more than 5 days after the start of her monthly bleeding, she can have implant any time it is reasonably certain she is not pregnant but she will need a backup method for the first 7 days after insertion.

❖ Switching from a hormonal method :

she can start immediately if she has been using the method consistently and correctly.

11

Implants (Cont)

❖ Fully or nearly fully breastfeeding:

- if her monthly bleeding has not returned, and she is fully lactating she can have implant inserted any time after giving birth no need for a backup method.
- if her monthly bleeding has returned she can have implant inserted as advised for women having menstrual cycles.

12

Implants (Cont)

❖ If she wants to insert Implant 6 months after giving birth:

- if her monthly bleeding has not returned, and she is fully lactating she can have implant inserted any time if it is reasonably certain she is not pregnant but she will need a backup method for the first 7 days after insertion
- if her monthly bleeding has returned she can have implant inserted as advised for women having menstrual cycles.

13

Implants (Cont)

❖ Non breastfeeding women :

- If less than 4 weeks after giving birth: she can have implant inserted any time no need for a backup method.
- More than 4 weeks after giving birth: if her monthly bleeding has not returned, she can have implant inserted any time if it is reasonably certain she is not pregnant she will need a backup method for the first 7 days after insertion.
- if her monthly bleeding has returned she can have implant inserted as advised for menstruating women.

14

Implants (Cont)

❖ After miscarriage or abortion:

- She can insert immediately if she is starting within 7 days after first or second trimester miscarriage or abortion with no need for a backup method .
- if it is more than 7 days after first or second trimester miscarriage or abortion she can have implant inserted any time if it is reasonably certain she is not pregnant but she will need a backup method for the first 7 days after insertion.

15

Session 2

□ Topics:

Clinical practice of Implanon Insertion and removal on arm models.

□ Objectives:

By the end of the session participants will be able to:

Demonstrate Implanon insertion and removal on arm models according to the steps of the clinical skills checklist.

Session 3

□ Topics:

- Principles of FP counseling
- Counseling skills

□ Objectives-

By the end of the session the participant will be able to:

- Discuss pre- requisites for good counseling.
- Practice effective FP counseling skills including verbal and non verbal communication, tone of voice, feedback, use of questioning, reflecting feelings, listening , empathy.....

17

Successful counseling in FP/RH services provision



- ❖ FP practice in Egypt respects the rights of women /families to decide on using FP methods freely and voluntarily through providing access to a wide range of modern contraceptives.
- ❖ It is the role of service provider (physician or nurse) to inform women and educate them about advantages and disadvantages of various FP methods to be able to make informed choice regarding a FP method.
- ❖ Counseling is an integral component of family planning services.

18

Successful counseling in FP/RH services provision

- ❖ Counseling is a process of face to face, two way communication between a health care provider and an individual/ couple.
- ❖ A counselor (physician/nurse) provides factual information and assists the individual/ couple to make a decision about behavior change or using a FP method taking into account their feelings, concerns and living circumstances.

19

When to provide FP counseling

- The following are good moments to counsel women (and their husbands) about FP :
- Client seeking advice about birth spacing/ limiting.
 - Antenatal care, especially during third trimester.
 - Post natal care , especially first follow up visit after child birth.
 - Child immunization or child care visits.
 - Client seeking gynecological care or general health care (e.g. reproductive tract infections, diabetes, hypertension).

20

Successful counseling in FP/RH services provision

- Get to know the profile of clients that come for counseling:
- Socioeconomic background(e.g. education, employment, residenceetc)
 - Living conditions .
 - Reproductive goals.
 - Fears/Concerns.
 - Expectations.

21

Counseling skills

- Verbal and non verbal communication.
- Tone of voice.
- Feedback.
- Effective use of questioning.
- Reflecting feelings.
- Listening.
- Relating and empathy.
- Paraphrasing and clarifying.
- Simplifying medical language.
- Effective use of AV materials.
- Combating misinformation and rumors.

22

□ Non verbal Counseling skills:

- Freshness.
- Smile.
- Open posture.
- Less physical barriers.
- Eye contact.
- Appropriate distance.
- Attentive and respectful attitude.
- Leaning towards client.

23

Positive nonverbal cues include:

- Leaning toward the client.
- Smiling, without showing tension.
- Facial expressions which show interest and concern.
- Maintaining eye contact with the client.
- Encouraging supportive gestures such as nodding one's head.

24

Negative nonverbal cues include:

- Not making or maintaining eye contact.
- Glancing at one's watch obviously and more than once.
- Frowning.
- Fidgeting.
- Sitting with the arms crossed.
- Leaning away from the client.

25

Session 4

□ Topics:

- Technique of FP counseling.
- Method specific counseling.
- Role of men in FP.

□ Objectives-

By the end of the session the participant will be able to:

- Discuss main components of informed choice and client rights.
- Discuss the principles of GATHER.
- Practice effective FP counseling skills.
- Discuss role of men in FP.

26

Providers should remember ROLES when communicating with clients:

- **R = Relax the client by using facial expressions** showing concern.
- **O = Open up the client by using a warm and caring tone of voice.**
- **L = Lean towards the client, not away from them.**
- **E = Establish and maintain eye contact** with the client.
- **S = Smile.**

27

Components of FP Counseling

The GATHER Approach:

- G Greet respectfully
- A Ask/Assess needs
- T Tell information
- H Help choose
- E Explain and demonstrate
- R Return and reinforce/refer

28

The GATHER Approach (Cont)

- **G – Greet** : Greet the client. She should feel welcome. Build a rapport with client by greeting the client and making her feel comfortable.
- **A – Ask** : Ask questions effectively in a friendly manner using words that client understands and listen patiently, without being judgmental. Identify client needs by asking relevant questions about personal, social, family, medical and reproductive health including reproductive tract infections, sexually-transmitted diseases, family planning goals and past/ current use of family planning methods.
- **T – Tell** : Tell the relevant information to help her reach a decision and make an informed choice regarding contraception methods.

29

The GATHER Approach (Cont)

- **H – Help** : Help the client to reach a decision and give other related information.
- **E – Explain** : Explain about the methods in detail including, its efficacy, how to use, side effects and medical eligibility criteria, as well as common problems and its management.
- **R – Return** : Return for ongoing contraceptive method is advised.

30

Components of FP Counseling

□ Good counseling helps clients choose and use family planning methods that suit them. Clients differ, their situations differ, and they need different kinds of help. The best counseling is tailored to the individual client.

Client type	Usual counseling tasks
<ul style="list-style-type: none"> ▪ New clients with a method in mind. 	<ul style="list-style-type: none"> ▪ Find out why client wants this method and if she knows about other methods. ▪ Support the client's choice, if she is medically eligible. ▪ Discuss how to use the method and how to cope with any side effects. ▪ If preferred method is not suitable for her, explain reasons and provide other options.

31

Components of FP Counseling (Cont)

Client type	Usual counseling tasks
<ul style="list-style-type: none"> ▪ New client with no method in mind. 	<ul style="list-style-type: none"> ▪ Ask the client about the method that's she knows. Explain all the methods ▪ Help the client consider methods that might suit her. ▪ If the client shows interest in a specific method , provide more information about the method (mode of action, effectiveness, cost and side effects) ▪ If client is unable to make a choice , suggest to her a method that suits her needs and living conditions. ▪ Support the client's choice, give instructions on use, and discuss how to cope with any side effects.

32

Components of FP Counseling (Cont)

Client type	Usual counseling tasks
<ul style="list-style-type: none"> ▪ Returning clients with no problems. 	<ul style="list-style-type: none"> ▪ Ask a friendly question about how the client is doing with the method and if she has any questions or concerns. ▪ Inform her about routine follow up. ▪ Check to see if she is still eligible before this method .

33

Components of FP Counseling (Cont)

Client type	Usual counseling tasks
<ul style="list-style-type: none"> Returning clients with problems. 	<ul style="list-style-type: none"> Understand the problem and help resolve it whether the problem is side effects, trouble using the method, an uncooperative husband. Complications: <ul style="list-style-type: none"> If complications requires discontinuing method, offer advice on other FP options and treat complications.

34

Essential information to be collected from clients during FP counseling

- معلومات المنتفعة عن تنظيم الأسرة
- التجارب السابقة للمنتفعة عن تنظيم الأسرة
- الخطة المستقبلية بشأن الإنجاب
- موقف الزوج أو العائلة من تنظيم الأسرة

35

المعلومات التالية تمثل أهمية كبيرة أثناء جلسة المشورة

• المنتفعات اللاتي لديهن احتياجات خاصة:

- المنتفعات صغار السن.
- المنتفعات بعد الولادة.
- المنتفعات بعد الاجهاض.
- المنتفعات كبار السن.
- السيدات المتعاشيات مع فيروس نقص المناعة البشرية.
- السيدات اللاتي يعترض أزواجهن على تنظيم الأسرة.
- السيدات اللاتي لديهن مخاوف من استخدام وسائل تنظيم الأسرة (بسبب بعض الاشاعات أو لتعرضهن لمضاعفات أو أعراض جانبية عند استخدام إحدى الوسائل)

36

المعلومات التالية تمثل أهمية كبيرة أثناء جلسة المشورة

- التأكيد على أخذ الوسيلة في الموعد المحدد.
- مراجعة المنفعة للطبيبة عند حدوث مضاعفات أو أعراض جانبية تسبب القلق.
- إعطاء معلومات كافية عن مكان الإحالة عند الضرورة مع المتابعة.
- حبوب منع الحمل أحادية الهرمون يجب أخذها يوميا دون توقف و في نفس الميعاد.
- حبوب منع الحمل المركبة و الحبوب أحادية الهرمون ليست الوسيلة المثلى للمنتفعات اللاتي لديهن صعوبة في أخذها دون نسيان.

37

المعلومات التالية تمثل أهمية كبيرة أثناء جلسة المشورة

• لمستخدمات كبسولات الأمبلانول:

- عودة في موعد إزالة الكبسولة.
- التأكيد على ان الآثار الجانبية شائعة و لكنها نادرا ما تكون ضارة.
- أرجعي للطبيب إذا سببت لك ضيقا.
- أرجعي في أى وقت إذا كان لديك مشكلة أو تريدin إزالة الكبسولة.

38

Men engagement in FP

□ Why does engaging men matter?

- ICPD (Cairo 1994),recommended programs and policies to enable men to play a more active role in reproductive decisions , including contraceptive method choice and use.
- Since the husband is plays a key role in family decision – making , family size, it is essential that he be adequately informed on FP/RH.
- A well informed husband will encourage and support his wife to use FP methods.
- Male acceptance is associated with high continuation rates and use-effectiveness rates.
- Male permission on seeking health care and financial support.

39

How can men play a more active role in FP ?

- Be informed about various family planning products which will help in changing their attitudes that are not supportive to women right to access FP/RH.
- Support their wife's decision to use contraception.
- Accompany their wives to the clinic to receive FP methods and counseling.

40

How can men play a more active role in FP ?

- Show understanding of the method side-effects on their wives and support their wives to tolerate these side-effects.
- Use male methods (e.g. Condom) as an effective method, if their wives can't use methods.

41

Session 5

- Role plays Counseling skills.
 - Objectives-
 - Demonstrate Skills in FP counseling through 4 role plays.

42

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