

Health skills

INTRODUCTION

Midwives help women and families during pregnancy and birth, but also with health needs that are not directly connected to giving birth. This makes sense because the skills and understanding that a midwife brings to a woman during pregnancy and birth are also of use when a woman needs other health care, or is having a medical emergency. For example, a midwife who is already skilled at stopping bleeding after a birth can easily learn to stop bleeding after a pregnancy has ended early.

In many places, a midwife is also the only health worker in the community. In these places, midwives already help women and their families with many of their general health care needs. The more skills midwives gain, the better able they will be to help women who have no other health care.

This section describes how to do a number of procedures that may be useful in labor, or may be useful for helping women with health needs in other parts of their lives. These procedures can be done by most midwives in most places. But they may require careful training and practice to do safely. Be sure to get help from other experienced health workers and teachers when learning to do these procedures. Only try the more invasive procedures after you have been trained, and only if you have sterile tools. But do not be afraid to learn these new skills. With these skills, you will be able to improve the lives of the women in your community.



In the following chapters, we give instructions for giving injections and IVs, for checking dilation in labor, and for speeding a labor that is going slowly. Two chapters tell how to help women use family planning and how to treat women who have sexually transmitted infections.

We also explain how to give a woman a pelvic exam to look for signs of infection or cancer. Other chapters describe how to help a woman who wants to use an IUD for family planning, and how to help a woman who is having problems after a pregnancy ends early.

One of the most important tasks of a midwife is deciding when and how to get help. No one can solve all health problems on her own. Chapter 24 gives ideas about working with medical centers, hospitals, and other health workers so women can have safe care in emergencies.

Working together, and listening to each other, midwives, nurses, doctors, and other health workers can make sure all women get the care they need.



Finally, Chapter 25 gives ideas for making homemade equipment and teaching tools.

CHAPTER 17

Family planning

In this chapter:

Choosing a family planning method	300
Condom for men (rubber or prophylactic)	302
Condom for women	302
Diaphragm	304
Spermicide (foam, jelly, cream, or tablets)	305
Hormonal methods	305
Birth control pills (oral contraceptives or “the pill”)	307
Injectable contraceptives	309
Implants	309
Intrauterine device (IUD)	310
Sex without intercourse	312
Breastfeeding	312
Fertility awareness (natural family planning)	312
The mucus method	313
The counting days method	314
Sterilization	315
Emergency contraception	316
Pulling out (withdrawal)	317
Contraceptive sponge	317
Homemade sponge method	317
Methods that do not prevent pregnancy	318
Making family planning work for the community	318
Men must also be responsible for family planning	318
Family planning programs that work	319

Family planning

CHAPTER 17

Having the number of children you want, when you want them, is called family planning. It is also sometimes called child spacing. There are many methods, both traditional and modern, that can be used for family planning. Family planning methods are sometimes called birth control or contraception.

Why might a woman and a man want to use family planning?

- to take time to finish their education or have an income before they have children
- to allow a couple of years between their children
- to have only as many children as they feel they can support
- to avoid a risky pregnancy, for example if the woman has a certain illness, or is under 17 and does not have a fully formed pelvis



Childbirth should not be dangerous, but in places where women are poor, are not well fed, and do not have access to good health care, many women die because of heavy bleeding and other childbirth complications. A woman may want to protect herself by limiting the number of her pregnancies.

All women have the right to decide whether to have children and how many children to have. However, most women face barriers to this choice. Midwives can help women have more choices:

- by learning about family planning and sharing the information.
- by working with others to give couples more choices of family planning methods.
- by working with the community to get men more involved in using family planning.

Choosing a family planning method

On the following pages we describe different family planning methods. Before recommending a method, find out about the woman's needs.

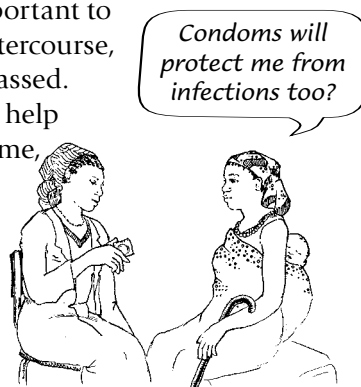
- Does she want to be sure she will not get pregnant using this method?
- Is she concerned about side effects (uncomfortable and unintended effects)?
- Does she want a method she does not have to think about every day — or can she use a method that requires keeping charts or taking a pill each day?
- Is the woman's partner willing to cooperate in using family planning?
- How much can this woman spend on family planning?
- Does the woman want a method that she can stop using if she wants to become pregnant — or one that is permanent?
- Does she need a method that prevents sexually transmitted infections (STIs)?

The methods described in this chapter work well to prevent pregnancy. Each of these methods also has disadvantages. The woman and her partner may need instruction on how to use the method. The method may cost something, it may require a medical visit, or it may have certain health risks. Make sure you understand how comfortable, safe, costly, or complicated each method is before you recommend it. Make sure the woman understands too.

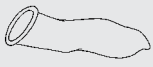

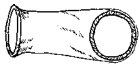


























Consider STI protection along with pregnancy prevention

When thinking about family planning it is important to also think about HIV and other STIs. Sexual intercourse, which causes pregnancy, is also how STIs are passed. Some family planning methods, like condoms, help prevent pregnancy and protect against STIs. Some, like birth control pills and intrauterine devices (IUDs), only prevent pregnancy.

When you are helping a woman choose a family planning method, you must help her think about her risk of STIs including HIV. See Chapter 18 to learn more about STIs.



On the next page is a chart that shows how well each method works to prevent pregnancy and to protect against STIs. The chart also shows what the possible side effects are for each method, and other important information about how the method must be used. Each method has stars to show how well it prevents pregnancy for the average user. When a man and a woman use a method correctly every time they have sex, the method will work better.

FAMILY PLANNING METHOD	Protection from pregnancy	Protection from STIs	Possible side effects	Other important information
Condom for men 	★★ GOOD	GOOD 		Most effective when used with spermicide and lubricant.
Condom for women 	★★ GOOD	GOOD 		Less effective when the woman is on top of the man during sex.
Diaphragm (with spermicide) 	★★ GOOD	SOME 		Most effective when used with spermicide.
Spermicide 	★ SOME	NONE 	 skin allergy	More effective when used with another barrier method like diaphragm or condom.
Hormonal methods Birth control pill, patch, injections  Implants 	★★★★ VERY GOOD ★★★★★ BEST	NONE 	 nausea, headaches, changes in monthly bleeding	These methods may be dangerous for women with certain health problems.
IUD 	★★★★★ BEST	NONE 	 heavy and painful monthly bleeding	This method may be dangerous for women with certain health problems.
Sex without intercourse (penis not inside vagina at all) 	★★★★★ BEST	SOME 		Some couples, especially young people, may have a hard time using this method.
Breastfeeding (during the first 6 months only) 	★★ GOOD	NONE 		To use this method, a woman must give her baby only breast milk, and her monthly bleeding must not have returned yet.
Fertility awareness 	★★ GOOD	NONE 		To use this method correctly, a woman must understand when she is fertile.
Sterilization 	★★★★★ BEST	NONE 		Women or men will never be able to have babies after this operation.
Pulling out (withdrawal) 	★ SOME	SOME 		More effective when used with another method like spermicide or diaphragm.
Sponge 	★★ GOOD	NONE 	 yeast or bladder infections	Less effective for women who have had children.

Condom for men (rubber or prophylactic)

A condom is a narrow bag of thin rubber that the man wears on his penis while having sex. The bag traps the man's sperm (seed) so that it cannot get into the woman's vagina or womb. Condoms work well to prevent pregnancy. Condoms also help prevent sexually transmitted infections (STIs), including HIV.



The most effective condoms are made from latex or polyurethane — not sheepskin.

A new condom must be used each time a couple has sex.

Lubricant can make sex feel better for both the woman and the man. It can also keep the condom from breaking. Use a water-based lubricant like saliva (spit), *K-Y Jelly*, or spermicide. Do not use oils, petroleum jelly (*Vaseline*), skin lotions, or butter. They can make the condom break. A drop of lubricant inside the tip of the condom makes it more comfortable on the penis. A little lubricant can also be rubbed on the outside of the condom after the man puts it on.

Condom for women (female condom)

A female condom fits into the vagina and covers the outer lips of the genitals. Each condom should be used only once, because it may break if it is reused. But if a woman does not have any other condoms, she can clean it and reuse it up to 5 times. The female condom should not be used with a male condom.

The female condom is the most effective of the methods controlled by women in preventing pregnancy and protecting against STIs, including HIV.

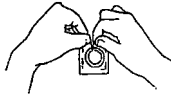
Female condoms can be expensive and take time to learn to use. They work best when the man is on top and the woman is on the bottom during sex.

3 types of female condoms are now available. The newest are less expensive. The VA female condom fits more closely to the woman's body, so it is more comfortable and makes less noise during sex.

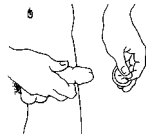


How to use a male condom

A new condom should come rolled up inside a small packet that has not been opened. Be careful not to tear the condom as you open the packet. If the condom is stiff, hard or feels sticky, throw it away. It will not work.



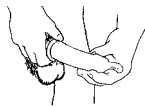
1. A condom should be put on the man's penis when it is hard, and before it touches the woman's genitals. An uncircumcised man should pull his foreskin back. The man should squeeze the tip of the condom and put it on the end of the penis.



2. Unroll the condom until it covers all of the penis. Keep squeezing the tip of the condom while unrolling. Without this extra space at the tip for the sperm, the condom may break.



3. Right after the man ejaculates (comes) and before his penis gets soft, he should hold on to the rim of the condom while he pulls his penis out of the vagina. Then he should carefully take the condom off.

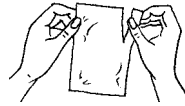


4. Tie the condom shut. Then throw it in the garbage or a latrine.

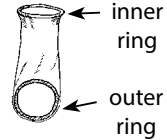


How to use a female condom

1. Carefully open the packet without tearing the condom.



2. Find the smaller inner ring, which is at the closed end of the condom.



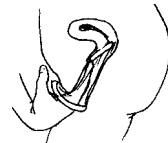
3. Squeeze the inner ring together.



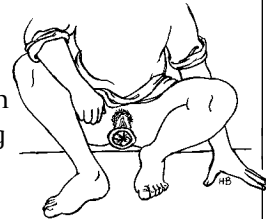
4. Put the inner ring in the vagina.



5. Use your finger to push the inner ring up into your vagina and over the cervix. The outer ring stays outside the vagina.



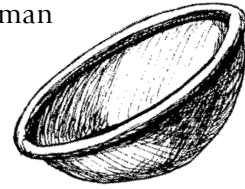
6. Be sure to guide the penis through the outer ring when you have sex.



7. Remove the female condom immediately after sex, before you stand up. Squeeze and twist the outer ring to keep the man's sperm inside the condom. Pull the condom out gently, then bury it or throw it in a latrine. Do not flush it down the toilet.

Diaphragm

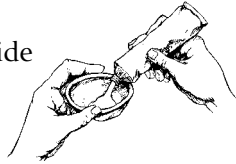
The diaphragm is a shallow cup of soft rubber that the woman wears in her vagina during sex. The diaphragm covers the cervix so that the man's sperm cannot get into her womb. The diaphragm should be used with spermicide (see page 305). When a diaphragm is used correctly, it is effective in preventing pregnancy and may also give some protection against STIs, like HIV.



Diaphragms come in different sizes. A health worker must help a woman find the right size. Midwives can learn to fit women for diaphragms. It is easy to do once you have been trained.

How to use a diaphragm

1. Squeeze some spermicide into the center of the diaphragm. Then spread a little around the edge of the diaphragm. If you do not have spermicide, you can still use the diaphragm, but it may not work as well.



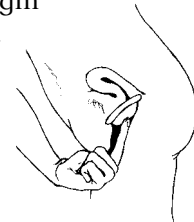
2. Squeeze the diaphragm in half.



3. Push the diaphragm into the vagina, right over the cervix.



If the diaphragm is in correctly, the woman can feel her cervix through it.



4. Leave the diaphragm in place for at least 6 hours after sex. If the woman has sex again before 6 hours have passed, she should put more spermicide in her vagina first.

After using the diaphragm, the woman should wash it in mild soap and water. Then she should dry it, dust it in cornstarch if she has any, and store it in a clean, closed container.

Spermicide (foam, jelly, cream, or tablets)

A spermicide is a chemical that kills sperm after it comes out of the penis. Spermicides are fairly good at preventing pregnancy when used alone, and are very effective when used with a condom or diaphragm.



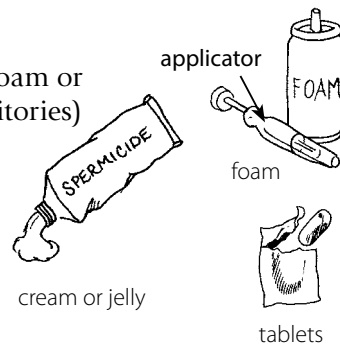
WARNING! A woman should use spermicide only if she knows that her partner does not have HIV.

Most spermicide is made with a chemical called Nonoxynol 9. Nonoxynol 9 irritates the vagina, causing tiny cuts. These cuts allow HIV to pass more easily into the blood. So using spermicide, especially using it very often, may actually make HIV more likely to pass during sex.

How to use spermicide

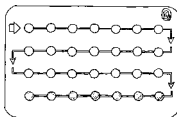
The woman puts the spermicide in her vagina. Foam or jelly is put in with an applicator. Tablets (suppositories) are put deep in the vagina with the fingers.

Spermicides should be put in the vagina no more than half an hour before having sex. Spermicide must be left in the vagina for at least 6 hours after having sex. A woman needs to put in more spermicide each time she has sex.



Hormonal methods

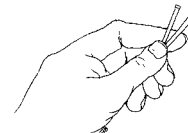
Birth control pills, injections, and implants contain hormones. Hormones are chemicals that a woman's body normally makes. Hormones regulate many processes in a woman's body including her monthly bleeding and her ability to become pregnant. Hormonal methods of family planning prevent pregnancy by stopping the woman's ovaries from releasing eggs into her womb. Some hormonal methods include:



pills



injections



implants

New hormonal methods are still being invented. Some newer methods are a contraceptive patch, a ring (worn around the cervix), and a hormonal IUD.

Hormonal methods are very effective in preventing pregnancy. But none of them used alone protect women against HIV or other STIs.

Most birth control pills and some injections contain two hormones: estrogen and progestin. Implants, some pills, and some injections contain only progestin.

Some women should not use a method that contains estrogen.

These women should use progestin-only methods:

- Women who have high blood pressure that is not controlled by medicine.
- Women who have diabetes.
- Women who have epilepsy.
- Women who have ever had a stroke, paralysis, or heart disease.
- Women who have hepatitis or liver problems (yellow skin and eyes).
- Women who have ever had a blood clot in the veins (this usually causes a deep and steady pain in one leg or hip). Varicose veins (swollen veins) are usually not a problem.
- Women who get migraine headaches (especially with vision changes).
- Women who are breastfeeding, in the first 3 weeks after birth. Be sure to wait until your milk is coming in well before using a method that contains estrogen.



Some women should not use any hormonal method.

- Women who have ever had cancer of the breast or uterus.
- Women who might be pregnant already.
- Women who have very heavy monthly bleeding, monthly bleeding that lasts for more than 8 days, or bleeding from the vagina from an unknown cause.

These women should **not** use pills, injections, implants, or any other hormonal method.



Side effects

Hormonal methods sometimes have side effects. These effects are not dangerous, but they are often uncomfortable. Hormonal methods can make a woman have:

nausea



headaches



weight gain



swelling of the breasts



changes in monthly bleeding



These effects usually get better after a few months. If they do not get better, the woman can try a different family planning method.

Birth control pills (oral contraceptives or “the pill”)

Birth control pills have all the benefits and problems of hormonal methods listed on page 306.

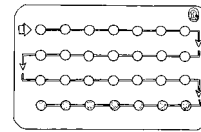
When a woman takes a birth control pill at the same time every day, this method is one of the most effective ways to avoid pregnancy.

There are many brands of birth control pills. Pills should be “low-dose.” That means they should have 35 micrograms (mcg) or less of estrogen, and 1 milligram (mg) or less of progestin. Women should never use pills with more than 50 mcg of estrogen.

How to take birth control pills

A woman should take the first pill in a packet on the first day of monthly bleeding. If that is not possible, she should take the first pill anytime in the first 7 days after she starts her monthly bleeding.

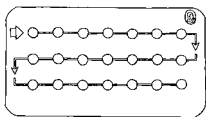
Pills come in packets of 21 or 28 tablets. If a woman is using a 28-day packet, she should take one pill every day. Women will usually have light monthly bleeding during the last 7 days of a pill packet. As soon as she finishes one packet, she should begin taking a new one.



28-day pill packet

(The last 7 pills in a 28-day packet are made of sugar. They have no hormones in them. Women take these pills to remember to take a pill each day.)

If a woman prefers not to bleed every month, it is safe to take only the hormone pills continuously for up to 3 months. When the woman reaches week 4 of her packet (the sugar pills) she can immediately begin a new packet of pills instead of taking the sugar pills. Then continue taking the hormone pills in the usual order.



21-day pill packet

If a woman is using a 21-day packet, she should take one pill every day for 21 days. She should then wait 7 days before starting a new packet. Usually, a woman will start her monthly bleeding after the 21st day. But even if she does not, she should start a new packet in 7 days.

The pills will not prevent pregnancy immediately. So during the first 7 days on pills, the woman should use condoms or some other backup method to avoid pregnancy.

It is best to take the pill at about the same time every day. Many women take the pill with food, especially if they feel some nausea during the first few months that they take it.



What if a woman forgets to take her pill?

If a woman forgets to take 1 or 2 pills, she should take 1 as soon as she remembers. Then she should take the next pill at the regular time — even if she must take 2 pills in one day.

If a woman forgets to take 3 pills, 3 days in a row, she should take 1 pill right away. Then she should take 1 pill each day at her regular time.

If she is using a 28-day packet of pills, she should only take the hormonal pills, and should skip the sugar pills. If she is taking a 21-day packet of pills, she should start a new packet as soon as she finishes the one she is taking now.

To prevent pregnancy, she should use condoms any time she has sexual intercourse within 7 days of missing her pills.

Remember: Birth control pills will not be effective if they are only taken some of the time. A woman who uses birth control pills must take one pill every day, at the same time of day — even if she is taking other medicine, eating special foods, or is ill.



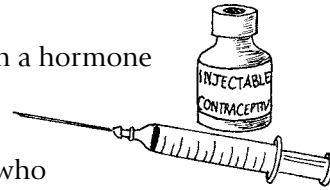
WARNING! If a woman taking the pill gets any of these signs, she should get medical advice right away:

- chest pain and shortness of breath
- strong headaches
- numbness in arms or legs
- strong pain in one leg

For more information about specific birth control pills, see page 490.

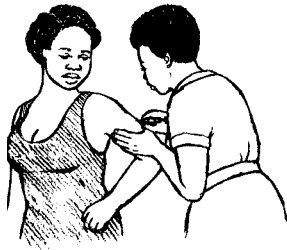
Injectable contraceptives

With this method, a health worker gives a woman a hormone shot to keep her from getting pregnant. One shot lasts 1 to 3 months.



Injections are very effective. Very few women who use this method become pregnant. Another advantage to this method is that a woman does not have to do anything before having sex. And no one except her health worker needs to know she is using a family planning method.

The disadvantages are similar to those for birth control pills — some women have weight gain, sore breasts, nausea, or unusual monthly bleeding. Many women who have injections have no monthly bleeding at all. These effects are not dangerous, but they may be uncomfortable. Another disadvantage is the woman must go to a health worker once every 1 to 3 months to get the injection. And like other hormonal methods, injections do not protect against HIV or other STIs.



Most injections contain only progestin. *Depo Provera* and *Noristerat* are the most common brands. These injections are safe to use while breastfeeding, and are safe for other women who should not use estrogen (see page 306).

Some injections contain estrogen, but they cost more and are hard to find. They must be injected once every month. A woman using these injections will usually have a normal monthly bleeding.

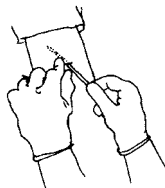
When a woman stops getting injections, it may take longer than usual (as much as a year or more) for her to get pregnant. Women should always be told this before getting injectable contraceptives. For this reason, injections are best for women who are sure they do not want to get pregnant in the next year or more.

Implants

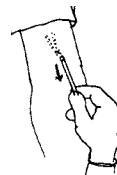
With this method, a trained health worker puts small, soft tubes of progestin under the skin of a woman's arm. The implant then prevents pregnancy for 3 to 5 years, depending on the type of implant. The implants must be replaced after those 3 to 5 years are over. If a woman wants to get pregnant before that time, the implant must be removed by a health worker.



Implants



Implants are put under the skin ...



... and can be removed by a trained health worker.

A woman with implants does not have to do anything before sex to prevent pregnancy. Implants are very effective, although very fat women may not get the same protection from pregnancy as thin women. Implants only contain progesterin — so they are safe for women who should not take estrogen. And they can be used safely while breastfeeding.

Implants have the same risks and side effects as other hormonal methods (see page 306). Most women who use implants have very irregular monthly bleeding, with spotting and bleeding between monthly bleeding. This usually gets better after a year of using this method. And like any hormonal method, implants do not protect against HIV or other STIs.

A woman cannot remove implants herself. They can only be removed by a trained health worker. And it may be difficult to find a health worker who knows how to remove them. Women should understand this before the implants are put in.



WARNING! Watch women with implants for these signs of dangerous health problems. **Get medical help if you find any of these signs:**

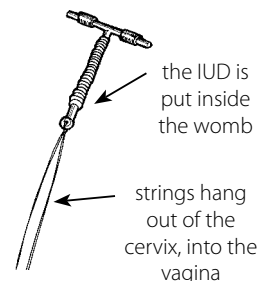
- arm pain near the implant
- pus, redness, or bleeding around the implant
- implant comes out
- monthly bleeding stops after being regular for several months

Intrauterine device (IUD, IUS)

The IUD is a small device made of plastic that is put inside the womb to prevent pregnancy. Different types of IUD have different names, such as IUCD, copper T, Mirena, or the loop. Chapter 21 explains more about IUDs and how to insert them.

Once the IUD is put in, it stays inside the womb until it is taken out by a trained person. IUDs must be replaced every few years. Different IUDs can be left in for different lengths of time.

Neither the woman nor man feel the IUD while having sex. A woman who uses an IUD does not have to do anything before having sex. And no one needs to know that the woman has an IUD inside.



The IUD often causes changes in monthly bleeding, depending on the type of IUD. The Copper T can cause heavier monthly bleeding with more painful cramping. This extra loss of blood can cause anemia. The Mirena causes monthly bleeding to become very light or stop altogether, but it can cause irregular bleeding and spotting.

Women who have STIs, vaginal or womb infections, or HIV or AIDS, should not use the IUD. These are some of the disadvantages or risks of the IUD:

- The IUD does not protect against HIV or other STIs. If a woman already has an STI when an IUD is inserted, that infection can spread to her womb. Womb infection can lead to infertility or other serious health problems.
- The IUD can cause miscarriage if a woman gets pregnant while using an IUD or if she has one put in when she is pregnant.
- The woman cannot put in or take out the IUD herself. A health worker must do it.

For these reasons, it is best if a woman who uses an IUD lives close to medical center.



WARNING! A woman with an IUD should get medical help if any of these danger signs appear:

- late or missed monthly bleeding or unusual spotting between monthly bleeding
- pain in the belly that does not go away, or pain during sex
- signs of infection: unusual discharge or bad smell from the vagina, fever, chills, feeling ill
- IUD strings get shorter or longer, are missing, or the IUD can be felt in the vagina

A woman with an IUD must check every month to be sure it is still in place. The best time to check is after her monthly bleeding.

First she should wash her hands. Then she should reach into the vagina with 2 fingers and feel for the strings of the IUD. They should be the same length each month.

If the strings are shorter or longer, or if she cannot feel the strings at all, the strings may have moved up into the womb, or the IUD may have fallen out. In this case, the woman should use another method of family planning, and she should get medical help.



Sex without intercourse

There are many ways to have sex that do not cause pregnancy. Oral sex (mouth on genitals) and sexual touch (touching the genitals or other parts of the body) are both sexual activities that many couples enjoy. They have very low risk of passing HIV and other STIs and they cannot cause pregnancy. Anal sex also cannot cause pregnancy, although HIV and other STIs can pass very easily this way.



Avoiding all sexual intercourse is the most sure way to prevent pregnancy and can be a good way to reduce the risk of HIV and other STIs. Not having sexual intercourse may be very difficult for couples to practice for a long time.

Breastfeeding

In the first 6 months after birth, most women who breastfeed do not release eggs from their ovaries (see page 29), and so they cannot get pregnant when they have sex.

Women usually do not get pregnant if they are breastfeeding as often as the baby wants, including at night, and:

1. **the baby is less than 6 months old, and**
2. **the woman has not had any monthly bleeding since giving birth, and**
3. **the woman is giving the baby only breast milk.**

The woman can easily get pregnant if she is giving the baby formula, water, or other drinks. She may get pregnant if the baby goes longer than 6 hours between breastfeeding times.

The breastfeeding method does not protect against HIV or other STIs. Also, getting infected with HIV while breastfeeding creates a danger of passing HIV to the baby. If there is any chance that the mother's partner has HIV, they should use condoms each time they have sex.

Fertility awareness (natural family planning)

A woman can only get pregnant during her fertile time when an egg comes from her ovary into her tubes and womb — about once a month (see page 29). To use fertility awareness, a woman must watch her body's signs to understand when she is fertile. During the fertile time she and her partner must not have sexual intercourse (the penis inside the vagina). At these times, they can try other types of sex like oral sex or sexual touching. Or they can prevent pregnancy by using condoms or a diaphragm during the fertile time.

Natural family planning costs nothing and has no side effects. But it can be difficult to use. Women do not always know when they are fertile, and if they have one irregular cycle, they can easily get pregnant. This method usually works best when couples receive training before using it. Natural family planning does not protect against HIV or other STIs.

Natural family planning does **not** work well for women who do not have control over when they have sex. During a woman's fertile times, her partner must be willing to use condoms or a diaphragm — or not have sexual intercourse.

Women whose cycles are very different lengths each month should not use this method either. Women who recently gave birth or had an abortion should not use this method until their cycles are regular for several months.

There are many ways to use fertility awareness. In this book we talk about the mucus method and the counting days method. These methods work best when they are both used together. But one method alone is better than nothing.



The mucus method

With the mucus method, a woman checks the mucus from her vagina every day to see if she is fertile. On her fertile days, the mucus is stretchy and slimy, like raw egg.

To check the mucus, a woman should wipe the vagina with a clean finger, paper, or cloth. Then she should look for mucus.

Clear, wet, slippery mucus comes during the fertile time. Do not have sexual intercourse.



White, dry, sticky mucus (or no mucus) comes during other times of the month. It is probably OK to have sexual intercourse 2 days after the first dry day.

After 2 or 3 months of practice, a woman can easily recognize these changes in her mucus.

How to use the mucus method

- Check the mucus at the same time every day. Check before having sex.
- Do not have sexual intercourse on any day you feel slippery mucus. Or use a condom or diaphragm on those days.
- Do not have sexual intercourse until 2 days after the last day that you have clear, slippery mucus.
- Do not douche or wash out the vagina at any time. This will wash the mucus away.

Use another method of family planning if you have a vaginal infection or if you are not sure whether it is a fertile time.



The counting days method

With the counting days method, a woman does not have sexual intercourse during any time that she might be fertile. This method can only be used by women with regular cycles that last between 26 and 32 days. This means that the time from the first day of one monthly bleeding to the first day of her next monthly bleeding must be at least 26 days, and no more than 32 days.

This method will usually work for a woman who has nearly the same number of days from one monthly bleeding to the next (regular cycles). But if a woman has one cycle of a different length, she can easily get pregnant. It is common for a woman to have a cycle of a different length when she is sick or feeling a lot of stress. When a woman is sick or feeling stress, it is best for her to use a different family planning method until she is well and her cycle is normal.

How to use the counting days method

For this method to work, the woman cannot have sexual intercourse from the 8th day of her cycle through the 19th day of her cycle. If she has sexual intercourse during this time, she must use another method of family planning.

I started my monthly bleeding 8 days ago. So we cannot have sex today, or for the next 10 days.

I better go to my sister's.



Women can use beads, a chart, or some other tool to remember their fertile days. String 32 beads, of 3 different colors, into a necklace. Each color bead can represent a different part of the woman's cycle.



On the first day of her monthly bleeding, the woman puts a ring or string around the red bead. Each day, she moves the ring past one bead. When the ring is on any of the white beads, she may get pregnant if she has sexual intercourse. Whenever she starts her next monthly bleeding, she moves the ring back to the red bead at the start.

You may be able to buy a necklace like this called *CycleBeads*.



Or a woman can make a chart with 32 sections — 1 for each day of her cycle. She can mark off each day on the chart to remember when she can become pregnant.

sexual intercourse during the fertile time can cause pregnancy

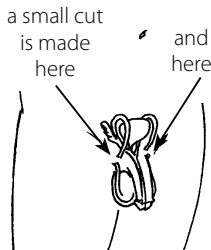
Sterilization

Sterilization is an operation that makes it almost impossible to have a baby. This method is permanent. It is only good for someone who never wants to have another baby.

These operations are done at medical centers. The surgery is fast and safe. Sterilization is almost always completely effective. A doctor can try to undo a sterilization, but that operation is expensive and often does not work.

Sterilization does not protect men or women against HIV and other STIs.

Sterilization for men (vasectomy)



A vasectomy is a simple operation. It takes only about 10 minutes. A health worker inserts a tool through the skin of the testicles to cut the tubes that carry sperm to the penis. The skin heals quickly and the testicles are not harmed.

The operation does not change a man's ability to have sex or feel sexual pleasure. He still ejaculates (comes), but sperm cannot get from the testicles into the semen. For about 3 months, there are still sperm in the tubes, so the couple must use another method of family planning.

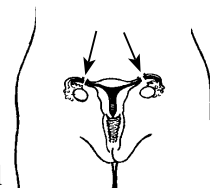
Sterilization for women (tubal ligation)

Tubal ligation is a little more complicated than vasectomy, but it is still very safe. A health worker inserts a tool through the skin near the belly button to cut or tie the tubes that carry the woman's eggs to her womb. The operation takes about 30 minutes.

A new method called Essure does not require surgery. A tiny, flexible metal and plastic coil is inserted through the vagina and uterus into each tube. Scar tissue then grows over these inserts and permanently blocks the tubes.

Tubal ligation does not change a woman's monthly bleeding or her ability to have sex and sexual pleasure.

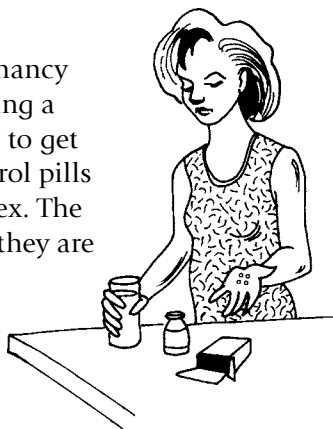
the tubes are cut or tied here.



Emergency contraception

Emergency contraception is a way to avoid pregnancy after having sex. If a woman has sex without using a family planning method, and she does not wish to get pregnant, she can take a high dose of birth control pills as soon as possible — within 5 days of having sex. The sooner a woman takes the pills, the more likely they are to work.

This is not a good method to use every time a woman has sex. Emergency contraception often causes nausea or headaches. It is not as dependable as other methods.



How to give emergency contraceptive pills

Most birth control pills contain ethinyl estradiol (estrogen) and levonorgestrel (progestin). The number of pills you take depends on how much ethinyl estradiol the pill contains.

- give 100 mcg (micrograms) ethinyl estradiol by mouth. Then 12 hours later, give another 100 mcg.

Using low-dose pills (with 30 to 35 mcg ethinyl estradiol)

- give 4 pills. Then 12 hours later, give 4 more pills.

Using high-dose pills (with 50 mcg ethinyl estradiol)

- give 2 pills. Then 12 hours later, give 2 more pills.

Emergency pills can give women headaches or severe nausea. Women can try eating something at the same time as taking the pills. If a woman vomits within 3 hours of taking the pills, she should take the same dose again.

Progestin-only pills

In some communities, women can buy pills specially made for emergency contraception. They have a higher dose of hormones, so women do not have to take as many pills. They may be made with only progesterone and no estrogen. Progesterone-only pills do not usually cause nausea.

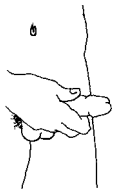
- give 0.75 mg levonorgestrel by mouth. Then 12 hours later, give another 0.75 mg.

Emergency IUDs

An IUD can also be used as emergency contraception. A trained health worker must insert the IUD within 5 days of a woman having sex. This will usually prevent a pregnancy. The IUD can then be left in to prevent future pregnancies. But this method should not be used by a woman who might have an STI.

Pulling out (withdrawal)

In this method, a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. This prevents sperm from getting inside the vagina.

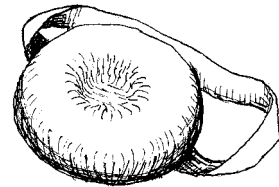


If a man is willing and able to pull out every time before he ejaculates, this method can work reasonably well. It costs nothing and is always available. But a man may not want to or be able to pull out before the sperm comes. This means the woman may get pregnant. Also, a woman may worry about whether the man will pull out in time, and feel less pleasure because of that worry. This method is more effective when combined with another method like spermicide or a diaphragm.

This method may give some protection against HIV and other STIs.

Contraceptive sponge

The contraceptive sponge is a round circle of foam that is soaked in spermicide. It should be wet with clean water before inserting it deep in the vagina with a finger. It should be left in place for at least 6 hours after sex but not longer than 24 hours. It can be removed by reaching in and pulling the attached loop. This method does not protect against STIs and should be used only by women who know their partner does not have HIV, as the spermicide in the sponge can irritate the skin of the vagina and allow the virus to enter the body more easily. Women may also get more yeast or bladder infections with this method.



Homemade sponge method

With this method, a woman puts a sponge soaked in vinegar, lemon, or salt deep in the vagina before having sex. This method is not very effective, but it may prevent some pregnancies. It provides no protection against HIV or other STIs.

How to make a homemade sponge

1. Mix: 2 tablespoons of vinegar with 1 cup of clean boiled water *or* 1 teaspoon of lemon juice with 1 cup of clean boiled water *or* 1 spoon of salt with 4 spoons of clean boiled water

2. Wet a boiled piece of sponge about the size of an egg with one of these liquids.
3. Push the sponge deep into the vagina no more than 1 hour before having sex.
4. Leave the sponge in for at least 6 hours after having sex. Then take it out.



This method may irritate the vagina, which can make it easier for a woman to get STIs. The woman should stop using this method if it makes her vagina dry, sore, or itchy.

The sponge can be difficult to take out, but it cannot get lost in the vagina. It may be easier to take out if the woman squats and pushes down as if she is passing stool, while she reaches into her vagina. If she has trouble taking it out, she can tie a clean ribbon or string around it for the next time.

The sponge can be washed, boiled, and used again many times. Keep it in a clean, dry place. The liquid can be made ahead of time and kept in a bottle.

Methods that do not prevent pregnancy

These are some commonly used family planning methods that do not work. Some are also dangerous.

- Wearing charms will not prevent pregnancy. Neither will spells or prayers.
- Urinating after sex will not prevent pregnancy (though it may help prevent urinary tract infections).
- Washing out the vagina (douching) after sex does not prevent pregnancy. Some herbs or harsh chemicals used for douching can also injure the vagina.

Making family planning work for the community

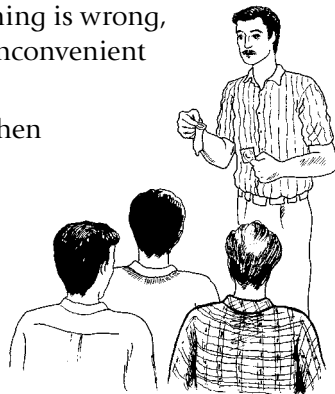
Men must also be responsible for family planning

When men and women choose family planning together, it is much easier to use family planning successfully. Because men do not get pregnant, they do not always take the responsibility that women do for pregnancy and family planning. Many men think of family planning as the woman's problem.

Some men do not want their partners to use family planning. They may want lots of children, or they believe family planning is wrong, or they may feel that family planning is expensive or inconvenient to use and do not see any benefits to using it.

When men support the right of women to decide when and if they want to be pregnant, women can make the choice to use family planning if they want to. Then women and men can both have sex with less worry if they do not want a child.

As a midwife, you may be able to influence men in your community to take more responsibility for family planning. The number of children in the



family will affect the health and well-being of every family member. Encourage men to:

- use condoms.
- support their partners in whatever family planning method they choose.
- talk to other men in the community about the importance of family planning.

Family planning programs that work

Midwives help individual women and men decide about family planning methods. In this work, they may find that family planning is difficult to get in their communities. Midwives may then get involved in making family planning programs work better.

What makes a family planning program work to improve a woman's health, her knowledge, and her control over her body?

- A wide choice of methods, for both men and women, with clear information about benefits and risks.
- Good testing to know if a woman has a health problem, such as high blood pressure, that means she should not use a certain method. Good follow-up care to make sure a method is not causing problems and to help the woman try another if it is.
- Health services that include family planning along with care before, during, and after birth, support for breastfeeding, treatment for infertility, and treatment and prevention of STIs.
- Encouragement for men and women to share responsibility for birth control.
- Respect for local health providers and safe traditional practices, including traditional methods of regulating monthly bleeding and family planning. Midwives often have good experience combining traditional methods with modern methods of care.
- Freedom from pressure and coercion. Coercion means a health worker or someone else pushes a woman to use family planning or a certain method when she does not want to. This happens when programs limit the choice of method or set targets (a certain number of one method must be given). Targets make health workers push people to accept a method against their will or without full information. These can be problems with family planning programs funded by large groups outside the community, such as international donors and national governments.



Health workers should be free from pressure about which methods to offer women.