

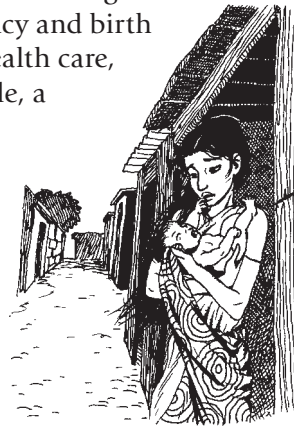
Health skills

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.

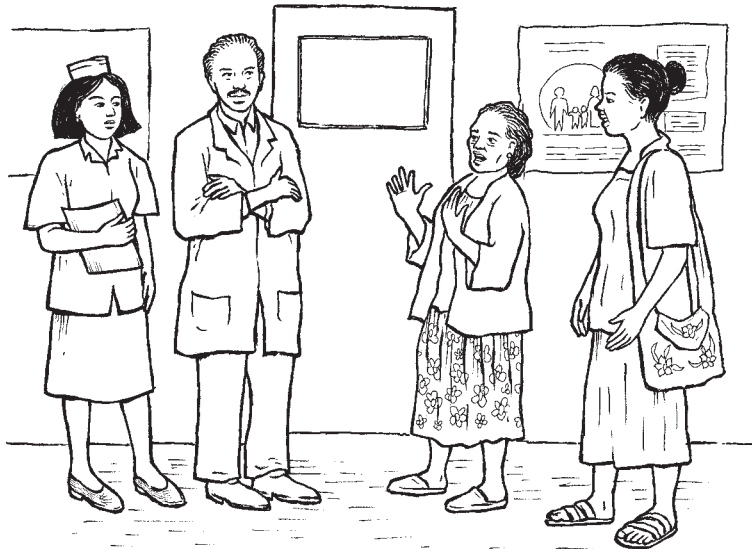


In the following chapters, we give instructions for giving injections and IVs, for checking dilation in labor, and for speeding a labor that is going slowly. Two chapters tell how to help women use family planning and how to treat women who have sexually transmitted infections.

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 and respectful 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

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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.

Reasons someone might 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 grown 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 supportive of and 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 what each person wants and needs.

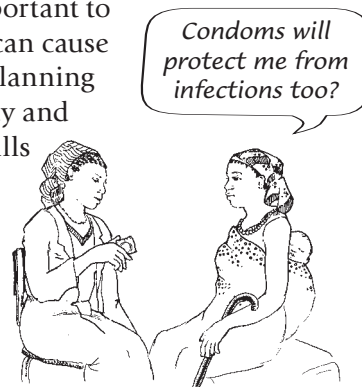
- Does she want to be very sure she will not get pregnant?
- Is she concerned about side effects (uncomfortable and unintended effects)?
- How does she feel about methods that must be remembered each day? Or methods that mean touching her genitals?
- Is the woman's partner willing to participate in using 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?
- Is prevention of sexually transmitted infections (STIs) also important?

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. Sex that can cause pregnancy can also spread STIs. 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 help a woman choose a family planning method, also 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 people 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
External condom (male condom) 	★★ GOOD	GOOD 		Most effective when used with spermicide and water-based lubricant. Use with other methods to prevent STIs.
Internal condom (female condom) 	★★ GOOD	GOOD 		
Diaphragm or cervical cap (with spermicide) 	★★ GOOD	SOME 		Most effective when used with spermicide. Effective only when using the correct size.
Spermicide or sponge 	★ SOME	NONE 	skin allergy	More effective when used with another barrier method like diaphragm or condom.
Hormonal methods Birth control pill, patch, injections, vaginal ring  Implants 	★★★ VERY GOOD ★★★★★ BEST	NONE 	nausea, headaches, changes in monthly bleeding	These methods should not be used by women with certain health problems.
IUD copper or hormonal 	★★★★★ BEST	NONE 	heavy and painful monthly bleeding	This method should not be used by women with certain health problems.
Sex that does not cause pregnancy (penis not inside vagina at all) 	★★★★★ BEST	SOME 		Sexual touch rarely passes STIs. Oral sex is less likely to pass STIs. Anal sex is more likely to pass STIs.
Breastfeeding (during the first 6 months only) 	★★★ VERY GOOD	NONE 		Only effective in the first 6 months after birth, if giving baby only breast milk, and if periods have not returned.
Fertility awareness 	★★ GOOD	NONE 		Only effective for people who can choose not to have penis-in-vagina sex.
Sterilization  	★★★★★ BEST	NONE 		A person 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.

External condom (male condom, rubber, prophylactic)

An external condom is a narrow bag of thin rubber that is worn on the penis while having sex. The bag traps the sperm (seed) so that it cannot get into the 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.

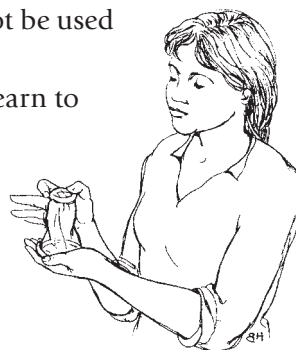
Lubricant can make sex feel better for both partners. It can also keep the condom from breaking. Use a water-based lubricant like saliva (spit), *K-Y Jelly*, or spermicide. Do not use oils, petroleum jelly (*Vaseline*), skin lotions, or butter. They can make the condom break. A drop of lubricant inside 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.

Internal condom (female condom)

An internal condom fits into the vagina and covers the outer lips of the genitals. The internal condom is the most effective of the methods controlled by women in protecting against STIs, including HIV.

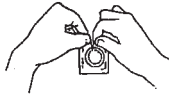
Each condom should be used only once, because it may break if it is reused. But if a woman does not have any other condoms, she can clean it and reuse it up to 5 times. An internal condom should not be used at the same time as an external (male) condom.

Internal condoms can be expensive and take time to learn to use. Several types of internal condoms are now available, including versions made of plastic (like the *FC2* and the *Woman's Condom*), and latex (like the *VA* and the *Cupid Condom*).

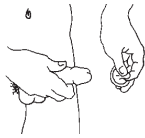


How to use an external (male) condom

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.

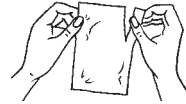


4. Put it in the garbage or a latrine; do not flush it down a toilet.

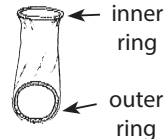


How to use an internal (female) condom

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.



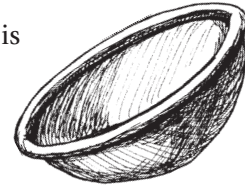
6. Be sure to guide the penis through the outer ring when you have sex.



7. Remove the internal 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

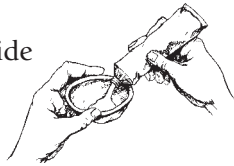
The diaphragm is a shallow cup of soft rubber or silicone that is put into the vagina before sex. It prevents pregnancy by covering the cervix so sperm can't get into the womb. Diaphragms work best with spermicide (see page 305). It is moderately effective in preventing pregnancy and may also give some protection against STIs, like HIV.



Many diaphragms come in different sizes, and a health worker must help a woman find the right size. Midwives can learn to do this. A “one size fits most” diaphragm (*Caya*) is becoming more available and does not require a fitting by a provider.

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, toward your back, right over the cervix.



If the diaphragm is in correctly, the woman can feel her cervix through it. It feels like the end of your nose.



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, tablets, or in sponges)

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 more effective when used with a condom or diaphragm.



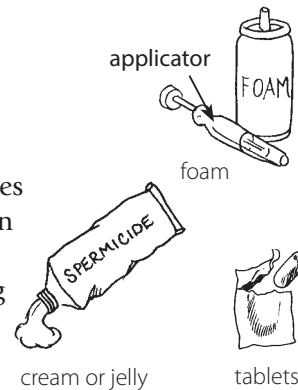
WARNING! A woman should use spermicide only if she knows that her partner does not have HIV.

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

How to use spermicide

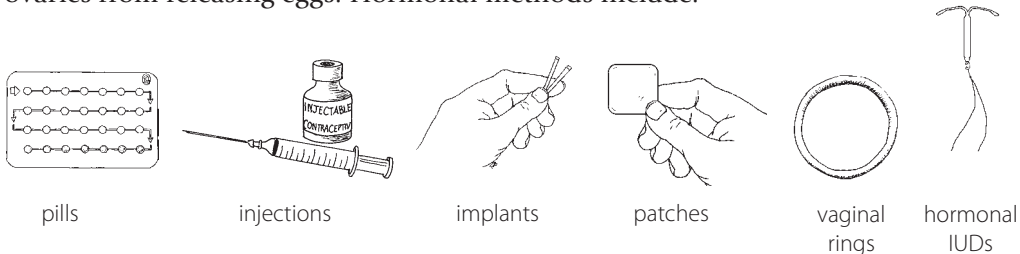
The woman puts the spermicide foam or jelly in her vagina with an applicator. Tablets (suppositories) are put deep in the vagina with the fingers.

Tablets must be put in the vagina at least 10 minutes before sex to have time to dissolve. Foam and jelly can be put in the vagina just before sex. If more than 1 hour passes between inserting spermicide and having sex, more spermicide is needed — a new tablet or applicator of foam or jelly. Also add more before each time you have penis-in-vagina sex again.



Hormonal methods (pills, injections, implants, patches, vaginal rings, hormonal IUDs)

Hormones are a type of chemicals our bodies make. They regulate many body processes including monthly bleeding and the ability to become pregnant. Hormonal family planning methods prevent pregnancy by thickening the mucus in the cervix so sperm cannot pass through. Some methods also prevent the ovaries from releasing eggs. Hormonal methods include:



Hormonal methods prevent pregnancy very well, but do not protect against HIV or other STIs.

Most birth control pills, the patch, the vaginal ring, and some injections contain 2 hormones: estrogen and progestin. Implants, hormonal IUDs, some pills, and some injections contain only progestin.

Some women should *not* use a method that contains *estrogen*:

- Women who have high blood pressure that is not controlled by medicine.
- Women who have had diabetes for 20 years, or have kidney, eye, or nerve problems from diabetes.
- Women who have ever had a stroke 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 deep, steady pain in one leg or hip). Varicose (swollen) veins are usually not a problem.
- Women who get migraine headaches (especially with vision changes).
- Women within 6 weeks after giving birth, because of increased risk of blood clots.



These women can safely use progestin-only methods.

Estrogen can reduce breast milk, so women who are breastfeeding might avoid methods with estrogen for at least 6 months after birth.

Some women should *not* use *any* hormonal method:

- Women who have ever had breast or liver cancer.
- Women who might be pregnant already.



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”)

When a woman takes a birth control pill at the same time every day, this is an effective way to prevent pregnancy.

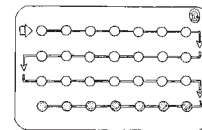
There are many brands of birth control pills with different amounts of estrogen and/or progestin in them. Most pills have 1 milligram (mg) or less of progestin and 35 micrograms (mcg) or less of estrogen.

How to take birth control pills

If a woman is sure she is not pregnant, she can start taking the pill at any time. Pills can also be started the same day or at any time in the first 7 days after an abortion or miscarriage.

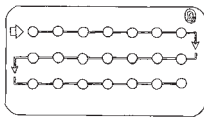
Most pills come in packets of 21 or 28 tablets. Always check a new packet of pills to make sure the pills of the same color all look the same, none are crushed or broken, and the packaging is intact. If not, return them for another packet.

A woman using a 28-day packet 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 contain sugar instead of hormones, but help someone 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.

Pills will not prevent pregnancy until a woman has taken them for about a week. So during the first 7 days after starting birth control pills, she should use condoms or another barrier method, or avoid penis-in-vagina sex.

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.



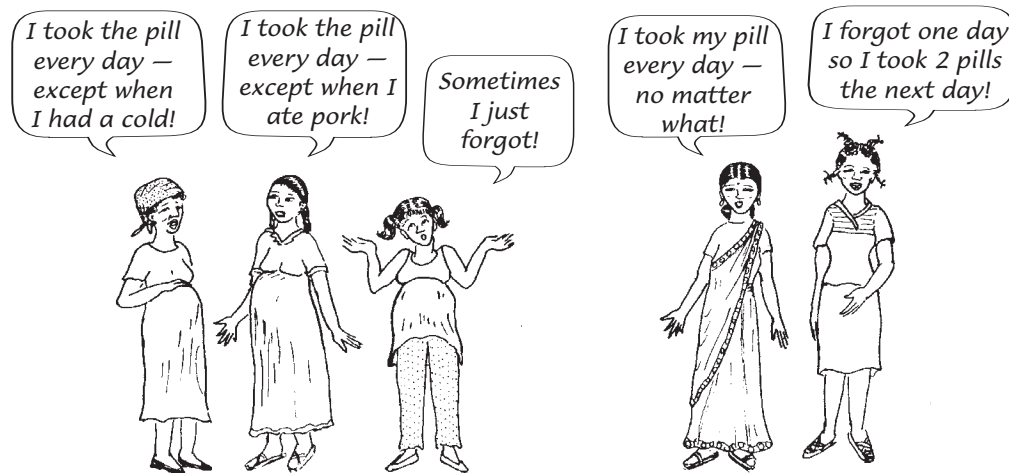
What if a woman forgets to take her pill?

If a woman misses or is late taking 1 pill, she should take the late or missed pill as soon as she remembers, and then take her next pill at the regular time — even if this means taking 2 pills in one day.

If she forgets to take 2 or more pills in a row, she should take the most recent pill as soon as she remembers and discard any other missed pills. She should take the remaining pills in the pack at the regular time, even if this means taking 2 pills in one day. If she missed pills in the last week of hormonal pills (days 15 to 21 in a pack), she should finish the hormonal pills in the current pack, skip the sugar pills (or the 7 day wait for a 21-day pack), and start a new pack.

To prevent pregnancy, she should use condoms or another barrier method every time she has penis-in-vagina sex until she has taken hormonal pills for 7 days in a row.

Remember: Birth control pills do not work if they are only taken some of the time. Take one pill every day, at the same time of day — even if you are taking other medicine, eating special foods, or are ill.



If a woman often forgets to take her pills, she may be able to use the birth control patch or vaginal ring instead. Like pills, these contain hormones and protect against pregnancy but need to be remembered less often. The patch is changed once a week, while the vaginal ring is changed once a month.



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 494.

Injectable contraceptives

With this method, a woman gets a hormone injection to keep her from getting pregnant. Depending on the type of injection, protection lasts for 1 to 3 months.

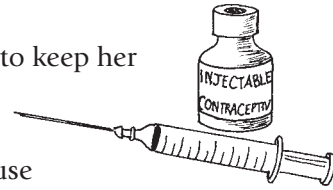
Injections are very effective. Very few women who use this method become pregnant. Another advantage to this method is that a woman does not have to do anything before having sex. And no one except her health worker needs to know she is using a family planning method.



The disadvantages are similar to those for birth control pills (see page 306). In addition, many women who get injections have no monthly bleeding at all. These effects are not dangerous, but 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.

Depo Provera and *Noristerat* injections contain only progestin, are given every 2 or 3 months, and are safe for women who should not use estrogen (see page 306). If a woman is sure she is not pregnant, these injections can be started at any time and give protection in 7 days. They can be started the same day or within 7 days after birth, abortion, or miscarriage and protect immediately.

Other injections (*Cyclofem* and *Mesigyna*) contain estrogen and progestin, and are given every month. If a woman is sure she is not pregnant, these injections can be started at any time and give protection in 7 days. They can be started the same day or within 7 days after abortion or miscarriage and protect immediately. Methods that contain estrogen increase the risk of blood clots and may limit how much breastmilk a woman makes. So women who are not breastfeeding should wait at least 3 weeks after giving birth before starting these injections. Women who are breastfeeding should wait 6 weeks (if partially breastfeeding) to 6 months (if exclusively breastfeeding) after giving birth. When a woman stops getting injections, it may take longer than usual (as much as 3 to 9 months) 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 under the skin of a woman's arm. The implant then releases progestin and prevents pregnancy for 3 to 5 years, depending on the type of implant. 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 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 only contain progestin — 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 light 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.

Implants can be started at any time and give protection in 7 days. They can be started the same day or within 7 days after birth, abortion or miscarriage and protect immediately. 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:**

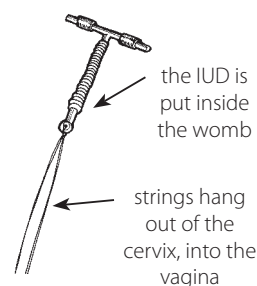
- arm pain near the implant
- pus, redness, or bleeding around the implant
- the implant comes out
- monthly bleeding stops after being regular for several months

Intrauterine devices (IUDs)

An IUD is a small device put inside the womb to prevent pregnancy. The copper IUD prevents pregnancy for up to 12 years. Hormonal IUDs (*Mirena* and others) prevent pregnancy for 3 to 7 years, depending on the amount of hormone they contain. Once an IUD is put in, it stays inside the womb until it is taken out by a trained person. Chapter 21 explains more about IUDs and how to insert and remove them.

IUDs can be started at any time. The copper IUD gives protection immediately, and hormonal IUDs give protection in 7 days. IUDs can be started the same day or within 7 days after birth, abortion, or miscarriage and protect immediately.

Usually, neither partner feels 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.



An IUD often causes changes in monthly bleeding, depending on the type of IUD. The copper IUD can cause heavier monthly bleeding with more painful cramping for a few months. Rarely, this extra loss of blood can cause anemia. Hormonal IUDs can cause monthly bleeding to become very light or stop altogether, but they can also cause irregular bleeding and spotting.

These are some of the disadvantages and risks of IUDs:

- IUDs do not protect against HIV or other STIs.
- If a woman has chlamydia or gonorrhea when an IUD is inserted, the infection can spread to her womb. Womb infection can lead to infertility or other serious health problems. Make sure these infections are treated before having an IUD inserted.
- The woman cannot put in or take out an IUD herself. A health worker must do it.



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

- late or missed monthly bleeding
- pain in the belly that does not go away
- pain or bleeding during sex
- unexplained fever or chills
- unusually heavy bleeding from the vagina (soaking one or more pads or cloths in an hour).

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 (or about every 4 weeks for someone using a hormonal IUD whose periods have stopped).

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 condoms or another barrier method until she can have the IUD checked by a health worker.



Abstinence and sex that does not cause pregnancy

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 people enjoy. They have very low risk of passing HIV and other STIs and they cannot cause pregnancy. Anal sex also cannot cause pregnancy, although it is much more likely than vaginal sex to pass HIV and other STIs.



Abstinence means avoiding all sex that can cause pregnancy (sex with a penis inside a vagina). Abstinence is the surest way to prevent pregnancy, and can be a good way to reduce the risk of HIV and other STIs. However, in practice it can be difficult to maintain.

Breastfeeding to prevent pregnancy (Lactational Amenorrhea Method, LAM)

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

This method is most reliable if the baby is breastfeeding as often as he 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, and get advice from an HIV prevention program.



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 sex that can cause pregnancy (penis-in-vagina sex). 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 sex that can cause pregnancy..

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 Standard Days Method. These methods work best when they are both used together. But one method alone is better than nothing.



Mucus Method

With the Mucus Method, a woman checks the mucus from her vagina, especially from her cervix (womb opening) every day. Anytime her cervix has mucus, she may be fertile.

A woman should check for mucus or wetness every afternoon or evening in her underwear, or by wiping the outside of her vagina with her finger, a piece of paper, or cloth. As soon as she notices wetness or mucus, no matter what color or consistency, she should consider herself fertile for that day and the following day.

How to use the Mucus Method

- Check the mucus at the same time every day.
- Do not have sex that can cause pregnancy on any day you see mucus or wetness of any kind, or on the day after. Or use a condom or diaphragm on those days.
- Do not have unprotected sex that can cause pregnancy during your period. Because bleeding changes your mucus, there is a small possibility you could be fertile and not be able to tell.
- 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.



Standard Days Method

With the Standard Days Method, a woman does not have sex that can cause pregnancy 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 regular again.

How to use the Standard Days Method

For this method to work, the woman cannot have sex that can cause pregnancy from the 8th day of her cycle through the 19th day of her cycle. If she does, she must use another method of family planning.



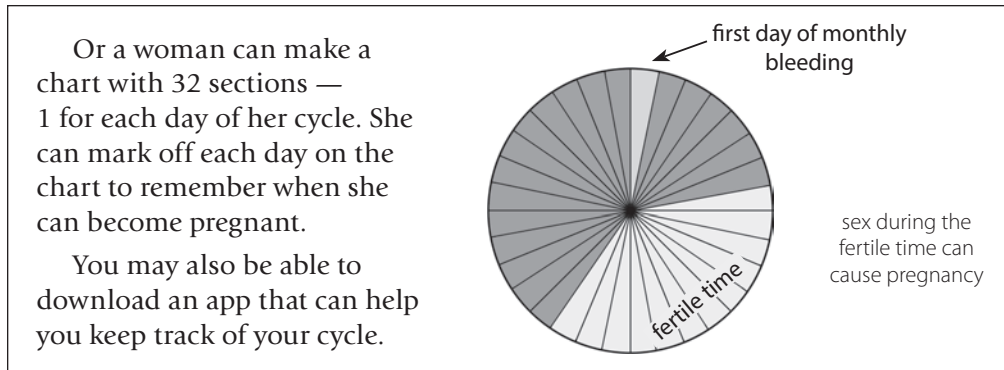
Women can use beads, a chart, or some other tool to remember their fertile days. String 32 beads, of 3 different colors, into a necklace. Each color bead can represent a different part of the woman's cycle.



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 penis-in-vagina sex. 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*.





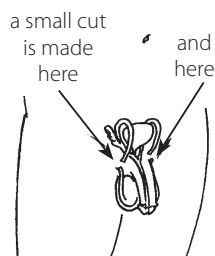
Sterilization

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 against HIV and other STIs.

Sterilization for men (vasectomy)



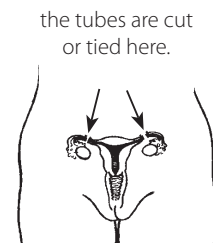
A vasectomy is a simple operation. It takes only about 10 minutes. A health worker inserts a tool through the skin of the testicles to cut the tubes that carry sperm to the penis. The skin heals quickly and the testicles are not harmed.

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 bellybutton to cut or tie the tubes that carry the woman's eggs to her womb. The operation takes about 30 minutes. Tubal ligation does not change a woman's monthly bleeding or her ability to have sex and sexual pleasure.

A method of sterilization called tubal occlusion (*Essure*, *Adiana*) places tiny metal and plastic coils in the Fallopian tubes to create scars that block the sperm from reaching an egg. It does not require surgery, but this method has generated many serious problems and is no longer available in some countries. No one should use it.



Emergency contraception: Pills

Emergency contraception is a way to avoid pregnancy after having unprotected penis-in-vagina 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 the best method to use every time a woman has sex. Emergency contraception contains more hormones than daily-use birth control pills, so it has more side effects. It is also more expensive than regular birth control pills, and less effective than other methods of preventing pregnancy.



How to take pills for emergency contraception		
Emergency pills containing 1.5 mg (1500 mcg) levonorgestrel (<i>Norlevo 1.5, Plan B One-Step, Postinor-1</i>)	Take one pill, one time only	
Emergency pills containing 30 mg ulipristal acetate (<i>Ella, Ella One</i>)	Take one pill, one time only	
Emergency pills containing 0.75 mg (750 mcg) levonorgestrel (<i>Norlevo 0.75, Optinor, Postinor-2, Plan B</i>)	Take 2 pills, one time only	
Emergency pills containing 50 mcg ethinyl estradiol and 250 mcg levonorgestrel (<i>Tetragynon</i>)	Take 2 pills	Take 2 more pills 12 hours later
Combined pills containing 50 mcg ethinyl estradiol and 250 mcg levonorgestrel (<i>Neogynon, Nordiol</i>) or 500 mcg norgestrel (<i>Ogestrel, Ovral</i>)	Take 2 pills	Take 2 more pills 12 hours later
Combined pills containing 30 mcg ethinyl estradiol and 150 mcg levonorgestrel (<i>Microgynon, Nordette</i>) or 300 mcg norgestrel (<i>Lo-Femenal, Lo/Ovral</i>)	Take 4 pills	Take 4 more pills 12 hours later
Combined pills containing 20 mcg ethinyl estradiol and 100 mcg levonorgestrel (<i>Alesse, Lutera</i>)	Take 5 pills	Take 5 more pills 12 hours later
Progestin-only pills (minipills) containing 75 mcg norgestrel (<i>Neogest, Ovrette</i>)	Take 40 pills one time only	
Progestin-only pills (mini pills) containing 30 mcg levonorgestrel (<i>Microlut, Microval, Norgeston</i>)	Take 50 pills one time only	

Emergency contraception: IUDs

Some IUDs can also be used as emergency contraception. A trained health worker must insert the IUD within 5 days of a woman having sex. All copper IUDs and a hormonal IUD that contains 52 mg of the hormone levonorgestrel will 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 keeps most sperm from getting inside the vagina.

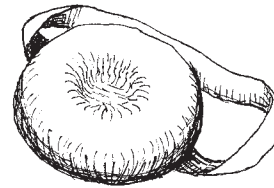


If a man is willing and able to pull out every time before he ejaculates, this method can work reasonably well. It costs nothing and is always available. But a man may not want to or be able to pull out before the sperm comes. This means the woman may get pregnant. Also, a woman may worry about whether 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.



New methods of family planning

New methods of family planning are being developed all the time, some for men too. These methods may only be available in some places and may be expensive. We include them here because the more people know about and ask for them, the more available and affordable they may become. Having more methods, and some that work differently, means more people who want to prevent pregnancy will be able to find a method that meets their needs.

Once-a-month birth control pills prevent pregnancy in the same way as minipills but they only have to be taken about once each month. Some people are less likely to miss pills when they need to be taken less often, and so are less likely to have an unintended pregnancy.

A new kind of patch can be pressed on the skin right before sex and removed after a few minutes. It uses a strong form of progestin. Unlike the combined hormonal patch currently available, this new patch is safe for people who cannot use methods with estrogen, and it is more private because it is not worn all the time.

A **non-hormonal gel** inserted in the vagina just before sex makes the vagina acidic, which slows sperm movement and prevents sperm from reaching the egg.

A **gel with progestin and testosterone** in it prevents sperm production in the testicles. It is rubbed into the skin on the shoulders and arms once a day.

Vasalgel/RISUG is a gel that stops sperm from moving from the testicles to the penis. So it prevents pregnancy in a way that is similar to vasectomy, but it is reversible.

Methods that do not prevent pregnancy

These common ways people try to prevent pregnancy do not work.

- 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

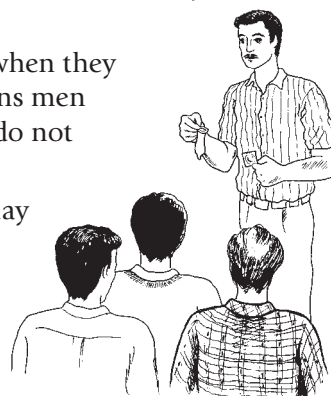
Men must also be responsible for family planning

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. But when men participate in understanding and using family planning, it is much easier for couples to prevent unwanted pregnancies.

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.

Many men support women's right to decide if and when they want to become pregnant. Using family planning means men and women can both have sex with less worry if they do not want a child.

As a midwife (or community health worker), you may be able to influence men in your community to take more responsibility for family planning. Explain how the number of children in the family can 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 benefits of family planning.

Family planning programs that work

Midwives help individual women and men decide about family planning methods. While doing this, 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.