

The first step in selecting a contraceptive method is to determine the requirements of the client and to list the choices available. The advantages and disadvantages of each method should be discussed, and the client should then be allowed to choose a method [4].

According to contraceptive needs, couples can be categorised into three groups.

- a) An unmarried or newly married couple who wishes to avoid a pregnancy
- b) A couple who requires to space their pregnancies
- c) A couple who wishes to limit pregnancies as the family is complete

(a) An unmarried couple for obvious social reasons will wish to avoid a pregnancy. Even a newly married couple will often want time before starting a family. As one in seven couples has difficulties in conceiving, and will be unaware of this until they attempt a pregnancy, it is advisable to decide on an appropriate time for the first pregnancy. The majority of nulliparous women have a choice of three methods of contraception – condoms, combined oral contraceptives and implants. Of the three, condoms have the smallest risk of adverse effects but carry the highest possibility of contraceptive failure; a failure rate of 15% in the manner in which they are commonly used. As user failure is the main reason for unexpected pregnancies with condom use, adequate counselling should be available for clients. For couples who wish for greater protection from pregnancy the pill is the ideal method with 99% efficacy when taken regularly. For couples whose compliance is poor, especially if they need contraception for more than a few months, an implant would be the most suitable method.

For nulliparous women who wish to conceive within a short period of time depot medroxyprogesterone acetate (DMPA) injections are inappropriate, as return to fertility is known to take up to 10 months after the last injection. The intrauterine device (IUD) should also be avoided in nulliparous women because of the difficulty in insertion of the device and the rare possibility that pelvic infection may occur resulting in subfertility.

(b) A birth interval of at least two years between pregnancies is known to improve the health of the mother and child. In addition, spacing may also be required for non-medical reasons such as professional or social commitments e.g. examinations, work place commitments etc. The method selected for this period should have a high efficacy.

Though the recommendation for commencement of contraceptive use after partus is 6 weeks, non-lactating mothers need to start four weeks after delivery. The non-

lactating mother can use any temporary contraceptive method, i.e. condoms, oral contraceptive pill (OCP), DMPA, implant or IUD. The lactating mother should avoid methods that affect the quantity of breast milk and the duration of lactation, i.e. OCP. Following caesarean section, insertion of an IUD soon after six weeks should be with caution. The service provider should be experienced and the procedure performed with care in order to avoid perforation through the scar.

(c) The maximum number of children for a family is determined by a wide variety of medical and non-medical factors, such as, the level of income, cultural issues, mother's age and state of health and gender of children. Therefore, it is important that sufficient time and importance are given to the decision of limiting the family. Parity of five and above is known to be associated with increased maternal morbidity and mortality. Once the decision for limiting the family is made the choice lies between effective long acting temporary methods of contraception and sterilization. If the client has doubts regarding sterilization or if surgical procedures need to be avoided, the IUD is the method of choice. DMPA, OCP and the implant can also be used to limit the family. Their limitations in this situation are the requirement for regular follow up and dependence on client compliance. The male and female sterilizations with their high efficacy and minimum side effects should be considered as the methods of choice for limiting the family permanently.

2. For the young couple, Ranjith and Sunimalee with two small children, contraception for a period of about three years is strongly recommended. Since it is advisable to start at the end of puerperium (six weeks after partus) the options available to them are DMPA, IUD and an implant. The couple should be informed of the contraceptive and non-contraceptive advantages and disadvantages of each method so that they can make an informed choice.

If this couple wants to avoid pregnancy for more than three years the IUD, which requires minimal client compliance and is effective for up to 10 years, would be the method of choice. If they wish for a pregnancy at an interval less than three years DMPA or implant would be preferable as these are less invasive. The couple should be advised to return six weeks postpartum to commence contraception with the method of their choice.

The next step is to determine eligibility of the client for the chosen method of contraception by obtaining a clinical history and checking exclusion criteria. For most

medical conditions this can be done reliably and conveniently by using the World Health Organization (WHO) eligibility criteria [5].

The WHO medical eligibility criteria categorises all contraceptive methods into four groups for a wide range of medical conditions [5].

Category 1 – A condition for which there is no restriction for use of the contraceptive method. Therefore, the method can be used under any circumstances.

Category 2 – A condition where the advantages of using the contraceptive method generally outweigh theoretical or proven risks. The method can be used but careful follow up is required.

Category 3 – A condition where theoretical or proven risks usually outweigh the advantages of using the contraceptive method. Use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable. This requires experienced clinical judgment and access to services.

Category 4 – A condition which represents an unacceptable health risk if the contraceptive method is used. Therefore, the method should not be used.

3. At the visit six weeks after partus, Ranjith and Sunimalee have selected the IUD as their method of choice. A clinical history should now be taken and a detailed examination should be done to check for exclusion criteria such as menorrhagia, pelvic infection, sexually transmitted infection, anaemia, uterine anomalies and fibroids.

Once the client is confirmed to be eligible for the method chosen it could be commenced without delay. However, it is very important to exclude a pregnancy before commencing any contraceptive method.

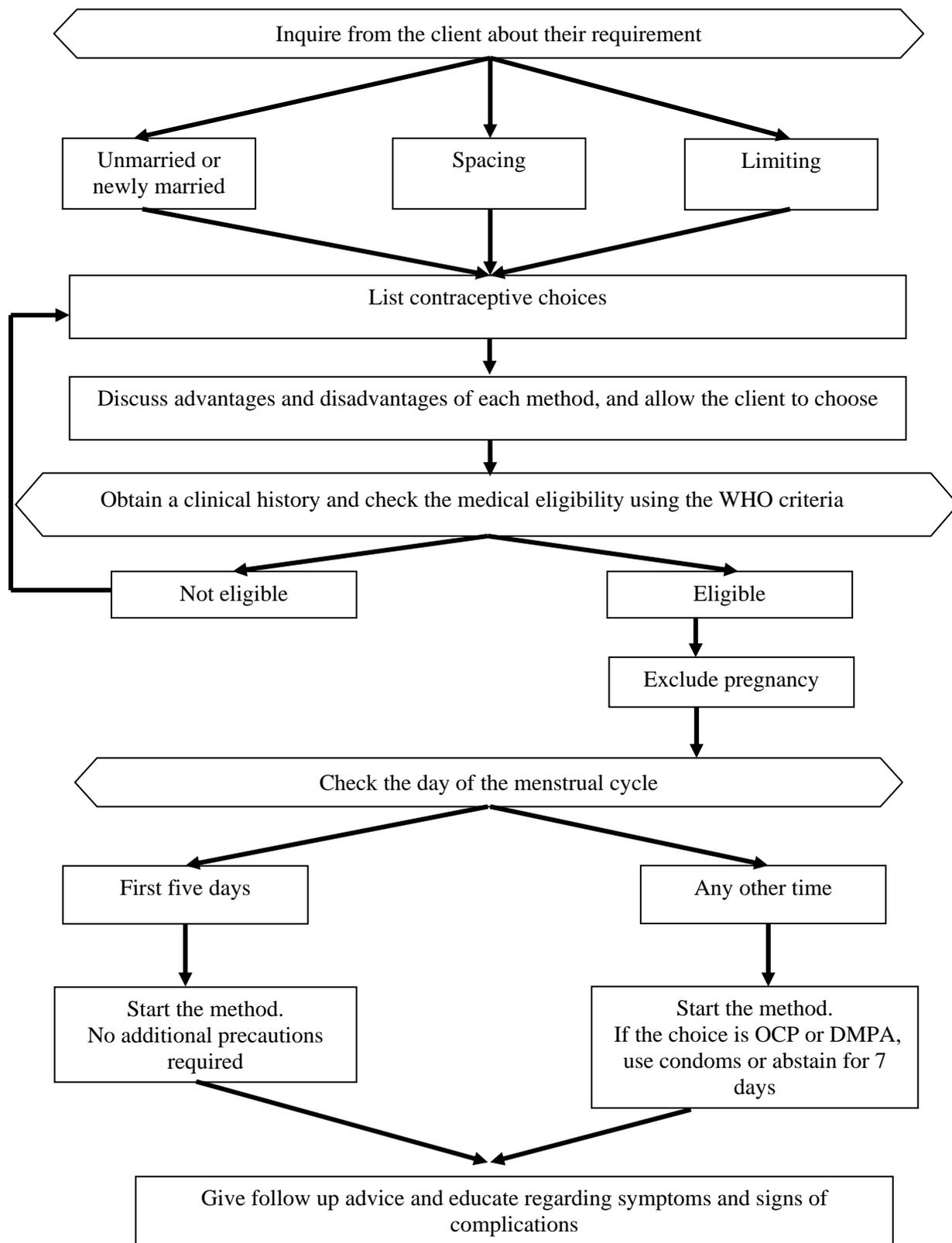
The list given below has been compiled by the WHO to help service providers to be reasonably certain that the client is not pregnant [6].

- a) **Has not had intercourse since the last normal menses.**
- b) **Has been correctly or consistently using a reliable method of contraception.**
- c) **Is within the first seven days after normal menses.**
- d) **Is within four weeks postpartum for non-lactating women.**
- e) **Is within the first seven days post-abortion or miscarriage.**
- f) **Is fully or nearly fully breastfeeding, amenorrhic, and less than 6 months postpartum.**

If a sensitive urine test which detects a human chorionic gonadotrophin (hCG) concentration above 25 miu/ml done three weeks after the last unprotected intercourse is negative, this too would exclude pregnancy. This is very useful when the client does not meet any of the WHO criteria and needs to commence a contraceptive method as soon as possible.

Having excluded a pregnancy, if the chosen contraceptive method is condoms, IUD or female sterilization, no additional protection is required. If OCP, injectables or an implant is selected and the client is not within the first five days of a normal menses, the couple should be advised to abstain from sexual intercourse or use condoms for the first seven days. This will prevent fertilization and implantation of an ovum released around the time of starting these contraceptive methods. Finally, the client needs to be educated on important aspects of continuation of contraception and follow up. She also needs to be informed about signs and symptoms of possible complications.

4. An IUD inserted at six weeks postpartum is the most appropriate method for Sunimalee. She should be advised to come for follow up soon after the first menstrual cycle. She should also be advised to report to the care provider in the event of developing symptoms or signs of a complication, such as, amenorrhoea, menorrhagia, lower abdominal pain, dyspareunia, abnormal vaginal discharge and not feeling the threads of the IUD.



Choosing and starting a contraceptive method

References

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