

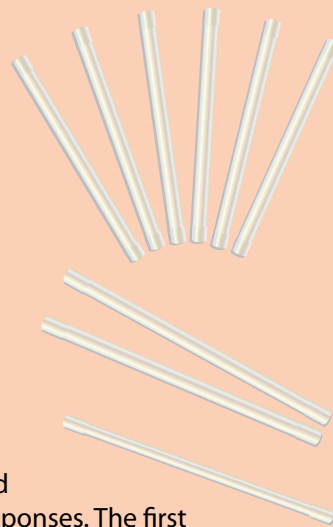
Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

Contraceptive implants, such as Norplant, Jadelle, Sinoplant, and Implanon, are safe and effective for use by most women, including those who are at risk of cardiovascular disease, sexually transmitted infections (STIs) and HIV infection, or those living with HIV. For some women, implants are generally not recommended because of the presence of certain medical conditions, such as breast cancer or most types of liver tumors. Women who desire to use implants must therefore be screened for certain medical conditions to determine if they are appropriate candidates.

Family Health International (FHI), with support from the U.S. Agency for International Development (USAID), has developed a simple checklist (see center spread) to help health care providers screen clients who have been counseled about contraceptive options and who have made an informed decision to use implants. The checklist is based on recommendations included in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2008). It consists of 12 questions and provides guidance based on clients' responses. The first six questions are designed to identify medical conditions that would prevent safe use of implants or require further evaluation. Clients who are ruled out because of their response to some of the medical eligibility questions may still be good candidates for implants if the suspected condition can be excluded through appropriate evaluation. The last six questions enable providers to determine with reasonable certainty that a woman is not pregnant before initiating the method.

A health care provider should complete the checklist before inserting the implant(s). In some settings the responsibility for initiating implants may be shared — by a counselor who completes the checklist and an appropriately trained health care provider who performs the insertion. Providers trained to perform insertions may include nurses, nurse-midwives, nurse-practitioners, midwives, physicians, and, depending on educational and professional standards in each country, physician's assistants and associates.

This checklist is part of a series of provider checklists for reproductive health services. The other checklists include the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives*, the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*, the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*, and the checklist entitled, *How to be Reasonably Sure a Client is Not Pregnant*. For more information about the provider checklists, please visit www.fhi.org.



Assessing Medical Eligibility for Implants

1. Have you ever been told you have breast cancer?

This question is intended to identify women who know they have had or currently have breast cancer. These women are not good candidates for implants because breast cancer is a hormone-sensitive tumor, and implant use may adversely affect the course of the disease.

2. Do you currently have a blood clot in your legs or lungs?

This question is intended to identify women with known blood clots, not to determine whether a woman

might have an undiagnosed blood clot. Women with blood clots in their legs or lungs usually experience acute symptoms that prompt them to seek health care. For this reason, they would likely be aware of the condition and would answer “yes.” Because implant use may make these conditions worse, answering “yes” to the question means that the woman is not a good candidate for contraceptive implants. However, women on established anticoagulant therapy generally can use implants.

3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?

This question is intended to identify women who know that they currently have a serious liver disease such as severe cirrhosis; malignant liver tumors; or benign liver tumors, with the exception of focal nodular hyperplasia (a tumor that consists of scar tissue and normal liver cells). Women with these conditions should not use implants, because the hormones used in implants are processed by the liver and may further compromise liver function. Women with other liver problems, such as acute or chronic hepatitis, can use implants safely.

4. Have you ever been told that you have a rheumatic disease, such as lupus?

This question is intended to identify women who have been diagnosed with systemic lupus disease. Women who have systemic lupus disease and who are not on immunosuppressive treatment should not use implants, due to concerns about a possible increased risk of thrombosis.

5. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?

This question is intended to identify women who may have an underlying pathological condition. While these conditions are not directly affected by implants, changes in bleeding patterns which are common among implant users, could make such conditions harder to diagnose. Unusual, unexplained bleeding changes may indicate infection or cancer that should be evaluated without delay or treated by a higher-level health care provider. Implant use should be postponed until the condition can be evaluated. In contrast, women for whom heavy, prolonged, or irregular bleeding constitutes their usual bleeding pattern may initiate and use implants safely.

6. Are you currently breastfeeding a baby less than six weeks old?

This question is included because of the theoretical concern that hormones in breast milk may have an adverse effect on a newborn during the first six weeks after birth. A breastfeeding woman can begin implant use six weeks after her baby is born.

Determining Current Pregnancy

Questions 7–12 are intended to help a provider determine, with reasonable certainty, whether a client is not pregnant. If a client answers “yes” to any of these questions and has no signs or symptoms of pregnancy, it is highly likely that she is not pregnant. The client can have implants inserted now.

If the client is within 7 days of the start of her menstrual bleeding (5 days for Implanon), she can start the method immediately. No back-up method is needed.

If it has been more than 7 days since her first day of bleeding (more than 5 days for Implanon), she can start the method immediately, but must use a back-up method (i.e., using a condom or abstaining from sex) for 7 days to ensure adequate time for the implants to become effective.

If you cannot determine with reasonable certainty that the woman is not pregnant (using the checklist), and if you do not have access to a pregnancy test, then she needs to wait until her next menstrual period begins before having implants inserted. She should be given condoms to use in the meantime.

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

To determine if the client is medically eligible to use implants, ask questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 6.

NO	1. Have you ever been told you have breast cancer?	YES
NO	2. Do you currently have a blood clot in your legs or lungs?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told that you have a rheumatic disease, such as lupus?	YES
NO	5. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES
NO	6. Are you currently breastfeeding a baby less than 6 weeks old?	YES

If the client answered **NO** to *all of questions 1–6*, she can use implants. Proceed to questions 7–12.

If the client answered **YES** to *question 1*, she is not a good candidate for implants. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 2–5*, implants cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

If the client answered **YES** to *question 6*, instruct her to return for implant insertion as soon as possible after the baby is six weeks old.

Ask questions 7–12 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 12.

YES	7. Did your last menstrual period start within the past 7 days?	NO
YES	8. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
YES	9. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	10. Have you had a baby in the last 4 weeks?	NO
YES	11. Have you had a miscarriage or abortion in the last 7 days?	NO
YES	12. Have you been using a reliable contraceptive method consistently and correctly?	NO

If the client answered **YES** to *at least one of questions 7–12* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have implants inserted now.

If the client began her last menstrual period *within the past 7 days (5 days for Implanon)*, she can have implants inserted now. No additional contraceptive protection is needed.

If the client began her last menstrual period *more than 7 days ago (5 days for Implanon)*, she can *have implants inserted now*, but instruct her that she must *use condoms or abstain from sex for the next 7 days*. Give her condoms to use for the next 7 days.

If the client answered **NO** to *all of questions 7–12*, pregnancy cannot be ruled out.

She must use a pregnancy test or wait until her next menstrual period to have implants inserted.

Give her condoms to use in the meantime.