

REPRODUCTIVE HEALTH SERVICE WORKSHOP



MEDICAL ELEGIBILITY CRITERIA: 2015



SOMSA CONFERENCE

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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Aim of the workshop



To equip the professional healthcare workers with the **knowledge**, **skills** and **attitudes** to provide quality, effective contraception services and fertility planning in accordance with the national policy guidelines and other connected policies and legislation

Module 1: Learning outcomes



- Distinguish between rights, values and culture of clients
- Explain the link between fertility and HIV management and sexual and reproductive health
- Discuss the Contraception and Fertility Planning (CFP) policy, guidelines and related protocols
- Explore the challenges of the professional and ethical conduct required in a working environment

Module 2: Learning outcomes



- Discuss anatomy and physiology female reproductive system
- Discuss anatomy and physiology male reproductive system
- Explain the menstrual cycle
- Illustrate the process of conception

Module 3: Learning outcomes



- Explain effective communication skills
- Differentiate between health education and the principles of counselling
- Ability to maintain confidentiality and privacy
- Identify own attitudes, feelings, and values, that will have significant impact on the counselling process

Module 4: Learning outcomes



- Taking a detailed history
- Interrogate myths and misconceptions
- Perform a comprehensive physical examination including an internal examination
- Illustrate how to use MEC and National policy

Module 5: Learning outcomes



- Identify and define available methods
- Discuss the advantages of various methods
- Interrogate myths and misconceptions
- Administer different methods
- Demonstrate openness and unconditional positive regard irrespective of culture, age, race and religion
- Understand how to choose a suitable method
- Understand the mode of action of the various methods and timing of initiation
- Know how to use MEC and National policy and when to refer to it

Module 6: Learning outcomes



- Describe the types and characteristics of barrier methods of contraception
- Provide the client with information on barrier methods available
- Offer appropriate to these methods “Provider initiated” Family Planning Counselling
- Screen clients appropriately for use of these methods
- Assist the client to choose an appropriate barrier method
- Identify and manage side effects of barrier methods

Module 7: Learning outcomes



- Identify and describe available types and characteristics of hormonal contraceptives
- Screen clients appropriately for the use of hormonal family planning methods
- Instruct clients on correct use of hormonal contraceptives
- Respond to client's concern about hormonal contraceptives
- Identify and manage side effects and complications of hormonal family planning methods.
- Discuss the advantages of various methods
- Interrogate myths and misconceptions
- Administer different methods
- Perform a comprehensive physical examination including an internal examination

Module 8: Learning outcomes



- Describe the types and characteristics of Intra-uterine device (IUD)
- Interrogate myths and misconceptions
- Screen Clients appropriately for IUD use
- Use the correct technique for IUD insertion and removal
- Know how to identify and manage side effects and complications

Module 9: Learning outcomes



Participants will be able to:

- describe the types and characteristics Voluntary Sterilisation Contraception of VSC
- screen clients appropriately for VSC and refer (when necessary)
- describe to the client the pre-operative, intra-operative and post-operative procedure for VSC
- identify and manage complications of VSC
- know how to use MEC and National policy and when to refer to it

Module 10: Learning outcomes



- Define the concepts and types of Natural Family Planning (NFP), Fertility awareness based methods (FAM) and Lactational Amenorrhea Method (LAM)
- Describe the mechanism of action
- State the advantages, disadvantages and effectiveness of these methods
- Explain the procedures for using each natural family planning method
- Discuss the advantages of these methods various methods
- Perform a comprehensive physical examination

Module 11: Learning outcomes



- Understand the role of emergency contraception (EC) in pregnancy prevention
- Understand the differences between EC regimens and their effectiveness
- Identify mechanisms for raising awareness of EC within the client population
- Increase awareness of EC resources
- Facilitate integration of EC into routine family planning, reproductive health, and primary care activities

Module 12: Learning outcomes



- Express an understanding of drug interactions between contraceptives, HIV and TB drugs and other chronic medication
- Explain the relationship between HIV acquisition, transmission, progression and contraceptive methods
- Identify the signs and symptoms of STI's
- Explain effective service integration
- Advocate STI prevention including HIV and HPV

WHO MEC WHEEL 2015



2015 Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use – to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD
Pregnancy		NA	NA	NA	
Breastfeeding	Less than 6 weeks postpartum				
	6 weeks to < 6 months postpartum				See i.
	6 months postpartum or more				
Postpartum and not breastfeeding	< 21 days				
	< 21 days with other risk factors for VTE*				See i.
	≥ 21 to 42 days with other risk factors for VTE*				
Postpartum and breastfeeding or not breastfeeding	< 48 hours or more than 4 weeks				
	≥ 48 hours to less than 4 weeks	See ii.	See ii.	See ii.	
	Puerperal sepsis				
Postabortion	Immediate post-septic				
Smoking	Age ≥ 35 years, < 15 cigarettes/day				
	Age ≥ 35 years, ≥ 15 cigarettes/day				
Multiple risk factors for cardiovascular disease					
Hypertension <i>BP = blood pressure</i>	History of (where BP cannot be evaluated)				
	BP is controlled and can be evaluated				
	Elevated BP (systolic 140 - 159 or diastolic 90 - 99)				
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)				
	Vascular disease				
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE				
	Acute DVT/PE				
	DVT/PE, established on anticoagulant therapy				
	Major surgery with prolonged immobilization				
Known thrombogenic mutations					
Ischemic heart disease (current or history of) or stroke (history of)				I C	
Known hyperlipidemias					
Complicated valvular heart disease					
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies				
	Severe thrombocytopenia		I C		I C
	Immunosuppressive treatment				I C
Headaches	Non-migrainous (mild or severe)				
	Migraine without aura (age < 35 years)	I C			
	Migraine without aura (age ≥ 35 years)	I C			
	Migraines with aura (at any age)		I C	I C	I C

- **Category 1** There are no restrictions for use.
- **Category 2** Generally use; some follow-up may be needed.
- **Category 3** Usually not recommended; clinical judgment and continuing access to clinical services are required for use.
- **Category 4** The method should not be used.



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CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD
Unexplained vaginal bleeding (prior to evaluation)					
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels				
	Persistently elevated β-hCG levels or malignant disease				
Cancers	Cervical (awaiting treatment)				I C
	Endometrial				I C
	Ovarian				I C
Breast disease	Undiagnosed mass	**	**	**	
	Current cancer				
	Past w/ no evidence of current disease for 5 yrs				
Uterine distortion due to fibroids or anatomical abnormalities					
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhoea				I C
	Vaginitis				
	Current pelvic inflammatory disease (PID)				I C
	Other STIs (excluding HIV/hepatitis)				
	Increased risk of STIs				
	Very high individual risk of exposure to STIs				I C
Pelvic tuberculosis					
Diabetes	Nephropathy/retinopathy/neuropathy				
	Diabetes for > 20 years				
Symptomatic gall bladder disease (current or medically treated)					
Cholestasis (history of)	Related to pregnancy				
	Related to oral contraceptives				
Hepatitis	Acute or flare	I C			
	Chronic or client is a carrier				
Cirrhosis	Mild				
	Severe				
Liver tumors (hepatocellular adenoma and malignant hepatoma)					
High risk of HIV or HIV-infected (Stage 1 or 2)					
AIDS (HIV-infected Stage 3 or 4)	No antiretroviral therapy (ARV)				I C
	Improved to Stage 1 or 2 on ARV therapy	See iii.	See iii.	See iii.	
	Not improved on ARV therapy				I C
Drug interactions	Rifampicin or rifabutin				
	Anticonvulsant therapy***				

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Source: Adapted from Medical Eligibility Criteria for Contraceptive Use, 5th Edition. Geneva: World Health Organization, 2015. Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

- I/C Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.
- NA Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.
- I See condition "Postpartum and breastfeeding or not breastfeeding" instead.
- II See condition "Breastfeeding" or condition "Postpartum and not breastfeeding" instead.
- III Women who use methods other than IUDs can use them regardless of HIV stage or use of ART.
- * Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.
- ** Evaluation of an undiagnosed mass should be pursued as soon as possible.
- *** Anticonvulsants include phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.



Case study 1



Client description

Thabiso is a 17-year-old female who has been counseled about the benefits of using family planning by a nurse at the antenatal clinic. She was pregnant but miscarried six days ago. She read the pamphlet on family planning method options given to her by the provider at the clinic and has made a decision about which method she believes best suits her needs.



Client Description

- Jane is a 17-year-old female who has been referred for contraception from an HIV care and treatment provider. She was pregnant but miscarried two months ago. She read the pamphlet on family planning method options given to her by the provider and have made a decision.



Client description

Thato is a 28-year-old married woman with a busy professional career. She has been married and monogamous for over eight years but does not want to have children. She recently saw a promotion for progestin-only implants and has come to the family planning site to learn more about them.

Case study 4



Client Description

Dintle is a 17-year-old female. A friend at school told her that *the injection* was now being offered at the local health center and was available to adolescents. She went to the health center where the receptionist gave a pamphlet on family planning method options offered by the center. After reading it, she made a decision about which method she believes best suits her needs, and now she wants to talk to a provider about starting the Depo Provera

Role play 5 – client description



A 41-year old woman with three teenage boys and a two-year old girl (who was a surprise baby following the removal of an IUD) says she has been using condoms every time she had sex, but does not feel they are reliable enough. She is interested in family planning method.

Case study 6



- A 28 years old woman who is 18 days post-natal had unprotected sex four days ago.
- She is breast feeding.
- Discuss if she needs EC

Summary



- Counseling, specific
- History taking skills
- Physical examination
- Patient past experience
- Medical eligibility
- Provide options



Questions and discussions



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