Interactive Voice Response mLearning Training:

Management of Contraceptive Side Effects, Rumors, and Misconceptions

Course Packet

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CapacityPlus, **IntraHealth International**, and the **Ministry of Health, Senegal**

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FOREWORD

Thank you for participating in this innovative family planning refresher training course on the management of contraceptive side effects, rumors, and misconceptions. We thank you for your participation, your patience, and your cooperation. This package contains the entire course. You will find all the questions that you were asked and corresponding explanations. The correct answer for each question is highlighted in bold. We hope you enjoyed the course and that the information has been helpful.

Interactive Voice Response mLearning Training: Management of Contraceptive Side Effects, Rumors, and Misconceptions

Question 1

Question

When counseling a client for the first time on a contraceptive method, what should you tell him or her about the potential side effects?

1) **Explain the most common side effects.**
2) Explain that side effects are a sign of illness.
3) Explain that a doctor is needed in all cases of side effects.
4) Explain every possible side effect.

Explanation

It is important to discuss only the most common side effects that *may* occur with a client before he or she begins using a method of contraception. Discussing and explaining side effects may reduce the anxiety that the client feels if he or she experiences side effects. Reassure the client that side effects are generally NOT a sign of illness and explain that most side effects can be managed by the patient and will diminish over time.

For returning clients who are experiencing side effects due to contraceptive use, acknowledge the client's concerns and help the client to manage the symptoms. Explain to the client that for many people who experience side effects, the symptoms diminish over time or are tolerable with little to no treatment. If the symptoms persist and/or are intolerable to the client, suggest that he or she switch to another method of contraception. Discuss alternative method options and the possible associated side effects with the client.

Question 2

Question

True or false. Side effects due to contraception are warning signs of a complication.

1) True
2) **False**

Explanation

Side effects of contraception are possible and are generally not signs of a complication or health risk. Although rare, some individuals experience complications as a result of using contraception. Warning signs of complications are different than side effects and should be addressed with urgency. Clients should be informed of the rare but potential complications of the method that they have chosen and the associated warning signs so that they are able to seek help if needed.

Question 3

Question

Many rumors and misconceptions exist about contraception. What is the best way to counteract a rumor about a family planning method?

1) Explain to the client that the rumor is very silly and not true.
2) **Politely explain that the rumor is not true and why it is not true.**
3) Avoid discussing it with the client since it is just a rumor.
4) Explain that they should only trust information they receive from the health facility.

Explanation

Rumors are unconfirmed stories that are passed from one person to another by word of mouth. A misconception is a mistaken interpretation of ideas or information. If a misconception is imbued with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumor.

In general, rumors occur when information or an issue is important to people, but has not been clearly explained. Rumors also arise and spread when there is no one available to clarify or correct the incorrect information. Rumors are also more likely to spread when the original source of a rumor is perceived to be credible. For example, sometimes rumors or misconceptions are spread by health workers who may be misinformed or who have religious or cultural beliefs pertaining to family planning that they allow to affect their professional conduct.

It is important that family planning providers be able to identify and correct rumors and misconceptions about contraception. If a client mentions a rumor or misinformation, listen to him or her politely and do not laugh. Assess the client's knowledge and understanding about the rumor, ask the source of the rumor and politely correct any misinformation using scientific facts and evidence. Use simple explanations and always tell the truth.

Question 4

Question

A woman who has had a copper-bearing IUD inserted at your facility two months ago has returned with complaints of heavy menstrual bleeding. What should you do?

1) Remove the IUD immediately and offer the client another method of contraception.
2) Remove the IUD, clean it, and reinsert it to assure better placement of the IUD.
3) **Reassure the client that heavy menstrual bleeding is not unusual and should diminish after a few months.**
4) Provide the client with aspirin to lessen the menstrual bleeding.

Explanation

Women who have a copper-bearing IUD may experience prolonged or heavy menstrual bleeding, especially in the first few months. Heavy menstrual bleeding is defined as bleeding twice as much as usual. Prolonged menstrual bleeding is defined as bleeding for longer than eight days.

If a woman is experiencing prolonged or heavy menstrual bleeding as a result of the IUD, reassure her that this is common with the IUD and generally not harmful and that it usually diminishes within the first three to six months.

For short-term relief offer the woman a five-day course of tranexamic acid or a nonsteroidal anti-inflammatory drug such as ibuprofen. If prescribing tranexamic acid, instruct the woman to take 1500 milligrams three times daily for three days, then 1000 milligrams once a day for two days beginning when the bleeding starts. If prescribing ibuprofen, instruct the woman to take 400 milligrams two times daily after meals for five days. Do NOT offer her aspirin. Women who experience heavy menstrual bleeding should not take aspirin. Provide the woman with iron tablets and encourage her to eat foods high in iron to prevent anemia.

If the heavy or prolonged menstrual bleeding does not improve after three to six months or becomes intolerable to the woman, suggest that she have the IUD removed and that she switch methods. Discuss alternative methods with the client; however, if heavy or prolonged bleeding continues or starts after several months of normal bleeding or long after the IUD was inserted, or you suspect something may be wrong for other reasons, consider underlying conditions unrelated to method use.

Question 5

Question

Which of the following statements on side effects is important to tell a woman who has decided to have an IUD inserted?

1) She can expect to have heavy bleeding and severe abdominal pain during the first week after insertion, and ibuprofen can be taken to alleviate the discomfort.
2) She can expect to have severe headaches, especially in the first few days after insertion, and aspirin can be taken to alleviate the pain.
3) **She can expect some cramping and mild pain, especially in the first few days after insertion, and ibuprofen can be taken to alleviate the discomfort.**
4) She can expect to have fever, chills, and unusual vaginal discharge during the first week after insertion. This is normal and will go away with time.

Explanation

Cramping and MILD pain are common side effects experienced during the first few days after insertion by women who have an IUD. Heavy bleeding, severe abdominal pain, severe headaches, fever, chills, and unusual vaginal discharge are NOT common side effects and may in fact be signs of complications that require medical attention.

If a woman has an IUD inserted, reassure her that cramping and mild pain are common, especially in the first few days after insertion. Explain to her that cramping and mild pain are also common in the first three to six months, particularly during menses. These are not harmful and usually decrease over time.

To alleviate discomfort from cramping and mild pain, suggest that the woman take 200 to 400 milligrams of ibuprofen or take another pain killer. Do NOT offer her aspirin. Women who have an IUD often experience heavier menstrual bleeding and should not take aspirin, because it inhibits clotting and thus can increase bleeding.

If cramping continues or occurs outside of menstruation, evaluate for underlying health conditions, and treat and/or refer the woman for treatment. If no underlying condition is found but cramping continues and the client finds it unacceptable, discuss removing the IUD with the woman and switching methods. Discuss alternative methods with the woman.

Question 6

Question

A woman who had an IUD inserted two weeks ago returned to the health center concerned because when she checked to see if her IUD was still in place she did not feel the strings of the IUD. What may have happened?

1) The IUD was pulled out during sex by attaching to the partner's penis.
2) **The IUD has fallen out without the woman knowing.**
3) The IUD has migrated outside of the abdomen.
4) The IUD has rotted inside the uterus and should be removed.

Explanation

Suggest that women with an IUD check the strings from time to time to confirm that it is still in place. Explain to the woman that if the strings are missing she should return to the clinic. Missing strings typically indicate one of three things. Either the IUD has fallen out with or without the knowledge of the user, the woman is pregnant, or the IUD has moved to the woman's abdominal cavity due to a perforation.

In rare cases, the IUD comes through the wall of the uterus into the abdominal cavity. This is very rare and is a complication called a perforation. It generally happens within the first weeks after insertion and is typically accompanied by severe pain and bleeding. A perforation requires immediate medical attention.

There is no passage in the uterus that would permit the IUD to travel to other parts of the body outside the abdominal cavity. Reassure her that the IUD cannot travel to other parts of her body such as her heart or brain.

The IUD cannot attach to the partner's penis during sex because the IUD is in the uterine cavity and the penis is positioned in the vagina during intercourse. Sometimes the strings of the IUD can be felt by the male partner when having sex. If the strings are bothersome to the couple, a provider can shorten the strings or remove the IUD and insert a new one.

The IUD cannot rot in the uterus. The IUD is made of a material that cannot rot or deteriorate; it simply loses its effectiveness as a contraceptive after 12 to 13 years. It is important to explain this to women when they have an IUD inserted.

Question 7

Question

A woman who recently had implants inserted has returned to your facility and reports having irregular menstrual bleeding. What medication can you offer to the woman to help alleviate the irregular bleeding?

1) Aspirin
2) Combined oral contraceptives
3) Ibuprofen
4) **Both combined oral contraceptives and ibuprofen**

Explanation

A potential side effect of using implants for contraception is irregular bleeding. Irregular menstrual bleeding is defined as bleeding at unexpected times.

Reassure the woman that many women who have contraceptive implants experience irregular menstrual bleeding and that it is generally not harmful. Let her know that irregular bleeding usually diminishes or stops after the first few months of having implants.

For short-term relief offer the woman ibuprofen and instruct the woman to take up to 800 milligrams three times a day for five days, beginning when the irregular bleeding starts. If no relief, offer the woman either combined oral contraceptives with the progestin levonorgestrel or 50 micrograms of ethinyl estradiol and instruct her to take daily for 21 days, beginning when the irregular bleeding starts. These treatment options can also be provided to women who use implants and experience heavy or prolonged menstrual bleeding. Do NOT offer aspirin to women with irregular bleeding.

If the irregular menstrual bleeding does not improve and becomes intolerable to the woman, suggest that she have the implants removed and that she switch methods. Discuss alternative methods with the woman; however, if irregular bleeding continues or starts after several months of normal or no bleeding or you suspect something may be wrong for other reasons, consider underlying conditions unrelated to method use.

Question 8

Question

Which of the following statements about implants is FALSE?

1) **Implants can move from the arm to other parts of the body.**
2) Implants may cause changes in bleeding patterns.
3) Insertion site of the implant can become infected.
4) A potential side effect of implants is headaches.

Explanation

Implants cannot travel to other parts of your body. They remain where they are inserted until they are removed. In rare cases, a rod may start to come out of the skin, usually during the first four months. This typically happens because the implants were not inserted well or because of an infection at the insertion site. Inform women who have implants that they should return to the clinic as soon as possible if an implant comes out. They should use a backup method of contraception during this time.

Women who use implants may experience changes in bleeding patterns. This is common and typically not harmful. For short-term relief, ibuprofen can be recommended to clients who experience heavy or prolonged bleeding as well as amenorrhea.

A less common side effect of implants is ordinary headaches. To alleviate the symptoms, suggest that the woman take a standard dose of pain relievers such as aspirin, ibuprofen, or paracetamol. Do not suggest aspirin for women who ALSO experience heavy or prolonged bleeding. Women with headaches that develop, get worse, or occur more often during use of combined oral contraceptive pills should be evaluated and may need to switch methods.

Infection can occur after the implants have been inserted, but this is very rare. Inform women that they should return to the clinic if they experience continued pain at the insertion site or believe they have an infection at the insertion site. If a woman has an infection at the insertion site, clean the infected area and provide the client with appropriate antibiotics for seven to ten days. If there is no improvement, the implants should be removed.

Question 9

Question

A woman has returned to your facility for her third shot of progestin-only injectable contraception. She tells you that she is worried because she has stopped having menstrual bleeding. What can you do to help this woman?

1) Advise her to take 500 milligrams of ibuprofen daily for five days.
2) Perform a gynecological exam to determine why she has stopped bleeding.
3) Advise her to stop using injectable contraception to avoid menstrual blood building up inside of her.
4) **Reassure her that this is common and is not harmful.**

Explanation

It is common for women who use progestin-only injectable contraception to stop having menstrual bleeding, especially over time.

Reassure the woman that most women stop having menstrual bleeding when using progestin-only injectable contraception. If the woman has been getting her injections on time, she is probably not pregnant and can keep using injectables. If she is still worried that she is pregnant after being reassured, she can be offered a pregnancy test, if available, or referred for one.

There is no treatment needed for women who stop having monthly bleeding while taking progestin-only injectable contraception. Explain to the woman that women do not need to bleed every month and that it will not cause any harm. It will not cause blood to build up inside of her, nor will it cause her to become infertile. Inform the woman that the bleeding pattern she had before she used progestin-only injectables generally returns several months after she receives her last injection even if she had no monthly bleeding while using injectables.

If not having monthly bleeding continues to worry or bother the woman, suggest that she stop using progestin-only injectable contraception and that she switch to another method of contraception. Discuss alternative methods with the woman.

Question 10

Question

A young woman who has no children would like to use injectable contraception to delay having children until she is older. What information is important to give to the woman before she begins using injectables?

1) Although rare, injectable contraception can make a woman infertile and unable to have children.
2) For some women, the hormones in injectable contraception cause hair to grow on their face.
3) Women should take a rest from injectable contraception after using it for a long time.
4) **Sometimes there is a delay of 6-12 months after the last injection before a woman regains her fertility.**

Explanation

Women who would like to initiate progestin-only injectable contraception should be informed that there may be a delay in regaining fertility after stopping injectables. It is important to note that while there may be delays in regaining fertility, injectable contraception does not cause infertility.

The bleeding pattern a woman had before she used progestin-only injectables generally returns several months after the last injection even if she had no monthly bleeding while using injectables. On average, women who stop using progestin-only injectable contraception wait about four months longer to become pregnant than women who have used other methods. This means they become pregnant on average ten months after their last injection. These are averages; thus for some women it takes less time to regain fertility and become pregnant than for others.

The length of time a woman has used injectables makes no difference to how quickly she becomes pregnant once she stops having injections. The time required to rid the body of the medicine is the same for one or more injections. There is no cumulative effect of injectable contraception; thus women who use injectable contraception for a long time do not need to take a break from use.

A misconception of injectable contraception is that the hormones cause women to develop masculine characteristics such as growing hair on their face. Studies show that this is not true and that women who use injectable contraception do not develop masculine characteristics.

Question 11

Question

If a woman experiences ordinary headaches after initiating use of combined oral contraceptive pills, what can you do to help her?

1) **Advise the woman to take standard doses of pain relievers to relieve the headache symptoms.**
2) Advise the woman to stop taking combined oral contraceptive pills immediately.
3) Advise the woman to take one oral contraceptive pill every other day rather than every day.
4) Advise the woman to take an anticonvulsant to relieve the headache symptoms.

Explanation

Ordinary headaches are a common side effect experienced by women who use combined oral contraceptive pills as well as by women who use progestin-only pills, injectables, implants, and emergency contraception.

If a woman experiences ordinary headaches while taking combined oral contraceptive pills, reassure her that this is common and is not an indication of a dangerous condition. Explain that the headaches usually diminish over time.

To alleviate the symptoms, suggest that the woman take a standard dose of pain relievers such as aspirin, ibuprofen, or paracetamol. Do not suggest aspirin for women who ALSO experience heavy or prolonged bleeding.

If the headaches persist and become unacceptable to the woman, suggest that she stop using combined oral contraceptives and that she switch to another method of contraception. Women with headaches that develop, get worse, or occur more often during use of combined oral contraceptive pills should be evaluated and may need to switch methods. A woman who has migraine headaches with aura or a woman older than 35 who has migraine headaches, with or without aura, should NOT use combined oral contraceptive pills.

Question 12

Question

A woman who started taking combined oral contraceptive pills several months ago returns to your facility and explains to you that she is concerned because every month her breasts become tender. What can you say or do to help this woman?

1) **Perform or refer for a breast exam. If the results are normal, recommend that she wears a supportive bra and take a pain reliever.**
2) Advise the woman to stop taking combined oral contraceptive pills immediately and suggest she use a non-hormonal method of contraception.
3) Advise the woman to switch to progestin-only pills because they do not cause breast tenderness.
4) None of the above.

Explanation

Breast tenderness is a common side effect of combined oral contraceptive pills as well as progestin-only pills and implants. Reassure the woman that breast tenderness is typically not a sign of illness and is common among women who use certain methods of contraception.

Perform a breast exam on the woman if you are qualified to do so. If you are not qualified to perform a breast exam, refer the woman. If the results are normal, recommend that the woman wear a supportive bra and take a pain reliever when her breasts are tender.

If the results of the breast exam are abnormal with signs of infection such as pain and fever, advise the woman to continue taking the pill and use hot compresses on her breasts. Treat the infection with the appropriate antibiotic. Refer for further treatment if there is no improvement.

If the results of the breast exam are abnormal and you feel a lump in the breast, advise the woman to stop taking combined oral contraceptive pills and instead select a non-hormonal method of contraception. The presence of a lump in a woman's breast could be an indication of a serious medical condition such as breast cancer and should not be ignored. Refer the woman for further examination immediately.

If the breast tenderness is due to the combined oral contraceptive pills and becomes unacceptable to the woman, suggest switching methods. Discuss alternative methods with the woman.

Question 13

Question

Which of the following is NOT a side effect of combined oral contraceptive pills?

1) Ordinary headaches
2) **Breast cancer**
3) Nausea and vomiting
4) All of the above are side effects of combined oral contraceptive pills

Explanation

Possible side effects of combined oral contraceptive pills include ordinary headaches, nausea and vomiting, breast tenderness, irregular bleeding, and amenorrhea. A common misconception is that combined oral contraceptive pills can cause breast cancer; however, numerous studies have refuted this claim. Combined oral contraceptive pills have been used safely by millions of women for more than 30 years, and are one of the most tested drugs. In fact, studies have shown that combined oral contraceptive pills can protect women against some forms of cancer, such as ovarian and endometrial cancers.

Studies have found that combined oral contraceptive pills do not cause breast cancer; however, women who previously had or currently have breast cancer should not use hormonal contraception because breast cancer is a hormone-sensitive tumor, and use of combined oral contraceptive pills may adversely affect the course of the disease.

Question 14

Question

Irregular monthly bleeding such as spotting is common among women who use progestin-only pills. What can you recommend to a woman to help decrease the amount of spotting she experiences in between monthly bleedings?

1) Advise the woman to take one pill every other day rather than every day.
2) **Ensure that the woman is taking the pill at the same time every day.**
3) Advise the woman to stop taking progestin-only pills immediately.
4) Offer the woman aspirin to help regulate her bleeding.

Explanation

Irregular bleeding is bleeding that happens at unexpected times and is a possible side effect of progestin-only pills as well as other methods of contraception including implants, progestin-only injectables, and IUDs. Other causes of irregular bleeding include breastfeeding, vomiting or diarrhea, or taking anticonvulsants or rifampicin.

Reassure the woman that many women who used progestin-only pills experience irregular menstrual bleeding and that it is generally not harmful. Explain to her that irregular bleeding often decreases after the first few months; however, some women experience irregular bleeding the entire time that they are using progestin-only pills.

To reduce irregular bleeding, advise the woman on the importance of taking progestin-only pills at the same time every day. Teach the woman how to make up for missed pills properly. She should take a missed pill as soon as possible and keep taking pills as usual. It is okay to take two pills at the same time or on the same day. If a woman vomits within two hours after taking a pill, she should take another pill as soon as possible, and keep taking pills as usual. For modest short-term relief of irregular bleeding, offer the woman 800 milligrams of ibuprofen three times daily after meals for five days or another nonsteroidal anti-inflammatory drug, beginning when the irregular bleeding starts. Do NOT offer aspirin to women with irregular bleeding.

If the irregular bleeding persists and becomes unacceptable to the woman, you can give her a different formulation of progestin-only pills or advise her to stop taking progestin-only pills and switch methods. Discuss alternative methods with the client; however, if irregular bleeding continues or starts after several months of normal or no bleeding or you suspect something may be wrong for other reasons, consider underlying conditions unrelated to method use.

Question 15

Question

A woman who has given birth eight weeks ago and is breastfeeding would like to use progestin-only pills as contraception. What should you tell the woman before giving her the pills?

1) Progestin-only pills can cause a breastfeeding woman's milk to dry up.
2) Progestin-only pills can cause diarrhea in breastfed babies.
3) **Progestin-only pills can be used by women who are breastfeeding.**
4) Progestin-only pills can cause deformities in breastfed babies.

Explanation

Progestin-only pills are a great option for women who are breastfeeding and would like to prevent pregnancy. Women who are breastfeeding can begin using progestin-only pills as early as six weeks after giving birth. Women who are breastfeeding are generally not advised to use progestin-only pills if they have given birth less than six weeks ago. In special circumstances, however, when other, more appropriate methods are not available or acceptable to her, a qualified provider who can carefully assess a specific woman's condition and situation may decide that she can use progestin-only pills.

If a breastfeeding woman who gave birth less than six weeks ago would like to use progestin-only pills, provide her with the pills and advise her to start taking the pills when it has been six weeks after she gave birth. If the woman's monthly bleeding returns before six weeks after birth, advise her to use a non-hormonal backup method, such as condoms, to prevent pregnancy during this time. The woman should continue to use the backup method for the first two days of taking progestin-only pills.

Progestin-only pills are safe for both the mother and the baby starting six weeks after birth. Strong evidence shows that progestin-only pills will not cause birth defects and will not harm the fetus if accidentally taken during pregnancy. Furthermore, progestin-only pills will not harm the baby or cause the baby to have diarrhea if taken while breastfeeding. Taking progestin-only pills while breastfeeding will not affect the production or composition of breast milk.

Question 16

Question

A man visits your facility and tells you that he is very concerned because after he used condoms for the first time he had itching and redness on his genitals. How can you help this man?

1) **Suggest that he try another brand of condoms.**
2) Suggest he apply lubricant on his penis before putting on the condom.
3) Presumptively treat him for all sexually transmitted infections.
4) Advise him to stop using condoms immediately.

Explanation

Some men and women experience a mild irritation or allergic reaction to condoms and experience genital itching, redness, rash, and/or swelling.

Suggest to the man that he try another brand of condoms or try using lubricant or water on the outside of the condom. Lubricant should NOT be applied directly to the man's penis before using a condom. This can cause the condom to slip off during sexual intercourse. Inform the man that he should NOT use lubricants made with oil such as mineral oil, hand lotion, or cooking oil. Oil-based lubricants can damage latex condoms.

If symptoms of irritation persist, the man should be assessed or referred for possible sexually transmitted infection. If the man has a sexually transmitted infection, he should be treated appropriately. If he has no infection and irritation continues, the man may have an allergy to latex. If he is not at risk of sexually transmitted infections, help him and his partner choose another method of contraception. If he is at risk of sexually transmitted infections, suggest using female condoms or plastic male condoms, if available. If not available, urge the man to continue using latex condoms. It is extremely important to inform the client that male and female condoms are the only contraceptive methods available that also help protect against sexually transmitted infections, including HIV.

Though extremely rare, some men and women are severely allergic to latex and should NOT use latex condoms. Symptoms of a severe allergic reaction include hives or rash over much of body, dizziness, difficulty breathing, or loss of consciousness during or after condom use. Severe allergic reaction to latex could lead to life-threatening anaphylactic shock. If someone experiences a severe allergic reaction, treat or refer for care, if necessary.

Question 17

Question

Which of the following statements about condoms is FALSE?

1) **Condoms very frequently break or slip off during sex.**
2) Condoms help protect against sexually transmitted infections including HIV.
3) Though rare, some men and women are allergic to latex condoms.
4) Condoms may dull the sensation of sex for some men.

Explanation

When used correctly, condoms seldom break or slip off during sex. On average, about 2% of condoms break or slip off completely during sex, primarily because they are used incorrectly. As a health care provider, it is VERY important to teach clients who use condoms how to use them properly. Inform clients that if the condom breaks or slips while having sex, emergency contraceptive pills can help reduce the risk of the woman becoming pregnant.

Condoms are more likely to break if the vagina is very dry or if the condom is old. Keeping condoms away from heat will reduce the odds of it breaking or tearing during sex. Condoms are also less likely to break or slip off if placed on an erect penis with enough space left at the end of the condom for ejaculation. If a condom slips off during sex it cannot get lost in a woman's body.

Male and female condoms are the only method of contraception that also helps protect against sexually transmitted infections including HIV. Condoms do not have holes in them that HIV can pass through nor are they laced with HIV. Men and women who are at risk for transmitting or becoming infected with a sexually transmitted infection, including HIV, should use condoms even if they are using another method of contraception.

Although extremely rare, some men and women are highly allergic to latex and will have a severe allergic reaction if they use latex condoms. Individuals with a severe allergic reaction should not use latex condoms and may require immediate care.

Using condoms does not make men sterile or decrease their sex drive; however, condoms can dull the sensation of sex for some men. Using more lubrication may help increase sensation for men using condoms.

Question 18

Question

You provide emergency contraceptive pills to a young woman and inform her that potential side effects include nausea and vomiting. What should you tell her to do if she vomits within two hours after taking the pills?

1) Tell her nothing. The emergency contraception will still be effective.
2) **Advise her to return to the facility or pharmacy to procure another dose to take as soon as possible.**
3) Advise her to return to the facility or pharmacy to procure another dose to take in five days.
4) Advise her to return to the facility and receive an injection of emergency contraception.

Explanation

Nausea and vomiting are potential side effects of taking emergency contraceptive pills.

When providing emergency contraceptive pills to a woman, you should inform her of the potential side effects including nausea, vomiting, headaches, slight abdominal pain, and slight bleeding or change in timing of monthly bleeding. Women can take emergency contraceptive pills any time within five days after unprotected sex; however, the sooner after unprotected sex that the pills are taken, the more effective they are.

If a woman vomits within two hours after taking emergency contraceptive pills, she should return to the facility or pharmacy to procure another dose to take right away. If desired, she can also use anti-nausea medication with this repeat dose, such as 50 milligrams of meclizine one-half hour to one hour before taking the next dose of emergency contraceptive pills. If vomiting continues, the woman can take a repeat dose by placing the pills high in her vagina. If vomiting occurs more than two hours after taking emergency contraceptive pills, the woman does not need to take any extra pills.

Question 19

Question

True or false. Emergency contraceptive pills work by disrupting an existing pregnancy.

1) True
2) **False**

Explanation

Emergency contraceptive pills do not disrupt an existing pregnancy and will not work if a woman is already pregnant. When offering women emergency contraceptive pills, explain that the pills work primarily by preventing or delaying the release of eggs from the ovaries. Explain to the woman that emergency contraceptive pills do not cause an abortion. Reassure her that if she is already pregnant when she takes emergency contraceptive pills she will not abort the fetus. Evidence shows that taking emergency contraceptive pills while pregnant will not cause birth defects or harm the fetus.

Question 20

Question

True or false. All women who have just given birth, including women living with HIV or AIDS, can use lactational amenorrhea method to prevent pregnancy.

1) **True**
2) False

Explanation

Women who are infected with HIV or who have AIDS can use lactational amenorrhea method to prevent pregnancy. Lactational amenorrhea method, also known as LAM, is a temporary family planning method based on the natural effect of breastfeeding on fertility and requires that the mother's monthly bleeding has not returned, the baby is less than six months old, and the baby is fully or nearly fully breastfed and is fed often, day and night.

For a woman who is infected with HIV, breastfeeding will not make her condition worse. There is a chance, however, that women with HIV will transmit HIV to their infants through breastfeeding. Exclusive breastfeeding for the first six months of the baby's life reduces the risk of HIV infection through breastfeeding by about half. HIV transmission through breast milk is more likely among mothers with advanced disease or who are newly infected.

Women taking ARV therapy can use LAM. In fact, giving ARV therapy to an HIV-infected mother or an HIV-exposed infant very significantly reduces the risk of HIV transmission through breastfeeding.

HIV-infected mothers should receive the appropriate ARV interventions and should exclusively breastfeed their infants for the first six months of life, introduce appropriate complementary foods at six months, and continue breastfeeding for the first 12 months. Breastfeeding should then stop only once a nutritionally adequate and safe diet without breast milk can be provided.

Urge women with HIV to use condoms along with LAM. Used consistently and correctly, condoms help prevent transmission of HIV and other sexually transmitted infections. At six months—or earlier if her monthly bleeding has returned or she stops exclusive breastfeeding—a woman should begin to use another contraceptive method in place of LAM and continue to use condoms.

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