



AN UPDATE ON NEW

FAMILY PLANNING

Methods for ASHA

UPDATING THE ASHA

on New Methods For Family Planning

In Module 7 you were taught about the need for family planning among various groups and the different methods of contraception. Recently two new methods have been approved by Government of India for use in government facilities which will increase the choice of methods available to women in your community. In this update you will learn about the benefits and side effects of two contraceptives:

1. A contraception that can be given every 3 months through an injection: called Medroxyprogesterone Acetate (MPA).
2. A contraceptive tablet that has to be taken once a week called Chhaya.

Remember that when you counsel the couple or individual regarding contraceptives, you must understand the needs of the couple or individual.

We will first discuss the:

THE INJECTABLE CONTRACEPTIVE, MPA

This contraceptive is now available in government health facilities through a programme called Antara. It can be given by a trained provider (Doctor, Nurse, ANM) in the health facility.

What is MPA?

MPA is given every 3 months by injection. It prevents pregnancy over a long period of time and helps in achieving spacing between children.



Figure 1: Injectable Contraceptive MPA

Who can use Injectable Contraceptive MPA

- Women of any age, including adolescents and women over 45 years old, irrespective of whether they have children or not.
- Unmarried women in reproductive age group.

- Women who recently had an abortion or miscarriage.
- Women who are breastfeeding (it can be started as early as 6 weeks after childbirth)
- Women who are HIV infected, irrespective of whether they are on medicines or not.

What are the benefits of MPA

Benefits of MPA:

- Requires to be taken only once in three months, rather than daily.
- Can be used by women who are not able to take hormonal oral contraceptive pills like Mala N/ Mala D etc.
- Safe for breast feeding mothers as it does not affect quality and quantity of milk.
- It does not cause problems with getting pregnant after stopping. After discontinuing the method, the woman can get pregnant.
- Does not interfere with sexual intercourse/ pleasure.
- Reduces menstrual cramps (in some cases).
- It causes changes in the menstrual cycle, sometimes by stopping the monthly bleeding which is not harmful. This actually takes care of anemia by reducing menstrual blood loss.
- Does not interfere with any medicine.
- Protects from uterine and ovarian cancer.
- The privacy of client can be ensured.
- Does not require any laboratory investigation before starting the dose.

Effects of MPA: Some women could experience the following:

- Menstrual Irregularities- Irregular bleeding, prolonged heavy bleeding or amenorrhea.
- Weight gain
- Headaches
- Mood changes

Limitation:

- It does not protect from HIV and RTI/ STI.
- It takes 7-10 months from the date of last injection for return of fertility.

Where can women get MPA and how it should be taken?

Women, who decide to start taking MPA, require repeat

injections every three months. You know from previous training that it is important to use contraceptives regularly. MPA is available at the facilities where providers have been trained in using the method. The first dose can be administered by a trained doctor or a trained staff nurse/ ANM under the supervision of a doctor. Once a woman in your community starts the first dose, your role as an ASHA is to follow up with the woman, to understand if she has any side effects, to remind her when the next dose is due and motivate her to visit the health facility where trained provider is available for the repeat dose.

Schedule: One injection provides contraception for at least 3 months. It is best to take the injection exactly 3 months after the previous dose. However, it can be taken 2 weeks before or 4 weeks after the scheduled date.

MPA CARD (Antara Program)
 Client Card (To be issued to client)
 Intramuscular/Subcutaneous (Tick the type of MPA administered)
 OPD/IPD Number.....
 Name of Facility.....
 Client's Name.....
 Client's Address.....
Tel. No.....
 Client's Age..... Parity.....
 Date of Last Child Birth/Abortion.....

Instructions for clients

- Once taken it is effective for 3 months
- Return on scheduled date as decided with the provider

After Injection Do not massage injection site
 Do not give hot fomentation at the injection site

- MPA does not affect breast milk
- MPA does not affect future pregnancy however some women may take 7-10 months to conceive after injection
- There are some menstrual changes which are not harmful
- Use backup method (like condom) if injection is taken after 7 days of menses

Contact health provider in following conditions:

- Irregular bleeding or amenorrhea
- Abnormal weight gain
- Headache
- Mood swings

Record of First MPA Injection (To be kept in facility)

Date of Injection	Weight	Blood Pressure	Timing of injection- P 2/28/Interval	Due Date of next Injection
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				

Record of MPA Injection

Date of Injection	Type of Injection (IM/SC)	Weight (kg)	BP	Menstrual Changes	Any Complaint

Mid-course Follow up Visit

S.No.	Date of Follow up	Weight	BP	Menstrual Changes	Other Complaint

Figure 2: MPA Client Card

Just like you have details of those women who are on any method of contraception, you should help every woman who receives MPA to get an MPA card. The card should have information about the details of the woman, it includes dates of current dose and the next due dose. Every client should be encouraged to carry this card to the facility where repeat doses are given. This card helps in remembering the date of next dose. The counterfoil of this card is maintained at the facility providing the first dose of Injectable MPA.

Dose and site: The injection is given in the upper arm, buttocks or thigh under the muscle or skin.

After the woman gets the injection, she should be cautioned not to massage the injection site or apply hot fomentation.

MPA CARD (Antara Program)
 (To be kept in facility)
 Intramuscular/Subcutaneous (Tick the type of DMPA administered)
 OPD/IPD Number.....
 Name of Facility.....
 Client's Name.....
 Client's Address.....
Tel. No.....
 Client's Age..... Parity.....
 Date of Last Child Birth/abortion.....
 Family Planning Method used earlier (Tick)
 Oral Pills | Condom | IUCD | Not used

MPA Must Know: Instructions for Provider

- Each injection gives protection for 90 days (3 months). Decide on next date of Injection with client
- MPA does not affect breast milk
- MPA does not cause infertility. Women can become pregnant after 7-10 months of last injection.
- Menstrual irregularities are normal while using MPA and are not dangerous.
- Do not massage injection site
- Do not give hot fomentation at the injection site
- Ask the client to use a backup method if injection is given after 7 days of menses, provide condom to such client
- Ask the client to report in following conditions:
 - Irregular bleeding or amenorrhea
 - Abnormal weight gain
 - Headache
 - Mood swings

Figure 3: Facility section (Counterfoil) on MPA card kept at the Health Facility

What is to be done during follow up care?

One experience from countries where MPA is commonly used is that sometimes women, who start MPA, can discontinue the method after a few injections. They either forget the date, lose motivation to continue, or are not able to cope with the side effects. Your role is to support all women who start MPA to continue with the method and reassure them about the side effects.

Role of ASHAs:

- Maintain the list of women who opt for MPA as a contraceptive option.
- Discuss the importance of follow up visits with the clients and remind them just before the due date, to go the facility.
- Visit women who taking MPA at least once a month to discuss her experiences with the method and reassure her regarding her concerns. If she is very concerned about side effects, motivate her to consult the ANM or the doctor who has given the injection.
- One concern that women may have is related to the changes in the menstrual cycle. These include irregular or heavy bleeding. Some women may complain that their monthly period has stopped. Tell them that these changes are normal. Women

need to be told that the 'period' may completely stop because that is the way the method works and is not harmful. Reassure the woman that the menstrual cycle will start when they decide they want to get pregnant again and discontinue the contraceptive.

It may be explained in the following way to the client, "Every month a woman's body prepares for conception. An egg is released and uterus also prepares to nurture the baby. Hence inner lining of the uterus becomes thick and soft as it gets more blood supply. If she does not conceive that month, this inner lining of blood is thrown out of her body as menstrual flow. This is repeated every month, causing menstrual cycles. But with MPA, the monthly preparation for pregnancy in woman's body does not occur. There is no release of egg/ovum and thickening of inner lining of uterus. The menstrual cycle gradually comes to a stop after irregular bleeding for some time."

NEW ORAL CONTRACEPTIVE

The second contraceptive that you will learn about in this update is Centchroman (Chhaya)

What is Centchroman (Chhaya)?

Chhaya is an oral contraceptive pill which does not contain any hormone. It is available in the market in some places as 'Saheli' tablet. It has been introduced in the public health system in the name of 'Chhaya' to benefit more women at no cost. It is a safe spacing option for both breast feeding and non-breast feeding women and needs to be taken only twice a week for the first 3 months and then once a Week.

Who can use Centchroman (Chhaya)?

- Centchroman (Chhaya) can be safely used by all women once it is confirmed that they are not pregnant.
- Can be used by women of any age, whether she has children or not.
- Women who had side effects with MALA N/ MALA D can also opt for this method.
- It can be used by postpartum women who are breastfeeding as soon as she feels comfortable. Centchroman does not affect quantity, quality and composition of breast milk.

Where can women get Centchroman (Chhaya)?

It is available in all public health facilities and can be provided by doctors (MBBS and above, AYUSH), SNs, LHVs and ANMs. It would also be a part of your ASHA kit which can be distributed by you to the clients. However the first dose should be provided only by a trained provider after proper screening at a health facility.

Availability: Centchroman (Chhaya) is available in two packages: ASHA supply and free supply. Each pack contains 8 tablets. ASHA supply is for home distribution and free supply is for distribution at health facilities.



Fig3: Centchroman (Chhaya): a) ASHA Supply and b) Free Supply

Schedule: Centchroman (Chhaya) is to be taken twice a week for the first 3 months followed by once a week thereafter.

To begin the use of Chhaya, the woman is advised to take the first pill on the first day of period (which is the first day of bleeding) and the second pill three days later (on 4th day of bleeding). This pattern of days is repeated through the first 3 months.

Starting from the fourth month, the pill is to be taken once a week on the first pill day and should be continued on the weekly schedule regardless of her menstrual cycle.

Table1: Schedule of Centchroman

If the first day of pill is taken on	First 3 months	After 3 months
Sunday	Sunday and Wednesday	Sunday
Monday	Monday and Thursday	Monday
Tuesday	Tuesday and Friday	Tuesday
Wednesday	Wednesday and Saturday	Wednesday
Thursday	Thursday and Sunday	Thursday
Friday	Friday and Monday	Friday
Saturday	Saturday and Tuesday	Saturday

What should be suggested to clients in case of 'missed pills'?

You should tell the woman, that if she forgets to take the pill, she should take the missed pill as soon as she remembers that it has been missed. If she misses taking the tablet by 1-2 days (less than 7 days), she should take the missed pill as soon as she remembers and continue the normal schedule. In addition she should use a backup method like condom, just to ensure complete protection.

If she forgets to take pills by more than 7 days, then the current pack should be discarded and she needs to start taking a new pack like a new user; that is, twice a week for first 3 months followed by once a week thereafter.

What are the benefits, side effects and limitations of Centchroman (Chhaya)?

Benefits:

- Chhaya causes less bleeding during the monthly period, and also makes the interval between two menstrual cycles longer. This is beneficial for anemic women
- Safe for breast feeding women.
- Women, who are not recommended to use hormonal method, can use this method.

Side effects:

Chhaya has very few side effects. In a few women there is delay in periods in the first three months.

Limitations:

Every client should be screened by a trained provider before starting Centchroman, just like other oral pills.

The Role of ASHA:

- Undertake regular follow up visits to those women who choose to use Chhaya
- If the woman complains of any changes in the

duration and amount of bleeding during menstrual cycle, reassure her that these are temporary changes and will subside with regular intake of pills.

- If there is a delay in the menstrual cycle by over 15 days then you should help the woman to test for pregnancy.
- Support the woman to remember the schedule of taking Chhaya.
- Maintain line listing of eligible couples that require spacing.
- Record all relevant information like name, address and contact number.
- Maintain monthly record of contraceptives distributed to each couple.
- Submit the record of distribution of contraceptives on monthly basis to ANM.

POST ABORTION FAMILY PLANNING

What is the importance of Post Abortion Family Planning?

Many women die of abortion or abortion related complications in India every year. Repeated abortions affect the health of women. They also affect the pregnancy outcome of next pregnancy (increased chances of still birth, low birth weight, mortality). Post Abortion Family Planning is important for the women to end the cycle of repeated pregnancies. Post Abortion Family Planning enables women to use a contraceptive method after she has had an abortion to prevent unintended pregnancy again and have recommended spacing of at least 6 months between abortion and next pregnancy. If a woman does not begin to use contraception immediately after having an abortion, she can conceive as early as within 10 days of abortion.

Table 2: Timing of Initiating Contraceptive method in Post Abortion period

Sl. No.	Method	When can the method be provided
1	Post Abortion Female Sterilization	With abortion procedure or within 7 days of abortion
2	Post Abortion IUCD	Within 12 days of abortion (if no injury/ infection)
3	Combined Oral Contraceptive pills	Immediately
4	Progestin Only Pills	Immediately
5	Weekly Centchroman Pill- Chhaya	Immediately
6	Injectable Contraceptive DMPA	Immediately
7	Condoms	Immediately
8	Male Sterilization	Anytime

Note: In Medical Abortion, contraceptives should be provided after 3rd visit (completion of abortion).

Which contraceptive methods can be used in Post Abortion period and when?

All available contraceptives under the National Family Planning program can be provided in post abortion period.

What is to be done during follow up care?

You have already learnt about the follow up after the woman in your community begins to use a method. This is the same for any woman using contraception after an abortion. You should maintain the list of women who opt for post abortion family planning. Just as you would for a woman using any other method, you should undertake regular follow up visits, and reassure woman about her anxieties or concerns. If necessary you should motivate the woman to visit a trained provider so that she can feel reassured about continuing the method. This will enable her to maintain healthy birth spacing between children.

SCHEMES FOR ASHA UNDER NATIONAL FAMILY PLANNING PROGRAM

Home delivery of contraceptives by ASHA

Under this scheme, ASHA delivers the contraceptives at the doorstep of the clients as per the need. The contraceptives include Nirodh (Condoms), Mala-N and

Ezy Pill (Emergency Pills). The newly introduced Chhaya Pill (Centchroman pill) would be a part of ASHA kit. The salient features of the scheme are as follows:-

- ✓ ASHA would make a list of all the eligible couples of village and preferred method of contraceptive of each couple. This data of users should be updated regularly and shared with Sub Center and PHC.
- ✓ ASHA shall replenish her contraceptive stock every month from the Sub Center/ PHC/ block (as per the existing system established by the state). Monthly meetings could be one of the opportunities to receive contraceptive stocks every month.
- ✓ The ASHA may charge Re.1/- for pack of 3 Nirodh (condoms); Re. 1/- for one cycle of Oral pills and Rs. 2/- for a pack of one tablet of Ezy pill (emergency pill) from the clients.

Ensuring spacing at birth scheme

Under this scheme, the ASHA would counsel the newly married couples to delay the birth of first child for two years after marriage and couple with 1 child to have spacing of 3 years between 1st and 2nd child birth. For this, ASHA would be given incentives as per following*:-

- a) Rs. 500/- to ASHA for delaying the birth of first child for two years after marriage
- b) Rs. 500/- to ASHA for ensuring spacing of 3 years between 1st and 2nd child birth
- c) Rs. 1000/- to ASHA in case the couple opts for permanent limiting method after 2 children

*This scheme is applicable in 18 states and one Union Territory of the country (Bihar, Chhattisgarh, Madhya Pradesh, Jharkhand, Rajasthan, Uttar Pradesh, Uttarakhand, Odisha, Gujarat, Haryana, Assam, Meghalaya, Manipur, Mizoram, Tripura, Arunachal Pradesh, Nagaland, Sikkim and Dadar Nagar Haveli).

Additionally, in 7 other states, only spacing components (i.e. a) and b)) are applicable. These states are: Andhra Pradesh, Telangana, Karnataka, Maharashtra, West Bengal, Punjab, and Daman and Diu.

ASHA is eligible for the above incentives if: -

- ✓ ASHA counsels the couple on benefits of spacing between children and limiting family size
- ✓ ASHA prepares and updates the list of following and gets them certified by ANM/ MO
 - Newly married couples, along with date of marriage in her register
 - Couples with 1 child/ women pregnant with 1st child, along with date of birth of first child. Production of birth certificate is mandatory.
 - Couples with 2 children/ women pregnant with 2nd child, along with date of birth of the child.
- ✓ Use Nichay Kit (Pregnancy test kit) to confirm pregnancy status of the woman
- ✓ Regularly submit the information to MO and ANM who would certify the information for ASHA incentives.

Pregnancy Testing Kit (Nischay Kit)

Under this scheme, ASHA would regularly collect Nischay kit from the Sub center and provide it to the women for detection of pregnancy.

Salient features of the scheme are as follows: -

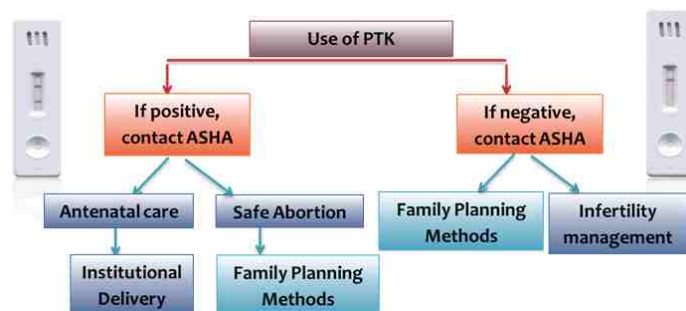
- ✓ ASHA should inform the women about availability of Nischay Kit with them.
- ✓ ASHA should counsel the women regarding advantages of early detection of pregnancy



Figure: Pregnancy Testing Kit (Nischay Kit)

- ✓ ASHA should provide the Nischay kit to client for early detection of pregnancy and tell her how to use the Kit. She should also tell the client how to read the pregnancy test results. ASHA may help and conduct the test for clients who are not able to understand how to read the results on their own.

- ✓ ASHA should refer the client, as per client's need and pregnancy test results.



- ✓ If test is positive:
 - Woman wants to continue pregnancy- Refer the woman for ANC registration and check up
 - Woman doesn't want to continue pregnancy (wants to terminate pregnancy)- Refer the woman to service provider for safe abortion services and offer PAFP choices
- ✓ If test is negative:
 - Woman does not want to get pregnant: Counsel for family planning methods, provide contraceptive pills/ condoms or refer to health facility for IUCD/ Sterilization procedure
 - Woman wants to get pregnant: refer the woman to service provider (for screening of RTI/ STI or treatment of infertility, as the case may be).

Role of ASHA in generating demand for Family Planning Services

ASHA should ensure following activities in their community: -

- ✓ Prepares line list of all eligible couple as well as pregnant women in her village
- ✓ Counsel the couple for adoption of appropriate Family Planning/ postpartum/ post abortion family planning method.
- ✓ Counsel the couple on benefits of spacing between children and limiting family size
- ✓ Inform the client about the availability of family planning services in the health facility.
- ✓ Escort the client to health facility if client chooses to adopt PPIUCD/ Post Abortion IUCD services.

ASHA's are eligible for incentives for:

- 1) Motivating the client for sterilization services (as per the Revised Compensation Scheme/ Enhanced compensation scheme/ HTD plus compensation scheme)
- 2) Motivating and Escorting client for PPIUCD services (PPIUCD incentive scheme)



Family Planning Division
Ministry of Health & Family Welfare
Government of India