Session Objectives

Participants will:

• Explain rationale for use of pregnancy checklist or pregnancy test
• Describe job aid and how to use it
• Demonstrate in case studies when to use checklist or test
Current Clinical Guidance

- WHO SPR 2016 state that:
  - the diagnosis of pregnancy is important
  - the ability to make this diagnosis early in pregnancy will vary depending on resources and settings
  - highly reliable biochemical pregnancy tests are often extremely useful, but not available in many areas
  - pelvic examination is reliable at approximately 8–10 weeks since the first day of the last menstrual period

- Pregnancy checklist recommended for ruling out pregnancy with reasonable certainty prior to initiation of hormonal contraceptives (HCs) and IUDs
Current Clinical Guidance (cont.)

WHO MEC 2015:

• Classify pregnancy as category 4 (unacceptable risk) only for IUD
• For HCs: N/A; no known risks

Reasons for ruling out pregnancy prior to initiation of HCs:

• Pregnant women do not require contraception
• Avoiding unnecessary drugs during pregnancy is a good practice
Clinical Guidance: What Is Missing

• Neither WHO CPR nor WHO MEC meant to provide guidance on:
  – when it is appropriate to use pregnancy test
  – what to do if pregnancy checklist fails
Provider’s Practices

• Three tools: pregnancy checklist, pregnancy test and delay of method initiation until menses
• Pregnancy checklist is often seen as something to be used only when pregnancy test is not available
• When available, pregnancy test is often over-used (e.g. administered when it is not effective)
  – some require clients to buy pregnancy test when unnecessary
• In some settings, clients are refused method initiation if not menstruating at a time of their visit
No Tool Works In All Situations

- Pregnancy test and pregnancy checklist:
  - each has its own advantages and limitations
  - complement each other
- Delay of method initiation until next menses should be a last resort
Pregnancy Test

YAY...

• Easy to administer -- uses test strips that detect human chorionic gonadotropin (hCG) hormone in urine, a biomarker for pregnancy

• Is inexpensive and accurate -- wen used as intended, false positive results are extremely rare (unless taken soon after miscarriage/abortion)
Pregnancy Test

BUT...

• Most pregnancy tests currently available are not effective until hCG reaches 20–25 mIU/mL
• In most cases such level is not reached until after missing the date of expected period – when taken too early, false negatives are common
Pregnancy Test: When To Use

Pregnancy test is NOT effective:
• When a client comes anytime between two regular periods

Pregnancy test is appropriate when:
• Client’s expected period is late or missed
• Pregnancy checklist “fails”: the test can be used as a baseline, with another one to follow 3-4 weeks later
Pregnancy Checklist

**YAY...**

- Costs nothing and identifies with reasonable certainty women who are NOT pregnant (negative predictive value 95%-99%)
- Easy to administer – relies on 6 history questions that describe situations incompatible with pregnancy (one YES is enough)
Pregnancy Is Highly Unlikely When...

| NO | 1. Did your last menstrual period start within the past 7 days?* | YES |
| NO | 2. Have you abstained from sexual intercourse since your last menstrual period, delivery, abortion or miscarriage? | YES |
| NO | 3. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period, delivery, abortion or miscarriage? | YES |
| NO | 4. Have you had a baby in the last 4 weeks? | YES |
| NO | 5. 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? | YES |
| NO | 6. Have you had a miscarriage or abortion in the past 7 days?* | YES |

* If the client is planning to use a copper IUD, the 7-day window is expanded to 12 days.
Pregnancy Checklist

**BUT...**

- Cannot be used to diagnose pregnancy
  - answering NO to all questions, doesn’t mean a woman is pregnant, but only that a possibility of pregnancy exists.
- Not effective as soon as a woman misses her expected period
Pregnancy Checklist: When To Use

Pregnancy checklist is appropriate:

• Anytime a woman comes between two regular periods

• In amenorrheic women

Pregnancy checklist is NOT appropriate:

• When a client comes after she misses her expected period
New Job Aid

• Guides providers which tool for ruling out pregnancy to use and in what sequence

• Takes into account:
  – client’s characteristics (being amenorrheic, between menses, or already missed her period)
  – client’s desired method (Copper or LNG IUD or hormonal methods other than LNG IUD)
  – evidence that methods other than IUDs are safe when initiated by a woman with undiagnosed early/luteal phase pregnancy → immediate start (quick start)
Immediate Start

• Refers to contraceptive method initiation at the time of the visit, regardless of where the woman is in her menstrual cycle

• Takes into account
  – health risks associated with unplanned pregnancy
  – absence of harm associated with exposure to contraceptive hormones early in pregnancy

• Allows for immediate start of HCs other than LNG-IUD even when pregnancy cannot be ruled out conclusively
  – instructs to use ECPs and/or follow-up as appropriate
Using the Job Aid

• Decide which of these five situations applies to your client

Client with amenorrhea:
1. initiating implants, pills, ring, injectables or patch
2. initiating IUD (copper or LNG)

Client between two regular menses:
3. initiating implants, pills, ring, injectables or patch
4. initiating IUD (copper or LNG)

Client with late/missed period:
5. initiating any method

• Follow guidance provided
Global Handbook

- New guidance/job aid for ruling out pregnancy included in FP Global Handbook

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**Ruling Out Pregnancy**

Ruling out pregnancy is recommended before starting a hormonal contraceptive and before IUD insertion. Family planning providers may find the following useful:

1. Medical history (often collected using the Pregnancy Checklist shown on the inside back cover)
2. Pregnancy tests
3. Delaying the start of the method until the client’s next monthly bleeding

Which test should a provider use first, and when?

This table outlines the next steps. Note that the Pregnancy Checklist and Pregnancy Tests, along with the Pregnancy Checklist and Pregnancy Tests, often depend on the client's chosen method and on whether the last bleeding period was not a regular monthly bleeding due to missed dosages or other reasons.

**Important points to note**

- Unless the client has missed her monthly bleeding, ruling out pregnancy starts with the Pregnancy Checklist. This checklist is provided on the back cover for your reference.
- Pregnancy tests are not likely to work before the first day of missed monthly bleeding. Using a test sooner is a possible but wasteful option.
- The only contraceptive method known to pose a health-risk of missed dosages is the injectable (whether copper or hormone). If the Pregnancy Checklist cannot rule out pregnancy, the provider should consider another method to rule out pregnancy before inserting the IUD.
- All hormonal methods except the LNG/IUD can be placed without delay even when secondary about pregnancy status. Follow-up is required in some cases (see next page).
- Delays the start of this method in the worst choice among the 3 tools for assessing pregnancy. The test becomes positive for about 3-5 weeks after missed bleeding. Insert the IUD at the first available visit. The provider should be and for whenever possible.
- Both the Pregnancy Checklist and pregnancy tests are highly accurate for ruling out pregnancy when used appropriately. When the checklist can be used, there is no reason to order a test.

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**How and When to Use the Pregnancy Checklists and Pregnancy Tests**

Match your client’s menstrual status and chosen contraceptive method with one of the options below and follow the instructions.

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**Pregnancy Checklist**

Ask the client questions 1–4. As soon as the client answers “yes” to any question, stop and follow the instructions below.

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ACTIVITY: Case Studies

- Form small groups of 4-5 people at your table.
- Review the first case.
- Use the Job Aid to decide where the client fits in the algorithm.
- Answer the discussion questions related to the case.
- Repeat process for each case.
- Debrief in large group.