

# How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions.

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

\* If the client is planning to use an IUD, the 7 day window is expanded to 12 days.

† If the client is concerned about an unintended pregnancy, offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out using the checklist.†

Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, you can be reasonably sure she is not pregnant.

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**N.B:** It is important to read the detailed guidance notes below.

## HOW TO BE REASONABLY SURE THAT A CLIENT IS NOT PREGNANT

Too often a woman is not provided with reliable contraception because there is uncertainty as to whether she is pregnant.

FHI360, with support from USAID, has developed a checklist to use to be reasonably sure that a client is not pregnant.

In order to help as many of the 35% of the women who are now sent away to come back when they have (had) their period as possible, and therefore prevent many abortions, the check list is presented here in its entirety. (HMV)

### *How to Be Reasonably Sure a Client is Not Pregnant*

*Before initiating a medical regimen, health care providers often need to assess whether a woman is pregnant because some medications may have side effects that are potentially harmful to the fetus. According to the World Health Organization (WHO), there is no known harm to the woman, the course of her pregnancy, or fetus if hormonal contraceptive methods are accidentally used during pregnancy. However, it is recommended that family planning providers assess whether a woman seeking contraceptive services might already be pregnant, because women who are currently pregnant do not require contraception. In addition, methods such as IUDs should never be initiated in pregnant women because doing so might lead to septic miscarriage, a serious complication.*

*Providers often rely on the presence of menses as an indicator that a woman is not pregnant. However, providers often see women who want to start a contraceptive method when they are between menstrual periods. Since pregnancy cannot be confirmed or ruled out with a pregnancy test until a woman has missed her period, providers often require women to wait until they menstruate and then come back for method initiation. The pregnancy checklist helps providers rule out pregnancy with reasonable certainty when women are between menstrual periods, allowing women to initiate their method of choice without a delay.*

*FHI 360 (formerly Family Health International) developed the checklist with support from the US Agency for International Development (USAID). The checklist is based on criteria endorsed by WHO to determine with reasonable certainty that a woman is not pregnant. Evaluation of the checklist in family planning clinics has demonstrated that the tool is very effective in correctly identifying women who are not pregnant. Furthermore, studies in Guatemala, Mali, and Senegal have shown that use of these checklists by family planning providers significantly reduced the proportion of clients being turned away due to menstrual status, and improved women's access to contraceptive services.*

*Although the original checklist was developed for use by family planning providers, it can be used by both clinical and nonclinical health care providers to determine whether a client is pregnant. For example, pharmacists may use this checklist when selling medications that don't require a prescription, but should be avoided during pregnancy (e.g., certain antibiotics or certain common painkillers).*

*This checklist is part of a series of provider checklists for reproductive health services. The six questions that comprise the pregnancy checklist are integrated into these other checklists: the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN), the Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives (COCs), the Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD, and the Checklist for Screening Clients Who Want to Initiate Contraceptive Implants. For more information about the provider checklists, please visit [www.fhi360.org](http://www.fhi360.org).*

### Explanation of the questions

The checklist consists of six questions that providers ask clients while taking their medical history. If the client answers "yes" to any of these questions, and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure that the woman is not pregnant.

Women who are in the first 7 days of their menstrual cycle or who have had a miscarriage/abortion in the past 7 days are protected from unplanned pregnancy because the possibility of ovulation in these situations is extremely low. With the IUD, this period is extended to day 12 of the menstrual cycle because of the additional

contraceptive effectiveness of the copper IUD. The probability of ovulation is also very low for women who are in their first 4 weeks postpartum. Women who satisfy the lactational amenorrhea method criteria (e.g., women who are in their first 6 months postpartum, are fully or nearly fully breastfeeding, and are amenorrheic) are protected from unplanned pregnancy because of the effects of lactational amenorrhea on the reproductive cycle. Likewise, women who consistently and correctly use a reliable contraceptive method are effectively protected from pregnancy, as are those who have abstained from sexual intercourse since their last menstrual period.

**Sources:**

1. Technical Guidance/Competence Working Group (TG/ CWG). *Recommendations for Updating Selected Practices in Contraceptive Use: Volume II*. Washington: U.S. Agency for International Development, 1997.
2. Stanback J, Qureshi Z, Nutley T, Sekadde-Kigundu C. Checklist for ruling out pregnancy among family-planning clients in primary care. *Lancet* 1999;354(August 14):566.
3. Stanback J, Diabate F, Dieng T, Duarter de Morales T, Cummings, Traore M. Ruling out pregnancy among family planning clients: the impact of a checklist in three countries. *Studies in Family Planning* 2005;36[4]:311–315.

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