

GUIDELINES
FOR
ORAL CONTRACEPTIVE PILL
FOR
HEALTH ASSISTANT (FEMALE)
AND
HEALTH WORKER (FEMALE)



Issued by
Technical Operations Division
Ministry of Health & Family Welfare
(Department of Family Welfare)
Government of India
Nirman Bhavan, New Delhi-11.

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MINISTRY OF HEALTH & FAMILY WELFARE
INDIA
NEW DELHI-110011

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PREFACE

The Government of India is giving high priority to Family Welfare Programme, the ultimate objective being to reduce the country's birth rate to 21 per thousand by the year 2000 AD. In order to achieve this goal, efforts are being made to promote various contraceptive methods for birth spacing - especially for young couples. The oral contraceptive pill has been found to be a simple, safe, effective and reversible method of contraception. The composition of pill presently being used has been found to be most suitable for the Indian woman.

This brochure on Oral Pill Contraceptive explains in detail as to how the oral pill works, its advantages and other health benefits as well as the dis-advantage, details about the selection of the acceptors, instructions for use of the 28 days pack follow up services and reporting and recording of the pill users etc. I hope this book will be of a great help to the health workers (male and female) in promoting Oral Contraceptive Pill in the National Family Welfare Programme.

I am grateful to the experts and the staff members of the Ministry who have helped in bringing out the publication.

New Delhi - 110 011

(ADARSH MISRA)
JOINT SECRETARY

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OBJECTIVES

The objective of this module is to enable you to have the necessary knowledge to provide Oral Contraceptive Pill Services including counselling, appropriate screening and selection of clients, management of side effects and offer follow up services.

2. What is (Mala - N/ Mala-D) Oral Pill

Mala-N is a contraceptive pill. It contains:

- . DI Norgestrel 0.30 mg
- . Ethinyl Estradiol 0.03 mg

It is an effective, safe and reversible contraceptive for women desiring to delay their first pregnancy or space the next child. Mala D/ Mala - N is available in packets containing supply for one cycle. Each packet has 28 tablets; first 21 of which are white hormonal tablets and remaining are coloured iron tablets for maintaining the continuity. Mala N is available free of cost under National Family Welfare Programme and Mala D under the Social Marketing Programme.

3. How does it work?

The pills act by suppressing release of the ovum (the egg cell) from ovaries.

4. Where to get the pill?

The pills are available free of charge as Mala N at all the Health and Family Welfare Centres and Government Hospitals. They are also sold in chemist shops and social marketing outlets under the name of Mala - D at subsidized cost.

5. Advantages

I.. Highly effective method; provided intake is correct and regular (almost 100% effective).

ii Safe

iii.Reversible

iv.Decision with woman herself

v. Noninvasive

vi. Privacy not required.

6. Other Health Benefits

- I. Reduces menstrual blood loss, thus reduces chances of anaemia
- ii. Relief from pain during menstruation.
- iii. Relief from premenstrual symptoms.
- iv. Regulates menstrual cycles if they are irregular.
- v. Reduces chances of ectopic pregnancy.
- vi. Provides some protection against pelvic infection.
- vii. Protects against benign tumours of breast and ovarian cysts.
- viii. Reduces chances of developing cancer of uterus and ovary.

7. Disadvantages

- I. Daily intake
- ii. No protection from STD/aids

8. Minor side effects

Oral contraceptive user may experience the following side effects in the first few months:

- I. Nausea, vomiting
- ii. Breast tenderness
- iii. Headache
- iv. Depression
- v. Weight gain
- vi. Breakthrough bleeding; Slight bleeding or spotting while taking pills.

However, these symptoms disappear on continued use of pills. You should explain this and reassure the user and motivate her to continue taking pills.

If the bleeding continues, refer to the Medical Officer.

9. Selection of Acceptors

Any woman in the reproductive age group who wishes to delay the first pregnancy or wants to postpone the next pregnancy can use oral pills provided she does not have any contraindications for its use.

It is necessary to screen the acceptor for finding out her suitability for use of pills. You should fill the Check List (Annexure - I) before selecting an acceptor for oral pill.

- I. Ask menstrual history:

- . Date of last Menstrual period
 - . Number of days she bleeds during period
 - . Interval between two periods.
- ii. Ask Obstetric History:
- . Number of children
 - . Age of last child
 - . Whether the child is breastfed.
- iii. Ask the questions serially from the check list.
- iv. Look for gross malnutrition or obesity.
- v. Examine eyes for jaundice.
- vi. Look for oedema over legs and face.
- vii. Count pulse rate.
- viii. Palpate breasts for lump.
- ix. Perform urine analysis for sugar and albumin.

After filling up the check list, if answer to all the points are 'NO', then she can be selected for oral contraceptives. If any of the answer is 'YES', then she should be referred to the medical officer.

10. Instructions for use of 28 day pack

10.1 How to take pill?

Before starting the pills, read the instructions-leaflet carefully.

The first course should be started on day five of menstrual cycle (First day of bleeding is counted as day one) by taking the pill marked as START from the pack.

Subsequently one pill should be taken daily from the pack in order indicated by the arrows, till all the pills are over.

The pill should be taken every day at the fixed time, preferably while retiring to bed.

The new pack should be started the very next day by taking the first pill marked as START from the pack.

Keep the pills away from children.

Consult the doctor within three months after starting the pill.

10.2 If a pill is missed

If a Pill is Missed

If a woman misses a pill on a particular night, the missed pill should be taken the next day as soon as she remembers. She should take another pill at night as usual. In other words, on the day following a missed pill day, she has to take two pills. If she misses 2-3 pills, she should continue taking pills regularly but in addition, she should also use another contraceptive method like condoms till the next cycle is started. In case bleeding occurs, she should be reassured and asked to continue taking the pills.

10.3 Duration of use

Oral Pills can be used safely for five years continuously. During this period, there is no need for periodic discontinuation in taking the pills. However, a regular medical check up is necessary.

10.4 Back up Contraception

Give 10 condoms to pill-user as back up contraception:

- . If two or more pills are forgotten
- . During diarrhoea and vomiting
- . If she taking following drugs for more than one week:

Rifampicin, Antibiotics, Anticonvulsant, Anti fungal drugs

10.5 Danger Signs

Ask the oral contraceptive users to report immediately if:

A C H E S

Abdominal pain (severe)
Chest Pain, shortness of breath
Headache - Severe throbbing unilateral
Eye problems (visual loss, double vision, blurring of vision)
Severe leg pains or swelling.

Refer such cases directly to the nearest District Hospital/Medical College Hospital.

11. Follow up Services

Provide follow up services during your routine home visits. Initially a woman can be given one packet of oral contraceptive pills. Later when the pills are found to be suitable for her, she can be given a supply for three months. She must return regularly to the clinic/service centres for getting the required supply and for necessary check-up at regular intervals. Arrange follow up services/visits to the acceptors of oral pills as per the following schedule:

11.1. First Visit

Within 2 weeks after she has been put on pills:

- I. Enquire as to how she is feeling.
- ii. Treat any minor ailments and reassure her
- iii. Check the pill count from the packet
- iv. Stress the need to take the pill regularly and to return for more pills before the packet is over.

11.2 Second Visit

One month after she has been put on oral pills:

- I. Find out whether she is taking pills regularly; if not enquire as to why she has discontinued the pills.

- ii. Ask if she has any complaints; if none give her three packets. Stress the need to take pills regularly and to return for more pills before the third packet is over.
- iii. Reassure the beneficiary in case of any complaints and persuade her to continue the pills.

11.3 Subsequent Visits

Monthly - until the side effects cease and the woman is well adjusted to the pills regularly.

Six months and then annually.

During routine visits to that area, visit the user and carry out the following

- I. Ascertain that she is taking the pills regularly.
- ii. Reassure her as needed.
- iii. Treat or refer her for side effects.
- iv. Give her supplies of pills.
- v. Get following information:
 - . Date of LMP.
 - . Any irregularity in periods
 - . If there are major problems (as per check list) or any danger sign refer to the doctor.

11.4 Medical Check up for Oral Contraceptive Users

Arrange for a medical check up for your client by the medical officer

First: Before starting the pills or within three months of starting the pills

Subsequent: 6 months and 12 months after starting the pill then yearly.

Anytime if any danger sign appears.

12. When to Stop Pills?

- . After 5 years of continuous use.
- . If she desires pregnancy.
- . If she misses menstrual period for 2 months continuously
- . If she develops or experiences:
 - > Discomfort in chest
 - > Any disturbances in vision
 - > Pain and swelling in legs
 - > Continuous headache
 - > Jaundice

13. When to refer to doctor?

- i. Within 3 months of starting pills
- ii. After one year of continuous use
- iii. Every year subsequently
- iv. If any danger sign appears
- v. No menstrual period for 2 months.

14. Messages to be given to community

- i. Pills are to be used regularly for avoiding pregnancy
- ii. It is the optimum method to postpone first pregnancy.
- iii. Pills can be used for spacing the next pregnancy especially if the woman cannot use IUD.
- iv. Pills can be used continuously for 5 years safely.
- v. Mala - N or Mala - D tablets contain very low doses of hormones; hence these pills are safe.
- vi. For appropriately selected acceptors pills are safe.
- vii. Pills do not lead to cancer
- viii. Pills have many other health benefits in addition to contraception

15. Clearing Myths about Pills

To promote pill acceptance, the prevailing myths should be removed and the facts should be explained.

Myths	Reality
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1. Pills may lead to cancer

. Pills offer protection against cancer of ovary and endometrium.

. No demonstrated increased risk of breast cancer.

2. Pills cause infertility

. Pills do not lead to permanent infertility.

. After discontinuation of pills fertility returns rapidly in majority women.

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3. Pills harm women's health
Permanently

. Observations on millions of women
have proved that there are no
permanent ill effects.

. Taking pills is safer than pregnancy
and childbirth.

. Pills in current use contain very low
amounts of hormones; and hence do not
lead to major complications.

4. Baby may be deformed

. Even if pills are accidentally used during
undiagnosed early pregnancy, there is
no increase in risk of foetal abnormalities.

5. Pills should be discontinued
Intermittently

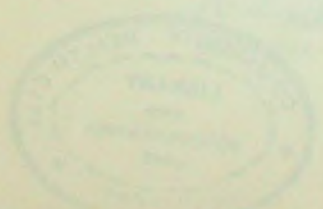
. Pills can be safely used continuously
for 5 years.

. Interruption of pills without use of
other contraceptive can result in
unwanted pregnancy.

16. Record of Oral Pill User

- Record the detailed information of oral pill user in the register as per Annexure I.

- Monthly reports of usage be submitted to MO/PHC as per details at Annexure II.



Check List

Fill the following check list before selecting an acceptor for oral pill.
If any of them is positive, then she should be referred to medical officer.

	Yes	No
1. Age above 40 years		
2. Smoker aged above 35 years		
3. Taking Oral Pills continuously for more than 5 years		
4. Pregnancy		
5. Lactating less than 6 months		
6. Complaint of prolonged/frequent headache		
7. Visual disturbances		
8. Breathlessness on exertion		
9. Fits		
10. Persistent/frequent attacks of pain in abdomen		
11. Irregular vaginal bleeding		
12. History of taking drugs		
13. Repeated skin rashes		
14. Gross malnutrition		
15. Gross obesity		
16. Yellow skin and conjunctiva (Jaundice)		
17. Pulse rate above 120/min		
18. Oedema of extremities		
19. Lump in breast		
20. Sugar in urine - Diabetes		
21. Albumin in urine		

If the above are answered in negative, except No. 2 the may be selected for oral contraceptive. If any of the above, except 2, are answered in positive the patient must be seen by a physician before oral contraceptive is prescribed.

Patient with history of toxæmia of pregnancy should not be put on oral pill.

Check list

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YES NO

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