

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. Similarly, family planning providers must always determine 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, which is a serious complication. Although pregnancy can be reliably determined with pregnancy tests, in many areas, such tests are either not available or affordable for clients. In such cases, many clients who are not menstruating at the time of their visit are denied contraception as providers rely on the presence of menses as an indicator that a woman is not pregnant. These women are often required to wait for their menses to return before they initiate a contraceptive method.

Other approaches can be used to rule out pregnancy in the absence of menses or laboratory tests. Family Health International (FHI), with support from the U.S Agency for International Development (USAID), developed a simple checklist for use by family planning providers to help nonmenstruating clients safely initiate their method of choice. The checklist is based on a criteria endorsed by World Health Organization (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, recent 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, the checklist can be used by other health care providers who need to determine whether a client is pregnant. For example, pharmacists may use this checklist when prescribing certain medications that should be avoided during pregnancy (e.g., certain antibiotics or certain drugs that prevent seizures).

This checklist is part of a series of provider checklists for reproductive health services. The other checklists include 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)*, and the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*. For more information about the provider checklists, please visit www.fhi.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 seven days of their menstrual cycle, who have had a miscarriage/abortion in the past seven days, or who are in their first four weeks postpartum are protected from unplanned pregnancy because the possibility of ovulation in each of these situations is extremely low. With the IUD, the possibility of pregnancy is very low before day 12 of the menstrual cycle because of the additional contraceptive effectiveness of the copper IUD. Women who satisfy the lactational amenorrhea method criteria (women who are in their first six 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, John, Diabate Fatimata, Dieng Thierno, Duarter de Morales, Cummings Stirling, and Traore Mahamadou. 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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Ask the client questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions.

NO	1. 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	2. Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES
NO	3. Have you had a baby in the last 4 weeks?	YES
NO	4. Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	5. Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	6. Have you been using a reliable contraceptive method consistently and correctly?	YES

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out. Client should await menses or use a pregnancy test.

If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, provide client with desired method.