

Chapter 3

CLIENT ASSESSMENT

This chapter describes the first step in providing FP services—the assessment of FP clients' needs and conditions to ensure that they are medically eligible for their chosen method. The chapter discusses the definition and scope of client assessment and discusses the overall concept and classification of the WHO MEC for Contraceptive Use, which serves as the basic reference in assessing FP clients.

OBJECTIVES OF FP CLIENT ASSESSMENT

All clients who attend FP/reproductive health (RH) clinics should undergo assessment. Client assessment is aimed at the following objectives:

- To determine the health status of a client, particularly his/her eligibility for contraceptive use
- To gather data about the client's health through medical history taking, physical examination (PE), and laboratory examination, if needed.
- To determine if the client is in good health or needs further management, close follow-up, and/or referral.



THE MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE

The recommended reference for assessing clients is the MEC for Contraceptive Use endorsed by the WHO. It gives recommendations based on the latest clinical and epidemiological data available on the safety of FP methods for people with certain health conditions. Based on these recommendations, the eligibility criteria for initiating and continuing the use of a specific contraceptive method are classified under one of four categories (Table 3).

Table 3. Categories used in recommending contraceptive methods based on WHO MEC

Category 1	A condition where the use of a certain method has no restrictions. Provide the method.
Category 2	A condition where the advantages of using a certain method generally outweigh the theoretical or proven risks. This condition indicates that the method can generally be used but careful follow-up may be required.
Category 3	A condition where the theoretical or proven risks of a certain method usually outweigh the advantages. The use of this method is not usually recommended unless other appropriate methods are not available or acceptable. A follow-up, including a careful clinical judgment and access to clinical services, will be required. For clients under this category, the severity of the condition and the availability, practicality, and acceptability of alternative methods should be considered.
Category 4	A condition where the use of a certain method has an unacceptable health risk. Do not provide the method.

Where resources for clinical judgment are limited (i.e., community-based services), the four-category classification framework can be simplified into two categories. With this simplification, a Category 3 classification indicates that a client is not medically eligible to use the method. These categories are summarized in Table 3.

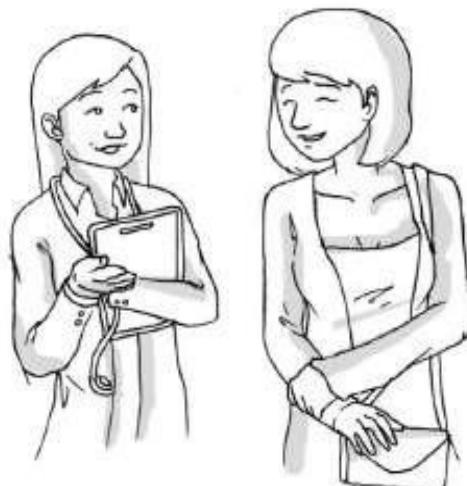


Table 4. Simplified MEC categories

Category	With clinical judgment	With limited clinical judgment
1	Use the method under any circumstance.	YES, use the method.
2	Generally use the method.	
3	Unless other appropriate methods are not available.	NO, do not use the method.
4	Method must not be used.	

In applying the eligibility criteria, service delivery practices that are essential for the safe use of contraceptives should be distinguished from practices that may be appropriate for good healthcare but are not related to the safe use of the method. Promoting good healthcare practices unrelated to safe contraception should be considered neither as a prerequisite nor as an obstacle to the provision of a contraceptive method but as a complement to it. (Refer to the summary tables on MEC for Contraceptive Use in Appendix E.)

STEPS IN CLIENT ASSESSMENT

The basic steps in client assessment are as follows:

1. Client history taking

- Interview the client about his/her past and present medical/RH status.
- The client's history helps the service provider evaluate and assess the client's RH status and identify his/her RH needs.
- It facilitates the identification of risk factors or precautions when using an FP method.
- It is also useful in helping the client choose the most appropriate contraceptive method.



The MEC Checklists for Safe Use of Contraceptives (Appendix E) are used in taking the client's medical history and in performing physical and/or pelvic and laboratory examinations. The Family Planning Service Record or FP Form 1 (Appendix F) is used to record the results of the assessment.

2. Physical examination*

PE ensures the safe use of an FP method and thus ensures the client's safety. A thorough PE also helps the service provider in the following circumstances:

- Identification of any health problems that may warrant the provision of FP/RH care
- Evaluation of client's health status while he/she is using an FP method to monitor any changes that call for precautions on the use of the method
- Confirmation of conditions suspected or noted during the client history taking.

**A female client assessed by a male health provider may request a companion during the PE.*

Timing of PE

- Perform an initial physical examination to determine/ensure safe use of FP methods, particularly for intrauterine device (IUD), bilateral tubal ligation (BTL), and no-scalpel vasectomy (NV).
- Conduct as needed or whenever an indication, complaint, or unusual symptom that may be related to the use of an FP method exists.

Steps in conducting a PE

- a. Prepare the client.
 - Make the client comfortable.
 - Explain the procedure, and assure privacy during the examination.
 - Request the client to empty his/her bladder and wash his/her perineum.
- b. Prepare the instruments/supplies for the pelvic exam if needed.
- c. Check the client's vital signs (blood pressure, heart rate, respiratory rate, temperature), height, and weight.

d. Conduct a general PE as necessary.

- Breast examination may be conducted during the initial visit of all clients and yearly as part of a general checkup.

Conversely, clients must be asked to examine themselves weekly until they have mastered the technique and then monthly—preferably one week after every menstruation. Refer the client to the appropriate facility whenever a distinct mass is identified or suspected.



- Abdominal examination is performed to check for tenderness, organ enlargement, or masses.
- Pelvic examination should be offered to all women who visit the clinic for the first time and as part of general screening.
- It includes an examination of the external genitalia, the use of a speculum for cervix and vaginal canal visualization, bimanual pelvic examination, and recto-vaginal examination.
- It must be performed on all women requesting an IUD, surgical sterilization, or diaphragm insertion.
- Recto-vaginal examination is not routinely carried out but may be indicated if the client has symptoms and signs of pelvic masses. Refer the client to a physician for any abnormal findings.
- Male genitalia examination of clients for vasectomy is required to detect signs, symptoms, and conditions (e.g., infections, masses, discharge, and bleeding), which may delay the procedure.

3. Laboratory examinations

- In some cases, findings during the history taking or PE may require confirmation through laboratory tests.
- Laboratory tests are not required for all clients but should be performed as needed.
- A service provider should be familiar with these tests and their interpretation, should know when to request them, and should understand how these tests can help manage the client's condition.

4. Applicability of various procedures or tests

- Some examinations or procedures should be performed before providing a contraceptive method.
- Clients with known medical problems or other special conditions may need additional examinations or tests before being considered as candidates for a particular contraceptive method.

Table 5 shows the applicability of various procedures or tests for contraceptive methods. These classifications focus on the relationship between the procedures or tests and the safe introduction of a contraceptive method. They are not intended to address the appropriateness of these examinations or tests in other circumstances. For example, some procedures or tests that are not considered necessary for safe and effective contraceptive use may be appropriate for good preventive healthcare or for diagnosing or assessing suspected medical conditions.



Table 5. Applicability of various procedures or tests for contraceptive methods*

Specific situation	CO C	CIC	PO P	POI	Implants	IU D	Cond om	Diaph ragm cervical cap	Spermicides	BTL	Vasectomy
Breast exam by provider	C	C	C	C	C	C	C	C	C	C	NA
Pelvic/Genital exam	C	C	C	C	C	A	C	A	C	A	A
Cervical cancer screening	C	C	C	C	C	C	C	C	C	C	NA
Routine lab tests	C	C	C	C	C	C	C	C	C	C	C
Hemoglobin test	C	C	C	C	C	B	C	C	C	B	C
STI risk assessment : Med Hx & PE	C	C	C	C	C	A1	C2	C2	C2	C	C
STI/HIV screening: Lab tests	C	C	C	C	C	B1	C2	C2	C2	C	C
BP screening	C3	C3	C3	C3	C3	C	C	C	C	A	C4

Source: WHO Medical Eligibility Criteria for Contraceptive Use, Fourth Edition, 2009.

*Class A = essential and mandatory in all circumstances for the safe and effective use of a contraceptive method.

Class B = contributes substantially to the safe and effective use of a contraceptive method but implementation may be considered within the public health and/or service context. The risk of not performing an examination or test should be balanced against the benefits of making the method available.

Class C = does not contribute substantially to the safe and effective use of a contraceptive method.

Notes

Medical Eligibility Criteria for Contraceptive Use, Third Edition, 2009, states that

1 Women who are likely to become exposed to gonorrhea or chlamydial infection should generally not have an IUD inserted unless other methods are not available or not acceptable. Women who have current purulent cervicitis or gonorrhea or chlamydial infection should not have an IUD inserted until these conditions are addressed or until medical eligibility is ensured.

2 Women at high risk of HIV infection should not use spermicides containing nonoxynol-9. Using diaphragms and cervical caps with nonoxynol-9 is not usually recommended for women at high risk of HIV infection unless other appropriate methods are not available or not acceptable. The contraceptive effectiveness of diaphragms and cervical caps without nonoxynol-9 has been insufficiently studied and should be assumed to be less than that of diaphragms and cervical caps with nonoxynol-9.

3 Blood pressure measurements are ideally taken before initiation of COCs, CICs, POPs, POIs, and implants. However, blood pressure measurements are unavailable in many settings where pregnancy morbidity and mortality risks are high and hormonal methods are among the few methods widely available. In such settings, women should not be denied the use of hormonal methods simply because their blood pressure cannot be measured.

4 For procedures performed using local anesthesia with ephedrine.

How Can the Health Provider Determine if a Woman Is Not Pregnant?

- Pregnant women should not use FP methods for obvious reasons; however, condoms should be used to protect against sexually transmitted infections.
- In the absence of any signs or symptoms of pregnancy, a healthcare provider can usually tell if a woman is not pregnant by asking screening questions (see Appendix C, p. 325). Pregnancy tests or PE are usually not needed.
 - A woman is certainly not pregnant if
 - Her menstrual period started within the last seven days. She gave birth within the last four weeks.
 - She had an abortion or miscarriage within the last seven days.
 - She gave birth within the last six months, is breastfeeding often, and has not yet had a menstrual period.
 - A woman who does not meet any of the above conditions is still not pregnant if
 - She has not had vaginal sex since her last menstrual period.
 - She used a reliable FP method correctly during her last sexual intercourse and if her last menstrual period is less than five weeks ago.
- Pregnancy cannot be ruled out for a woman who had sex and her last period was five weeks ago or more. The following early signs of pregnancy should be considered:
 - Late menstrual period
 - Breast tenderness
 - Nausea
 - Vomiting
 - Weight change
 - Fatigue
 - Mood changes
 - Changes in eating habits
 - Frequent urination



- Consider the following late signs of pregnancy for a woman whose last menstrual period has been more than 12 weeks ago. A PE must be performed for confirmation.
 - Large breasts
 - Dark nipples
 - Increased vaginal discharge
 - Enlarged abdomen
 - Movements of a baby
- A woman whose answers cannot rule out pregnancy should either have a pregnancy test, if available, or wait until her next menstrual period before starting a method. She should be provided with condoms and instructions on how to use them.



FLOW OF ACTIVITIES AND SERVICES FOR CLIENTS IN A GIVEN HEALTH FACILITY

Figures 1 and 2 illustrate the flow of activities and services for (a) a new FP client and (b) a returning FP client in a given health facility, respectively. Both figures reflect the specific steps to be followed and the key decision points to be made while clients are being served in the clinic (from the time they enter the facility up to the provision of the FP method).

Figure 1. Flow of activities and services for a new FP client

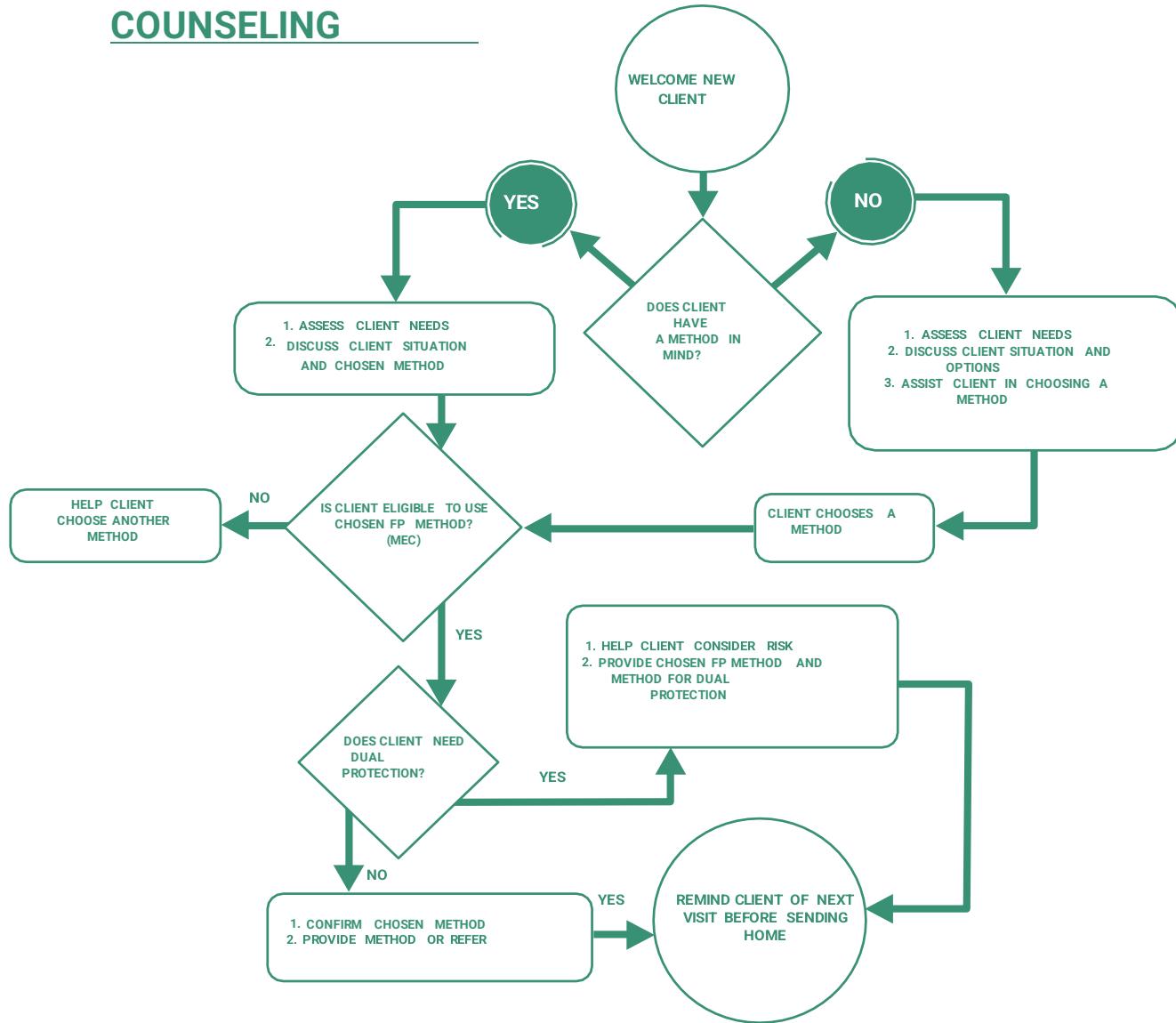
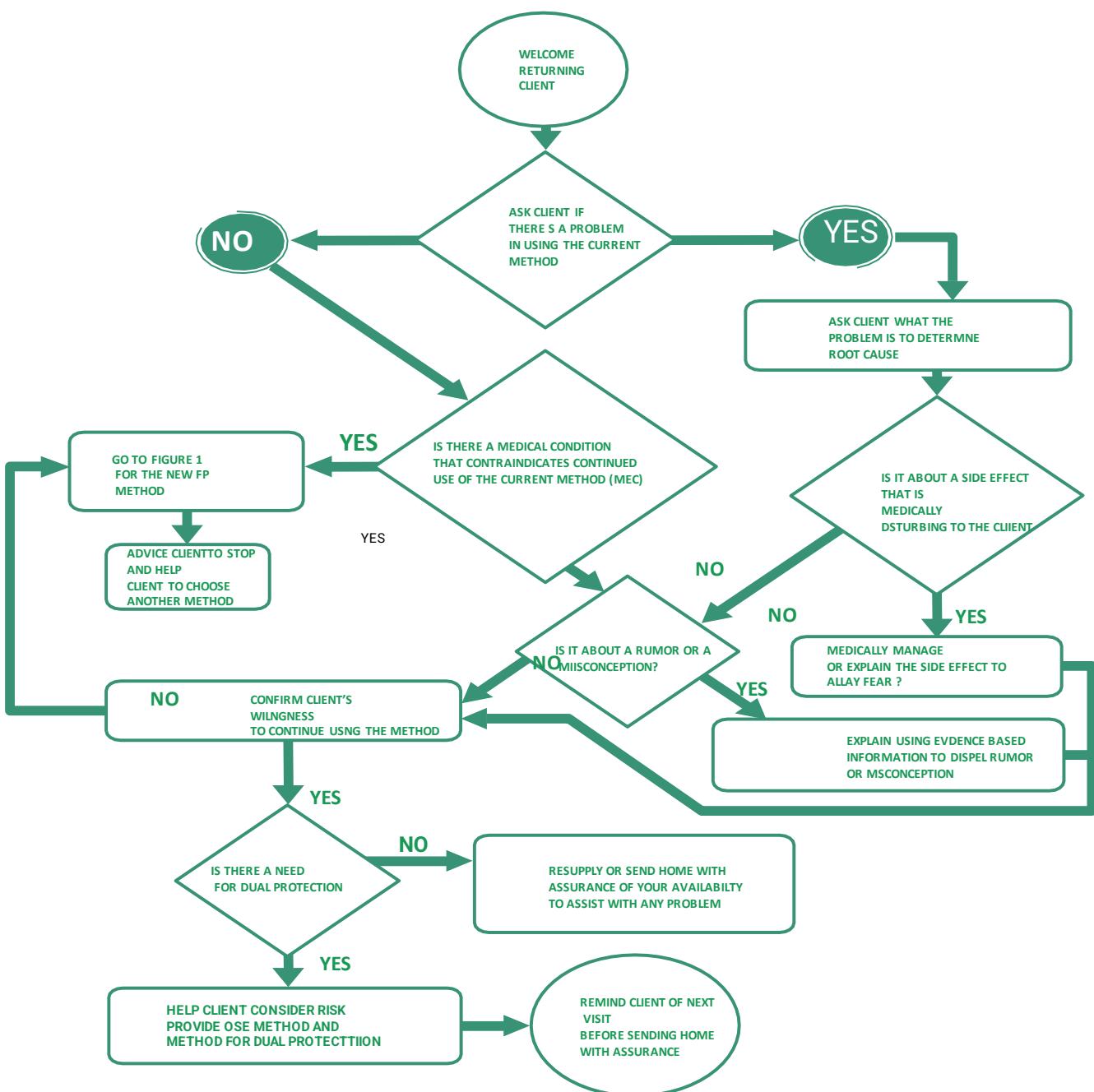


Figure 2. Flow of activities and services for a returning FP client



RECORDING CLIENT ASSESSMENT RESULTS

The basic record used in assessing a client's condition is the Family Planning Service Record or FP Form 1 (Appendix F). Similar to the individual treatment record used in other programs, this record or form contains essential client information that would help the health worker provide quality FP/RH services. The service provider fills out and updates the FP Form 1 every time the client comes back for a follow-up visit.

This form contains the following:

- Personal, obstetrical, and gynecological information
- FP, medical, and family history
- Physical exam findings and laboratory results
- Medical observations and complaints presented by the client.

It is used by workers from the Department of Health, local government units, government organizations, and non-government organizations when admitting new clients to the program and transferees from other service points.

Information on succeeding visits and services related to FP are recorded on this form. Other visits and services not related to FP are recorded and filed at the rural health units, main health center, or barangay health stations.

