

Algorithm for Using the Balanced Counseling Strategy Plus

Second Edition

Pre-Choice Stage	<ol style="list-style-type: none"> ① Establish and maintain a warm, cordial relationship. ② Inform client that there will be an opportunity to address other health needs after family planning needs are addressed. ③ Ask client about current family size, and current contraceptive practices. Counsel the client on Healthy Timing and Spacing of Pregnancy using counseling card. <ol style="list-style-type: none"> a) If client is currently using a family planning method, ask about her/his satisfaction with it and interest in continuing or changing the method. ④ Rule out pregnancy using the checklist card to be reasonably sure a woman is not pregnant ⑤ Display all of the method cards. Ask client if she/he wants a particular method. ⑥ Ask all of the following questions. Set aside method cards based on the client's responses. <ol style="list-style-type: none"> a) Do you wish to have children in the future? <ol style="list-style-type: none"> If "Yes," set aside vasectomy and tubal ligation cards. Explain why. If "No," keep all cards and continue. b) Have you given birth in the last 48 hours? <ol style="list-style-type: none"> If "Yes," set aside combined oral contraceptives (the Pill), combined injectables and implants. Explain why. If "No," continue with next question c) Are you breastfeeding an infant less than 6 months old? <ol style="list-style-type: none"> If "Yes," set aside the combined oral contraceptives (the Pill) and combined injectable cards. Explain why. If "No," or she has begun her monthly bleeding again, set aside the lactational amenorrhea (LAM) card. Explain why. d) Does your partner support you in family planning? <ol style="list-style-type: none"> If "Yes," continue with the next question. If "No," set aside the following cards: female condom, male condom, Standard Days Method®, TwoDay Method® and withdrawal. Explain why. e) Do you have any medical conditions? Are you taking any medications? <ol style="list-style-type: none"> If "Yes," ask further about which conditions or medications. Refer to WHO Medical Eligibility Criteria Wheel or current national guidelines and set aside all contraindicated method cards. Explain why. If "No," keep all the cards and continue. f) Are there any methods that you do not want to use or have not tolerated in the past? <ol style="list-style-type: none"> If "Yes," set aside the cards the client does not want. If "No," keep the rest of the cards.
Method Choice Stage	<ol style="list-style-type: none"> ⑦ Briefly review the methods that have not been set aside and indicate their effectiveness. <ol style="list-style-type: none"> a) Arrange the remaining cards in order of effectiveness (number on back of each card). b) In order of effectiveness (lowest number to highest), briefly review the attributes on each method card. ⑧ Ask the client to choose the method that is most convenient for her/him. ⑨ Using the method-specific brochure, check whether the client has any condition for which the method is not advised. <ol style="list-style-type: none"> a) Review "Method not advised if you..." section in the brochure. b) If the method is not advisable, ask the client to select another method from the cards that remain. Repeat the process from Step 8.
Post-Choice Stage	<ol style="list-style-type: none"> ⑩ Discuss the method chosen with the client, using the method brochure as a counseling tool. Determine the client's comprehension and reinforce key information. ⑪ Make sure the client has made a definite decision. Give her/him the method chosen, a referral, and a back-up method depending on the method selected. ⑫ Encourage the client to involve partner(s) in decisions about/practice of contraception through discussion or a visit to the clinic.
Systematic Screening for Other Services Stage	<ol style="list-style-type: none"> ⑬ Using information collected previously, determine client's need for postpartum, newborn, and infant care or well-child services. <ol style="list-style-type: none"> a) If client reported giving birth recently, review the Promoting Healthy Postpartum Period card and Promoting Newborn and Infant Health card with client. Provide or refer for services, if needed. b) For clients with children less than 5 years of age, ask if the children have been taken to well-child services. Provide or refer for immunizations and growth monitoring services, if needed. ⑭ Ask client when she had her last screening for cervical cancer (VIA/VILI or pap smear). <ol style="list-style-type: none"> a) If her last screening was more than 3 years ago (*6-12 months if she is HIV positive) or she doesn't know, ask if she would like to have a screening today. Review the Screening for Cervical Cancer card. Provide or refer for services. b) If her last screening was less than 3 years ago*, continue with next question. ⑮ Discuss STI/HIV transmission & prevention and dual protection with the client using the counseling cards. Offer condoms and instruct her/him in correct and consistent use. ⑯ Conduct STI and HIV risk assessment using the counseling card. If symptoms are identified, treat her/him syndromically. ⑰ Ask client whether s/he knows her/his HIV status. <ol style="list-style-type: none"> a) If client knows s/he is living with HIV, <ol style="list-style-type: none"> - Review Positive Health, Dignity, & Prevention counseling card with client. - Refer client to center for wellness care and treatment. b) If client knows s/he is HIV negative, <ol style="list-style-type: none"> - Discuss a timeframe for repeat testing. c) If client does not know her/his status, <ol style="list-style-type: none"> - Discuss HIV Counseling and Testing (HCT) with client, using counseling card. - Offer or initiate testing with client, according to national protocols. - Counsel client on the test results. If client is living with HIV, review Positive Health, Dignity, & Prevention counseling card and refer client to center for wellness care and treatment. ⑱ Give follow-up instructions, a condom brochure, and the brochure for the method chosen. Set a date for next visit. ⑲ Thank her/him for the visit. Complete the counseling session.