

Short Communication

Nurses bring new family planning methods to communities: Standard Days Method and Lactational Amenorrhea Method

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Abstract

All couples should have the ability to decide how many children to have and when to have them. Nurses represent the critical link between the health system and communities, sharing family planning methods and information that can help women time and space their pregnancies.

This information is often a matter of life and death for women and children. The World Health Organization (WHO) recommends an interval of 24 months between childbirth and subsequent pregnancy in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.

Introduction:

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This information is often a matter of life and death for women and children. The World Health Organization (WHO) recommends an interval of 24 months between childbirth and subsequent pregnancy in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.¹

In spite of the importance of birth spacing for maternal and child health, spacing methods are underutilized in India. While 38% of married women of reproductive age use sterilization, only 10% use a modern birth spacing method. Eight percent use a traditional method such as rhythm, and 44% use no method. Meanwhile, 13% of women have an unmet need for family planning, half of which is for birth spacing.² These data suggest a potential demand for additional birth spacing choices.

Two new choices: Standard Days Method and Lactational Amenorrhea Method:

Two methods are currently being added to the basket of family planning options in select areas of India: the Standard Days Method® (SDM) and the Lactational

Amenorrhea Method (LAM). Nurses and other providers are currently offering these methods through the Ministry of Health and Family Welfare of Jharkhand and through NGOs in Uttar Pradesh. These methods are used around the world and are endorsed by major international organizations like WHO. They have been mentioned in key family planning documents such as the RCH-II Implementation Guide (cite) and the Contraceptive Update for Medical Officers (cite).

A. Standard Days Method

The Standard Days Method (SDM) is a modern method of family planning that specifies the days in a woman's menstrual cycle when she can get pregnant. To prevent pregnancy, users avoid unprotected intercourse by using a condom or abstaining on days 8-19 of the cycle, her fertile days.

This method was designed for women whose menstrual cycles are usually between 26 and 32 days long. Women who have periods about once a month have cycles within this range. To use this method correctly and successfully, the woman and her partner must be able to avoid unprotected sex on the woman's fertile days.

SDM has been shown to be 95% effective with perfect use and 88% effective with typical use.³ Additional research, both in India and worldwide, have shown that the method could easily be taught by providers, including

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community level workers, and correctly used by women; that there is a high satisfaction level with the method; and that SDM appeals to a large number of women because it has no side effects or health risks.⁴

Most SDM users utilize CycleBeads® – also known in India as Mala Chakra™ and other brand names – which are a color-coded string of beads that help women track their cycles and identify their fertile days.



There are other ways to track one's menstrual cycle for SDM use. One can use a calendar to identify days 8-19. Technology is also a possibility; for example, an SMS (text message) application called CycleTel™ is under development that will enable women to use SDM through their mobile phones.

There are many advantages to a fertility awareness-based method like SDM. SDM does not rely on medical supplies or devices, so there is no need for refills. It has no side effects; can help women understand how their bodies work; and involve men in family planning decision making and use. It is a knowledge-based method that can be offered in non-clinical settings.

A limitation to SDM is that it may not be appropriate for some women, for example, women with irregular cycles. Factors that affect the menstrual cycle can hinder some women from being able to use SDM, such as recent childbirth, breastfeeding, recently began menstruating, or recently stopped using a hormonal method. Successful use requires male participation, and like other methods except condoms, it does not protect against sexually transmitted infections.

B. Lactational Amenorrhea Method

The Lactational Amenorrhea Method (LAM) is a method for women who have recently given birth. The act of breastfeeding naturally suppresses the release of hormones that are necessary for ovulation. The method provides protection from pregnancy for a woman who meets ALL of the three following criteria:

- She exclusively breastfeeds her baby and feeds often, day and night
- Her menses has not returned, AND
- Her baby is less than 6 months old.

When any one of these conditions is no longer met, the mother must begin using another family planning method immediately to ensure that she does not get pregnant. She must start thinking about her next family planning method while she is using LAM so she is ready to switch when LAM no longer works for her.

LAM has many advantages. It's free; supports healthy infant feeding practices; and promotes bonding between mother and baby. It is more than 98% effective.¹ Because it is appropriate for post-partum phase, it can contribute significantly to healthy spacing of pregnancies at a critical time for the mother and can provide an entrée into other birth spacing methods.

Limitations of LAM are that it can only be used for a limited amount of time after childbirth and that it does not protect against sexually transmitted infections.

Nurses' knowledge of SDM and LAM

Nurses have played an integral role in SDM and LAM expansion efforts in Jharkhand and Uttar Pradesh. In Jharkhand, these methods have been integrated into public sector family planning programs in six districts, with additional districts underway. While the NGO programs in UP focus primarily on offering the methods through community workers (ASHAs), nurses affiliated with those programs are also offering these methods. With funding from USAID, the Institute for Reproductive Health (IRH) has provided oversight to SDM and LAM integration and training in these areas. IRH has conducted follow-up meetings with nurses (and other providers including medical officers and ASHAs) who have been trained on SDM and LAM as part of a quality assurance effort to ensure that information provided during trainings has been retained.

In these meetings, IRH staff used a checklist called a Knowledge Improvement Tool to determine the nurses' knowledge level about the methods. The KIT contains a list of the key information about each method that is important for the nurse (or other provider) to convey to a client who chooses that method. In addition to verifying the nurses' knowledge, implementation of the KIT provides an opportunity to reinforce key points that may have been missed in the training.

Amenorrhea Method

A. Knowledge of key SDM Counseling points

There are two criteria a woman should meet in order for SDM to be appropriate for her. As Table 1 indicates, nurses in Jharkhand and UP nearly always screen the

woman to ensure her cycle length is appropriate to use the method. Less frequently, they ensure that the woman and her husband are able to use a condom or not have sex on the days she can get pregnant.

Table 1: Percentage of nurses who could state the screening criteria for SDM use

Screening criteria		Jharkhand MOHFP (n=149)	UP NGOs (n=21)	Total (n=170)
1	The woman must have periods about once a month (every 26-32 days)	92.6	100	93.5
2	The woman and her husband are able to use a condom or not have sex on the day she can get pregnant (days 8-19 of menstrual cycle, or the white beads on CycleBeads)	57.7	81.0	60.5

After ensuring that SDM is appropriate for the woman who wishes to use it, the provider teaches the woman how to use the method. In these programs, CycleBeads

were used as a tool for using SDM. Table 2 shows the nurses' ability to recall the key points to convey to a woman to teach her how to use CycleBeads.

Table 2: Percentage of nurses who could state information about how to use CycleBeads

Information for demonstrating CycleBeads		Jharkhand MOHFP (n=149)	UP NGOs (n=21)	Total (n=170)
1	CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.	71.1	95.2	74.1
2	On the day you start your period, move the ring to the RED bead.	93.3	90.5	93.0
3	Mark this day on your calendar	70.5	100	74.1
4	Move the ring every day to the next bead	83.9	95.2	85.3
5	Use a condom or do not have sex during the days you can get pregnant (white bead days)	85.9	100	87.6
6	You may have sex when the ring is on the brown beads	77.2	100	80.0
7	When your next period starts, move the ring to the red bead, skipping over any remaining beads	68.5	81.0	70.0
8	If you forget to move the ring, check your calendar to verify which bead you should be on.	80.5	100	82.9

This information, along with other advice on how to monitor cycle length and when a user should return to the clinic, is useful as it indicates areas to be highlighted during supervisory visits and refresher trainings.

B.LAM Knowledge

IRH used the KIT to understand the knowledge of the three criteria for LAM use among nurses who were trained, as shown in Table 3.

Table 3: Percentage of nurses who could state the three criteria for LAM use

Criteria		Jharkhand MOHFP (n=149)	UP NGOs (n=21)	Total (n=170)
1	The client's periods have not returned since the birth of her baby	75.2	100	78.3
2	The client only breastfeeds her baby. No food or liquids are given to the baby.	96.0	100	96.5
3	The baby is less than six months old.	79.9	95.2	81.8
(1-3)	Said all 3 criteria	64.4	95.2	68.2

The KIT for LAM also covered other counseling points pertaining to LAM, including the appropriate timing of LAM counseling; advice for maintaining exclusive breastfeeding; and advice on the need to transition to another method when LAM is no longer effective.

Opportunities for nurses in SDM and LAM expansion

Nurses play a key role in offering SDM and LAM at primary health centres, health subcentres, and community programs. As the above data show, their knowledge after training for most of the key counseling points on SDM and LAM is quite high. Nurses' strong community ties enable them to bring this non-clinical method to women even in far-flung locations where there is no easy access to medical care. Nurses are essential to expanding SDM availability to new geographic locations as more public and private sector programs add the methods to their basket of choices.

Meanwhile, new channels for increasing SDM and LAM availability are currently being explored, including social marketing, voucher schemes, and mass media advertisements. Also, the possibility for women with mobile phones to use SDM via the CycleTel™ service is imminent. Even with these new channels, women require a support system in the community to encourage and promote correct use. Therefore, in spite of the different ways women may learn about and come to use SDM, the role of nurses in educating and supporting the use of SDM, LAM, and other family planning methods remains a critical one.

Conclusions:

Unlike traditional methods of periodic abstinence, SDM and LAM are scientifically tested, effective birth spacing

methods that appeal to many women and can easily be integrated into family planning programs. Adding SDM and LAM to the basket of methods offered by nurses can help them better meet the needs of their clients and can help improve the quality of the family planning program overall. Nurses who are interested in a distance learning course for SDM and LAM should contact the Institute for Reproductive Health at (info@irh.in).

References:

1. K4Health. 'Healthy Timing and Spacing of Pregnancy Toolkit'. Accessed October 18, 2011 from <http://www.k4health.org/toolkits/HTSP/essential-knowledge-5>.
2. International Institute for Population Sciences (IIPS) and Macro International (2007). National Family Health Survey (NFHS-3), 2005-06, India: Key Findings. Mumbai: IIPS.
3. Arévalo M, Jennings V, and Sinai I (2002). 'Efficacy of a new method of family planning: The Standard Days Method'. *Contraception* 65, pp 333-338
4. Gribble J, Lundgren R, Velasquez C, Anastasi E (2008). 'Being strategic about contraceptive introduction: the experience of the Standard Days Method'. *Contraception* 77, pp 147-154.