



The Health Provider

A Publication of the National Family Planning Board

Editorial

The National Family Planning Board (NFPB) applauds and salutes the nation's health care workers who have been in the trenches working to implement initiatives to protect the population from the Corona virus (COVID-19). Coincidentally, during the last three months we joined the rest of the world in the observance of International Nurses' Day. We wouldn't want you to just hear about it so we have replicated our organisation's tribute to nurses that previously appeared in a daily newspaper

to mark the occasion.

Of note is that this edition of the Health Provider newsletter has several infographics conveying important information that are meant to act as reminders to you on precautions to take to protect you and those around you in the pandemic.

Staying true to our mandate to provide sexual and reproductive health information to the public we are covering traditional methods of contraception, helping readers choose a contraceptive

Method that is appropriate for their life stage.

Enjoy the content and please share it with as many of your co-workers to ensure knowledge sharing.

Best regards!

Inside this issue:

Editorial 1

Hand Washing Technique with soap and water 1

Reproductive Life Stage + Best Method = Peace of Mind 2

A Message from Lovette Byfield Executive Director NFPB, in recognition of International Nurses' Day 2020. 3

Reduce Your Risk of COVID Infection 4

Why traditional methods of contraception don't always work 5

Effectiveness of Family Planning Methods 6

How to wear a medical mask safely—Do's and Don'ts. 7

Personal Protective Equipment—Donning and Doffing 8

Hand washing technique with soap and water



Issued by **deb** www.debgroup.com

World Health Organization Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care 2009

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REPRODUCTIVE LIFE STAGE + BEST METHOD = PEACE OF MIND

Women have a clearer demarcated reproductive life cycle than do men. As if we didn't already have enough to contend with, we have the added pressure of ensuring that when we say we are done with child bearing we actually mean it.

Ideally a woman has her largest number of healthy eggs when she is in her twenties. As she ages the number and quality of the eggs decline. With the declining quality of her eggs there is the increased likelihood that there will be birth defects and miscarriages. The severity of the defects may prove difficult for some parents to handle. This reality causes physicians to caution women against getting pregnant once they are over age 35. For those who do become pregnant at that age and even later there is the need for increased monitoring and specialist medical care. Additionally pregnancy and delivery complications may result.

In her forties the defects are still a likely occurrence. Women in this age band have had to adjust their lifestyles because of complications developed in pregnancy like gestational diabetes. Low birth weight is also common in babies born to the older woman. Eclampsia and other medical problems may happen at the stage of delivery.

Much of these challenges can be averted if women do not have their babies late in life. It is a delicate juggling act to put one's career, education or other pursuits on pause in order to have children. However, the narrow band of time allotted to females to maximize a positive birth outcome requires careful planning.

Affordable family planning methods are readily available in public and private sector health care facilities. Contraceptive options

supplied to the government –run health clinics are male and female condoms, orals/pills, the injectable Depo Provera, the Intrauterine contraceptive device (IUCD); and the implant Jadelle.

Pills, condoms and the injectable are favoured by young females. The implant and IUCD are long acting reversible contraceptives (LARCS) and are used by some young women who have had a child. Opting for either of these two methods provides spacing of 5 and 10 years respectively between pregnancies.

Older women have the benefit of accepting a LARC, should the debate on whether or not to have any more babies consume them. The indecision provides a window for an opportunity for an unwanted pregnancy to happen. This rational thought process will evaluate your thinking about

undecided about a permanent method

The Permanent method of female sterilization is recommended to prevent a late pregnancy.

In closing, we recommend that in the same way thought was given to the contraceptive method to be embraced at sexual debut or shortly thereafter, that throughout your life you pause and assess if the contraceptive you are using at that moment meets your lifestyle and reproductive intentions.

Knowledge of the many options available to you will provide the guidance to arrive at a logical conclusion.

A Message from Lovette Byfield, Executive Director NFPB, in recognition of International Nurses' Day 2020

In acknowledging the island's nurses for their collective contribution to nation building and their unstinting service to the people of this great nation, I also bring greetings and best wishes from the staff of the National Family Planning Board (NFPB) in time for International Nurses' Day 2020.

It has been more than half a century since the formation of our entity and in that time the NFPB has worked shoulder-to-shoulder with nurses at all levels of the health care system. Our association with the Ministry of Health, Nursing Council, Nurses Association of Jamaica has allowed the NFPB's staff to work in tandem with several thousands of nurses, training and certifying them to world-class standards. Possessing technical skills and know-how that have prepared them to meet the day-to-day challenges of the clinic and hospital settings, Jamaica's nurses stand proudly alongside other medical professionals. That said, the NFPB thanks you for being an integral part of the successes of the local family planning, HIV, and maternal and health programmes – taking your knowledge in these areas to the far reaches of this island.

I along with the staff recognize our very own nurse on staff, Registered Midwife Miriam Valentine, and her predecessors on this occasion and thank all for their stellar representation of the NFPB in the field and in office.

Circumstances are dictating a different way of doing business nowadays as the island copes with the reality of the COVID-19 pandemic. The harried environment in which many of you may find yourselves working at this juncture cannot be avoided. We urge you to be resilient, relying on that inner strength and knowledge that the service you are performing is indeed, above self. As a frontline or essential worker your skills are brought to bear on treating very ill patients while safeguarding your own health and by extension that of your loved ones. I use this platform to urge all citizens to **#StandTogetherWithOurNurses** even as we **#StandApart** to stem the spread of COVID-19!

Your commitment to healthcare is borne out by the many clinics that have remained operational, offering among the suite of services, counselling, family planning methods, HIV testing, maternal and child healthcare. The National Family Planning Board's office in Cross Roads is also open weekdays and clients can access these products and services as well. You may reach us via telephone and social media: Call 876-968-1619 or WhatsApp 876-536-9154 or by way of a Direct Message on Facebook or Instagram @NFPBJamaica.

Undeniably, Jamaica needs you now as a stabilizing force, the ones to whom we can all look and know that 'they've got this'. Again, we salute and respect you.



NFPB's Registered Midwife Miriam Valentine, engage male workers at Rockfort Power Plant.



Nurses from VJH receive contraceptive donation from NFPB



Nurse from Hanover receiving condoms from NFPB island wide distribution.



Nurse receiving certificate of participation in NFPB GBV training.

We salute you!



Reduce your risk of coronavirus infection:



Clean hands with soap & water
or alcohol-based hand rub

Cover nose and mouth when coughing and
sneezing with tissue or flexed elbow



Avoid close contact with anyone with
cold or flu-like symptoms

Thoroughly cook meat and eggs



No unprotected contact with live wild
or farm animals



World Health
Organization

REDUCE YOUR
RISK OF
COVID
INFECTION

STAY
SAFE

KEEP
CALM

Shopping in wet markets?

Stay healthy!

Wash hands with soap and water after
touching animals and animal products



Avoid touching eyes, nose and
mouth

Avoid contact with sick
animals and spoiled meat



Avoid contact with stray animals,
waste and fluids in market



World Health
Organization

Why traditional methods of contraception don't always work

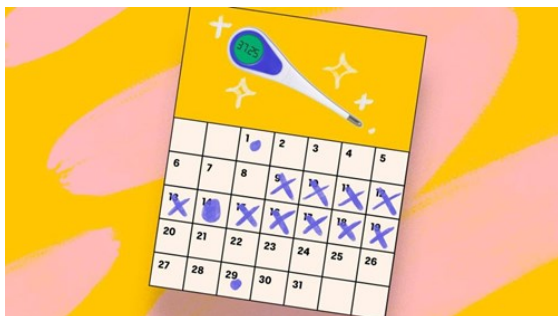
By Renee Gauntlett

Our grandmothers and great-grandmothers have long since sworn by traditional family planning methods. Why take a pill when you just need to know how your body works? Yes, traditional family planning methods do work for many, but definitely not for all and not all the time. After all, almost half (47%) of all pregnancies in Jamaica are unplanned, majority of which were the result of either failed traditional methods or no contraceptive methods at all.

Traditional methods of family planning are basically methods that do not use modern contraceptives or require a surgical procedure. These methods include Fertility Awareness methods (Basal Body Temperature method, Sympto-thermal method, Calendar rhythm method) and withdrawal. These methods are only 76% and 78% effective, respectively.

Fertility Awareness methods involve a process of monitoring cycle days, basal body temperature and vaginal discharge. As biology has proven, there is a certain time during a female's menstrual cycle when she is most fertile. Counting the first day of bleeding as day one, her most fertile time would be between days 8 and 19. In other words, if she has unprotected sex during days 8 and 19 of her cycle, there is a higher possibility for her to get pregnant. These are the days that she would most likely ovulate.

This calendar-based method also assumes that days 1 through 7 and days 20 through 28 (or whenever her period begins) are "safe" days. "Safe" days are days when a female would not be ovulating and is least likely to get pregnant. Many women who utilise this method, schedule unprotected sex during this time. For women in steady relationships, how often do we really stick to this schedule?



Things can change

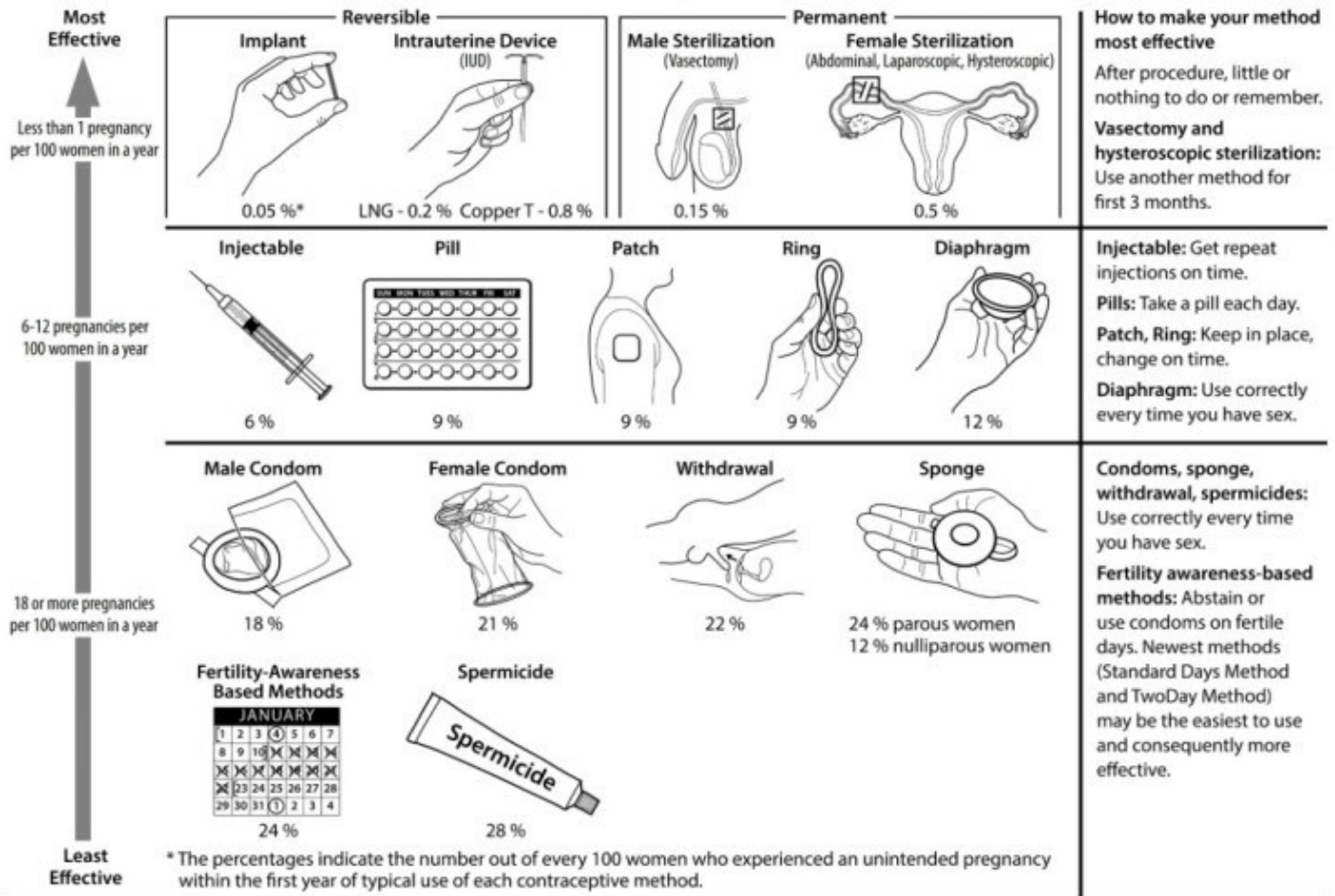
Biology has also proven that as the seasons can change, so can our menstrual cycle. The menstrual cycle can

and you will realise that your period is earlier or later than usual, or you may ovulate earlier or later than usual as well. These changes can be brought on by changes in our environment, diet, weight and even emotional changes like stress or depression. As a result, sticking to a strict calendar method may not always work, and for many, resulted in an unplanned or mistimed pregnancy.

For those days when it may not be considered "safe", there is another family planning method called withdrawal. Withdrawal is when the male "pulls out" or removes his penis from inside the vagina just before ejaculation. This practice if timed accurately eliminates the deposit of sperm into the vagina, making pregnancy less likely to occur. However, the presence of pre-ejaculation or "pre-cum" increases the possibility of pregnancy in many cases. Coupled with the hopeful skills of the male in his pull-out game, this method can be difficult and is actually one of the least effective in preventing pregnancy.

Traditional methods also provide absolutely no protection from HIV and other sexually transmitted infections. As it stands, only the male or female condom can provide this kind of protection

Effectiveness of Family Planning Methods



CS 242797



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.

Traditional methods of family planning require much skill and concentration. If you are one to generally be forgetful and have the occasional surprise sex, traditional methods may not be for you.

A more effective choice

The National Family Planning Board provides information and counselling on the various family planning methods.

Modern family planning methods are highly effective, once used correctly. These include the pill, the injectable, the implant, the intra-uterine device (IUD), male and female condoms and female or male sterilisation. One method may not suit everyone, so we recommend talking to a healthcare provider to find out which one is best for you. Visit www.jnfpb.org for more information on family planning.



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HOW TO WEAR A MEDICAL MASK SAFELY

Do's →



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask



Wash your hands before touching the mask



Inspect the mask for tears or holes

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

[who.int/epi-win](https://www.who.int/epi-win)



HOW TO WEAR A MEDICAL MASK SAFELY

Don'ts →



Do not use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

[who.int/epi-win](https://www.who.int/epi-win)





CHOOSE 2:

(CONTRACEPTIVE INJECTION) + (CONDOM)

PREVENT PREGNANCY AND STIs

SAVING MOTHERS' LIVES



MILLENNIUM DEVELOPMENT GOAL 5A:
REDUCE MATERNAL DEATHS BY 3/4 BETWEEN
1990 AND 2015

Of the 95 countries with high levels of maternal mortality in 1990:

9 Countries Achieved MDG 5A

Another 39 countries also made significant progress



- Bhutan
- Cabo Verde
- Cambodia
- Iran
- Lao People's Democratic Republic
- Maldives
- Mongolia
- Rwanda
- Timor-Leste

NO WOMAN SHOULD DIE IN PREGNANCY AND CHILDBIRTH

© World Health Organization 2015

PERSONAL PROTECTIVE EQUIPMENT—DONNING AND DOFFING

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedures for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolated gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off the glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**
 - Coat front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, reaching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastic of the mask/respirator, then the area at the top, and remove without touching the front
 - Discard in a waste container
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE