
Do you want
children?

NU NIET ZWANGER®

Colophon

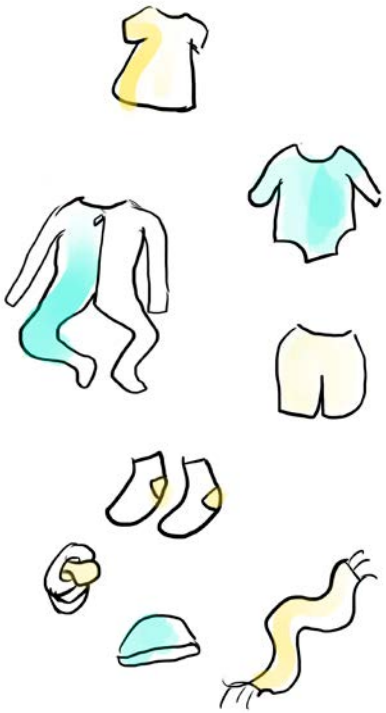
This manual, the visual prompts and the question cards have been made by the team of Pregnant Not Now (Nu Niet Zwanger-team) of the Municipal Health Service of Rotterdam-Rijnmond. They developed these materials in consultation with ambassadors of the program Pregnant Not Now of different care organisations and their clients.

In collaboration with GGD GHOR Nederland and Rutgers these materials have been adjusted for national use.

This publication is made for the program Pregnant Not Now and may not be duplicated or used for other purposes without permission of the makers.

Text: Meike van 't Hof, Riekje Elema, Rubia Langeler and Marlies Leenes
Translation: Meike van 't Hof
Editorial: Meike van 't Hof and Ineke van der Vlugt
Illustrations: Jikke Kuiper
Communication: Irene Warbout and Rachid Bouali
Design: 0to9 Values-Driven Creativity
Copyright: The Municipality of Rotterdam and the national program Nu Niet Zwanger, GGD GHOR NL.
Version: 1 digital English July 2026

Thanks to the clients and ambassadors of Pregnant Not Now (Nu Niet Zwanger) in the region Rotterdam-Rijnmond and other regions for their valuable input.



Content

Preface 4
1. The added value of Pregnant Not Now 6
2. The methodology of Pregnant Not Now in short 10
3. How to use the visual prompts and question cards? 17
Detailed explanation visual prompts and question cards
- Card 1: do you want children? 18
- Card 2a: what to think about before having children? 19
- Card 2b: special circumstances 20
- Card 3: consideration of the (dis)advantages of (postponing) a pregnancy 21
- Card 4a: sexuality 22
- Card 4b: sexuality 22
- Card 5a: menstrual cycle 22
- Card 5b: male fertility 24
- Card 6: how does a pregnancy occur? 24
- Card 7: fertile period and risks of natural methods 26
- Card 8: how to choose a suitable method of birth control? 27
- Card 9: long-acting methods of birth control 28
- Card 10: short-acting methods of birth control 29
- Card 11: the IUD (intra uterine device with hormones or copper) 30
- Card 12: the hormonal implant 31
- Card 13: the hormonal injection 32
- Card 14: sterilization female 33
- Card 15: sterilization male 34
- Card 16: the contraceptive pill 35
- Card 17: the contraceptive patch 36
- Card 18: the contraceptive ring 37
- Card 19: the (female) condom 38

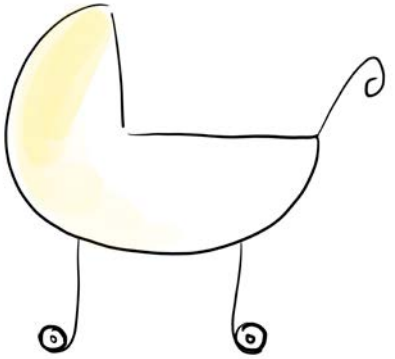
4. Practical information and scaling up 39
Practical websites 44
Sources 45

Preface

With enthusiasm, we proudly present these visual prompts, question cards, and manual for Pregnant Not Now. Thanks are due to the Pregnant Not Now team of the Municipal Health Service (GGD) of Rotterdam-Rijnmond, who have developed them. These materials are made to support conversations about the desire to have children, sexuality, and birth control (contraceptives).
We have developed these materials together with clients and care professionals to support them in conversations about these topics.



Many care professionals find it difficult to talk about the desire to have children and sexuality. This is understandable, because sexuality is an intimate subject about which we seldom speak openly. We all have different thoughts and feelings about it. Sex is about intimacy and vulnerability; it is about how we were raised, what kinds of experiences we have had, and how we look at ourselves, our partner(s), and our relationship(s). It is important to be aware of our personal thoughts and feelings about sexuality in order to deal with this in a professional way, as these topics are hardly addressed in our professional education.



With these visual prompts and question cards, we provide care professionals with tools to start a conversation about the desire to have children, sexuality, and birth control, and to explore with clients how they think and feel about these topics. In this manual, you will find important information about these topics, the methodology of the Pregnant Not Now program, and the added value of this program.

The topics are illustrated to clarify the information for clients and make it more memorable. This product has been made for the ambassadors of Pregnant Not Now and their colleagues to talk with their clients about these topics.

Please read the manual before using the materials with clients, study the methodology of Pregnant Not Now, the questions on the question cards, and the background information with each visual prompt. This will prepare you for the conversation with your client.

Structure of the manual
Part 1 is about the added value of Pregnant Not Now. You will find a short explanation of why this program is so important and what it brings to both the clients and you as a professional.
Part 2 gives a short description of the methodology of Pregnant Not Now.
Part 3 describes how to use the visual prompts and question cards and contains an explanation and information about each card.
Part 4 gives practical information on arranging birth control and scaling up.

Disclaimer
Pregnant Not Now focuses on preventing unintended pregnancies. An unintended pregnancy can only occur through fertilization of an egg cell (female) by a sperm cell (male). For this reason, we show and talk only about heterosexual contact in these materials.



1. The added value of Pregnant Not Now

Pregnant Not Now is a practice-based methodology developed with the idea "do what is needed."

This idea started with a case involving an addicted, homeless client with psychiatric problems who got pregnant for the second time. The first child was taken from her two years earlier, directly after birth, because she was unable to take care of the child. The situation had not improved, but none of the care professionals talked with her about whether she wanted another child, nor about how to prevent another pregnancy. For nurse practitioner Connie Rijlaarsdam, this was the reason to act, resulting in the Pregnant Not Now program.

When providing care to people in vulnerable circumstances, we often interfere in several areas of our clients' lives, but we seldom explore the risk of unintended pregnancy and the consequences thereof for the client. The question "do you want children?" is rarely asked. And if we ask the client about the use of birth control, we seldom check whether it is used in an adequate way. We consider this the responsibility of the client. It is interesting how we, as care professionals, take over a lot of what the client deals with, but let them sort this out by themselves.

"There is so much going on with this client. Talking about whether they want children is not a priority right now."

A COMMON CONVERSATION BETWEEN A CARE PROVIDER AND AN EMPLOYEE OF PREGNANT NOT NOW :

"But what happens if the client is caught off guard by an unintended pregnancy?"

A regular remark from care professionals, when we introduce Pregnant Not Now, is: "*There is so much going on with this client or this family; we first have to deal with a lot of other things (housing, income, domestic violence, debts, etc.). Talking about whether they want children is not a priority right now.*"

Our reaction is always: "*But what happens if the client is caught off guard by an unintended pregnancy? Then there is even more to deal with. The client will have another problem on top of everything else.*"

We found that many of the clients with whom we discuss these topics do not want children right now. There is so much chaos in their lives that it is difficult to reflect on whether they want a child in the current situation or, if they do not, to arrange adequate contraception. This is not due to a lack of willingness, but to a lack of knowledge, incapacity, or other priorities.

But sex… does not stop when one is vulnerable, not even when there is a lot of chaos. Sex offers consolation, connection, and comfort, or helps to forget the chaos for a while. So, the chance of an (unintended) pregnancy is there, with all the consequences thereof for the client and the future child.

TEENAGE MUM:

“Oh, that’s such a relief. Now I can finish my education without worrying.”

As a care professional, it is your task and responsibility to prioritize these topics. It is the professional who must start the conversation about them with their clients, make them aware of the options to choose from, and support them in the steps they must take. Helping them to come to a motivated and, in their case, suitable decision. This is on a voluntary basis, in which the professional focuses on the desires, needs, thoughts, and feelings of the client. Together with the client, the professional explores what is of value, what is important at this moment in the client’s life, and what steps the client is willing to take to come to a well-considered decision in this phase of life.

We do not disqualify people from being a parent, but explore together with the client whether there is a desire to have a child in the current situation. Whether this is achievable and desirable under the circumstances, or whether they would rather postpone this wish.
By talking about it, we can prevent unintended pregnancies.

Pregnant Not Now offers even more than conversations about these topics and arranging birth control, if wanted. By providing this care (see the method-ology), clients feel seen and heard. They often experience a sense of control again, although it might be over just a small part of their life. This gives strength and can be the first step toward taking more control over other parts of their life. See the reflections of clients on these pages.

REACTION OF A CLIENT IN THE SATISFACTION SURVEY AMONGST CLIENTS OF PREGNANT NOT NOW:

“I was afraid of birth control, found it scary, and nothing seemed to fit me. It worried me because I didn’t want to get pregnant. I had a nice conversation, and I have been protected and without worries for already a year. I am very grateful for that.”

A WOMAN WITH ADDICTION IN HER PAST, TWO CHILDREN (TAKEN FROM HER). SHE IS TALKING ABOUT LONG-ACTING CONTRA-CEPTIVES, BUT SHE WOULD RATHER USE THE PILL:

“My life is chaotic and unpredictable. Having my period once a month is the only thing that is regular and clear in my life; I would like to keep it this way.”

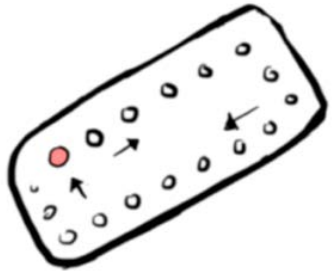
Professionals also benefit from Pregnant Not Now. By working with this methodology, professionals develop a better relationship with their clients and gain tools to provide clients with more control over themselves. Talking about these topics gives new insight into the wishes of the client, so the professional can adapt to these wishes. Pregnant Not Now requires effort and dedication, but also generates a great deal of enthusiasm and future perspective. With relatively limited effort, an increase in problems and a lot of grief can be prevented.

WOMAN WITH MULTIPLE CHILDREN AND IN DEBT:

“I will save money for the second injection, so I can pay for it myself.”

MAN FROM THE BOOK NOW I CAN GO ON (HANS SCHLEIFFERT):

“It is OK like this. If we have a third child, I don’t know what to do; then I am gone. I just can’t.”



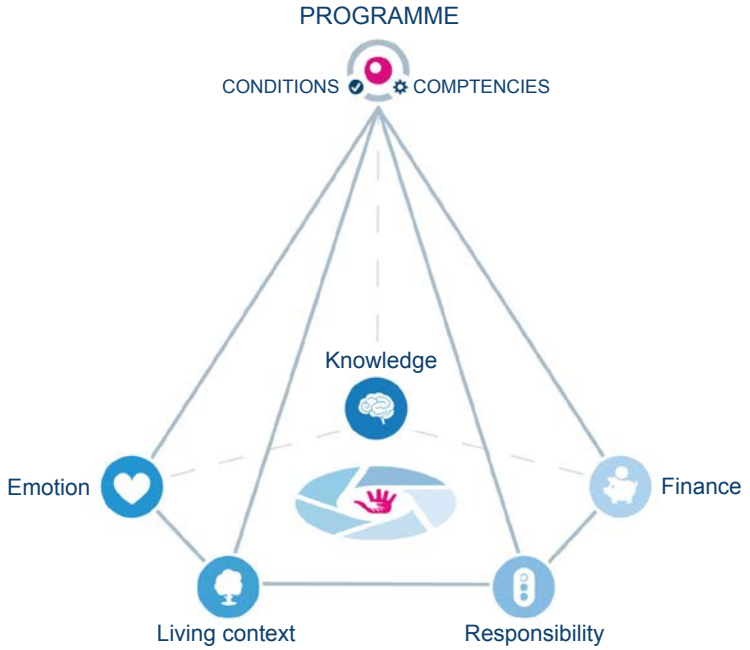


2. The methodology of Pregnant Not Now in brief

Pregnant Not Now focuses on people in vulnerable circumstances in their fertile period, both women and men. The goal is to enable them to make a conscious and informed choice about whether and when they want to have children, to prevent them from being confronted with an unintended pregnancy.

Often, there is a combination of problems and/or limitations, and this target group is generally already receiving care from one or more professionals. These professionals play an important role in starting conversations about whether there is a desire to have a child, sexuality, and birth control.

The methodology of Pregnant Not Now includes the Rijlaarsdam model (five factors), the basic attitude and methods of presence theory and motivational interviewing, a fixed order of topics (desire to have a child, sexuality, and birth control) in counselling, and the provision of tailored services. The core principles are self-determination, professional responsibility, and using regular services where possible.



The model of Rijlaarsdam

1. The model of Rijlaarsdam

Pregnant Not Now is born out of practice, but is also based on the results of research conducted to investigate the reasons for its success. This research identified five factors that influence control over the desire to have a child or the prevention of unintended pregnancy. It is important to explore these five factors with the client (Rijlaarsdam, 2015).

Interestingly, these five factors apply not only to clients, but also to professionals. They often experience a lack of knowledge and uncertainty about whether to discuss topics related to having children and contraception. These topics are often not included in routine work processes such as the intake, the care plan, or the client file, and professionals do not always feel responsible for addressing them - let alone for arranging contraception.

THE FIVE important factors

(for both client and professional)

1 KNOWLEDGE

For example, knowledge about how pregnancy occurs and how to prevent it; which contraceptives exist, how they work, what the side effects are, myths, and what the influence is on the menstrual cycle.

2 EMOTION

For example, the need to feel unconditional love and therefore the urge to have a child, anxiety about contraceptives, and the influence of myths.

3 CONTEXT

For example, is the client homeless? Does the client have a partner, and is the partner supportive?

4 RESPONSIBILITY

For example, is the client able to take control and capable of preventing an unintended pregnancy? Does the client have a regular day-and-night rhythm, and is the client able to arrange birth control and think about using it regularly?

5 FINANCES

For example, does the insurance cover contraceptives, or is the client able to pay for them when they are not covered?

2. Key points of Pregnant Not Now

The key points of Pregnant Not Now are voluntariness, cooperation, support, maintaining contact, and, if necessary, finance. It is about doing what is necessary and offering tailored services.

Voluntary

Pregnant Not Now is a voluntary service and does not force people to start using contraceptives. Together with the client, the question of whether they want children in the current situation is explored, and whether this is possible and achievable. It might be preferable to first invest in improving the current situation in order to provide a safe and healthy environment for a child to grow up in. Clients always give permission before being scaled up to the Pregnant Not Now team.

Cooperation

Professionals collaborate with the client by exploring their wishes and needs regarding the desire to have children and the use of contraceptives, if they wish so. Prescribing birth control is always done by a general practitioner or midwife, and if necessary, the insurance will be checked to see whether the prescription is covered. Pregnant Not Now works together with care organisations that support people in vulnerable circumstances, general practitioners, midwives, and gynaecologists. Together, they create a network of (para)medics to prescribe and provide contraceptives when this cannot be done by the client's own doctor. There is also cooperation with pharmacies. The guiding principle is that we work as regularly as possible, using existing services.

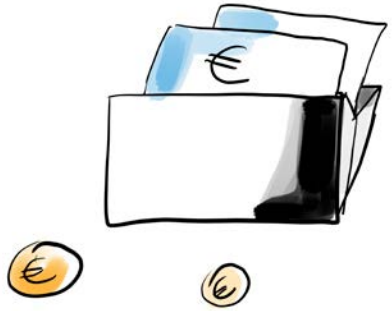
Support

Clients are supported in exploring their wishes and needs in order to come to a motivated decision. Is there an actual desire to have a child? Is this possible and achievable in the current situation? Or does the client wish to postpone a pregnancy? This process might take an hour, but it can also take weeks or months. When the client wishes to postpone a pregnancy and start using birth control, the professional can arrange an appointment with the general practitioner and, if necessary, accompany the client to pick up the prescription.



Often, the several steps needed to organise contraception are too much for a client; it is not their priority, or they have no one to take care of the other children while they visit the doctor. Pregnant Not Now offers what is needed to support the client in the best possible way.

Maintain contact
Change takes time and patience. By not rejecting the client when they are not on time for their appointment and by maintaining an open attitude toward the client's feelings and thoughts, contact can be maintained and it becomes possible to explore respectfully, together, what is of value to the client. This means that we do not impose our ideas on the client, but stand next to the client to provide support. When a client starts using contraceptives, we maintain contact to see how things are going. Clients can be scaled up to the Pregnant Not Now team to be reminded before the expiration date to change their birth control (follow-up). If necessary, we start the conversation about these topics again.



Finance
In the Netherlands, birth control is not covered by health insurance when a client is 21 years or older. Between the ages of 18 and 21, clients must contribute financially, and under the age of 18, birth control is free. When clients do not have their birth control covered by insurance and cannot afford to pay for it themselves, Pregnant Not Now can contribute.

Tailored service, doing what's needed
So, it is the professional who must start and maintain the conversation and ask the necessary questions to make the client aware and capable of coming to a decision. The professional stands next to the client patiently and provides support where needed.

"I take the pill only after having sex."

3. The method and the conversation
Many clients in vulnerable circumstances already have one or more professional caretakers with whom they have regular contact. The conversation about whether the client has a desire to have a child, sexuality, and birth control can be integrated into these contact moments. Starting with the desire to have a child is a conscious decision. In this way, you can explore whether the client wants children, whether this is suitable in the current situation, and what (more) is needed to be able to take care of a child.

When the client does not want to have children in the current situation, the conversation moves on to sexuality. This is to explore whether there is a risk of unintended pregnancy and what the client does to prevent that. You can ask whether the client has a partner and sexual contact, if and how they protect themselves against unintended pregnancy, and whether they are worried about getting pregnant during sexual contact, in order to proceed to the topic of birth control.

The methodology of Pregnant Not Now is based on presence theory. Key points of this theory are being trustworthy, standing next to the client, cooperating, and doing what is needed.

Presence theory is: *"A practice in which the caretaker is involved with attention and devotion toward the client and, by doing so, sees what is at stake for the client—from desires to fears—and understands what could be done in this situation and who the caretaker can be for the client. What must be done will be done. This is a way of working that can only be carried out with a sense of subtlety, craftsmanship, practical wisdom, and loving loyalty (Baart, 2001)."*

"I can't get pregnant, because I am not married."

"I forgot to take the pill for two days, so I'll take three at once."

In conversations, motivational interviewing (Miller & Rollnick, 2017) is very useful because it aligns well with the key principles of presence theory. The autonomy of the client is respected, and both methods work with compassion.

With the conversation techniques of motivational interviewing—open questions, reflections, affirmations, and summaries—the client becomes more aware of what they think and feel about current and new behaviours. The professional uses these techniques to stimulate reflection, but also to invite the client to express their (often unconscious) thoughts and feelings, which leads to increased awareness. By exploring what is of value to the client, the (dis)advantages of current and new behaviour, and becoming more aware of possible contradictions or assumptions, the client can decide and act based on intrinsic motivation. More information can be found in the methodology of Pregnant Not Now, www.nunietzwanger.nl

"My husband takes the pill, so we are protected."

Care professionals overestimate people's knowledge about their bodies, how pregnancy occurs, and contraceptives.

"I think I am not fertile because I haven't had my period for three years."

3. How to use the visual prompts

With the visual prompts and question cards, you can start a conversation with your client about the desire to have a child, sexuality, and birth control. Below, you can read how to use them.

The visual prompts and question cards are tools for this conversation, for both professionals and clients. You can talk with the client about what you see in the visual prompts. The professional seeks connection with the client and their living context by asking questions such as:

- What do you recognise in this visual prompt?
- How do you experience this in your own life?
- What do you desire in your situation?

The questions on the question cards are not a checklist. They are meant as inspiration to explore the client's situation together. It is crucial to use presence theory and motivational interviewing, as mentioned earlier. For the client, it might be useful to explain the reason why you are discussing these topics. For this, you can use the goal of each visual prompt, which is described later in this manual.

Be aware that, as a professional, you do not move too quickly to the topic of birth control. The visual prompts and question cards help you to have an open conversation, following the topics: the desire to have a child, sexuality, and birth control. They offer starting points to discuss these topics and to see what the client needs.

It is important to take time for this conversation. Often, more than one conversation is needed. Please read the added value and methodology of Pregnant Not Now before you start these conversations. From page 18 onward, you will find an explanation and more information about each visual prompt.

How to use the visual prompts

You can use a laptop or PC to show clients the visual prompts digitally. It is also possible to print the digital prompts. On the visual prompts, you see an image to start a conversation with your client. The question cards are intended for the professional and can be used digitally on your mobile phone, tablet, or PC, or in printed form. The numbers on the visual prompts correspond to the numbers on the

question cards. On the question cards, you can read what to discuss with the client, and there are examples of questions to ask. The cards follow the order of the topics from the methodology of Pregnant Not Now:

Green	= Do you want children?
Pink	= Sexuality
Blue	= Birth control

There are four legend maps with explanations of the symbols on the visual prompts. On the question cards, you can find which legend map to use. The legend consists of three parts: what to consider before having a child, the choice of birth control, and contraceptives. It can be helpful to print these pages and keep them nearby, or to have the digital version open during the conversation.

Tip: Visual **prompt 3** can be printed as a worksheet. On this sheet, the client can explore the pros and cons of having a child in the current situation or realising this wish at a later moment. You can leave the worksheet with the client so they can fill it out themselves.

You do not always need to discuss every visual prompt; this depends on how the client feels about having children, sexuality, and contraception. At the bottom of the question cards, you will find a guide to help you navigate through the cards easily. In the digital version, there is a menu at the top of the page. In the digital version, you can use both the table of contents in the manual and the menu on the visual aids and question cards to jump directly to the page you need. By clicking the home icon in the top right corner, you can return to the table of contents or the menu. You can also scroll to the previous or next page. This manual also includes additional information about the visual aids. It is useful to read through this information beforehand, so you know what information you can offer during the conversation.

Prompt 1: Do you want children?



Goal

- Discuss whether the client in vulnerable circumstances has a desire to have a child.
- For clients, taking responsibility for organising the necessary measures is often complicated.
- By having a conversation about the desire to have a child, the client can reflect on whether to have children in the current situation and has the opportunity to decide to postpone this wish.

A possible explanation for the client could be:
"I ask you this question to explore with you how you think about having children, because having (another) child can influence your current situation."

Prompt 2a: What to consider before having a child?

Goal

- Explore what having a (another) child means for the client, the partner and their current living situation.
- What does a child need? Does having a child fit the client's current situation, or does the client first want to put other things in order?
- What are the consequences of having a child in the client's current situation, and can the client and/or their partner take care of a child?



Think of practical things as: costs, housing, income, baby room facilities, stroller, diapers, bottles, food, toys, etc. But also think about the psychosocial circumstances as their physical and mental wellbeing, free time, work, care and network.

Prompt 2b: special circumstances, not applicable to every client

Goal

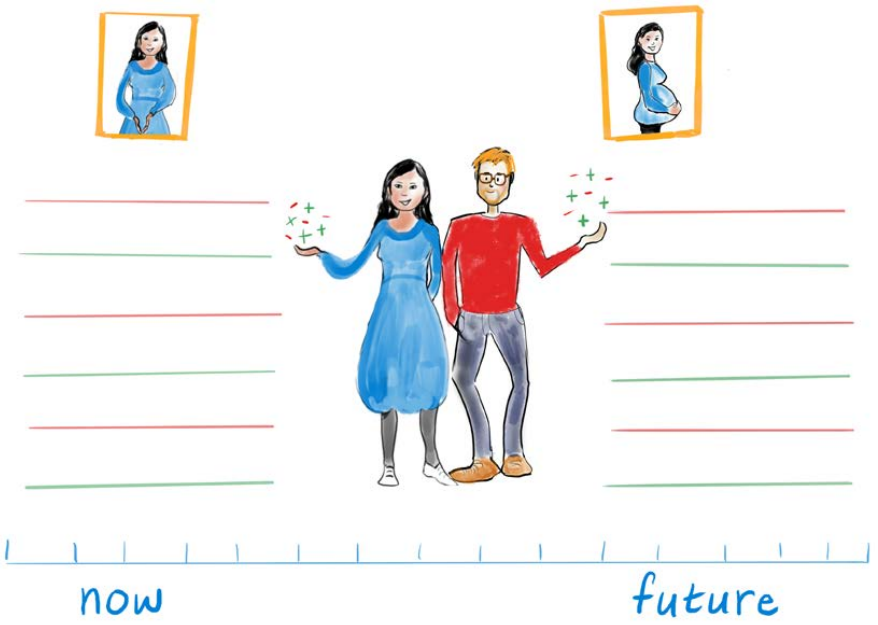
- With this prompt you can discuss whether the client can take care of a child. This prompt can be used when there are severe psychiatric problems, addiction or use of specific medication.
- This prompt is not applicable to everybody but can be useful to discuss the client's current circumstances and the impact that having (another) child would have.



Prompt 3: weighing the pros and cons of (postponing) a pregnancy

Goal

- Discuss the pros and cons of (post-poning) the desire to have a child, enabling the client and their partner to consider what is important in their current situation.
- Exploring the pros and cons of having a child in the current situation, or postponing this desire, is important. This helps the client gain insight into the factors at play and supports



making a well-considered decision. Making a decision may take time, and having the pros and cons visible can be helpful during this process. In the meantime, discuss with the client how to prevent an unintended pregnancy.

- A timeline can help in making a plan, for example by determining the moment a client wants to realize their desire to have a child, or how much time is needed to improve their circumstances. The timeline can consist of weeks, months or years.
- This visual prompt can be printed as a worksheet for the client. Fill in the worksheet together and leave it with the client for further reflection. During the next visit, this can be discussed further.
- When a client makes a conscious decision that there is an actual desire to have a child, the visual prompts on healthy pregnancy and parenthood can be used to help prepare the client and their partner.

Prompt 4a en 4b: sexuality



Goal

- The goal of this prompt is to open up the conversation about sexual contacts, to establish the possible risk of an unintended pregnancy.

- Often, natural methods are used to prevent pregnancy, such as avoiding sex during fertile days or withdrawal before ejaculation. These methods are not reliable. See also **prompt 7**.

- It is often argued that this has worked well for a long time, and that this is therefore a reason to continue doing it this way. This does not guarantee that it will continue to work.

- Being able to have sex in a relaxed way, without worrying about a possible pregnancy, can be a reason to start using contraceptives.

To discuss this topic, we made two visual prompts. If you are unsure the client understands that vaginal penetration and ejaculation are required for a pregnancy, use the more explicit **prompt 4b**.



Prompt 5a: menstrual cycle

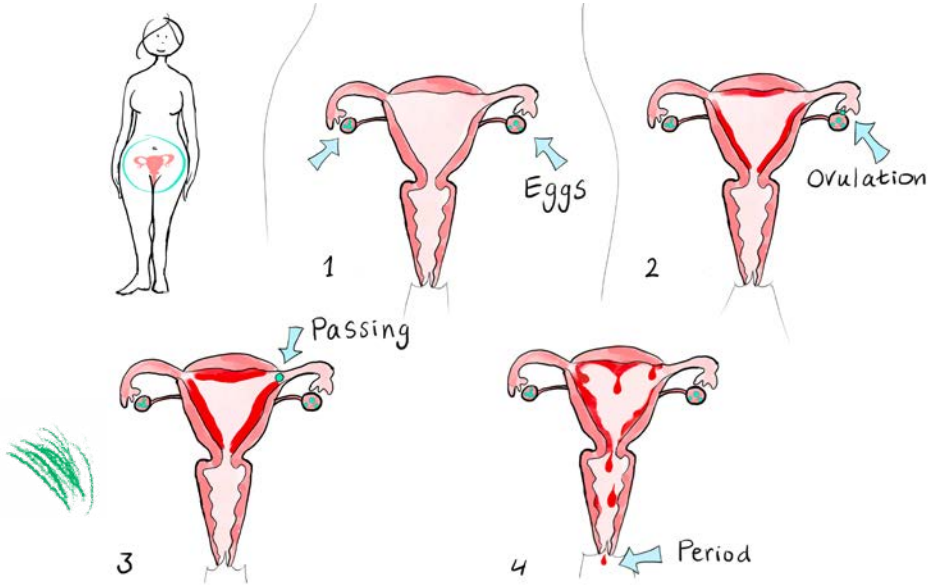
Goal

- The goal of this prompt is to explain the menstrual cycle. Understanding how the female body works helps people understand how contraceptives affect the menstrual cycle.

- Additionally, this prompt can serve as a basis for explaining how a pregnancy occurs, and can be used as preparation for **prompt 6**.

- For some people, ‘menstruation’ can be a sensitive word. You can use another word, for instance, ‘period’. Try to match the client’s language.

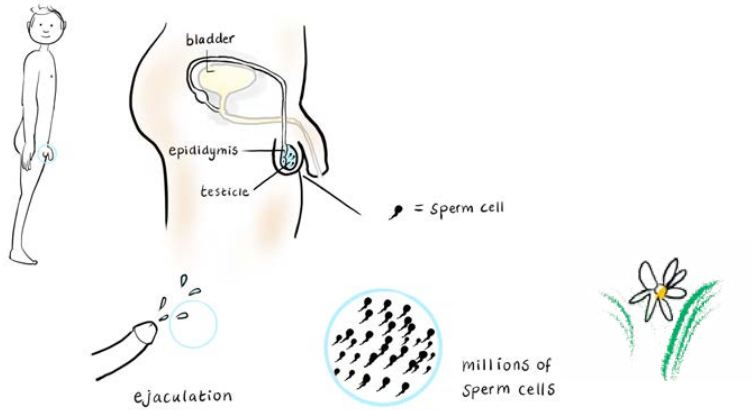
The information at the bottom of this page is based on a menstrual cycle of 28 days. The length of the cycle can differ in each woman, it can be shorter or longer and the cycle itself can also change. See also **prompt 7**.



What can you say about the drawing?

- *Every month, an egg cell matures in one of the ovaries of a woman. One month on the left side, the other on the right. Women are born with egg cells already present in their ovaries.*
- *While the egg cell matures, the uterine lining thickens to receive a fertilized egg cell. (Creating a ‘nest’).*
- *Ovulation happens 14 days before the first day of menstruation. The matured egg cell jumps from the ovary to the fallopian tube.*
- *When the egg cell is not fertilized it will die after 24 hours.*
- *The body prepares itself for menstruation and the ‘nest’ will be removed.*
- *14 days after ovulation, menstruation starts, and the cycle starts all over again.*

Prompt 5b: male fertility



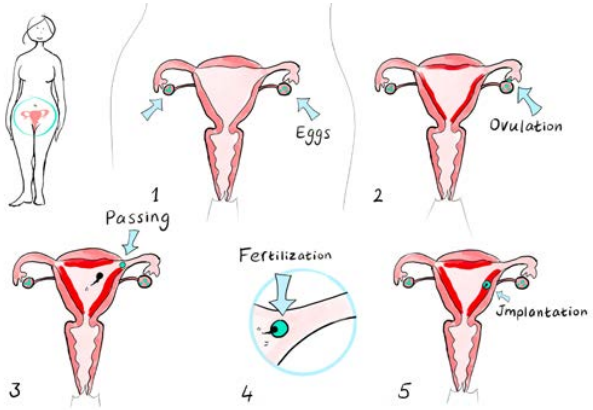
Goal

- The goal of this visual prompt is to explain how male fertility works. Understanding male fertility helps people understand how pregnancy occurs (see **prompt 6**) and how it can be prevented using contraceptives.

What can you say about the drawing?

- *Sperm cells are not present in de male body at birth, unlike egg cells in women.*
- *Men have a daily production of sperm cells in their balls.*
- *These sperm cells are stored in the epididymis, next to the balls.*
- *The seminal vesicles and prostate, located near the bladder, produce fluid that enters the urethra through separate ducts. During ejaculation, sperm cells mix with this fluid.*
- *During ejaculation, the connection between the bladder and the urethra closes, preventing urination at the same time.*
- *The liquid released from the penis during ejaculation is semen, which contains millions of sperm cells. When these sperm cells reach the woman's egg cell, usually only one sperm cell enters the egg, resulting in a pregnancy. See **prompt 6**.*
- *When a man does not have sex or masturbate, the body clears the sperm cells or releases them during a spontaneous ejaculation (wet dream). This means that sperm cells don't build up, as the body regulates this process itself.*

Prompt 6: how does a pregnancy happen?



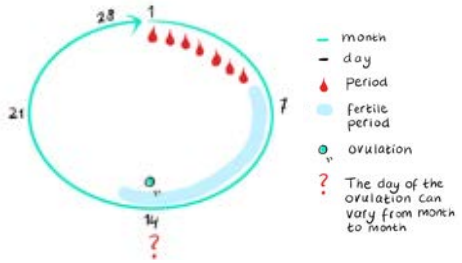
Goal

- The goal of this prompt is to explain how pregnancy happens. Understanding how the body functions, helps people to understand how contraceptives prevent pregnancy.
- Before discussing this prompt, first explain the menstrual cycle and the male fertility, see **prompts 5a** and **5b**.

What can you say about the drawing?

- *Ovulation happens about 14 days before menstruation. The mature egg cell is released from the ovary into the fallopian tube.*
- *When you have sex in the days around ovulation, sperm enter the vagina and the sperm cells move towards the egg cell.*
- *Fertilization of the egg cell happens in the fallopian tube while the egg cell is on its way to the uterus.*
- *When an egg cell is fertilized by a sperm cell, it can implant in the uterine lining (the 'nest').*
- *If this goes well, the fertilized egg develops into a baby in the uterus.*
- *Most hormonal contraceptives prevent an egg cell from maturing, keep the uterine lining from thickening so that implantation cannot occur, and thicken the mucus in the cervix, making it harder for sperm cells to enter the uterus. This prevents pregnancy.*
- *Some contraceptives can also affect menstruation. Periods may become heavier or lighter, irregular, or can be delayed or planned.*

Prompt 7: fertile period and the risks of natural methods



Goal

- The goal of this prompt is to explain what the fertile period is and what the risks are of using natural methods (periodic abstinence and withdrawal before ejaculation). These methods are not reliable to prevent pregnancy.
- The chances of getting pregnant are about 20%. This might explain why some people have sex without contraceptives and don't get pregnant. But there is no guarantee that this will continue to work in the future.

What can you say about this drawing?

- *Sperm cells can stay alive in the vagina for 5 days.*
- *An egg cell only lives for 24 hours. If sperm is already present in the vagina before ovulation, the egg cell can be fertilized.*
- *Ovulation can occur earlier or later each month due to stress, change of diet, sickness or medication.*
- *This means that the fertile period starts about 7 days before the ovulation until 2 days after.*
- *Precum may already contain sperm cells. Therefore, withdrawal is not a reliable method for preventing pregnancy.*
- *Not every woman has a 28-day cycle, and it can vary from month to month. Ovulation always occurs about 14 days before menstruation. Therefore, it is difficult to know in advance exactly when ovulation will occur. It can only be determined afterwards.*
- *This makes it difficult to know exactly when the woman is fertile. Periodic abstinence, therefore, is not reliable for preventing pregnancy.*
- *Using apps or measuring body temperature to determine the time of ovulation requires careful tracking; otherwise, these methods are not reliable.*

Prompt 8: how to choose a suitable contraceptive method?



Goal

- The goal of this prompt is to open the conversation about the factors to consider when choosing a contraceptive. It should meet the wishes of the client and their partner.

Hormones

Some contraceptives contain hormones. These are not harmful (we all have hormones in our bodies). One in ten women experiences side effects. These may include headaches, increased appetite, or fluid retention. This is usually temporary, as the body needs time to adjust to hormonal contraceptives in the first months. If the client continues to experience these side effects after three months, she can consult a general practitioner or doctor to explore other methods with a lower dose or a different combination of hormones, or another contraceptive method.

- There are often misconceptions about different contraceptive methods, so-called myths. These can be discussed in conversation. It is important to provide the client with correct information. For more information, see the following visual prompts on the different contraceptives.
- Consider the 'living context' and 'responsibility' (as part of the Rijlaarsdam model, the five factors). Long-acting methods are often preferable, as clients in vulnerable circumstances may find it difficult to think regularly about their contraceptive use.
- By discussing these factors, the client can decide which type of birth control suits them. The general practitioner will determine whether this method is suitable for the client's health situation.

What can you say about this drawing?

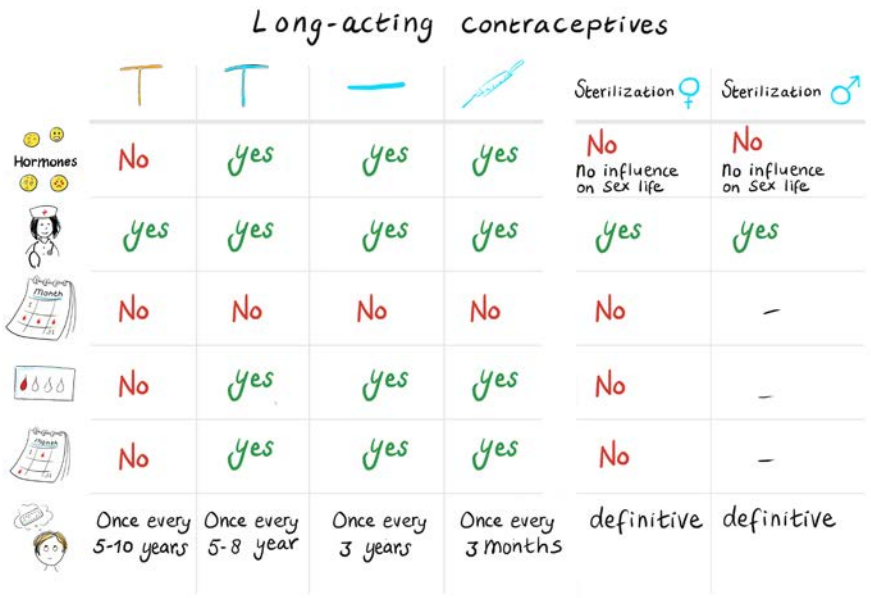
Here you can see the different factors that may influence your choice of contraceptive. There are more contraceptive options for women than for men, and some contain hormones while others do not. Hormonal contraceptives can affect how often you have your period and how much bleeding you experience. There are short-acting and long-acting methods, and some need to be inserted or prescribed by a doctor. It may also be important to consider whether others can see that you are using contraception.

Prompt 9: Long-acting contraceptives

Goal

- The goal of this prompt is to show an overview of the different long-acting contraceptive methods (horizontal) and the factors that play a role in the decision (vertical).
- From this overview, you can move to more detailed information about each contraceptive on the relevant page.
- When discussing this visual prompt, the information gathered while talking about **prompt 8** can be useful in identifying which method might be an option.
- With the prompts for the specific methods, you can explore this information in more detail.

What can you say about this drawing?
You see an overview of all long-acting contraceptive methods: the copper IUD (coil), the hormonal IUD (hormonal coil), the contraceptive implant, the contraceptive injection, and female and male sterilization. Do you know all these methods? What do you notice when you look at this overview? Which method or methods appeal to you?

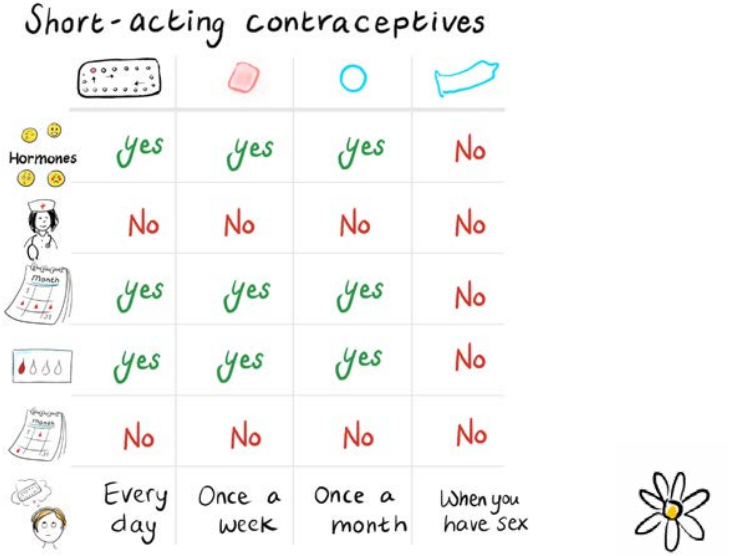


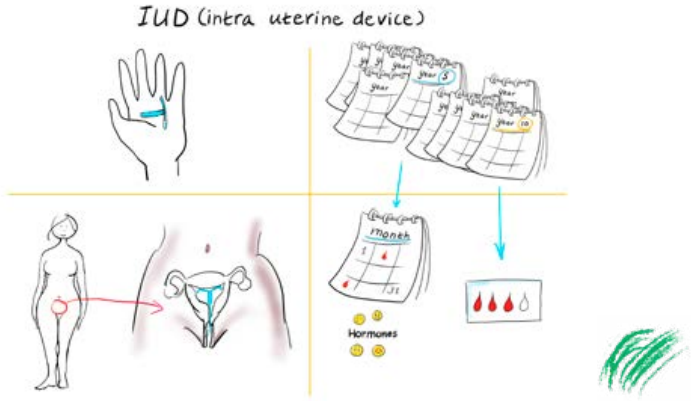
Prompt 10: Short-acting contraceptives

Goal

- The goal of this prompt is to show an overview of the different short-acting contraceptive methods (horizontal) and the factors that play a role in the decision (vertical).
- From this overview, you can move to more detailed information about each contraceptive on the relevant page. For more information, you can refer to the visual prompt for each method and discuss it.
- When discussing this visual prompt, the information gathered while talking about **prompt 8** can be useful in identifying which method might be an option.
- With the prompts for the specific methods, you can explore this information in more detail.

What can you say about this drawing?
You see an overview of all short-acting contraceptive methods: the contraceptive pill, the contraceptive patch, the contraceptive ring, and the condom. Do you know all these methods? What do you notice when you look at this overview? Which method or methods appeal to you?





Prompt 11: The hormonal and copper IUD (coil)

Information

An IUD (coil) is placed by a doctor or midwife through the vagina into the uterus. There are two types of IUD.

Hormonal IUD

The hormonal IUD contains one type of hormone (progesterone). Progesterone is a hormone that the body also produces naturally. It prevents the uterine lining (the “nest”) from thickening. This means that menstruation may stop or become lighter. A fertilised egg cannot implant in the uterus. In addition, the IUD prevents sperm cells from entering the uterus because the mucus in the cervix thickens. The hormonal IUD protects against pregnancy for up to 8 years. The drawing on the left in the square at the bottom right shows the hormonal IUD.

Copper IUD

The copper in the copper IUD prevents sperm from moving and fertilizing the egg. This prevents pregnancy. The copper is not harmful to the body. A copper IUD protects against pregnancy for 5 to 10 years. This is shown in the upper right panel on the right.

How is it used and how is it inserted?

A doctor or midwife inserts the IUD into the uterus. Two small threads remain extending from the cervix to allow the IUD to be removed. Sometimes, a follow-up ultrasound is done to check whether the IUD is correctly in place. After 5, 8, or 10 years, the IUD is removed by a doctor or midwife. After removal, you can get pregnant immediately.

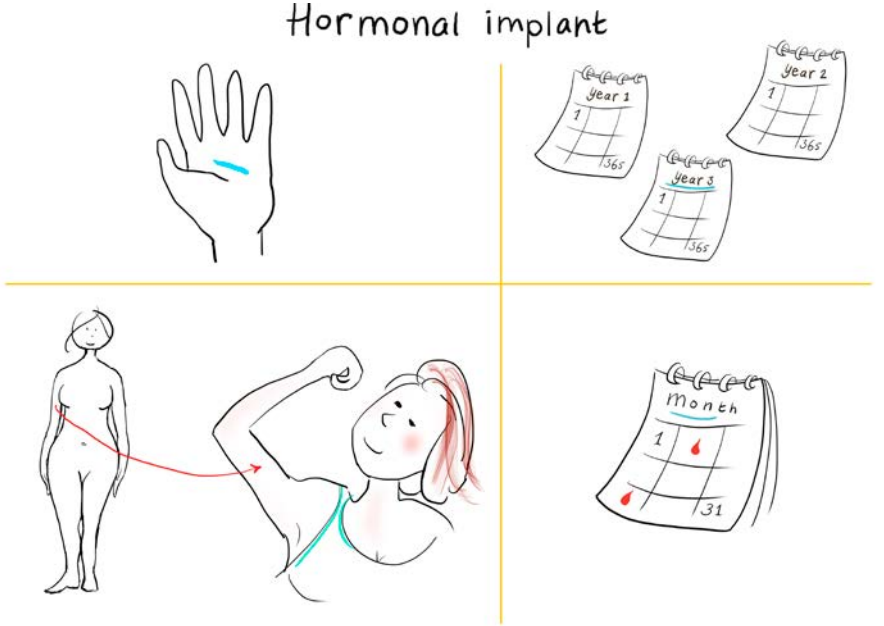
Prompt 12: The hormonal implant

Information

The hormonal implant contains one hormone (progesterone), which prevents ovulation. In addition, the mucus in the cervix thickens, making it more difficult for sperm cells to enter the uterus. This is how this method prevents pregnancy. The hormonal implant can remain in the body for 3 years.
For women with a body weight over 90 kg, it is effective for up to **2 years.**

How is it used and how is it inserted?

A doctor or midwife inserts the hormonal implant under the skin of the upper arm. A local anaesthetic is used beforehand. The implant is not visible, but you can feel it under the skin when you press on it.



Prompt 13: The hormonal injection

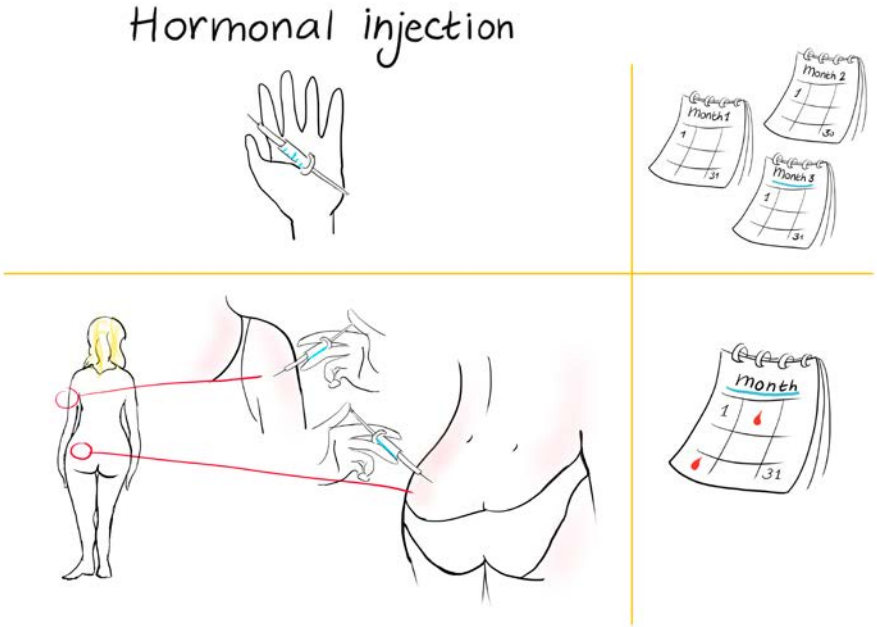
Information

The hormonal injection contains one hormone (progesterone). This hormone prevents ovulation. It also makes it more difficult for sperm cells to enter the uterus and prevents the implantation of a fertilised egg by keeping the uterine lining from thickening (no formation of a “nest”).

The injection protects against pregnancy for **3 months**.

How is it used?

A doctor or nurse gives the injection once every three months. It is usually administered in the upper buttock or the upper arm. For each injection, you need to see a doctor or nurse.



Prompt 14: Female sterilization

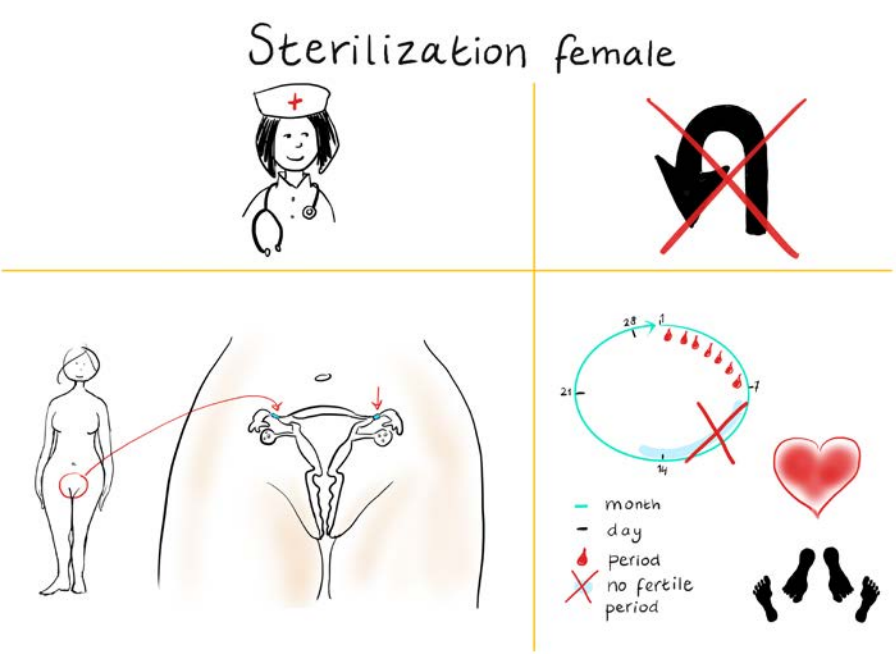
Information

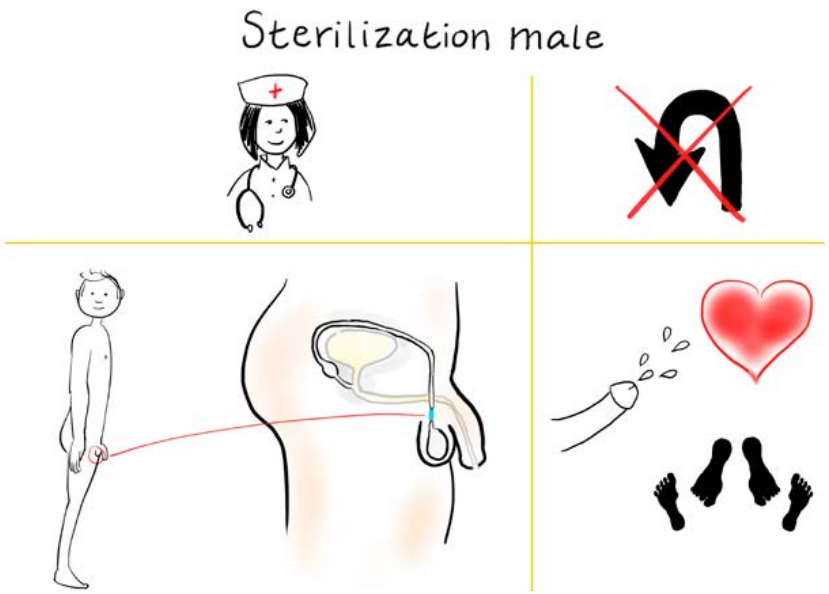
Sterilization is a permanent form of contraception, which means it cannot be undone. You and your partner should therefore be certain that you do not want (any more) children.

In female sterilization, the fallopian tubes are closed, usually with a clip. This prevents sperm cells from reaching the egg cell, so fertilization cannot occur and pregnancy is prevented.

How?

First, you discuss the option of sterilization with your general practitioner, who can refer you to a gynaecologist. With the gynaecologist, the procedure will be discussed and planned. Sterilization is usually performed as a day procedure in the hospital. You will be given general anaesthesia, and the procedure is carried out through the abdomen.





Prompt 15: Male sterilization

Information

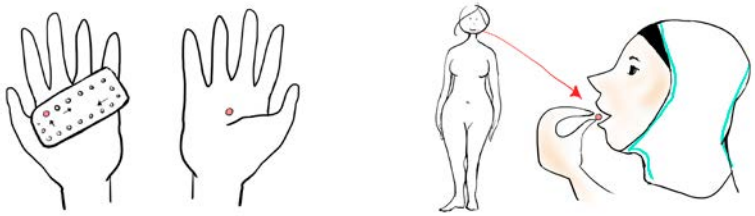
Sterilization is a permanent form of contraception, which means it cannot be undone. You and your partner should therefore be certain that you do not want (any more) children.

In male sterilization, the vas deferens is closed, usually with a clip. This prevents sperm cells from reaching the penis. It is a minor procedure.

How?

First, you discuss the option of sterilization with your general practitioner, who can refer you to the hospital. During the consultation with the urologist, the procedure will be discussed and planned. The sterilization takes about half an hour and is performed under local anaesthesia. Three months after the procedure, the semen will no longer contain sperm cells. Until then, you are still fertile, so another contraceptive method is necessary. After three months, the semen will be tested to confirm that it no longer contains sperm cells.

Prompt 16: The contraceptive pill



Information

The most commonly used method of birth control is the contraceptive pill, which contains two hormones: oestrogen and progesterone. These hormones prevent ovulation. If ovulation does occur, the fertilised egg cannot implant in the uterus because the uterine lining has not thickened. In addition, these hormones make it more difficult for sperm cells to enter the uterus. This is how the pill prevents pregnancy. There are many different types of pills. Some contain more hormones than others. Consult your general practitioner about which pill suits you best.

How to use it?

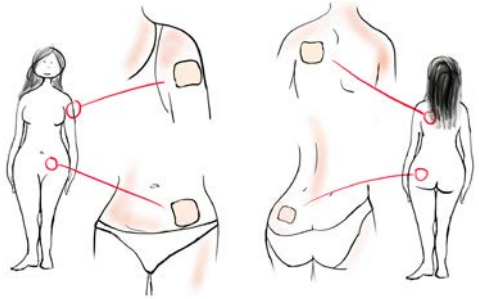
You take a pill every day. There are pill packs with 21 or 28 pills. Take the pill at the same time each day to avoid forgetting it. After finishing a 21-day pack, you take a 7-day break. With 28-day packs, there is no break. During the pill-free week, you will have your period. After 7 days, you start taking the pill again, even if you still have your period. You can also choose to skip the break and start a new pack immediately, which will prevent menstruation. This is not harmful to your health. For women over 35 who smoke, the pill is not recommended due to an increased risk of thrombosis.

***Please note:** If you start taking the pill for the first time on the first day of your period, you are protected against pregnancy straight away. If you start at another point in your cycle, you should also use condoms for the first seven days, otherwise you could still become pregnant. If you forget to take a pill, you can still take it within 36 hours after your last pill (within 12 hours of when you should have taken it). If more time has passed, or if you have missed more than one pill, you should use condoms for the next seven days and continue taking the rest of the pack (during weeks 1 and 2). If you miss a pill during the third week of your pack, you can either take your 7-day break or skip the break and start the next pack straight away.*

Given the risk of pregnancy within this target group, the recommendation is to start taking the pill as soon as it has been collected from the pharmacy, regardless of whether the client is menstruating at that time.

The minipill
This is a low-dose pill containing only progesterone. It can be used while breastfeeding. It must be taken at the same time every day to be effective.





Prompt 17: The contraceptive patch

Information
The contraceptive patch is a thin, light brown or transparent patch. It contains the same hormones as the pill: oestrogen and progesterone. These hormones prevent ovulation and prevent a fertilised egg from implanting in the uterus.
In addition, they make it more difficult for sperm cells to enter the uterus.

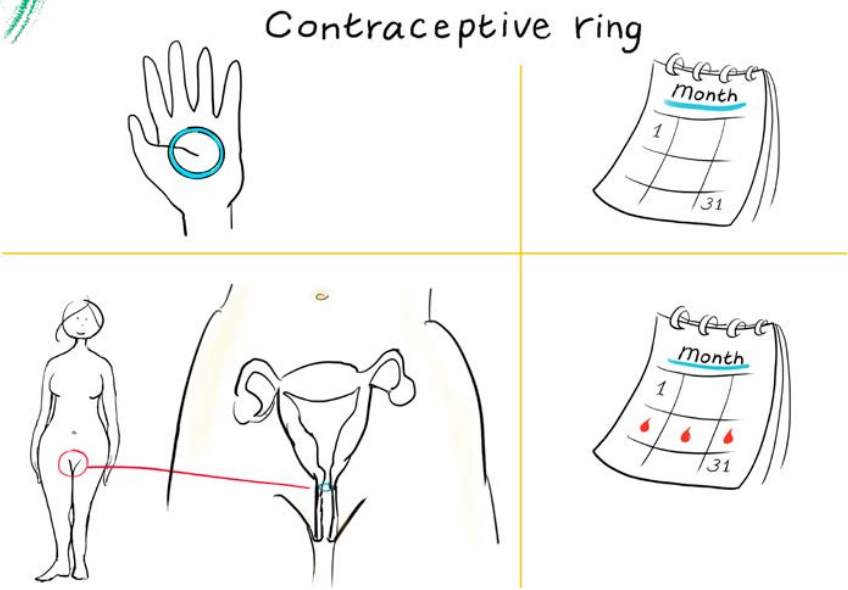
How to use it?
*The patch can be applied to clean, dry skin on the abdomen (lower belly), buttock, back, upper arm, or shoulder. (Do **not** apply it to the breasts or legs.) After 7 days, on the same day of the week, remove the patch and apply a new one. Repeat this weekly for 3 weeks. The fourth week is a patch-free week, during which you will have your period. If you do not want your period, you can skip the patch-free week and apply a new patch immediately. If you do take a patch-free week, start again after 7 days, even if you are still on your period.*

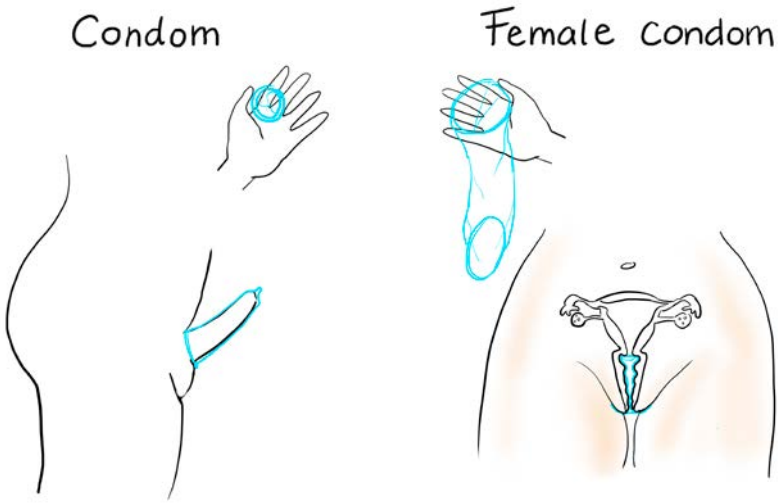
Prompt 18: The contraceptive ring

Information
The contraceptive patch is a thin, light brown or transparent patch. It contains the same hormones as the pill: oestrogen and progesterone. These hormones prevent ovulation and prevent a fertilised egg from implanting in the uterus. In addition, they make it more difficult for sperm cells to enter the uterus.

It is important to feel comfortable inserting and removing the ring.

How to use it?
Hold the ring between your thumb and index finger and squeeze it to insert it into the vagina. Push it gently towards the cervix. The ring stays in place for 3 weeks. After 3 weeks, remove it and take a break for one week. If you do not want to have your period, you can insert a new ring immediately after removing the old one.





Prompt 19: The (female) condom

Information

There are different types and sizes of condoms. Male condoms are usually made of latex, but can also be made of synthetic materials. Female condoms are made of a type of plastic.
Using condoms requires being able to discuss and agree on their use with a partner. For clients who find this difficult, condoms alone may not be a reliable method for preventing pregnancy. When used together with another contraceptive method, condoms also protect against sexually transmitted infections.

How do you use it?

- *Always check the expiration date and quality seal.*
- *Only use a male condom when the penis is fully erect.*
- *Squeeze the tip of the condom to remove air before rolling it down the penis. Avoid damaging it with fingernails.*
- *Roll the condom all the way to the base of the penis to prevent slipping.*
- *Do not use oil-based products with latex condoms, as they can damage the material.*
- *A female condom can be inserted before sexual activity.*
- *Remove the condom after ejaculation, tie it closed, and dispose of it in the bin.*

4. Practical information and scaling up

This chapter covers the practical steps required when a client does not want to have children at this time and has decided to use contraception.

Here you will find what needs to be arranged to support a client in this situation.

The core of Pregnant Not Now is that the client (and their partner) decides whether they want children in their current situation or prefer to postpone this. It is important that this decision is based on intrinsic motivation. If the decision is not to have children at this time, it is essential to arrange contraception as soon as possible due to the risk of unintended pregnancy. Discuss how to prevent pregnancy until contraception is in place.

Sometimes a client is still unsure or unable to start their preferred contraceptive method immediately. For example, an IUD cannot always be placed directly after childbirth. Discuss temporary options, such as starting with a contraceptive injection.

Financing contraceptives

Contraceptives may be covered by health insurance. It is important to check whether the client's insurance covers contraception. If necessary, contact the insurance company together.

Sometimes clients must pay at the pharmacy first and then claim the costs back. Check the costs with the pharmacy in advance.





Arrange contraceptives

Arranging contraception requires consultation with a doctor or midwife. The client needs a prescription from a doctor or midwife to start. Make an appointment together with the client with a general practitioner or midwife. The doctor or midwife will determine whether the chosen contraceptive method is suitable for the client's medical situation. The prescription will be sent to the pharmacy, where the client can collect it. Discuss with the client whether they can do this independently or would prefer you to accompany them.

If the contraceptive needs to be inserted by a doctor or midwife, it is advisable to make an appointment for the procedure when obtaining the prescription.
On the day of insertion, the client brings the contraceptive to the appointment.
If the client chooses a short-acting method, they can usually start immediately after collecting it from the pharmacy.
Provide clear instructions on how to use the contraceptive. After at least three months, and earlier if necessary, check how the client feels about the method.
With short-acting methods, also check whether the client is using it correctly.
After male sterilization, it is important to use another form of contraception during the first three months after the procedure (see also **prompt 15**).

Scaling up to the team of Pregnant Not Now

For various reasons, the above steps may not always be possible, or it may be helpful to scale up the client for follow-up. This is explained in the following pages. You can refer a client to the Pregnant Not Now team in your region.



Professionals can scale up their client to the Pregnant Not Now team, for example through the ambassador within their organisation, if applicable. There are four reasons to scale up a client.

1. Guidance

A client can be scaled up to the Pregnant Not Now team for additional support or to (partly) take over the guidance. This may be necessary if earlier conversations did not lead to a decision about having children in the current situation, if the client is leaving the organisation, or if the regular guidance process may be affected by discussing the desire to have (more) children.
Clients who are scaled up for guidance are automatically included in the database for follow-up.

2. Network

A client can be scaled up to make use of the (para)medical network. This may be necessary if the client does not have a general practitioner, prefers not to approach their own general practitioner, or if the general practitioner is unwilling or unable to provide or place contraceptives.

To avoid unnecessary healthcare costs, for example when a contraceptive would otherwise be placed by a gynaecologist, Pregnant Not Now has set up a (para)medical network. This network consists of general practitioners and midwives who collaborate with Pregnant Not Now.

The team can arrange an appointment with one of these professionals and cover the costs if necessary (for example, if there is no insurance coverage). If a client opts for sterilization and this is not covered by insurance, the team can arrange an appointment with a gynaecologist or urologist.
A referral from a general practitioner is required. Clients who are scaled up are automatically included in the database for follow-up.



3. Finance
A client can be scaled up for financial support for contraceptives from the Pregnant Not Now budget. This may be necessary if the insurance does not cover the costs, if the client cannot afford the contraceptive themselves, or if the client is under 18 and, for safety reasons, does not want to involve their parents. Once the Pregnant Not Now team has approved the request, the costs can be covered from the programme budget. Clients who are scaled up are automatically included in the database for follow-up.



4. Follow-up
A client can be scaled up for follow-up when everything has already been arranged, including starting or placing the contraceptive. The client must give permission to be included in the database. When the contraceptive is nearing its end date, the client will be contacted to arrange a replacement. If the client has doubts about having a child, the conversation about having children can be revisited.

Pay attention:

- A referral to a gynaecologist to place a contraceptive is more expensive. The Pregnant Not Now budget generally does not cover these costs. In such cases, scale up to use the (para)medical network.
- If the general practitioner does not provide or place contraceptives, you can scale up for use of the (para)medical network.
- If the insurance does not cover the placement of contraceptives by a general practitioner or midwife, these costs can be covered by the Pregnant Not Now budget.
- During the postnatal check-up, some hospitals can place a contraceptive. If additional costs are involved that are not covered by insurance, it is usually preferable to arrange placement through a general practitioner or midwife.
- There are differences between doctors regarding when contraceptives can be placed after childbirth. This is usually possible after 6 weeks, but some doctors and midwives prefer to wait until 12 weeks. Always consult the doctor or midwife and arrange temporary contraception in the meantime, or contact the Pregnant Not Now team to explore alternatives.
- If a client is waiting for an appointment for an IUD or sterilization, do not forget to arrange temporary contraception to prevent unintended pregnancy.





Referral or consultation

For referring the client (escalation) or discussing a case, please contact the Nu Niet Zwanger team in your region.

Useful websites

These websites can be used during the conversation:

www.anticonceptievoorjou.nl (NL)
This online decision aid by Rutgers supports contraceptive choice and provides information about different contraceptive methods and frequently asked questions.

www.sense.info (NL/ENG)
This website offers reliable, comprehensive, and accessible information about sexuality, contraception, and pregnancy for young people up to the age of 25.

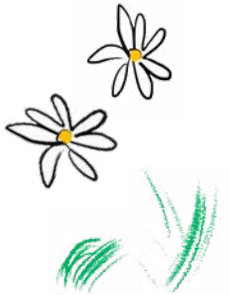
www.seksindepraktijk.nl (NL)
A Rutgers website for healthcare and social care professionals, offering support in discussing sexuality and contraception with different target groups.

www.zanzu.nl
(NL/ENG and 14 other languages)
This Rutgers website provides culturally sensitive and reliable information in 17 languages — through text, images, and audio — about sexual health, the female and male body, sexuality, contraception, pregnancy, and childbirth for non-Dutch speakers. The site includes both read-aloud and translation functions. Using the split-screen function, two languages can be displayed side by side on one screen.

www.nunietzwanger.nl (NL)
This is the website of the Dutch national Nu Niet Zwanger programme.

www.sabolovin.com (ENG)
Sexual health website for young people.

www.curlovecare.com (PAP/ESP/ENG)
Sexual health website for young people.



Sources

Flyer *Anticonceptie voor jou.*
Utrecht, Rutgers

Baart, A. (2001).
Een theorie van presentie.
Utrecht, Lemma bv

Nu Niet Zwanger.
Methodiekbeschrijving.
(december 2021),
Nu Niet Zwanger & Van Montfoort

Nu Niet Zwanger methodiek(2021)
Utrecht, Nu Niet Zwanger GGD GHOR
Nederland/ van Montfoort

Miller, W. en S. Rollnick (2017).
Motiverende gespreksvoering.
Ouderkerk aan de IJssel, Ekklesia

Rijlaarsdam, C.W. (2015).
Contraceptives, what helps? A qualitative explorative case study on a pilot programme, offering birth control to vulnerable clients.
Research Dissertation,
Birmingham City University



This manual, the visual prompts and the question cards have been made by the team of Pregnant Not Now (Nu Niet Zwanger-team) of the Municipal Health Service of Rotterdam-Rijnmond.

Version 1 digital English July 2026