

WHO guidelines on family planning

Mary Lyn Gaffield, PhD

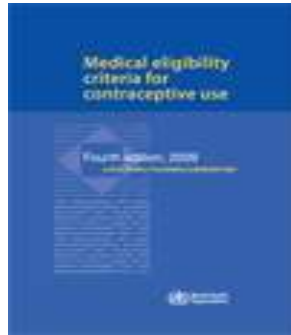
Scientist, WHO



UNDP · UNFPA · UNICEF · WHO · World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

WHO's family planning guidelines and tools

Medical Eligibility Criteria



Selected Practice Recommendations



The Medical Eligibility Criteria Wheel



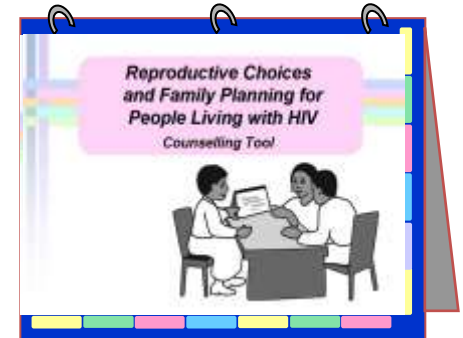
Decision-Making Tool



Global Handbook



CIRE

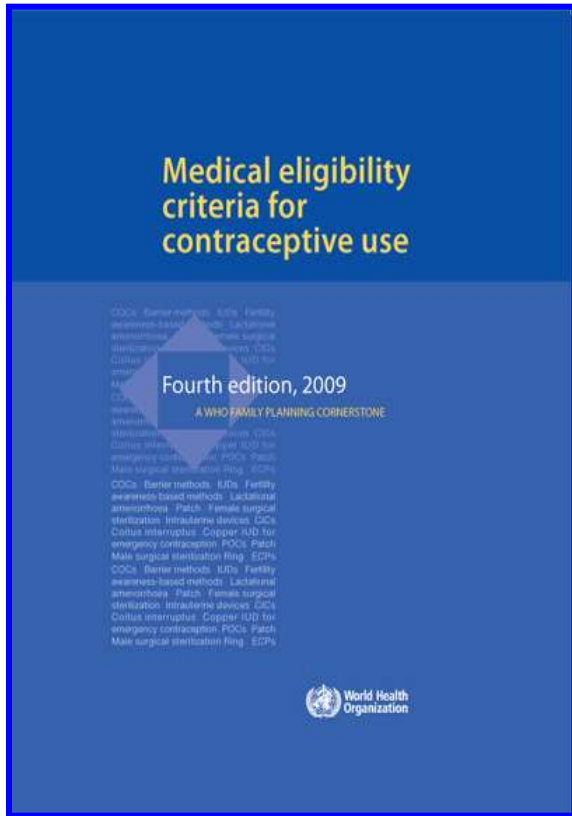


Reproductive Choices and Family Planning for People with HIV



Guide to family planning for health care providers and their clients

Family planning evidence-based guidelines



1996, 2000, 2004, 2009



2002, 2005, 2008 Update



MEC: Condition classification categories

1. No restriction for the use of contraceptive method
2. The advantages of using the method generally outweigh the theoretical or proven risks
3. The theoretical or proven risks usually outweigh the advantages of using the method
4. An unacceptable health risk if the contraceptive method is used

MEC: Conditions included

Conditions represent either:

- ❑ A physiological status (e.g. parity, breastfeeding),
- ❑ A group with special needs (adolescents, perimenopausal women)
- ❑ A health problem (e.g. headache, irregular bleeding)
- ❑ A known pre-existing medical condition (e.g. hypertension, STI, diabetes)

MEC: methods of contraception included

- ❑ Combined oral contraceptives
- ❑ Combined hormonal contraceptives (1 month injectables, patch, vaginal ring)
- ❑ Progestogen-only contraceptives (pills, implants, 2-3 month injectables)
- ❑ Emergency contraceptive pills
- ❑ IUDs (copper bearing and levonorgestrel)
- ❑ Emergency IUD
- ❑ Barrier methods (condoms, spermicides & diaphragm)
- ❑ Fertility awareness-based methods
- ❑ Lactational amenorrhoea (LAM)
- ❑ Coitus Interruptus
- ❑ Sterilization (male and female)

MEC: Recommendations formatted as a table

Example: Smoking and Contraceptive Use

<i>CONDITION</i>	<i>COC</i>	<i>CIC</i>	<i>P/R</i>	<i>POP</i>	<i>NET-EN DMPA</i>	<i>LNG/ETG Implants</i>	<i>Cu-IUD</i>	<i>LNG-IUD</i>
SMOKING								
a) Age<35	2	2	2	1	1	1	1	1
b) Age \geq 35								
(i) <15 cigarettes/day	3	2	3	1	1	1	1	1
(ii) \geq 15 cigarettes/day	4	3	4	1	1	1	1	1

SPR: Recommendations formatted as questions

Questions include recommendations on:

- ❑ Initiation/continuation of methods
- ❑ Incorrect use of methods
- ❑ Problems during use
- ❑ Programmatic issues

Recommendations include comments by working group

SPR Example: When can a woman start COCs?

If she is having menstrual cycles

- ❑ She can start COCs within 5 days after the start of her menstrual bleeding. No additional contraceptive protection is needed.
- ❑ She can also start COCs at any other time, if it is reasonably certain that she is not pregnant. If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days.

SPR example (cont'd): When can a woman start COCs?

Working Group Comments:

- ❑ Risk of ovulation within the first 5 days of the cycle is low.
- ❑ Suppression of ovulation was less reliable when starting COCs after day 5.
- ❑ 7 days of continuous COC use was necessary to reliably prevent ovulation.

How is the guidance developed?

Expert working group meetings

- ❑ Country experts
- ❑ Representatives of key organizations and institutions from the family planning field, including clinicians and researchers
- ❑ Consensus-driven process

Keeping the guidance up-to-date

- MEC/SPR revised every 4-5 years

- WHO continuously monitors published evidence supporting MEC and updates systematic reviews
 - No new evidence = no change in MEC guidance

 - New evidence but consistent with current guidance or not urgent: review deferred until next Expert Working Group meeting,

 - New evidence inconsistent & urgent: convene Technical consultation to review and issue interim guidance

CIRE background and purpose

- ❑ Established in 2002, in partnership with CDC & Johns Hopkins University, with support from NICHD, CDC, USAID
- ❑ Enables WHO to:
 - respond when evidence relevant to MEC and/or SPR recommendations is published,
 - issue interim guidance if necessary, and,
 - prepare for future MEC/SPR revisions

Step 1:



Identification of new evidence pertaining to contraceptive safety and efficacy

Step 2:



Posting of records on CIRE database

Step 3:



Screened for relevance to MEC & SPR

Step 4:



Update or conduct systematic review

Step 5:




Send to 2-3 peer reviewers

Step 6:



Final appraisals sent to WHO for evaluation by Guideline Steering Group and action

Disposition of systematic review evaluation



New evidence does not change recommendation.
Updated systematic review published in peer-reviewed journal and presented at next expert Working Group meeting

New evidence requires interim guidance urgently.
Posting of guidance updates on WHO website together with new evidence

New evidence slightly inconsistent with current guidance.
Systematic review appraised at next expert Working Group meeting, then published in peer-reviewed journal

Recent topics with new evidence requiring interim guidance (1)

- **Use of combined hormonal contraceptives during the postpartum period**
 - New evidence identified
 - Guidelines steering group (GSG) advised WHO that new evidence was not consistent with current recommendations and required interim guidance be issued
 - Technical consultation convened January 2010 and statement changing guidance issued

Recent topics identified with new evidence requiring interim guidance (2)

- **Use of hormonal contraceptives for women at risk of, or living with, HIV**
 - New evidence identified
 - Additional forthcoming publications identified
 - Guidelines steering group (GSG) advised WHO that new evidence may not be consistent with current recommendations and required interim guidance be issued
 - Technical consultation convened January-February 2012 and statement issued; numerical recommendation unchanged, clarification changed for women at high risk of HIV

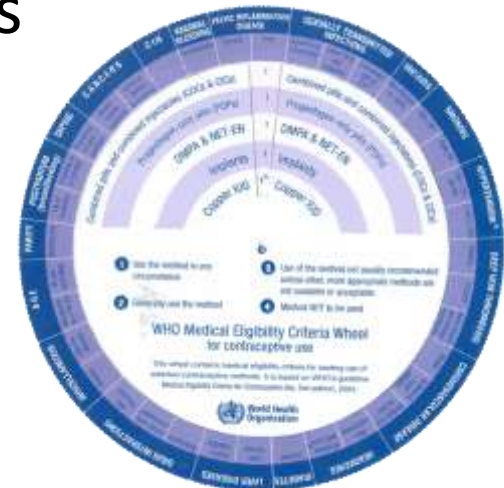
Going beyond guidelines: Derivative products and tools

□ Derivative products

– MEC wheel

- Includes guidance for 7 methods & 36 conditions on front
- Guidance for 25 broad categories on the back

– Available in numerous languages



Going beyond guidelines: Derivative products and tools

□ Derivative products

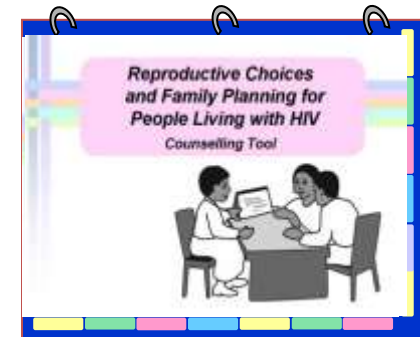
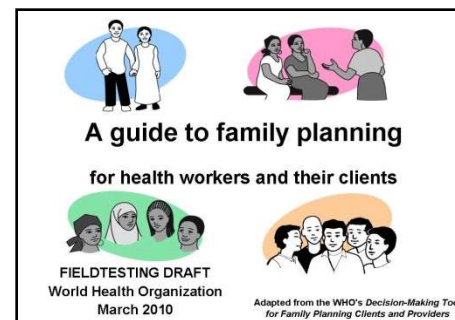
- Mobile app (Java available online)
- www.who.int/reproductivehealth/publications/family_planning/mec_mobile_app/en/index.html
- Android, Apple in clearance



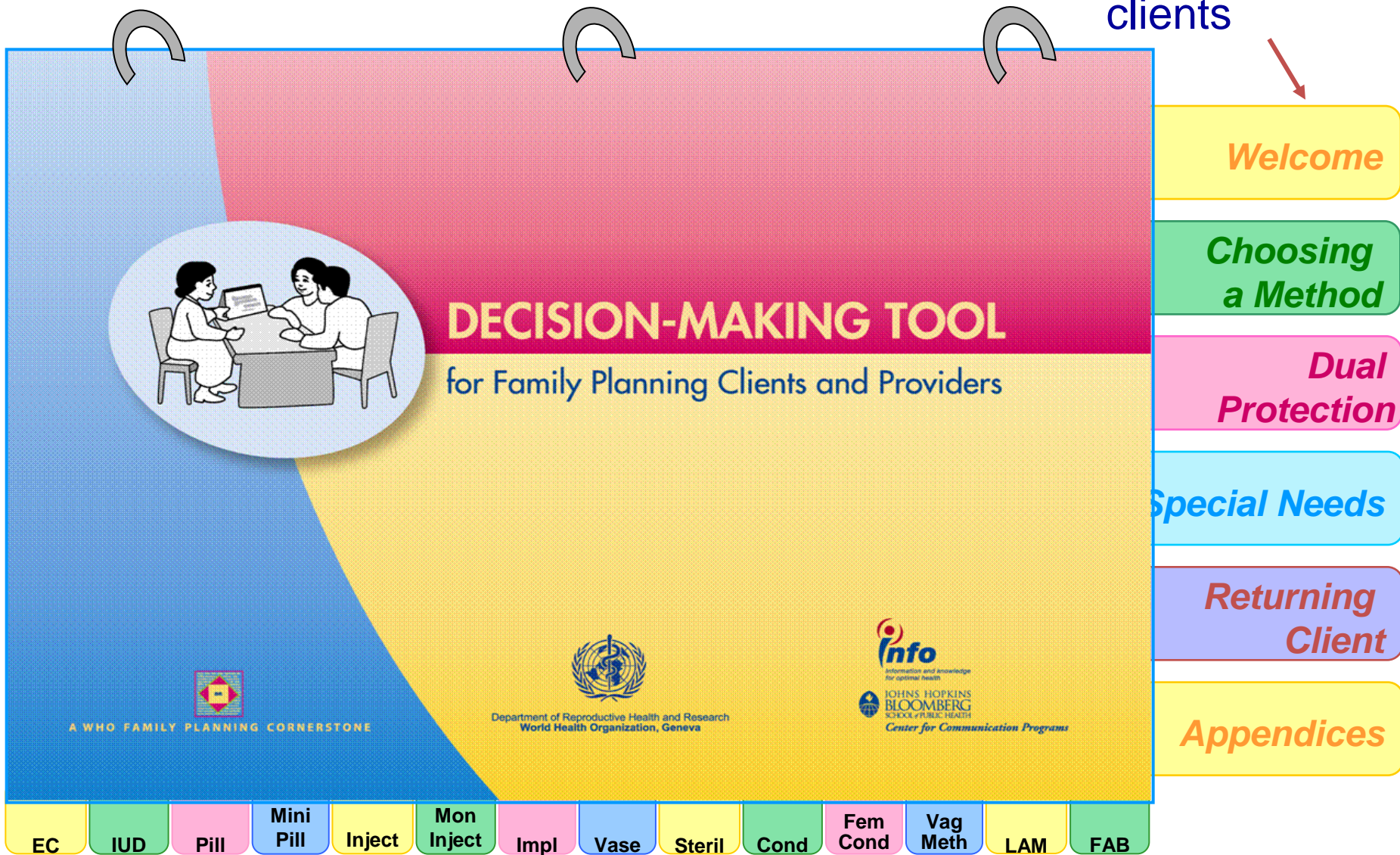
Going beyond guidelines: Derivative products and tools

□ Tools

- Decision-making tool
- Family planning handbook
- Guide to family planning for CHWs
- Reproductive choices and family planning for people living with HIV

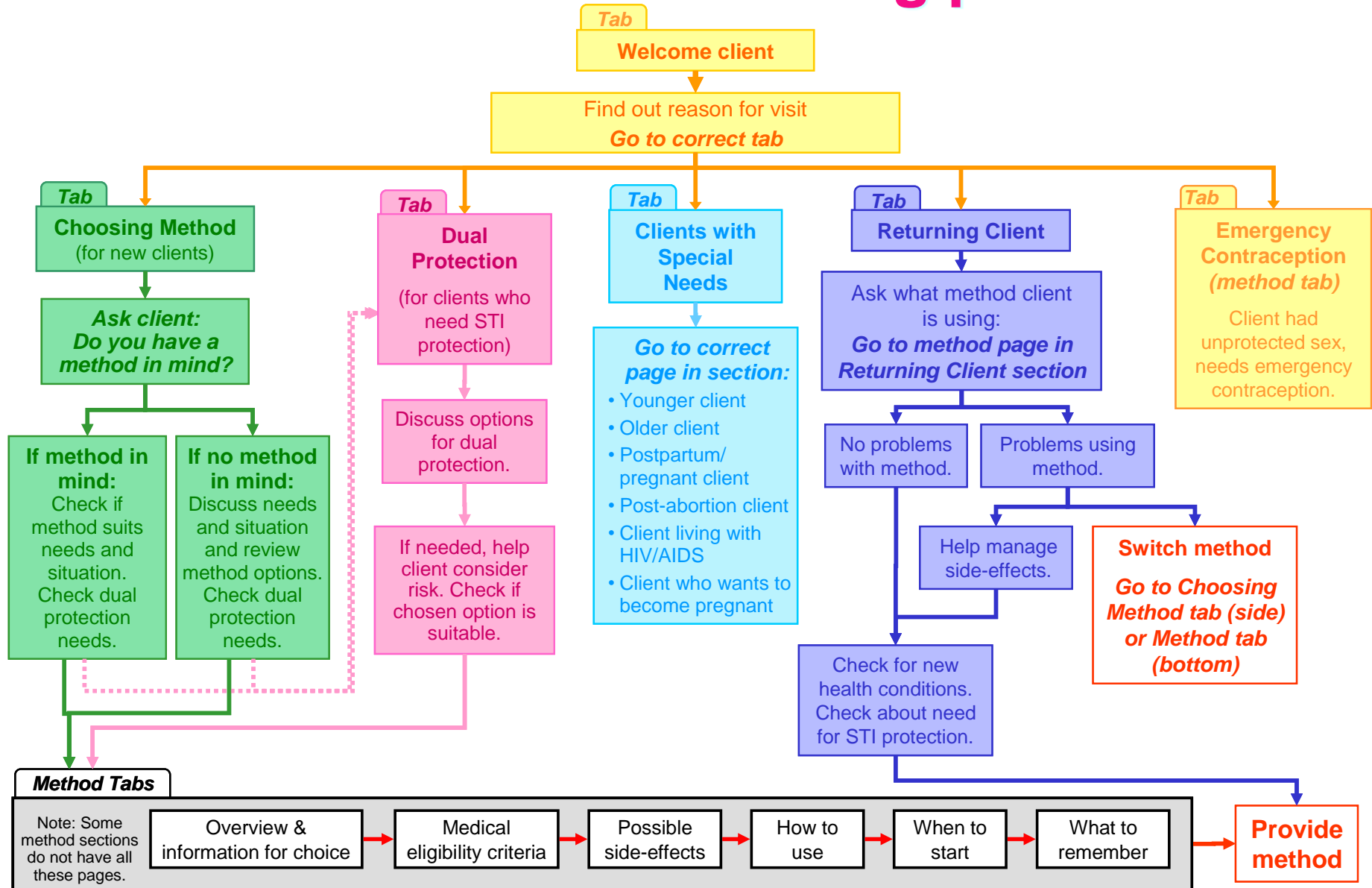


Process for helping different types of clients



Methods

A structured counselling process

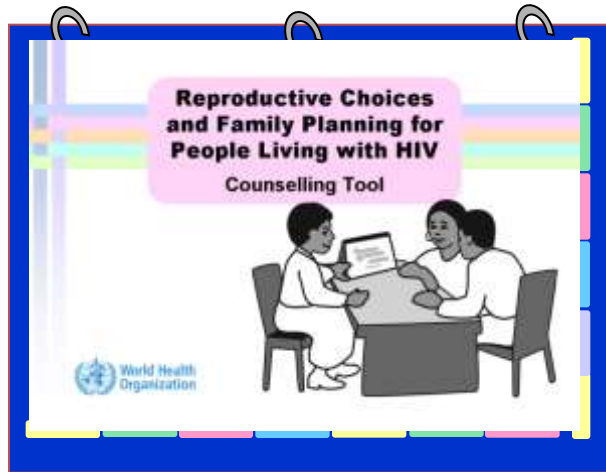


Guide to family planning for community health workers and their clients

- ❑ Flip chart adapted from DMT for individual or group settings
- ❑ 13 methods, provider pages, pregnancy checklist, FAQ
- ❑ Offers guidance for referral
- ❑ Job aids



Reproductive Choices and Family Planning for People with HIV



Purpose:

Counseling tool for health providers working with people living with HIV

Audience:

HIV providers and clients

Family Planning Handbook

The screenshot shows a web browser window displaying the homepage of the Family Planning Handbook. The browser's address bar shows the URL: <http://info.k4health.org/globalhandbook/index.shtml>. The website features a navigation menu with links for Home, About the Handbook, Collaborating and Supporting Organizations, Methodology, Wall Chart, Translations, Launch Events, and Additional Resources. The main heading is "Family Planning: A Global Handbook for Providers". Below this, it lists the languages available: Arabic, English, French, Hindi, Persian, Portuguese, Romanian, Russian, Spanish, and Swahili. A note indicates that the English HTML and MS Word versions have been updated to reflect changes from an April 2000 WHO meeting. The page includes a book cover image, a "Table of Contents" link, and several text boxes containing promotional messages and testimonials. A sidebar on the right contains links for donating the handbook, provider fees, and various download options for different languages and formats.

<http://info.k4health.org/globalhandbook/index.shtml>

Family Planning Handbook

The screenshot shows a web browser window displaying the homepage of the Family Planning Handbook. The browser's address bar shows the URL: <http://info.k4health.org/globalhandbook/index.shtml>. The page content includes a navigation menu on the left with sections like 'Keywords', 'Acknowledgements', 'What's New in This Handbook?', 'How to Obtain More Copies of This Book', 'World Health Organization's 4 Cornerstones of Family Planning Guidance', 'Back Matter', 'Appendix A: Contraceptive Effectiveness', 'Appendix B: Signs and Symptoms of Serious Health Conditions', 'Appendix C: Medical Conditions That Make Pregnancy Especially Risky', 'Appendix D: Medical Eligibility Criteria for Contraceptive Use', 'Glossary', 'Methodology', 'Job Aids & Tools', 'Comparing Contraceptives', 'Comparing Combined Methods', 'Comparing Injectables', 'Comparing Implants', 'Comparing Condoms', 'Comparing IUDs', 'Correctly Using a Male Condom', 'Female Anatomy and the Menstrual Cycle', 'Male Anatomy', 'Identifying Migraines, Headaches, and Auras', 'Further Options to Assess for Pregnancy', 'Pregnancy Checklist if You Miss Pills', and 'Effectiveness Chart'. The main content area features a large green 'Chapters' table of contents with 24 numbered entries, including 'Combined Oral Contraceptives', 'Progestin-Only Pills', 'Emergency Contraceptive Pills', 'Progestin-Only Injectables', 'Monthly Injectables', 'Combined Patch (Only the Essentiale)', 'Combined Vaginal Ring (Only the Essentiale)', 'Implants', 'Copper-Inserting Intrauterine Device', 'Levonorgestrel Intrauterine Device (Only the Essentiale)', 'Female Sterilization', 'Vasectomy', 'Male Condoms', 'Female Condoms', 'Spermicides and Diaphragms', 'Cervical Caps (Only the Essentiale)', 'Fertility Awareness Methods', 'Withdrawal (Only the Essentiale)', 'Lactational Amenorrhea Method', 'Serving Diverse Groups', 'Adolescents', 'Men', 'Women Near Menopause', 'Sexually Transmitted Infections, Including HIV', 'Maternal and Newborn Health', 'Reproductive Health Issues', 'Family Planning in Postabortion Care', 'Violence Against Women', 'Infertility', and 'Family Planning Provision'. Below the table of contents, there is a note: 'The book has been prepared through a unique collaboration between editorial staff at the Johns Hopkins Bloomberg School of Public Health and technical experts from the World Health Organization, the United States Agency for...'. The browser's taskbar at the bottom shows several open applications, including 'Inbox - Microsoft', 'M:\FFP\SPPCar...', 'Adaptation, Tra...', 'Community tool...', 'WHO family plan...', 'Skype™ [1] - d...', 'WHO | Promotio...', and 'Family Plannin...'. The system clock in the bottom right corner shows the time as 13:51.

<http://info.k4health.org/globalhandbook/index.shtml>

Guideline revisions in 2014

- ❑ Guideline Development Group identified priority topics, crafted PICO questions, May 2013
 - Considered safety concerns regarding 3rd & 4th generation' progestogen containing combined hormonal contraceptives
 - Established plans for 2014 revision
 - New methods
 - New conditions
 - New practice questions

- ❑ Final recommendation formulation, March 2014
 - Group of international family planning experts, policy makers, programme managers, researchers and stakeholders
 - Consensus-driven, transparent process
 - Adheres to process outlined by WHO's Guideline Review Committee

Combined hormonal contraception and risk of venous thromboembolism



Combined hormonal oral contraception and risk of venous thromboembolism (VTE)

WHO convened a series of technical consultations between 13 and 16 May 2013 in order to plan the updates of its evidence-based family planning guidelines. As part of the process for updating these guidelines, WHO will be considering the evidence related to VTE risk associated with oral contraceptive formulations with various progestogens. Once this process has been completed, WHO will be in a position to provide global guidance on this issue

http://www.who.int/reproductivehealth/topics/family_planning/en/

New derivative of the SPR – under development

- ❑ Consolidated tool of SPR content for providers of contraception
 - Pocket size for ease of use, reference
 - Service delivery guidance for pills, implants, IUDs and injectables
 - Key points a provider needs to know
 - Special pages on post partum, post abortion contraceptive delivery
 - Page for tests/exams needed
 - Page summarizing effectiveness of contraceptive methods

For further information

http://www.who.int/reproductivehealth/topics/family_planning/en/index.html

reproductivehealth@who.int