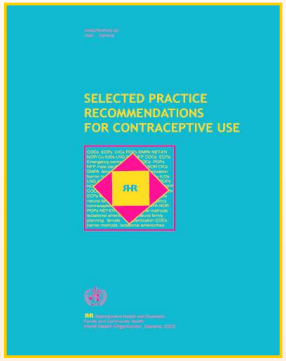
WHO's evidence-based guidelines for family planning

Postgraduate Training in Reproductive Health Course – Geneva 2008

Mary Lyn Gaffield, PhD

What option would you prefer?

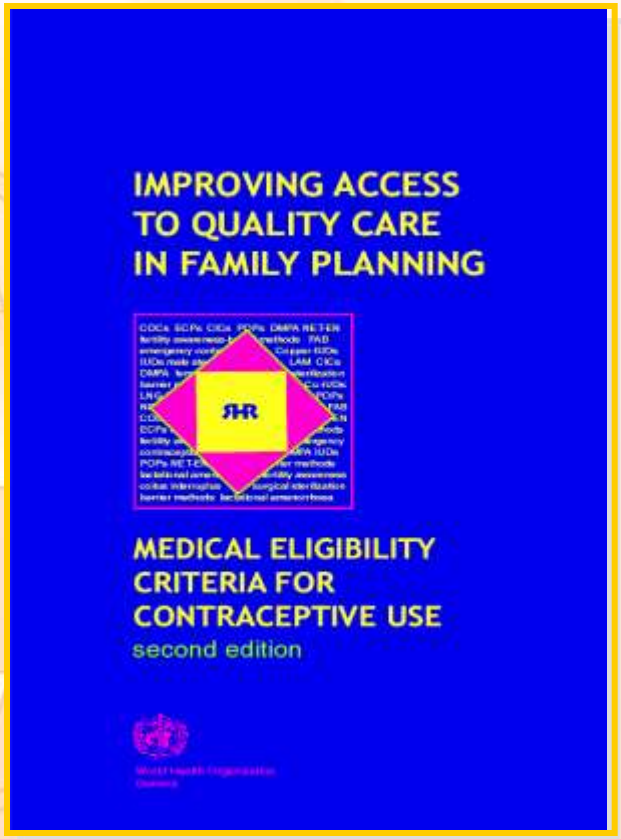
The Four Cornerstones of evidence-based guidance



Why are the Four Cornerstones needed?

- To base family planning practices on the best available evidence
- To set global standards of care
- To improve quality of care

Medical Eligibility Criteria for Contraceptive Use



- *Who* can use contraceptive methods
- Addresses large gap in family planning guidance for women with medical problems or other special conditions
- Gives over 1700 recommendations

Methods of contraception

- 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)

Identification of conditions

- Conditions represent either:
  - an individual's characteristics (e.g., age, parity) or
  - a known pre-existing medical condition (e.g., hypertension)
- Identify based on national/local screening practice, according to public health importance
- Client history often most appropriate approach

Condition Classification Categories

1. No restriction for the use of the 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

Simplified Classification of Conditions

Classification	With Clinical Judgement	With Limited Clinical Judgement
1	Use method in any circumstance	Yes
2	Generally use the method	Yes
3	Use of the method not usually recommended unless other more appropriate methods are not available or not acceptable	No
4	Method not to be used	No

Medical Eligibility Criteria
Smoking and Contraceptive Use

CONDITION	COC	CIC	POP	NET-EN DMPA	NOR	Cu-IUD	LNG-IUD
SMOKING							
a) Age<35	2	2	1	1	1	1	1
b) Age≥35							
(i) <15 cigarettes/day	3	2	1	1	1	1	1
(ii) ≥15 cigarettes/day	4	3	1	1	1	1	1

Case scenario 1

An 36 year old woman with three children comes to the health centre requesting oral contraceptives. She tells you she smokes 10 cigarettes per day.

A) Are oral contraceptives medically appropriate for her?

B) Does she have any other highly effective temporary contraceptive options?

Case scenario 1: the answer

A) Oral contraceptives are usually not appropriate for women who smoke over 35 unless other methods are not available or acceptable.

Women over 35 who smoke more than 15 cigarettes per day or more should not use combined oral contraceptives.

B) This client is medically eligible to use combined injectables, progestogen-only contraceptives, and IUDs.

Case Scenario 2

A 25 year old woman has just given birth and plans to breastfeed. She would like an injection for contraception prior to returning home.

Which of the following options is medically appropriate?

A) A combined injectable contraceptive provided immediately

B) A combined injectable contraceptive provided at six weeks postpartum

C) A progestogen-only injectable contraceptive provided immediately

D) A progestogen-only injectable contraceptive provided at 6 weeks postpartum

Case scenario 2: the answer

D) A progestogen-only injectable contraceptive provided at 6 weeks postpartum.

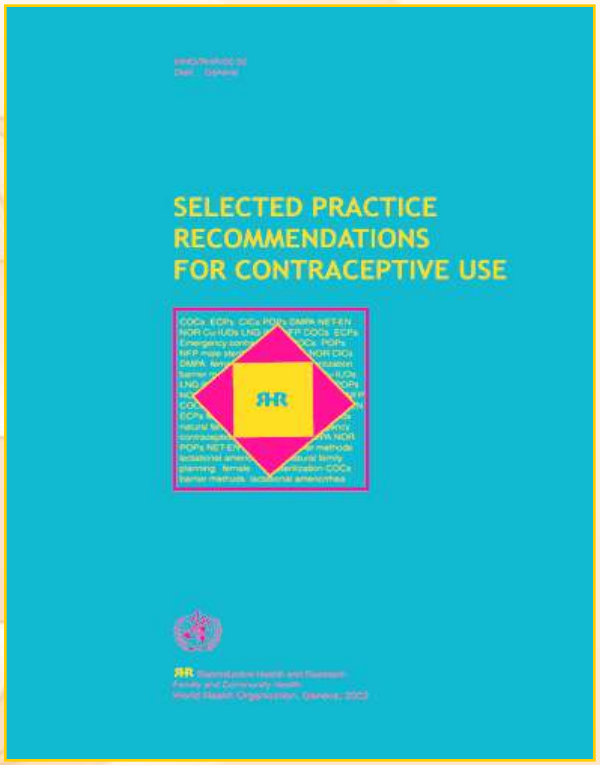
Comment

- **Combined injectables are not medically appropriate in breastfeeding women prior to 6 weeks postpartum, and generally should not be used until after 6 months postpartum.**
- **Progestogen-only injectables are medically appropriate in breastfeeding women at 6 weeks postpartum.**
- **Neonate may be at risk of exposure to steroid hormones during the first six weeks postpartum.**

Global impact of the Medical Eligibility Criteria

- Translated into 12 languages, six available on WHO website
- Impact on guidelines in over 50 countries
- Integrated into popular texts
- 40,000+ copies disseminated

Selected Practice Recommendations for Contraceptive Use



- Standardizes guidance for the delivery of contraceptive services
- 33 selected questions on *how* to use contraceptive methods

33 questions on contraceptive use

- When to start
- When to re-administer
- How to manage problems
  - Missed pills
  - Bleeding (progestogen-only methods and IUDs)
  - Prophylactic antibiotics and IUD insertion
- What exams or tests should be done routinely
- Follow-up
- How to be reasonably sure a woman is not pregnant

Selected Practice Recommendations

For each question:

- Working Group's recommendations for key situations
- Comments by the Working Group
- Key unresolved issues
- Information about the evidence
  - Literature search question
  - Level of evidence
  - References identified by systematic review

When can a woman start COCs?

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.

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.**

When can a woman start COCs?

Key unresolved issues

- Does starting each pill pack on a specific day of the week increase correct COC use?

Evidence

- Level II-1, fair
- Indirect

Routine exams or tests

Class A = essential and mandatory in all circumstances for safe and effective use of the method

Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context.

Class C = does not contribute substantially to safe and effective use of the method

Routine exams or tests

Exam or screening	Hormonal methods	IUD	Condoms / Spermicide	Female sterilization
Breast exam	C	C	C	C
Pelvic exam	C	A	C	A
Cervical cancer	C	C	C	C
Routine lab tests	C	C	C	C
Haemoglobin	C	B	C	B
STI risk assessment	C	A	C*	C
STI screening	C	B	C*	C
Blood pressure	**	C	C	A

Class A: essential and mandatory in all circumstances

Class B: contributes substantially to safe and effective use

Class C: does not contribute substantially to safe and effective use

How to be reasonably sure a woman is not pregnant

No signs and symptoms of pregnancy AND

Meets any of the following criteria:

- **No intercourse since last normal menses**
- **Correctly and consistently using reliable method of contraception**
- **Within the first 7 days after normal menses**
- **Within 4 weeks postpartum for non-lactating women**
- **Within 7 days post-abortion or post-miscarriage**
- **Fully or nearly fully breastfeeding, amenorrhoeic, and less than 6 months postpartum**

Case Scenario 1

A woman comes to the clinic requesting combined oral contraceptives on day 7 of her menstrual cycle. She has not had sexual intercourse since the first day of her menstrual period.

Which of the following is medically appropriate?

A) advise her to return to clinic on the first day of her next menstrual period.

B) provide her with pills and tell her that she can start now without any further precautions.

C) provide her with pills and tell her that she can start now, but should abstain from sex or use additional contraceptive protection for the next 7 days.

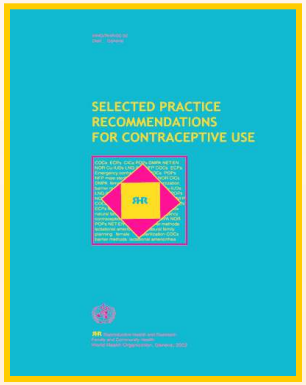
Case Scenario 1: the answer

C) provide her with pills and tell her that she can start now, but should abstain from sex or use additional contraceptive protection for the next 7 days.

Suppression of ovulation was considered to be less reliable when starting after day 5 or during amenorrhoea, seven days of continuous COC use was deemed necessary to reliably prevent ovulation.

Keeping the guidance up-to-date

Guidelines for policy-makers and programme managers



System for keeping the guidance up-to-date

CIRE

Tools for health-care providers

Keeping up with the evidence...

Guidance based on evidence

- Adherence to WHO ‘Guidelines for Guidelines’
- Systematic reviews of evidence
- Continuous monitoring of new evidence through the Continuous Identification of Research Evidence (CIRE System)
- Citations of evidence used for decision-making

Step 1: 

Identify new evidence pertaining to contraceptive safety and efficacy

Step 2: 

Post records on CIRE database

Step 3: 

Screen for relevance to MEC and SPR

Step 4:

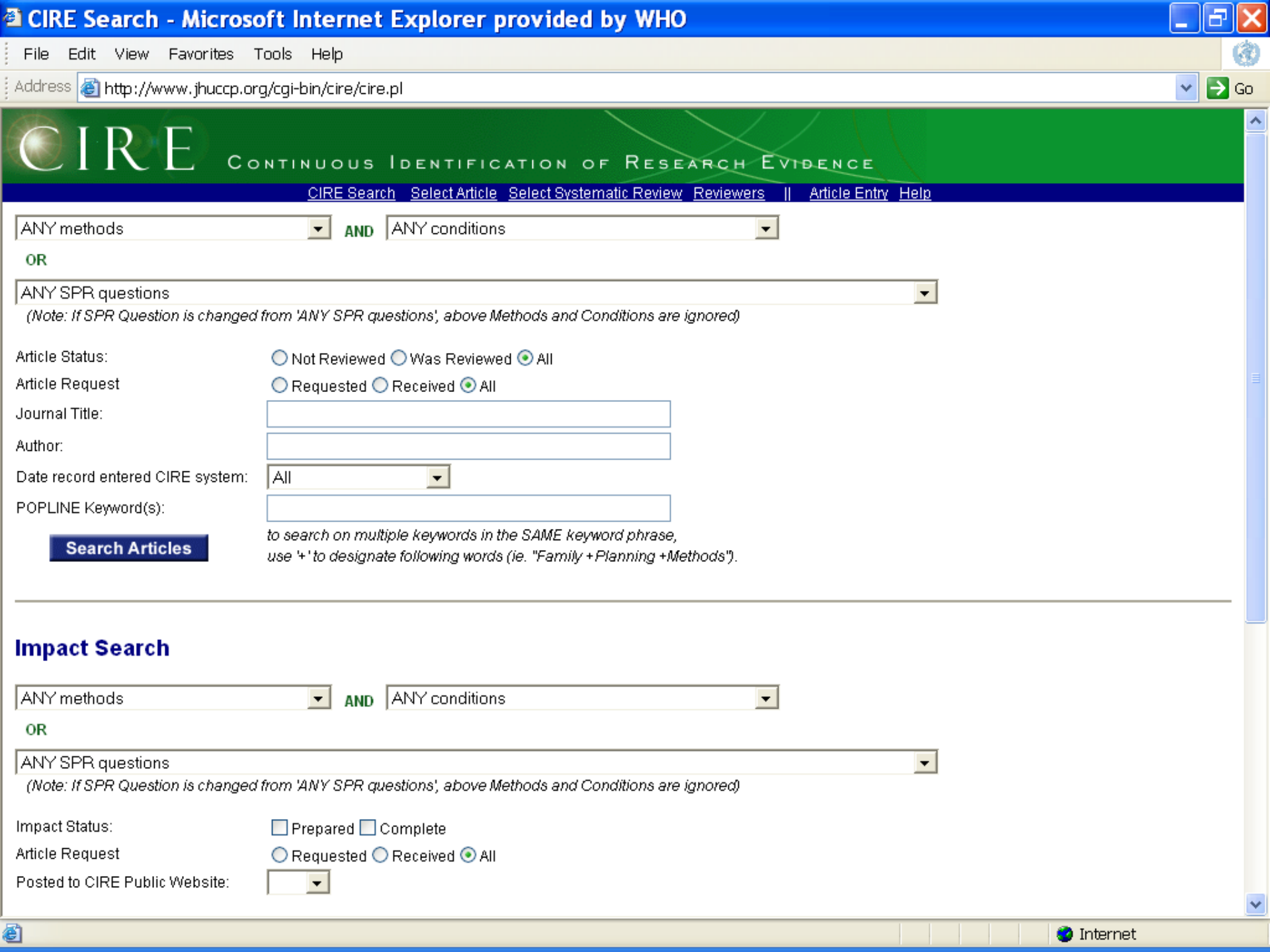
Update existing or conduct new systematic review

Step 5:

Send for peer review

Step 6:

Evaluate the need to update guidance in MEC/SPR


CIRE Search - Microsoft Internet Explorer provided by WHO
File Edit View Favorites Tools Help
Address http://www.jhuccp.org/cgi-bin/cire/cire.pl
Go
CIRE
Continuous Identification of Research Evidence
CIRE Search Select Article Select Systematic Review Reviewers || Article Entry Help
ANY methods
AND
ANY conditions
OR
ANY SPR questions
(Note: If SPR Question is changed from 'ANY SPR questions', above Methods and Conditions are ignored)
Article Status: Not Reviewed Was Reviewed All
Article Request Requested Received All
Journal Title:
Author:
Date record entered CIRE system: All
POPLINE Keyword(s):
Search Articles
to search on multiple keywords in the SAME keyword phrase,
use '+' to designate following words (ie. "Family +Planning +Methods").
Impact Search
ANY methods
AND
ANY conditions
OR
ANY SPR questions
(Note: If SPR Question is changed from 'ANY SPR questions', above Methods and Conditions are ignored)
Impact Status: Prepared Complete
Article Request Requested Received All
Posted to CIRE Public Website:
Internet

CIRE CONTINUOUS IDENTIFICATION OF RESEARCH EVIDENCE

NEW EVIDENCE FOR CONTRACEPTIVE USE

FOR THE WORLD HEALTH ORGANIZATION MEDICAL ELIGIBILITY CRITERIA (MEC) AND SELECTED PRACTICE RECOMMENDATIONS (SPR)

Welcome to CIRE - the Continuous Identification of Research Evidence - a collaborative effort of the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs (CCP).

To ensure that its evidence-based family planning guidance remains current, the WHO collaborates on the CIRE system with the WHO Collaborating Centre in Reproductive Health at the CDC and the INFO Project at CCP. The system is supported by the United States Agency for International Development (USAID) and the National Institute of Child Health & Human Development (NICHD).

The CIRE system facilitates the updating of WHO's evidence-based family planning guidance. The system identifies articles whose study objectives concern a topic addressed by WHO's Medical Eligibility Criteria for Contraceptive Use (MEC) or the Selected Practice Recommendations for Contraceptive Use (SPR). Identification begins with screening of new articles entered into the POPLINE database since January 2002. These articles are then reviewed to determine whether the evidence they provide is relevant to WHO guidance. Any updates to current guidance based on evidence from the CIRE system will be noted on the electronic versions of the MEC or SPR. Changes to classifications of the MEC or recommendations in the SPR will ordinarily be made only following expert working group meetings.

The new articles that have been identified to date are accessible by searching the CIRE system and are also available through a regular email bulletin.

- Send this email to receive regular CIRE system postings from the email bulletin

WHO's on-line versions of the MEC and the SPR also feature the availability of new articles identified by the CIRE system. In addition, new postings to the CIRE system will be featured in CCP's weekly e-zine, The Pop Reporter. You may visit POPLINE for more information on obtaining full-text articles from CCP or view the WHO Family Planning Page for more information about family planning guidance.

SEARCH EVIDENCE

Medical Eligibility Criteria (MEC):

Choose a Method **AND/OR** Choose a Condition **Search**

↓Reviewer Information

Consensus Information

Update Status:

○ In Progress ○ Sent ○ Responses Received ◉ Complete

Disposition:

Current recommendation consistent with evidence.

Selected Peer Reviewer Information:

Reviewer Info	Date Sent	Status	See Review	Status Date	Review Reminder
CDC Appraisal Box		Sent	View / Modify		Feb 12, 2003
Dr. Polly Marchbanks, PhD		Sent	View / Modify	Jan 23, 2003	Feb 12, 2003
Dr. Bert Peterson (GSG), M.D.		Sent	View / Modify		Feb 12, 2003
Dr. Kate Curtis	Oct 06, 2004	Sent	View / Modify	Oct 06, 2004	Oct 27, 2004

Article Notes:

Peer Reviewers Summary:

CDC: No, Poor
Reviewer 1
Yes: No statistical difference between the Sunday Start and Quick Start groups for side effects; suggestion of better compliance / continuation amongst QS group (especially since there was a selection bias against compliance in the QS group.

Update Info | Print Consensus

Evaluating the need to update the guidance

If consistent with current guidance or not urgent:

→ **Review at next Expert Working Group Meeting**

If inconsistent and urgent:

→ **Consult Guideline Steering Group and post guidance updates on web**

World Health Organization

Family Planning

Family planning home
Evidence-based guidance
Guidance updates
Documents & publications

Research:
Safety & effectiveness of methods
New & improved methods
Social & behavioural

What's new:
Hormonal Contraception and HIV: Science and Policy
Decision-making tool for family planning clients & providers
WHO Statement on carcinogenicity of combined hormonal contraceptives and combined menopausal treatment
WHO Statement on hormonal contraception and bone health
Levonorgestrel for emergency contraception
Levonorgestrel para Anticoncepción de Emergencia
Lévonorgestrel et contraception d'urgence

Related link:
Reproductive Health Library

Guidance updates

To ensure that its evidence-based family planning guidance remains current, the WHO collaborates on the CIRE system (Continuous Identification of Research Evidence) with the WHO Collaborating Centre in Reproductive Health at the CDC and the INFO Project at CCP. In this way, WHO monitors the publication of new research evidence that may affect the recommendations contained in the Medical Eligibility Criteria for Contraceptive Use.

Since the latest publications of the Medical Eligibility Criteria in 2004, and the Selected Practice Recommendations in 2005, new evidence or new recommendations by other WHO bodies have been identified to warrant comments on or changes to the original guidelines. The new updates are shown below.

New information is available on the following:

WHO Statement on hormonal contraception and risk of STI acquisition
(July 2005)

Statement (PDF - 31 KB)

This statement does not affect current guidance.

WHO Statement on hormonal contraception and bone health
(July 2005)

Statement (PDF - 2 pages - 103 KB)

This statement does not affect current guidance.

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Related link:
Reproductive Health Library

Unmet needs

There are still some 123 million women around the world, mostly in developing countries, who are not using contraception in spite of an expressed desire to space or limit the numbers of their births.[1]

An estimated 38% of all pregnancies occuring around the world every year are unintended, and around 6 out of 10 such unplanned pregnancies result in an induced abortion.[2]

A woman's ability to space or limit the number of her pregnancies has a direct impact on her health and well-being as well as the outcome of her pregnancy. In enabling women to exercise their reproductive rights, family planning programmes can also improve the social and economic circumstances of women and their families.

WHO's role in promoting FP

The reasons why family planning needs are often not met are varied, but include: poor access to quality services, a limited choice of methods, lack of information, concerns about safety or side-effects and partner disapproval.

WHO is currently addressing some of these needs in working to help

- improve the safety and effectiveness of contraceptives methods;
- widen the range of family planning methods available to women and men.

Progress newsletter
Issue 68 (June 2005)
Contraceptive methods—better information for a wider choice
Who is eligible to use the different types of contraceptives?
Safe and effective use of contraceptives
Some recommendations for the use of oral contraceptives
Some recommendations for the use of emergency contraception
Some recommendations for the use of levonorgestrel releasing intrauterine devices (LNG IUDs)
How to be reasonably certain a woman is not pregnant
8 pages (PDF 285 KB)

Evidence-based guidance on contraceptive use

Decision-Making Tool for Family Planning Clients and Providers

An evidence-based tool to promote high-quality family planning counselling. More info/full text

Third edition of the Medical Eligibility Criteria for Contraceptive Use

More information/full text
Français - Español - русский - Português

Second edition of the Selected Practice Recommendations for Contraceptive Use

More information/full text
Español - Français - русский

Photo credits

Family Planning

Family planning
Safety & effectiveness
New & improved methods
Service delivery

Resources
Family planning materials
Other reproductive health resources

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- widen the range of family planning methods available to women and men;
- improve the quality of family planning service delivery.

Evidence-based guidance

The Medical Eligibility Criteria for Contraceptive Use

Selected Practice Recommendations for Contraceptive Use

The CIRE System to ensure that family planning guidance remains current.

Guidance updates

Decision-making Tool for Family Planning Clients and Providers

- A tool for primary and secondary level FP providers and their clients
- Facilitates the interaction between the client and the provider
- Promotes informed choice of a contraceptive method
- Adaptable to local contexts

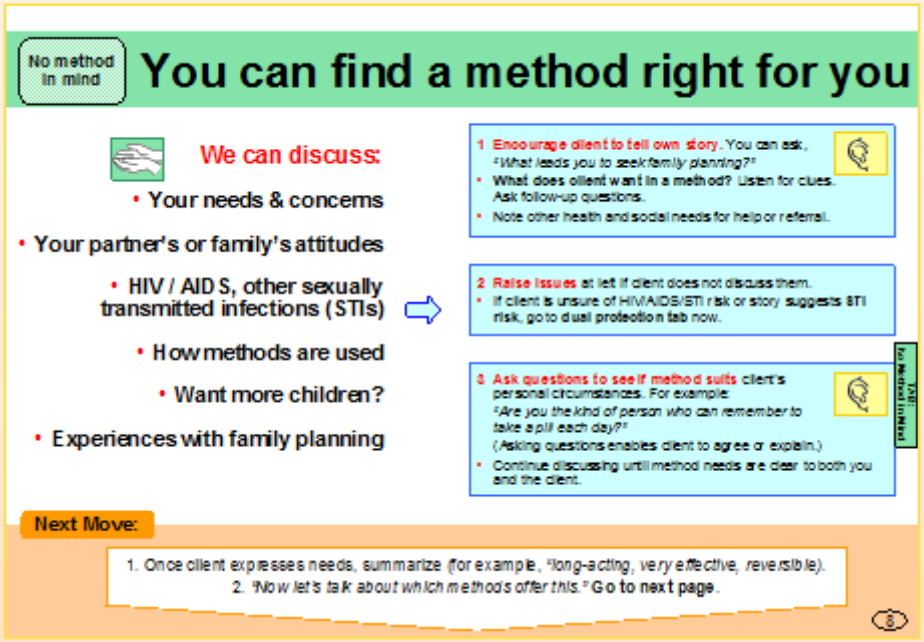
Decision-Making Tool for Clients...

You can find a method right for you

We can discuss:

- Your needs & concerns
- Your partner's or family's attitudes
- HIV / AIDS, other sexually transmitted infections (STIs)
- How methods are used
- Want more children?
- Experiences with family planning

...and Providers



Best Practices in Client-Provider Interaction

Do you have a method in mind?

If you do, let's talk about how well it suits your needs

- **What have you heard about it?**
- **What do you like about it?**

If not, we can find a method right for you

Important for choosing a method:

*Do you need protection from pregnancy **AND** sexually transmitted infections?*

Evidence-Based Technical Information

If you miss pills

ALWAYS:

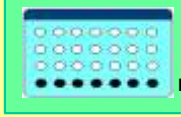
1. Take a pill as soon as you remember
2. Take the next pill at the usual time
3. Continue to take your pill as usual, one each day

4. If you miss 2 or more pills, or start pack 2 or more days late, you ALSO need to:

USE BACK-UP:
Avoid sex or use condoms for 7 days

AND

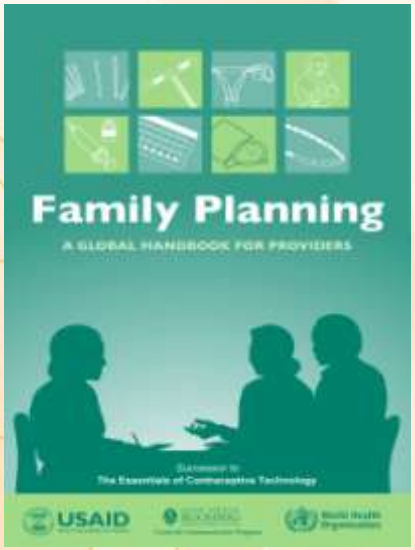
SKIP WEEK 4:
(inactive pills or pill-free week)
and go straight to next pack



Special rule for Inactive Pills
(28 day packs only!)

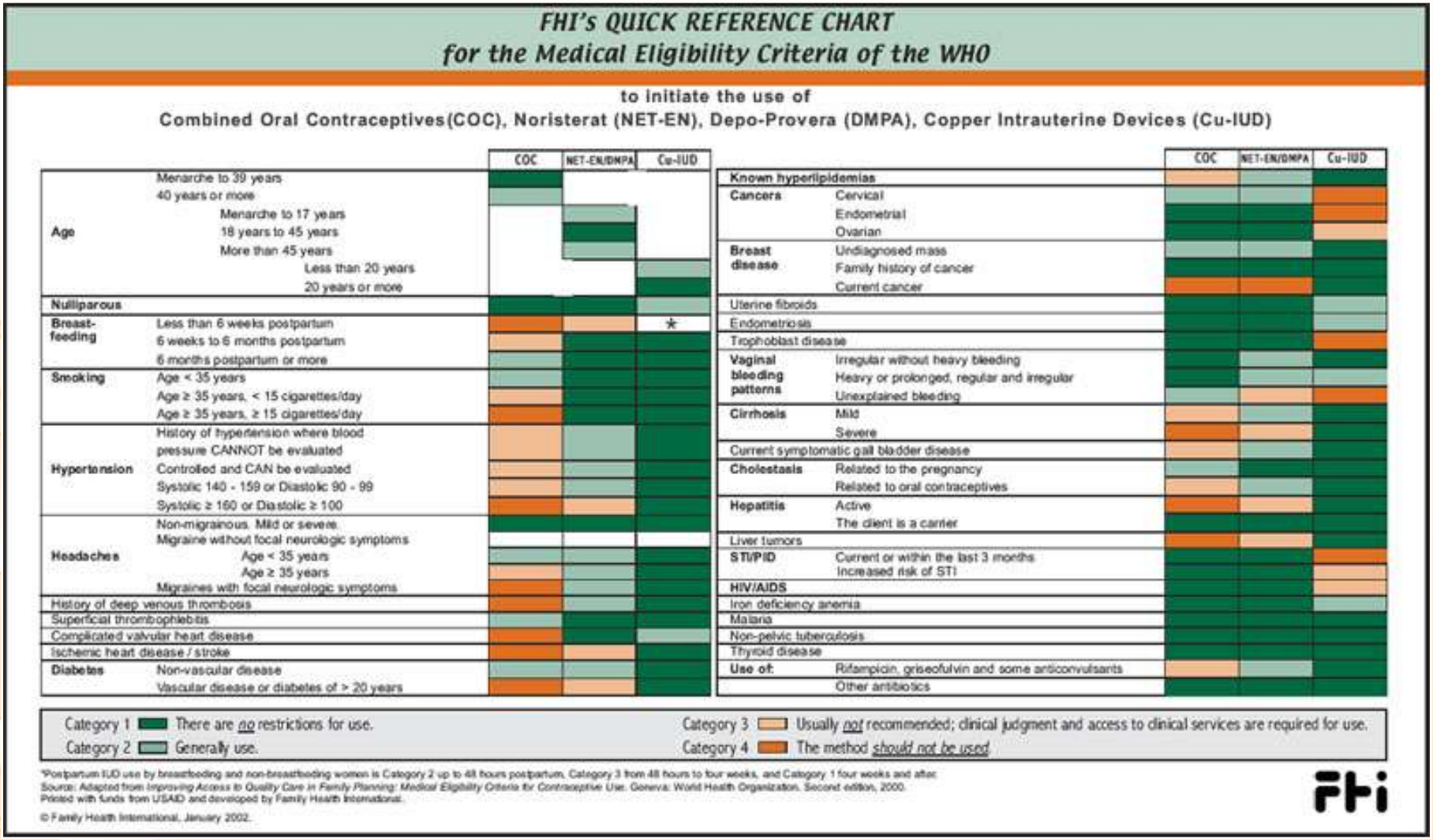
The Handbook for Family Planning Providers

The Handbook for Family Planning Providers



- A reference guide/tool for providers
- Contains all WHO FP guidance
- Being produced in partnership with the creators of *'The Essentials of Contraceptive Technology'* (JHU/CCP)

Materials derived from the guidelines



FHI's QUICK REFERENCE CHART
for the Medical Eligibility Criteria of the WHO

to initiate the use of

Combined Oral Contraceptives(COC), Noristerat (NET-EN), Depo-Provera (DMPA), Copper Intrauterine Devices (Cu-IUD)

		COC	NET-EN/DMPA	Cu-IUD
Age	Menarche to 39 years			
	40 years or more			
	Menarche to 17 years			
	18 years to 45 years			
	More than 45 years			
	Less than 20 years			
	20 years or more			
Nulliparous				
Breast-feeding	Less than 6 weeks postpartum			*
	6 weeks to 6 months postpartum			
	6 months postpartum or more			
Smoking	Age < 35 years			
	Age ≥ 35 years, < 15 cigarettes/day			
	Age ≥ 35 years, ≥ 15 cigarettes/day			
Hypertension	History of hypertension where blood pressure CANNOT be evaluated			
	Controlled and CAN be evaluated			
	Systolic 140 - 159 or Diastolic 90 - 99			
	Systolic ≥ 160 or Diastolic ≥ 100			
Headaches	Non-migrainous. Mild or severe			
	Migraine without focal neurologic symptoms			
	Age < 35 years			
	Age ≥ 35 years			
	Migraines with focal neurologic symptoms			
History of deep venous thrombosis				
Superficial thrombophlebitis				
Complicated valvular heart disease				
Ischemic heart disease / stroke				
Diabetes	Non-vascular disease			
	Vascular disease or diabetes of > 20 years			

		COC	NET-EN/DMPA	Cu-IUD
Known hyperlipidemias				
Cancers	Cervical			
	Endometrial			
	Ovarian			
Breast disease	Undiagnosed mass			
	Family history of cancer			
	Current cancer			
Uterine fibroids				
Endometriosis				
Trophoblast disease				
Vaginal bleeding patterns	Irregular without heavy bleeding			
	Heavy or prolonged, regular and irregular			
	Unexplained bleeding			
Cirrhosis	Mild			
	Severe			
Current symptomatic gall bladder disease				
Cholestasis	Related to the pregnancy			
	Related to oral contraceptives			
Hepatitis	Active			
	The client is a carrier			
Liver tumors				
STI/PID	Current or within the last 3 months			
	Increased risk of STI			
HIV/AIDS				
Iron deficiency anemia				
Malaria				
Non-pelvic tuberculosis				
Thyroid disease				
Use of:	Rifampicin, griseofulvin and some anticonvulsants			
	Other antibiotics			

Category 1 — There are no restrictions for use.
Category 2 — Generally use.
Category 3 — Usually not recommended; clinical judgment and access to clinical services are required for use.
Category 4 — The method should not be used.

*Postpartum IUD use by breastfeeding and non-breastfeeding women is Category 2 up to 48 hours postpartum, Category 3 from 48 hours to four weeks, and Category 1 four weeks and after.

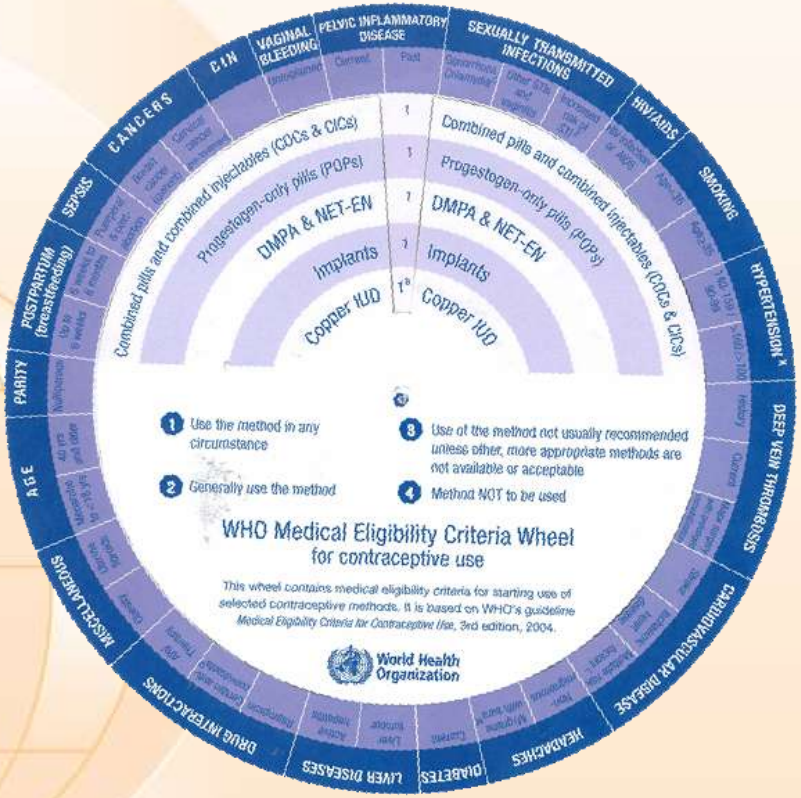
Source: Adapted from *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. Geneva: World Health Organization, Second edition, 2000.

Printed with funds from USAID and developed by Family Health International.

FHI

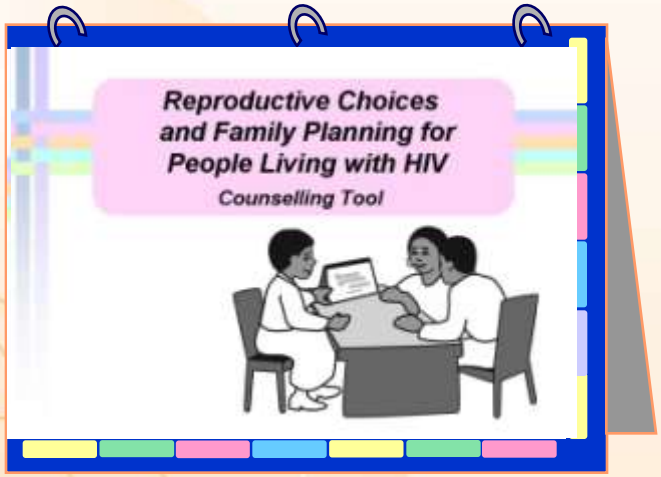
Source: www.fhi.org/en/fp/fpother/elegibility/whomastercriteria.pdf

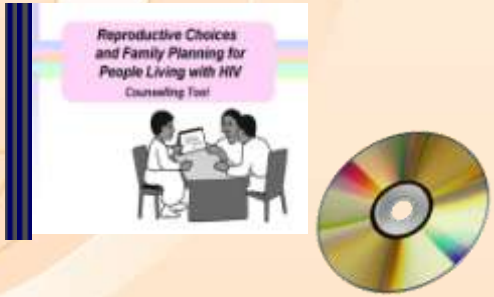
The Medical Eligibility Criteria Wheel



- **A tool for providers**
- **Easy to use job aid**
- **Helps providers quickly identify Medical Eligibility Criteria relevant to their clients**
- **Available in 7 languages, more translations underway**

Reproductive Choices and Family Planning For People with HIV





- Two-day training and job aid – an adaptation of the Decision-Making Tool for Family Planning Clients and Providers
- Developed as part of Integrated Management of Adolescent and Adult Illness (IMAI) series
- Field tested in Uganda and Lesotho
- New module on provider initiated HIV testing and counselling to be field tested in 2008