WHO guidelines on family planning

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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

- Medical eligibility criteria for contraceptive use
  - Fourth edition, 2009

- Selected practice recommendations for contraceptive use
  - Second edition
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

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>COC</th>
<th>CIC</th>
<th>P/R</th>
<th>POP</th>
<th>NET-EN DMPA</th>
<th>LNG/ETG Implants</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMOKING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>a) Age&lt;35</td>
<td>2</td>
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<td>b) Age≥35</td>
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<tr>
<td>(i) &lt;15 cigarettes/day</td>
<td>3</td>
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<td>(ii) ≥15 cigarettes/day</td>
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<td>3</td>
<td>4</td>
<td>1</td>
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<td>1</td>
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</tr>
</tbody>
</table>
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)
  - 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
DECISION-MAKING TOOL
for Family Planning Clients and Providers

Process for helping different types of clients

Methods

Welcome
Choosing a Method
Dual Protection
Special Needs
Returning Client
Appendices

EC  IUD  Pill  Mini Pill  Inject  Mon Inject  Impl  Vase  Steril  Cond  Fem Cond  Vag Meth  LAM  FAB
A structured counselling process

Welcome client

Find out reason for visit

Go to correct tab

**Method Tabs**

- Overview & information for choice
- Medical eligibility criteria
- Possible side-effects
- How to use
- When to start
- What to remember

**Choosing Method** (for new clients)

Ask client: Do you have a method in mind?

If method in mind:
Check if method suits needs and situation.
Check dual protection needs.

If no method in mind:
Discuss needs and situation and review method options.
Check dual protection needs.

Dual Protection
(for clients who need STI protection)

Discuss options for dual protection.

If needed, help client consider risk. Check if chosen option is suitable.

Clients with Special Needs

Go to correct page in section:
- Younger client
- Older client
- Postpartum/prepregnant client
- Post-abortion client
- Client living with HIV/AIDS
- Client who wants to become pregnant

Returning Client

Ask what method client is using:
Go to method page in Returning Client section

No problems with method.

Problems using method.

Help manage side-effects.

Check for new health conditions.
Check about need for STI protection.

Switch method
Go to Choosing Method tab (side) or Method tab (bottom)

Emergency Contraception (method tab)

Client had unprotected sex, needs emergency contraception.
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

http://info.k4health.org/globalhandbook/index.shtml
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Guideline revisions in 2014

- Guideline Development Group identified priority topics, crafted PICO questions, May 2013
  - Considered safety concerns regarding 3’rd & 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

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