# WHO family planning guidelines Family Planning - A global handbook for providers

An Online Evidence-based Course 2021

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# Family planning guidelines and tools

**Medical Eligibility Criteria**

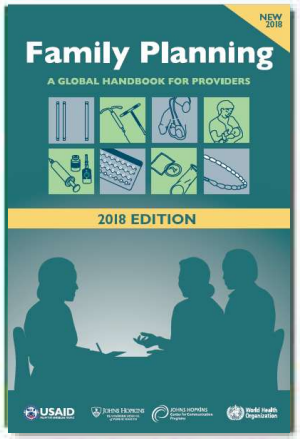

5th edition

**Selected Practice Recommendations**




**The Medical Eligibility Criteria (MEC) Wheel**

**Decision-Making Tool** *(to be updated)*



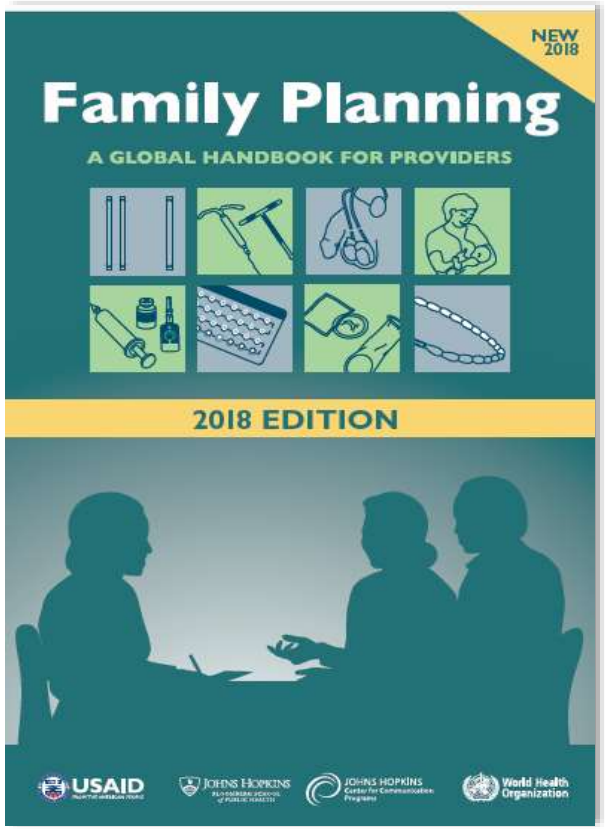

**Global Handbook**

CIRE


**Reproductive Choices and Family Planning for People with HIV** *(to be updated)*


**Guide to family planning for community health care providers and their clients**

# Family Planning – A Global Handbook for Providers




- The handbook offers technical information to help health care providers deliver FP methods appropriately and effectively.
- It incorporates and reflects the Medical eligibility criteria and the Selected Practice recommendations as well as other WHO guidance.
- **Intended audience -** Health Care providers.
- Managers, supervisors and policy makers may find this book helpful and can use it. It can be used for training and supervision.
- This is the third edition of the handbook.
- Always use the latest edition- as recommendations are updated.

Manual that translates scientific evidence into practical guidance – Launched in 2007, new edition in 2018.

# What's New in This Edition?

- **New family planning recommendations from WHO:**

Women who are breastfeeding can start progestin only pills or implants at any time postpartum; New Selected Practice Recommendations on the levonorgestrel implant Levoplant (Sino-Implant (II)), subcutaneous DMPA, the combined patch, the combined vaginal ring, and ulipristal acetate for emergency contraception; When to start a family planning method after taking emergency contraceptive pills.

- **New coverage in this edition:**

Human rights: Family Planning Providers' Contribution; "How Can a Partner Help?"; Giving the Injection with Subcutaneous DMPA in Uniject (Sayana Press); Teaching Clients to Self-Inject; Progesterone-releasing vaginal ring; Clients with disabilities; Safer Conception for HIV Serodiscordant Couples; "LIVES"—5 steps for helping women subjected to violence; Counseling About Effectiveness; Task-Sharing: WHO Recommendations; Considering Progestin-Only Injectables Where HIV Risk Is High: Counseling Tips; Ruling Out Pregnancy.

- **Expanded or updated coverage:**

Instructions on implant insertion; Levonorgestrel IUD; Prenatal care; Infant feeding for women with HIV; Infertility; Effectiveness of family planning methods; Medical Eligibility Criteria for Contraceptive Use.

# Contents: Method Chapters

## Family Planning
A GLOBAL HANDBOOK FOR PROVIDERS

## Contents



Searchable online at www.fphandbook.org

# Each Chapter Contains

- Key points for Providers & Clients
  - Helps the client decide about the method
- Side effects, health benefits, and risks of the method
- Who can and cannot use the method
  - Medical eligibility criteria
- How to provide the method e.g., when to start, what to expect when the client use the method, etc.
- Follow up users of the method
- Questions and answers specific to the method

CHAPTER 1

1

Combined Oral Contraceptives

# Combined Oral Contraceptives

## Key Points for Providers and Clients

- **Take one pill every day.** For greatest effectiveness a woman must take pills daily and start each new pack of pills on time.
- **Take any missed pill as soon as possible.** Missing pills risks pregnancy and may make some side effects worse.
- **Bleeding changes are common but not harmful.** Typically, there is irregular bleeding for the first few months and then lighter and more regular bleeding.
- **Can be given to a woman at any time to start now or later.**

## What Are Combined Oral Contraceptives?

- Pills that contain low doses of 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body.
- Combined oral contraceptives (COCs) are also called "the Pill," low-dose combined pills, OCPs, and OCs.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

## How Effective?

*Effectiveness depends on the user:* Risk of pregnancy is greatest when a woman starts a new pill pack 3 or more days late, or misses 3 or more pills near the beginning or end of a pill pack.



### *Known Health Benefits*

Help protect against:

- Risks of pregnancy
- Cancer of the lining of the uterus (endometrial cancer)
- Cancer of the ovary
- Symptomatic pelvic inflammatory disease

May help protect against:

- Ovarian cysts
- Iron-deficiency anemia

Reduce:

- Menstrual cramps
- Menstrual bleeding problems
- Ovulation pain
- Excess hair on face or body
- Symptoms of polycystic ovarian syndrome (irregular bleeding, acne, excess hair on face or body)
- Symptoms of endometriosis (pelvic pain, irregular bleeding)

### *Known Health Risks*

Very rare:

- Blood clot in deep veins of legs or lungs (deep vein thrombosis or pulmonary embolism)

Extremely rare:

- Stroke
- Heart attack

See also Facts About Combined Oral Contraceptives and Cancer, p. 4.

### *Correcting Misunderstandings* (see also Questions and Answers, p. 25)

Combined oral contraceptives:

- Do not build up hormones in a woman's body. Women do not need a "rest" from taking COCs.
- Must be taken every day, whether or not a woman has sex that day.
- Do not make women infertile after they stop taking COCs.
- Do not cause birth defects or multiple births.
- Do not change women's sexual behavior.
- Do not collect in the stomach. Instead, the pill dissolves each day.
- Do not disrupt an existing pregnancy.

- DMPA, the most widely used progestin-only injectable, is also known in its intramuscular form as "the shot," "the jab," the injection, Depo, Depo-Provera, and Petogen. The subcutaneous version in the Uniject injection system is currently marketed under the name Sayana Press and in prefilled single-dose disposable hypodermic syringes as depo-subQ provera 104.
- NET-EN is also known as norethindrone enanthate, Noristerat, Nortigest, and Syngestal. (See Comparing Injectables, p. 427, for differences between DMPA and NET-EN.)
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

## How Effective?

*Effectiveness depends on getting injections regularly:* Risk of pregnancy is greatest when a woman misses an injection.


- As commonly used, about 4 pregnancies per 100 women using progestin-only injectables over the first year. This means that 96 of every 100 women using injectables will not become pregnant.
- When women have injections on time, less than 1 pregnancy per 100 women using progestin-only injectables over the first year (2 per 1,000 women).

*Return of fertility after injections are stopped:* An average of about 4 months longer for DMPA and 1 month longer for NET-EN than with most other methods (see Question 8, p. 94).

*Protection against sexually transmitted infections (STIs):* None



## Side Effects, Health Benefits, and Health Risks

### *Side Effects* (see also Managing Any Problems, p. 89)

Most users report some changes in monthly bleeding.†

- Typically, these include, with DMPA:

  First 3 months:
  – Irregular bleeding
  – Prolonged bleeding

  At one year:
  – No monthly bleeding
  – Infrequent bleeding
  – Irregular bleeding

Bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.

- NET-EN affects bleeding patterns less than DMPA. NET-EN users have fewer days of bleeding in the first 6 months and are less likely than DMPA users to have no monthly bleeding after one year.

Some users report the following:

- Weight gain (see Question 5, p. 93)
- Headaches
- Dizziness
- Abdominal bloating and discomfort
- Mood changes
- Less sex drive

Other possible physical changes:

- Loss of bone density (see Question 11, p. 95)

### Why Some Women Say They Like Progestin-Only Injectables

- Requires action only every 2 or 3 months. No daily pill-taking.
- Do not interfere with sex
- Are private: No one else can tell that a woman is using contraception
- Stop monthly bleeding (for many women)
- May help women to gain weight

† *For definitions of bleeding patterns, see "vaginal bleeding," p. 407.*

# Providing Vasectomy

## When to Perform the Procedure

- Any time a man requests it (if there is no medical reason to delay).

## Ensuring Informed Choice

**IMPORTANT:** A friendly counselor who listens to a man's concerns, answers his questions, and gives adequate, clear and practical information about the procedure—especially its permanence—will help a man make an informed choice and be a successful and satisfied user, without later regret (see Female Sterilization, Because Sterilization Is Permanent, p. 220). Involving his partner in counseling can be helpful but is not necessary or required.

### The 7 Points of Informed Consent

Counseling must cover all 7 points of informed consent. In some programs the client and the counselor sign an informed consent form. To give informed consent to vasectomy, the client must understand the following points:

1. Temporary contraceptives also are available to the client.
2. Voluntary vasectomy is a surgical procedure.
3. There are certain risks of the procedure as well as benefits. (Both risks and benefits must be explained in a way that the client can understand.)
4. If successful, the procedure will prevent the client from ever having any more children.
5. The procedure is considered permanent and probably cannot be reversed.
6. The client can decide against the procedure at any time before it takes place (without losing rights to other medical, health, or other services or benefits).
7. The procedure does not protect against sexually transmitted infections, including HIV.





### Vasectomy Techniques

**Reaching the Vas: No-Scalpel Vasectomy**

No-scalpel vasectomy is the recommended technique for reaching each of the 2 tubes in the scrotum (vas deferens) that carries sperm to the penis. It is becoming the standard around the world.

Differences from conventional procedure using incisions:

- Uses one small puncture instead of 1 or 2 incisions in the scrotum.
- No stitches required to close the skin.
- Special anesthesia technique needs only one needle puncture instead of 2 or more.

Advantages:

- Less pain and bruising and quicker recovery.
- Fewer infections and less collection of blood in the tissue (hematoma).
- Total time for the vasectomy has been shorter when skilled providers use the no-scalpel approach.

Both no-scalpel and conventional incision procedures are quick, safe, and effective.

**Blocking the Vas**

For most vasectomies ligation and excision is used. This entails cutting and removing a short piece of each tube and then tying both remaining cut ends of the vas. This procedure has a low failure rate. Applying heat or electricity to the ends of each vas (cauterizing) has an even lower failure rate than ligation and excision. The chances that vasectomy will fail can be reduced further by enclosing a cut end of the vas, after the ends have been tied or cauterized, in the thin layer of tissue that surrounds the vas (fascial interposition). If training and equipment are available, cautery and/or fascial interposition are recommended. Blocking the vas with clips is not recommended because of higher pregnancy rates.

### *New Problems That May Require Switching Methods*

May or may not be due to the method.

**Migraine headaches** (see Identifying Migraine Headaches and Aurra, p. 436)

- If she has migraine headaches without aura, she can continue to use the method if she wishes.
- If she has migraine aura, do not give the injection. Help her choose a method without hormones.

**Unexplained vaginal bleeding** (that suggests a medical condition not related to the method)

- Refer or evaluate by history and pelvic examination. Diagnose and treat as appropriate.
- If no cause of bleeding can be found, consider stopping progestin-only injectables to make diagnosis easier. Provide another method of her choice to use until the condition is evaluated and treated (not implants or a copper-bearing or LNG-IUD).
- If bleeding is caused by sexually transmitted infection or pelvic inflammatory disease, she can continue using progestin-only injectables during treatment.

**Certain serious health conditions** (suspected blocked or narrowed arteries, serious liver disease, severe high blood pressure, blood clots in deep veins of legs or lungs, stroke, breast cancer, or damage to arteries, vision, kidneys, or nervous system caused by diabetes). See Signs and Symptoms of Serious Health Conditions, p. 384.

- Do not give next injection.
- Give her a backup method to use until the condition is evaluated.
- Refer for diagnosis and care if not already under care.

**Suspected pregnancy**

- Assess for pregnancy.
- Stop injections if pregnancy is confirmed.
- There are no known risks to a fetus conceived while a woman is using injectables (see Question 12, p. 95) or to a woman who receives an injection while pregnant.





# Questions and Answers About Progestin-Only Injectables

**1. Can women who could get sexually transmitted infections (STIs) use progestin-only injectables?**

Yes. Women at risk for STIs can use progestin-only injectables. The few studies available have found that women using DMPA were more likely to acquire chlamydia than women not using hormonal contraception. The reason for this difference is not known. There are few studies available on use of NET-EN and STIs. Like anyone else at risk for STIs, a user of progestin-only injectables who may be at risk for STIs should be advised to use condoms correctly every time she has sex. Consistent and correct condom use will reduce her risk of becoming infected with an STI.

**2. Can women at high risk for HIV use progestin-only injectables?**

Yes. Women at high risk of HIV infection can use any contraceptive method, including progestin-only injectables, except spermicide or diaphragm with spermicide (see Spermicides and Diaphragms, p. 271).

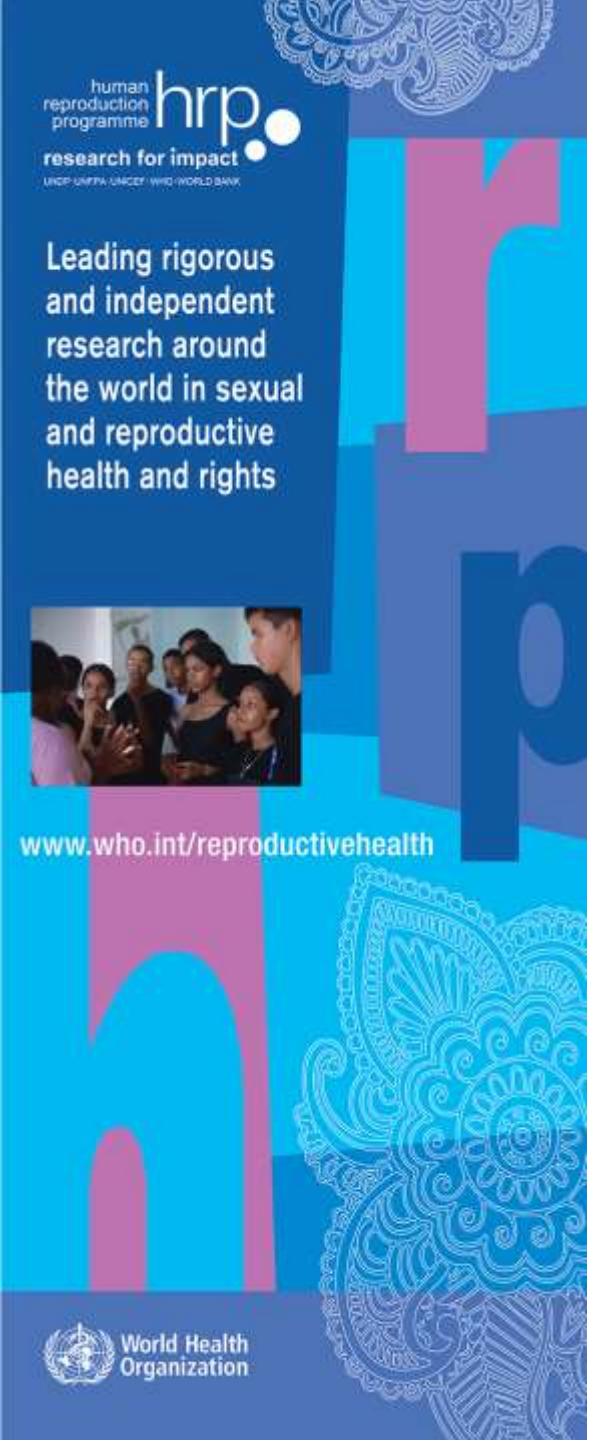
In late 2016 a WHO assessment observed that some research finds that women who are at high risk of HIV infection and use a progestin-only injectable are slightly more likely to get HIV. It is not clear why studies find this. The injectable may or may not be responsible for increasing a woman's chances of becoming infected if exposed to HIV.

An expert group convened by WHO concluded, "Women should not be denied the use of progestogen-only injectables because of concerns about the possible increased risk" of HIV infection. WHO classified progestin-only injectables, such as DMPA (including Sayana Press) and NET EN, as Medical Eligibility Criteria (MEC) category 2 for high risk of HIV. This classification means that women at high risk of HIV can generally use the method.

WHO advises that, in countries and populations where HIV is common, providers should clearly inform women interested in progestin-only injectables about these research findings and their uncertainty, as well as how to protect themselves from HIV, so that each woman can make a fully informed choice (see Considering Progestin-Only Injectables Where HIV Risk Is High, p. 438, for counseling tips). In keeping with the MEC 2 classification, women

# Useful Website Links:

- WHO RHR – Family planning
  - http://www.who.int/en/news-room/fact-sheets/detail/family-planning-contraception
- WHO Family planning guidelines
  - http://www.who.int/reproductivehealth/topics/family_planning/en/




**Thank you**

For more information,

Follow us on Twitter **@HRPresearch**

Website **who.int/reproductivehealth/en**

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