

Selected practice recommendations for contraceptive use (SPR)

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Background

- ❑ Quality contraceptive services depend upon numerous practices, including :
 - maximizing the effectiveness of contraceptive methods
 - managing side effects
 - addressing problems associated with incorrect method use
 - providing appropriate follow-up
 - determining when exams and tests should be done

Selected practice recommendations for contraceptive use (SPR)



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

Contraceptive methods, SPR 2nd edition

- ❑ Combined oral contraceptive pills (COCs)
- ❑ Combined injectable contraceptive (CIC)
- ❑ Progestogen-only pills (POPs)
- ❑ Progestogen-only injectables (POIs)– DMPA and NET-EN
- ❑ Implants (Norplant, Jadelle, Implanon)
- ❑ Levonorgestrel-releasing IUD
- ❑ Copper-bearing IUD
- ❑ Emergency contraceptive pills (ECPs)
- ❑ Standard Days Method
- ❑ Vasectomy

Method-specific recommendations

- ❑ COCs, ECPs, POPs
 - initiation/continuation, incorrect use, problems during use, bleeding irregularities, programmatic issues (exams & tests, number of pill packs, follow-up)
- ❑ Injectables
 - initiation/continuation, bleeding irregularities, programmatic issues (exams & tests, follow-up)
- ❑ Implants
 - initiation/continuation, bleeding irregularities, programmatic issues (exams & tests, follow-up)
- ❑ IUDs
 - initiation/continuation, bleeding irregularities, PID, pregnancy diagnosis during use, programmatic issues (exams & tests, follow-up)

Initiation and continuation: example

- Instructions are offered for the following situations:
 - regular menstrual cycles
 - amenorrhea
 - postpartum (breastfeeding or not breastfeeding)
 - recommendations are linked with the MEC
 - post abortion
 - switching from another hormonal method
 - switching from a non-hormonal method
 - switch from a IUD

Incorrect use

- ❑ If a woman has forgotten to take her COC or POP
- ❑ Instructions for women who have forgotten to take:
 - 1 or 2 active pills
 - 3 or more active pills
- ❑ Instructions for when a woman has started to take her pills:
 - 1-2 days late
 - 3 days or more
- ❑ Instructions available if she has forgotten using:
 - pills containing 20 µg EE
 - pills containing 30 – 35 µg EE

Classification for differentiating applicability of various exams and tests

- ❑ **Class A:** essential and mandatory
- ❑ **Class B:** contributes substantially to safe and effective use, risk of not performing exam or test should be balanced against the benefits of making the method available
- ❑ **Class C:** does not contribute to safe and effective use

Exams and tests

Situation	COC	CIC	POP	POI	Implants	IUD
Breast exam	c	c	c	c	c	c
Pelvic/genital exam	c	c	c	c	c	a
Cervical cancer screen	c	c	c	c	c	c
Routine lab tests	c	c	c	c	c	c
Haemoglobin	c	c	c	c	c	b
STI risk assessment	c	c	c	c	c	a
HIV/STI screening	c	c	c	c	c	b
Blood pressure	†	†	†	†	†	c

† It is desirable to have blood pressure measured prior to the use of these methods

Ruling out pregnancy

The provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets the following criteria:

- ◆ has not had intercourse since last normal menses
- ◆ has been correctly and consistently using a reliable method of contraception
- ◆ is within the first 7 days after normal menses
- ◆ is within 4 weeks postpartum for non-lactating women
- ◆ is within the first 7 days postabortion or miscarriage
- ◆ is fully or nearly fully breastfeeding, amenorrhoeic, and less than 6 months postpartum.

Updated guidance

- In 2014, WHO's guideline development group convened to revise the 2nd edition of the SPR (and the 2008 Update)
- Key highlights of the revision
 - Five contraceptive methods added
 - New recommendations for the initiation of regular contraceptive methods, following the use of ECPs

Contraceptive methods in the 3rd edition

- ❑ Combined oral contraceptives (COC)
- ❑ Combined injectable contraceptives (CIC)
- ❑ Progestogen-only pill (POP)
- ❑ Patch
- ❑ Combined vaginal ring
- ❑ Progestogen-only injectables – DMPA & NET-EN
- ❑ Subcutaneously administered DMPA (DMPA-SC)
- ❑ Implants (Norplant, Jadelle, Implanon)
- ❑ Sino-Implant (II)
- ❑ Copper-bearing IUD
- ❑ LNG-releasing IUD
- ❑ Emergency contraceptive pills (COC and LNG based)
- ❑ Ulipristal acetate (an ECP)
- ❑ Standard Days Method
- ❑ Vasectomy

New recommendations for 3rd edition

- ❑ The patch
 - same recommendations as COCs
 - **exception:** Instructions for missed or delayed patch-taking
- ❑ The combined vaginal ring
 - same recommendations as COCs
 - **exception:** Instructions for missed or delayed ring use
- ❑ DMPA-SC
 - same recommendations as DMPA
- ❑ Sino-Implant (II)
 - same recommendations as other implants
- ❑ ulipristal acetate (an ECP)
 - same recommendations as other ECPs
 - **exception:** Instructions for initiating regular contraception after UPA use

Initiating regular contraception after ECP use

- After use of the copper-bearing IUD
 - no other contraceptive protection is needed.
- After ECPs containing LNG or combined estrogen-progestogen pills
 - A woman may resume a method immediately
 - If she does not start immediately, she can start COCs, CICs, POI, POP, patch, ring, implants at any time if is **reasonably** certain she is not pregnant.
 - If she does not start immediately, she can have an IUD (either LNG or copper) inserted, if reasonably certain she is not pregnant. If she is amenorrhoeic, she can have the IUD (either LNG or copper) inserted if it can be **determined** that she is not pregnant.

Initiating regular contraception after ECP use

- ❑ Need for additional contraception for LNG & COC ECP
 - The woman is advised to abstain from sexual intercourse or use barrier contraception for 2 days for POPs and 7 days, as well as early pregnancy testing if warranted (e.g., no withdrawal bleed occurs within 3 weeks)
- ❑ UPA
 - She can start CHC or progestogen-containing methods on the **6th day after taking UPA**
 - An IUD can be inserted immediately, or she returns at a later date, it can be inserted if it is determined she is not pregnant
 - Need for additional contraception: continue to abstain from sexual intercourse or use barrier contraception for 2 days for POPs and 7 days for other hormonal methods.

Other new features

- ❑ User-friendly presentation of information
 - By contraceptive method, not by question
 - Most effective methods presented first
 - Topics listed sequentially according clinical relevance
 - method initiation, exams/tests, management of problems, follow-up

- ❑ We will make an effort to produce French and Spanish versions as soon as possible

Thank you – stay in contact with us !

<https://www.who.int/health-topics/contraception>