New Highlights in the WHO Guidelines
Family Planning /Contraception:
Medical Eligibility Criteria (MEC) and
Selected Practice Recommendations (SPR)

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Learning objectives

- Discuss the principles of the available (WHO) guidelines for contraception and family planning
- Identify some highlights from the Medical eligibility criteria for contraceptive use (MEC)
- Identify some highlights from the Selected practice recommendations (SPR) for contraceptive use

Unmet need for contraception

Definition

- Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child.
- The concept of unmet need points to the gap between women’s reproductive intentions and their contraceptive behavior.

The Guideline Development Process

- WHO produces the global standards for clinical and programmatic guidance through this process:
  - WHO has internal regulations and standards for developing guidelines: WHO Handbook for guidance development
  - WHO Guidelines Review Committee (GRC) monitors the guideline development process and ensures that the relevant regulations and standards are applied

Move away from this kind of decision-making...
The Guideline Development Process

- In summary, the process includes:
  I. identification of priority questions and critical outcomes;
  II. retrieval of the evidence;
  III. assessment and synthesis of the evidence;
  IV. formulation of recommendations;
  V. planning for dissemination, implementation, impact evaluation and updating.

The GRADE Working Group

Grades of Recommendation Assessment, Development and Evaluation

- Aim: to develop a common, transparent and sensible system for grading the quality of evidence and the strength of recommendations (over 100 systems)
- International group of guideline developers, methodologists & clinicians from around the world (~100 contributors) – since 2000
  - (GRADE Working Group 2004, Schünemann 2006b, Guyatt 2008a, Guyatt 2008b)
  - International group: ACCP, AHRQ, Australian NHMRC, BA/NC Clinical Evidence, CC, CDC, McMaster, NICE, Oxford CEBM, SIGN, UpToDate, USPSTF, WHO
- wwwGRADEWorkingGroup.org

The GRADE approach

Clear separation of two issues

Quality of the evidence
- The extent to which one can be confident that an estimate of effect or association is correct.
- High, moderate, low, very low
- Methodological quality of evidence
- Likelihood of bias
- By outcome

Strength of recommendation
- Strong or Weak/Conditional/Qualifying (for or against)
- Desirable and undesirable effects
- Values and preferences related to interventions in different settings
- Cost of options available to healthcare workers in different settings
- The perceived likelihood of the recommendation being modified as a result of further research.

28/09/2017
Medical eligibility criteria for contraceptive use (MEC)

**Purpose:** Who can safely use contraceptive methods, given health conditions

- Offers > 2000 recommendations for 25 methods
- Personal characteristics
- Certain health problems
- Developed through consensus driven process during 3 consultations
- Systematic review of scientific evidence

Developed through consensus driven process during 3 consultations
- Systematic review of scientific evidence
- Adhered to WHO procedures for guideline development

MEC 5th Edition
New methods added

- Subcutaneously-administered depot medroxyprogesterone acetate (DMPA-SC)
- Generally follow recommendations for DMPA-IM
- Sino-Implant (II)
  - Generally will follow recommendations for LNG implants
- Progestosterone-releasing vaginal ring
  - For use by women who are actively breastfeeding and are ≥ 4 weeks postpartum without restrictions (MEC Category 1)
- Ulipristal acetate (UPA) as emergency contraception
  - With specific recommendations for breastfeeding women (MEC Category 2)

MEC Categories

1. A condition for which there is no restriction for the use of the contraceptive method
2. A condition where the advantages of using the method generally outweigh the theoretical or proven risks
3. A condition where the theoretical or proven risks usually outweigh the advantages of using the method
4. A condition which represents an unacceptable risk if the contraceptive method is used

Where warranted, recommendations will differ if a woman is starting a method (I = initiation) or continuing a method (C = continuation)

MEC 5th Edition
Specific Topics Reviewed

- Combined hormonal contraceptive use (CHC) by age group, breastfeeding women, postpartum women, women with superficial venous disorders, and with known dyslipidemias
- Progestogen-only contraceptive (POC) and levonorgestrel-releasing intrauterine device (LNG-IUD) use among breastfeeding women
- IUD use for women with increased risk of sexually transmitted infections (STIs)
- Use of CYP3A4 inducers and obesity as new conditions for ECP use
- Hormonal contraception for women at high risk of HIV infection, women living with HIV, and women living with HIV using antiretroviral therapy (ART)

MEC 5th Edition
Recommendations on specific topics

Combined hormonal contraceptive use (CHC)

- **Age group**
  - Without restriction from menarche to 40 years (MEC 1)
  - 40 years and older can generally use (MEC 2)
- **Breastfeeding women and post partum women**
  - Should not use CHCs if less than 6 weeks post partum (MEC 4)
  - ≥ 6 weeks to < 6 months postpartum generally should not use CHCs (MEC 3)
  - ≥ 6 months postpartum can generally use CHCs (MEC 2)

MEC 5th Edition
Recommendations on specific topics

Combined hormonal contraceptive use (CHC)

- Women with superficial venous disorders
  - New terminology used (formerly superficial thrombophlebitis)
- Women with known dyslipidemias
  - New terminology used (formerly known hyperlipidaemia), to include only women without other known cardiovascular risk factors
  - Can generally use CHCs (note with clarifications in main document)
MEC 5th Edition Recommendations on specific topics

- Progestogen-only contraceptive (POC) and levonorgestrel-releasing intrauterine device (LNG-IUD) use among breastfeeding women.
  - Implants (LNG, ETG) and progestogen-only pills (POPs) can now be offered in the immediate postpartum period.
  - LNG-IUD can be immediately inserted in first 48 hours.

- Copper-bearing IUD (Cu-IUD) or LNG-IUD use for women with increased risk of sexually transmitted infections (STIs).
  - Initiation - Many women with increased risk of STIs can generally undergo IUD initiation (MEC Category 2); unless with very high individual likelihood of STIs in which they generally should not have an IUD inserted until appropriate testing and treatment occur (MEC Category 3).
  - Continuation - Women at increased risk of STIs can generally continue use of either Cu-IUD or LNG-IUD (MEC Category 2).

- Use of CYP3A4 inducers and obesity as new conditions for ECP use.
  - For these conditions, ECP using COC, LNG or UPA are in Category 1.
  - CYP3A4 inducers include rifampicin, phenytoin, phenobarbital, carbamazepine, efavirenz, fosphenytoin, nevirapine, oxcarbazepine, primidone, rifabutin, St John’s wort/ Hypericum perforatum

Hormonal contraception for women at high risk of HIV infection, and women living with HIV

- For women at high risk of HIV or living with HIV, WHO recommends no restrictions for:
  - Combined hormonal contraceptives or progestogen-only contraceptives
  - Women and couples at high risk of HIV infection & using POIs should be informed about (and have access to) HIV preventative measures, including male and female condoms.
  - LNG-IUDs can generally be used; however, initiation should be generally avoided if advanced/severe disease.

Hormonal contraception for women living with HIV using antiretroviral therapy (ART)

- For women taking ART, WHO recommends they are generally eligible to use hormonal contraception:
  - Special consideration for efavirenz or nevirapine & some protease inhibitors may be warranted.
- Consistent and correct use of condoms, male or female, is critical to protect against STIs/HIV and for prevention of HIV transmission.

Details of the recommendations on the methods are available in the full MEC 5th edition document.

Development of tools for counselling and job aids

- MEC Wheel
- Contains the MEC for starting use of contraceptive methods

MEC Wheel

- Selected methods
- Medical or health conditions
- MEC category
- Comments

Selected practices recommendation for contraceptive use (SPR)

Purpose: How to safely use contraceptive methods, once deemed to be medically appropriate, what to do if there are problems

Added new methods:
- User-friendly presentation of information

Contraceptive methods in the 3rd edition

- Combined oral contraceptives (COC)
- Combined implantable contraceptives (CIC)
- Le pillule progestin pure (POP)
- Patch
- Combined vaginal ring
- Progestogen-only injectables – DMPA & NET-EN
- Subcutaneously administered DMPA (DMPA-SC)
- Implants (Nexplanon, 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
- DMIPA-SC
  - same recommendations as DMIPA
- 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 it 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.

**Global Handbook for Family Planning**

- Manual that translates scientific evidence into practical guidance
  - Revision completion by late 2017
- Recommendations issued within the MEC 5th edition and SPR 3rd edition will be incorporated
- Chapters on all contraceptive methods, special diverse groups (adolescents, men, women near menopause), other issues (PPFP, Post abortion, VAW, infertility, and counselling, infection control)
- Guidance box on relevant WHO documents to be included, such as IFFP, Post abortion, VAW, fertility, Infection control

**Essential Medicines List**

- Satisfy the priority health needs of the population, are selected with due regard to public health relevance, evidence on efficacy and comparative cost-effectiveness
- Intended to be available in the context of functioning systems at all times in adequate amounts, in the appropriate dosage forms, with assurance of quality and adequate information, and at a price individual and community can afford

**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

- **French and Spanish versions are underway. Russian is being planned.**

**WHO GUIDELINES AND DOCUMENTS**

- **Task sharing** – usual providers retain task but narrower expanded to other cadres
- **Task shifting** – delegate the task to other cadre, especially if there are not usually found there
  - Other with confidentiality and privacy

**Essential Medicines List**

- Soft, flexible ring made of silicone;
  - exclusively for breastfeeding women
  - Diffuses 10 mg of natural progesterone per day
  - Used continuously for 3 months; 4 rings successively for up to 1 year postpartum
  - Manufactured by Empresas Andromaco (now Grunenthal) in Chile; Africa
  - Acceptability underway

**The Training Resource Package for Family Planning**

- www.fptraining.org
A Training Resource Package for Family Planning (TRP)

- A comprehensive set of materials designed to support up to date training in family planning and reproductive health.
- Used evidence based technical information from WHO publications: Family Planning: A Global Handbook for Providers (WHO), MEC, and SPR.
- A web-based collection of the curricular components and tools needed to design, implement and evaluate training.

Useful resources on how to implement and scale up FP programs

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

Useful website links:

- WHO RHR – Family planning
  - http://www.who.int/reproductivehealth/topics/countries/en/
- WHO RHR – Interactive tools
  - http://sfhr.org
- Family planning Training Resource Package
  - http://fptraining.org
- WHO Family planning guidelines
  - http://www.who.int/reproductivehealth/topics/family_planning/en/
- Implementing Best Practices (IBP) Initiative and Knowledge Gateway
Thank you
For more information,

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