

ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

CHIANG-MAI, THAILAND
JUNE 8 -11



IN TECHNICAL
PARTNERSHIP
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innovating to save lives

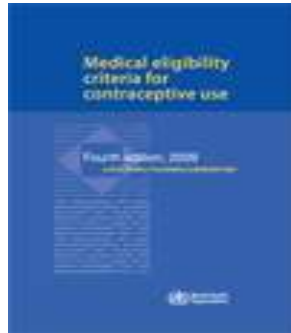
WHO Four Cornerstones of Family Planning Guidance

Monica Dragoman, Mary Lyn Gaffield, James Kiairie, Petrus Steyn



WHO's family planning guidelines and tools

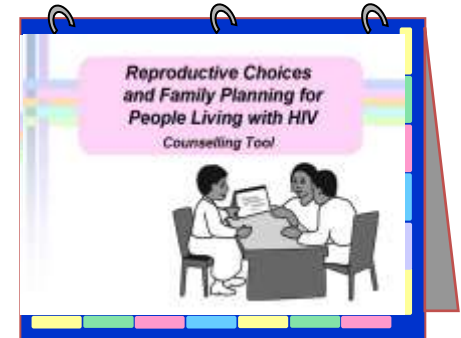
Medical Eligibility Criteria



Selected Practice Recommendations



The Medical Eligibility Criteria Wheel



CIRE

Reproductive Choices and Family Planning for People with HIV



Decision-Making Tool



Global Handbook



A guide to family planning for health workers and their clients



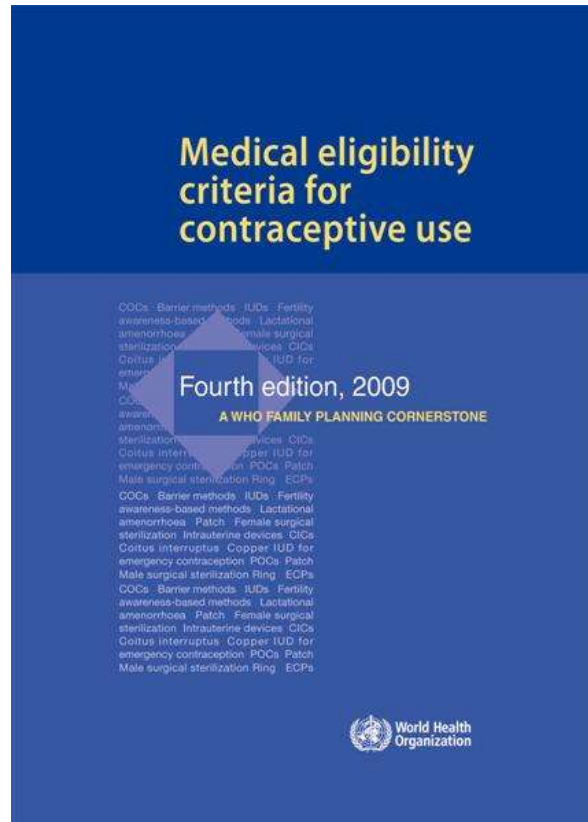
FIELDTESTING DRAFT
World Health Organization
March 2010



Adapted from the WHO's Decision-Making Tool for Family Planning Clients and Providers

Guide to family planning for health care providers and their clients

Medical eligibility criteria for contraceptive use (MEC)



1996, 2000, 2004, 2009

Purpose: Who can safely use contraceptive methods?

- ❑ Offers ≈ 1800 recommendations for 19 methods
- ❑ 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 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 health 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)

CATEGORY	WITH CLINICAL JUDGEMENT	WITH LIMITED CLINICAL JUDGEMENT
1	Use method in any circumstances	Yes (Use the method)
2	Generally use the method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	No (Do not use the method)
4	Method not to be used	

Clarifications

- Clarification of the classification, in cases where the number itself does not adequately communicate the essence of the recommendation
 - Appears in the right hand column of the MEC document
 - Responsibility of guideline development group

Topics reviewed for the MEC 5th edition

- Interim guidance issued since 2008 expert meeting
 - Progestogen-only methods and lactation
 - Combined hormonal contraception (CHC) during postpartum period
 - Hormonal contraception and HIV
- Topics with new evidence, where WHO recommendations need to be reviewed (examples)
 - Age for POCs, CHC, IUDs
 - Obesity for CHCs, POCs
- Recommendations that need clearer guidance (2/3)
- New conditions – obesity, CYP3A4 inducer within ECP section

New methods to be added to MEC 5th edition

- ❑ Sino implant (II)
- ❑ Ulipristal acetate
- ❑ Depot medroxyprogesterone acetate Sub-Q
- ❑ Progesterone vaginal ring

Three consultations

- May 2013: GDG meeting (GSG included in this group) to prioritize topics and develop PICO questions
 - GSG facilitated decision-making on delegated topics
 - GSG advised on approaches for topics with new evidence published after May
- March 2014: Larger GDG meeting to formulate recommendations on priority topics
 - Advised HIV and hormonal contraception recommendations be released in advance
- September 2014: Focused on combined hormonal contraceptives and risk of venous thrombosis and arterial events

Process during this meeting

- ❑ Brief summary of systematic review methods and findings
- ❑ Review of GRADE evidence tables
- ❑ Formulation of recommendations applying GRADE summary table
- ❑ Consensus-driven process

Formulate question

Select outcomes

Rate importance

Outcomes across studies

Create evidence profile with GRADEpro

Rate quality of evidence for each outcome

P
I
C
O

Outcome Critical

Outcome Critical

Outcome Important

Outcome Not important



Outcome	Quality	Summary of findings & estimate of effect for each outcome
Critical	High	
Critical	Moderate	
Important	Low	
Not important	Very low	

High

Moderate

Low

Very low

Grade down

Grade up

1. Risk of bias
 2. Inconsistency
 3. Indirectness
 4. Imprecision
 5. Publication bias
1. Large effect
 2. Dose response
 3. Opposing bias & Confounders

Summary of findings & estimate of effect for each outcome

Systematic review

Guideline development



Recommendations

MEC Categories: from no restrictions to unacceptable health risk

- By considering balance of:
- Quality of evidence
 - Balance benefits/harms
 - Contraceptive choice

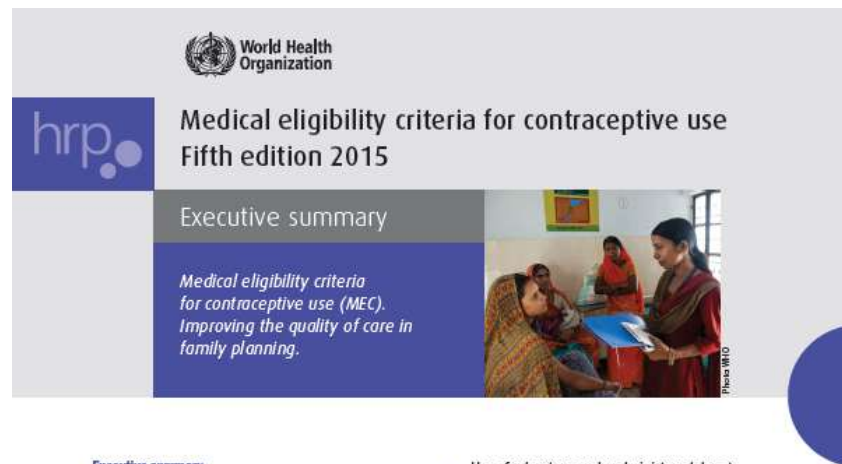


Grade overall quality of evidence across outcomes based on lowest quality of *critical* outcomes

Formulate Recommendations



The latest guidance from WHO



Executive summary

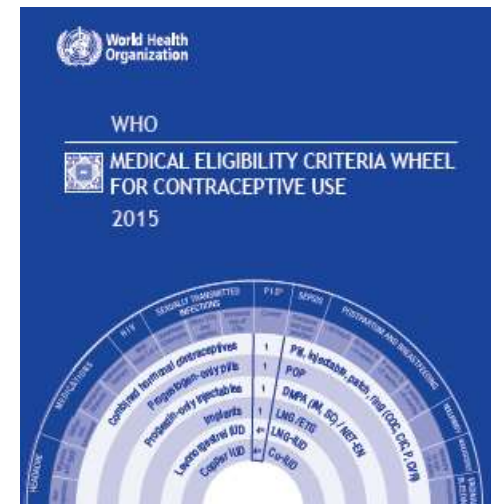
During 9–12 March 2014 and 24–25 September 2014, the World Health Organization (WHO) convened two meetings of a Guideline Development Group (GDG), consisting of 68 individuals representing a wide range of stakeholders for the purpose of reviewing and, where appropriate, revising its Medical eligibility criteria for contraceptive use, fourth edition (MEC) guidance. Fourteen topics (encompassing over 575 recommendations) were reviewed by the GDG as part of the revision. All other existing recommendations within the fourth edition were confirmed by the GDG and did not undergo formal review for the updated fifth edition of the MEC.

Recommendations are provided for:

- Combined hormonal contraceptive use (CHC) by age group
- CHC use among breastfeeding women
- CHC use among postpartum women
- CHC use among women with superficial venous disorders
- CHC use among women with known dyslipidaemias without other known cardiovascular risk factors
- Progestogen-only contraceptive (POC) and levonorgestrel-releasing intrauterine device (LNG-IUD) use among breastfeeding women

- Use of subcutaneously-administered depot medroxyprogesterone acetate (DMPA-SC) as a new method added to the guideline
- Sino-Implant (I) as a new method added to the guideline
- Emergency contraceptive pills (ECPs) – Ulipristal acetate (UPA) as a new method added to the guideline; use of CYP3A4 inducers and obesity as new conditions for ECP use
- Intrauterine device (IUD) use for women with increased risk of sexually transmitted infections (STIs)
- Use of progesterone-releasing vaginal ring as a new method added to the guideline
- Hormonal contraception for women at high risk of HIV infection, women living with HIV, and women living with HIV using antiretroviral therapy (ART)

In addition to the recommendations themselves, the executive summary provides an introduction to the guideline, a description of the methods used to develop the recommendations for this fifth edition, and a summary of changes (from the fourth edition to the fifth edition of the MEC). It is anticipated that the Medical eligibility criteria for contraceptive use, fifth edition will be available online by 1 July 2015. In the interim, the fourth edition of the guideline, along with this summary of new recommendations, is available online at www.who.int/reproductivehealth/publications/family_planning



For further information
<http://www.who.int/reproductivehealth/en/>
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