

ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

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IN TECHNICAL
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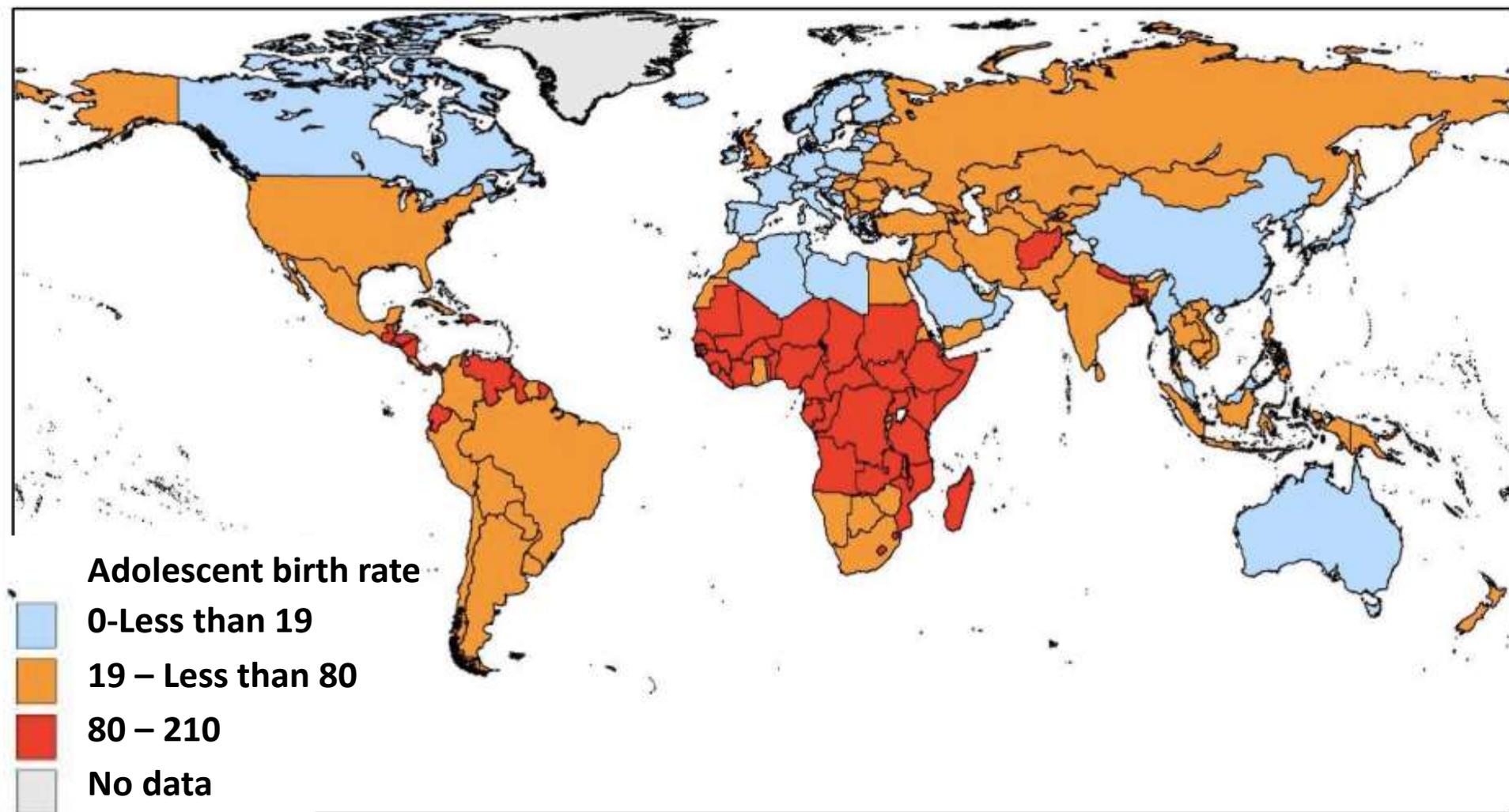
WHO evidence-based guidelines for contraceptive eligibility: Adolescents

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Adolescent birth rate 2005 to 2010



Sources: United Nations, Department of Economic and Social Affairs, Population Division (2013). *Adolescent Fertility since the International Conference on Population and Development (ICPD) in Cairo*

Pregnancy Poses Significant Risk for Adolescents

- ❑ Over 70,000 maternal deaths occur among adolescents aged 15–19 each year
- ❑ Girls below the age of 15 are five times more likely to die in childbirth than women in their twenties
- ❑ Adolescents are more likely to:
 - Have pregnancy-related complications
 - Deliver prematurely
 - Have babies that die before their first birthday
- ❑ About 3 million young women aged 15-19 have an unsafe abortion in the developing world each year

Sources: Adolescent Pregnancy, WHO Fact Sheet no. 364, Updated September 2014 :
<http://www.who.int/mediacentre/factsheets/fs364/en/>

Adolescents and CHC

	COC	P	R	CIC
a) Menarche to < 40 years	1	1	1	1
b) \geq 40 years	2	2	2	2

Evidence: Evidence about whether CHC use affects fracture risk is inconsistent, although 3 recent studies show no effect. CHC use may decrease bone mineral density (BMD) in adolescents, especially in those choosing very low dose formulations (< 30 μg ethinyl estradiol-containing COCs). CHC use has little to no effect on BMD in premenopausal women, and may preserve bone mass in those who are perimenopausal. BMD is a surrogate marker for fracture risk that may not be valid for premenopausal women, and which, therefore, may not accurately predict current or future (postmenopausal) fracture risk.

Adolescents and DMPA

	POP	DMPA/NET-EN	LNG/ETG Implants
a) Menarche to < 18 years	1	2	1
b) 18 to 45 years	1	1	1
c) > 45 years	1	2	1

Evidence: Most studies have found that women lose bone mineral density (BMD) during DMPA use, but recover BMD after discontinuation. Limited evidence shows a weak association with fracture, although 1 large study suggests that women who choose DMPA may be at higher risk for fracture even prior to initiation of the method. It is unclear whether adult women with long durations of DMPA use can regain BMD to baseline levels before entering menopause and whether adolescents can reach peak bone mass after discontinuation of DMPA. The relationship between these changes in BMD during the reproductive years and future fracture risk is unknown. Studies generally find no effect of POCs other than DMPA on BMD.

Adolescents and IUD

	Cu-IUD	LNG-IUD
a) Menarche to < 20 years	2	2
b) \geq 20 years	1	1

Evidence: Risks of pregnancy, infection and perforation are low among IUD users of any age. Heavy bleeding or removals for bleeding do not seem to be associated with age. Young women using Cu-IUDs may have an increased risk of expulsion compared with older Cu-IUD users.

Adolescents and Emergency Contraception

- ❑ Adolescents and adult women of reproductive age may need emergency contraception at some point to avoid an unintended pregnancy.
- ❑ All women and girls, regardless of age, can use emergency contraceptive pills
- ❑ Cu-IUD can be inserted within five days of unprotected intercourse for emergency contraception

Summary

- ❑ Adolescents are generally medically eligible to use **ALL** effective, reversible forms of contraception and emergency contraception.