

ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

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Progestogen-only contraceptives for breastfeeding women: the latest WHO recommendations

Mary Lyn Gaffield on behalf of Sharon Phillips, Naomi Tepper, and Kathryn Curtis



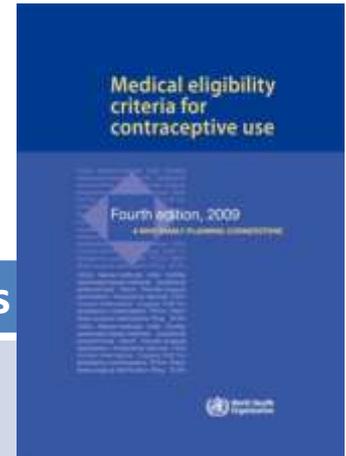
Background: Breastfeeding

- ❑ WHO recommends exclusive breastfeeding through 6 months age
- ❑ Breastfeeding confers important health benefits for both the woman and her infant
- ❑ Although breastfeeding, and specifically LAM, is itself a contraceptive, not all women can or want to meet all LAM criteria for the full 6 months postpartum



Current MEC recommendations

Time period	POP	DMPA/NET-EN	LNG/ETG implants
< 6 weeks postpartum	3	3	3
≥ 6 weeks postpartum	1	1	1



Time period	LNG-releasing IUD
< 48 hours including insertion immediately after cesarean section	Not breastfeeding = 1 Breastfeeding = 3
< 4 weeks postpartum	3
≥ 4 weeks postpartum	1



Goal of the revision

- Review the *epidemiologic* evidence on the impact of progestogen-only contraceptive use among breastfeeding women on:

- Breastfeeding outcomes
- Infant outcomes



- Focus of this presentation: period < 6 weeks postpartum

Results

- ❑ 835 articles identified
- ❑ 4 new RCTs, 4 new observational studies since last review in 2008
- ❑ Additional 5 observational studies not included in last review, newly identified (published between 1969 – 1999)

LACTATION PERFORMANCE: METHOD INITIATION <6 WEEKS

Results from RCTs

- 1 new RCT (Espy 2012)
 - COC or POP initiated 2 weeks postpartum
 - No difference in breastfeeding continuation or supplementation

- 3 RCTs (not new)
 - LNG-IUD vs copper IUD, POP vs placebo, NET-EN vs placebo
 - No differences in breastfeeding outcomes

Results from observational studies

- ❑ **Injectables: 10 studies (3 new, 2 since 2008, 1 from 1976)**
 - Recent studies: one showed no difference in early continued breastfeeding, other found improved continuation when DMPA initiated at 3 mos
 - 7 studies showed no difference or improved breastfeeding outcomes
- ❑ **POPs: 8 studies, none new since last review**
 - Improved breastfeeding outcomes (4 studies) or no difference (3 studies) among POP users compared with no method or other methods
- ❑ **Implants: 5 studies, none new since last review**
 - No difference in breastfeeding outcomes (4 studies) compared with other methods
 - NET-EN users more likely to supplement at 3 mos compared with other methods (1 study), however, not observed at other time points

INFANT OUTCOMES: METHOD INITIATION <6 WEEKS

Results from RCTs

- ❑ 1 new RCT (Espy 2012)
 - COC or POP initiated 2 weeks postpartum
 - No difference in infant weight, length, or head circumference

- ❑ 2 RCTs (not new)
 - POP vs placebo/LNG-IUD vs Copper IUD
 - No difference in infant growth (both RCTs)
 - No difference in occurrence of infections, age of tooth eruption, or age when walking began (1 RCT)

Results from observational studies

- ❑ Injectables: 6 studies (2 new: 1992, 1982)
 - New studies reported no differences in infant weight gain, growth or infectious disease illnesses among breastfed infants exposed to DMPA
 - No difference in growth or health outcomes among DMPA or NET-EN users from any of earlier studies (n=4)
- ❑ POPs: 6 studies, none new since last review
 - Most observed no differences between exposed and non-exposed infants
- ❑ Implants: 8 studies, none new since last review
 - 5 studies showed no difference in weight gain; greater weight gain among exposed infants in 1 study; short term differences observed in one study
 - No differences in: morbidity or mortality (3 studies), infant development (1 study), hormone levels of male infants (1 study)

Review of new evidence since 2008

- 12 newly identified studies
 - 4 (3 poor quality, 1 fair), published prior to 2000
 - 8 published since last review (4 RCTs, 4 observational)
 - few provide infant health outcomes – none offer infant development
- 4 observational studies generally noted no adverse effects on breastfeeding or infant health outcomes

Interpretation from the Guideline Development Group

- ❑ Evidence is reassuring that progestogen-only contraceptives do not compromise a woman's ability to breastfeed.
- ❑ Evidence is reassuring that progestogen-only contraceptives do not adversely affect infant health, growth, or development in the first year postpartum.
- ❑ Effects, or absence of effects, beyond the first year post-partum is not established.

WHO MEC 5th edition recommendations

Time period	POP	DMPA/NET-EN	LNG/ETG implants
< 6 weeks postpartum	2	3	2
≥ 6 weeks postpartum	1	1	1

Time period	LNG-IUD
<48 hours including insertion immediately after cesarean section	not breastfeeding = 1 breastfeeding = 2
≥ 48 hours to < 4 weeks	3
≥ 4 weeks	1

Conclusion

- ❑ Women who breastfeed have more safe contraceptive options
 - 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.
- ❑ Contraceptive choice is of paramount importance
 - Considerations of social, behavioural and other non-medical criteria – particularly client preference – must also be taken into account