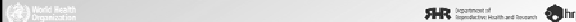


WHO's four cornerstones of family planning guidance
*- A global partnership for strengthening the use of evidence
in family planning -*

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World Health Organization

Washington, D.C., 18 September 2008



Faculty Disclosure

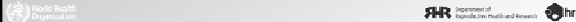
Dr. Van Look has no affiliations to disclose



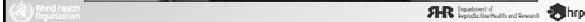

Learning Outcomes

At the conclusion of the session, participants will be able to:


- Describe the process of development of WHO's four cornerstones of family planning and how these materials are being kept up-to-date.
- Describe the content and scope of WHO's four cornerstones of family planning.
- Describe the importance of using evidence-based best practices in family planning services and how WHO's four cornerstones of family planning guidance can help with that.



Keeping up with the "evidence" is becoming increasingly difficult for the individual practitioner ...

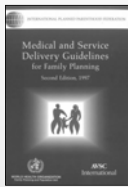


... and can become immensely frustrating if the "evidence" is inconclusive

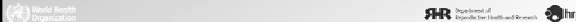


Starting low-dose combined oral contraceptives

"When to start: any of the first 7 days after her menstrual bleeding starts ..."

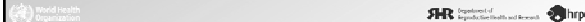


"... start the first cycle of pills within the first 5 days of her menstrual period ..."



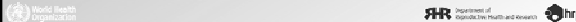
The need for evidence-based guidance in family planning

- To base family planning practices on the best available evidence
- To address misconceptions regarding who can safely use contraception
- To reduce unnecessary medical barriers to contraception and thereby
- To improve access and quality of care in family planning




Contents of this presentation

1. How WHO's "four cornerstones" of family planning guidance were developed and how they are being kept up-to-date
2. The content and scope of the four cornerstones
3. How the four cornerstones can help with improving quality in family planning services



The process of development of WHO's evidence-based guidance for family planning


Medical Eligibility Criteria for Contraceptive Use



↓

Who can use contraceptive methods?

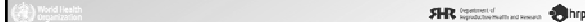
Selected Practice Recommendations for Contraceptive Use



↓

How to use contraceptive methods?

Guidelines for policy-makers and programme managers



An evidence-based and consensus-driven process

- *Systematic reviews of existing literature*
- *Expert Working Group meetings*
 - Representatives of:


– UNFPA	– Family Health International
– World Bank	– JHU/CCP
– IPPF	– JHPIEGO
– USAID	– IntraHealth
– CDC	– Georgetown University Medical Center
– NICHD	– Management Sciences for Health
– EngenderHealth	
 - Country experts



Country experts

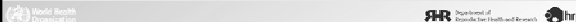



Medical eligibility criteria for contraceptive use



Purpose:
Who can use contraceptive methods?

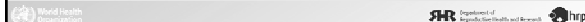
- first published 1996
- printed revisions 2000, 2004, 2008 (in preparation)
- electronic updates published on the web between printed revisions
- 19 methods of contraception
- over 125 medical conditions
- available in 12 languages



Classification

Can a person with condition X use family planning method Y?

1. No restriction
2. Advantages generally outweigh theoretical or proven risks
3. Theoretical or proven risks usually outweigh the advantages
4. Unacceptable health risk



Smoking and contraceptive use

CONDITION	COC	CIC	POP	NET-EN	DMPA Implants	LNG/ETG Cu-IUD	LNG-IUD
SMOKING							
a) Age <35	2	2	1	1	1	1	1
b) Age ≥35							
(i) <15 cigarettes/day	3	2	1	1	1	1	1
(ii) ≥15 cigarettes/day	4	3	1	1	1	1	1

(Source: Medical Eligibility Criteria for Contraceptive Use, WHO, Geneva, 2008, in preparation)

Cardiovascular disease and contraceptive use

	COC	CIC	POP	DMPA NET-EN	LNG/ETG Implants
Multiple risk factors	3/4	3/4	2	3	2
Hypertension					
History, where blood pressure CANNOT be evaluated	3	3	2	2	2
Adequately controlled	3	3	1	2	1
Elevated blood pressure					
Systolic 140-159 or diastolic 90-99	3	3	1	2	1
Systolic ≥ 160 or diastolic ≥ 100	4	4	2	3	2
History of high blood pressure during pregnancy	2	2	1	1	1
Deep venous thrombosis/ Pulmonary embolism - acute	4	4	3	3	3
Superficial venous thrombosis - Varicose veins	1	1	1	1	1
Ischemic heart disease			I C		I C
	4	4	2 3	3	2 3
Stroke			I C	3	I C
	4	4	2 3	3	2 3

Selected practice recommendations for contraceptive use

Purpose:
How to use contraceptive methods?

- first published 2002
- printed versions 2005, 2008 (in preparation)
- electronic updates published on the web between printed versions
- available in nine languages

33 Frequently asked questions

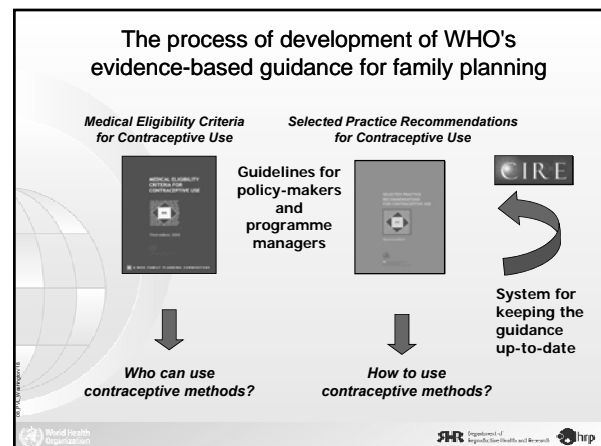
For example:

- when to start
- when to re-administer
- how to manage problems
 - missed pills
 - bleeding (progestogen-only methods and IUDs)
 - prophylactic antibiotics and IUD insertion
- what examinations and tests are required before starting a method


Routine exams or tests


Exam or screening	Hormonal methods	IUD	Condoms / Spermicide	Female sterilization
Breast exam	C	C	C	C
Pelvic exam	C	A	C	A
Cervical cancer	C	C	C	C
Routine lab tests	C	C	C	C
Haemoglobin	C	B	C	B
STI risk assessment	C	A	C	C
STI screening	C	B	C	C
Blood pressure	**	C	C	A


Class A: essential and mandatory in all circumstances
Class B: contributes substantially to safe and effective use
Class C: does not contribute substantially to safe and effective use



CIRE CONTINUOUS IDENTIFICATION OF RESEARCH EVIDENCE


Step 1:  Identify new evidence pertaining to contraceptive safety and efficacy


Step 2:  Post records on CIRE database


Step 3:  Screen for relevance to MEC and SPR

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CIRE CONTINUOUS IDENTIFICATION OF RESEARCH EVIDENCE

Step 4:  Update existing or conduct new systematic review

Step 5:  Send for peer review

Step 6:  Evaluate the need to update guidance in MEC/SPR

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CIRE CONTINUOUS IDENTIFICATION OF RESEARCH EVIDENCE

Evaluating the need to update the guidance

If consistent with current guidance or not urgent: → Review at next Expert Working Group meeting

If inconsistent and urgent: → Consult Guideline Steering Group and post guidance update on web

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Family planning

Evidence-based evidence updates

Guidelines & provider tools

Evidence updates

Country support

Research & evidence

Users' perspectives

Safety & efficacy

Expanding range of products

Social & behavioural

Provenances

Family planning publications

Related links

EVIDENCING THAT GUIDANCE IS UP TO DATE
All relevant recently developed evidence is monitored through Continuous Identification of Research Evidence (CIRE) system to assure that the global family planning guidance of the World Health Organization is created - and maintained - based on the best available evidence. The CIRE system includes a continuous and comprehensive process of identifying, critically appraising, and synthesizing new evidence as it becomes available.

Effects of hormonal contraception on bone health - June 2005 Statement (PDF 100 kb) - Full report - Français
This statement does not affect current guidance.

Hormonal contraception and risk of STI acquisition Statement (PDF - 31 kb)
This statement does not affect current guidance.

Hormonal Contraception and HIV: Science and Policy Africa Regional Meeting Statement - Español - Français - Portuguese

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Evidence-based evidence updates

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Evidence updates

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Social & behavioural

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Related links

Medical eligibility criteria for contraceptive use, third edition, 2004
This guide for policymakers and programme managers was published in 2004. It provides guidance on which women can safely use various contraceptive methods. The third edition includes guidance on three new contraceptive methods: the combined patch, the combined vaginal ring and intrauterine implants and three new topics: depressive disorder, thrombotic mutations, and the use of antiretroviral therapy.

Selected practice recommendations for contraceptive use - Second edition, 2006
This guide was published in 2006, providing guidance on the use of contraceptives, with the goal of maximizing effectiveness and managing side effects and other problems. The second edition contains ten completely new recommendations dealing with emergency contraceptive pills, levonorgestrel implants, and progestin-releasing intrauterine devices, and emergency contraception.

NEW Family Planning A global handbook for providers
This new handbook offers clinic-based health care professionals in developing countries the latest guidance on providing contraceptive methods.

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3 INF: CIRE Public System - Microsoft Internet Explorer provided by WHO

File Edit View Favorites Tools Help

Address http://www.who.int/reproductive_health_systems/pub...
Go Stop Refresh Back Forward Home

The INFO Project

CIRE CONTINUOUS IDENTIFICATION OF RESEARCH EVIDENCE
"Recent News Article in American Journal of Preventive Medicine highlights WHO guidance process and CIRE system. Click here to see it"

NEW EVIDENCE FOR CONTRACEPTIVE USE
FOR THE WORLD HEALTH ORGANIZATION MEDICAL ELIGIBILITY CRITERIA (MEC) AND SELECTED PRACTICE RECOMMENDATIONS (SPR)

Welcome to CIRE - the Continuous Identification of Research Evidence - a collaborative effort of the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs (CCP).

To ensure that its evidence-based family planning guidance remains current, the WHO collaborates on the CIRE system with the WHO Collaborating Centres in Reproductive Health at the CDC and the INFO Project at CCP. The system is supported by the United States Agency for International Development (USAID) and the National Institute of Child Health & Human Development (NICHD).

The CIRE system facilitates the updating of WHO's evidence-based family planning guidance. The system identifies articles whose study objectives concern a topic addressed by WHO's Medical Eligibility Criteria for Contraceptive Use (MEC) or the Selected Practice Recommendations for Contraceptive Use (SPR). Identification begins with screening of new articles entered into the PubMed database since January 2007. These articles are then reviewed to determine whether the evidence they provide is relevant to WHO guidance. Any updates to current guidance based on evidence from the CIRE system will be noted on the electronic versions of the MEC or SPR. Changes to classifications of the MEC or recommendations in the SPR will ordinarily be made only following expert working group meetings.

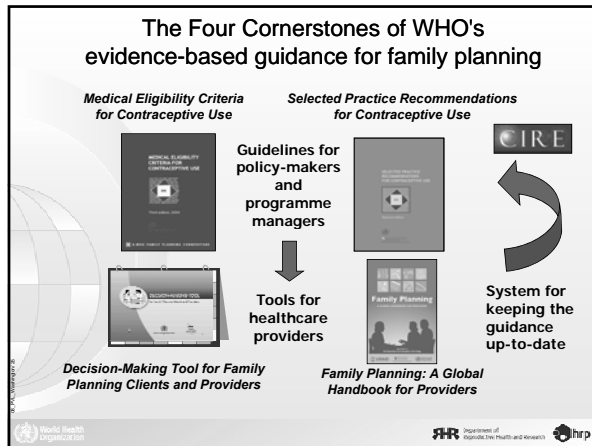
- Send this email to receive regular CIRE system updates from the email bulletin

WHO's on-line versions of the MEC and the SPR also feature the availability of new articles identified by the CIRE system. In addition, new postings to the CIRE system will be featured in CCP's weekly e-brief. [View This Page](#) You may view PDFs for more information on obtaining full-text articles from CCP or view the [WHO Family Planning Page](#) for more information about family planning guidance.

SEARCH EVIDENCE

Medical Eligibility Criteria (MEC):
Choose a Method AND-OR Choose a Condition Search

OR
Selected Practice Recommendations (SPR):
Choose an SPR Question



A runaway bestseller

Family Planning: A Global Handbook for Providers

- Launched in October 2007
- Over 100,000 copies distributed
- Printed in English, Russian, Spanish and Portuguese
- Translations underway in Arabic, Chinese, Farsi, French, Hindi, Romanian, Swahili, Urdu
- Accompanying curriculum under development
- Endorsed by close to 50 organizations

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Job aids for providers: the Medical Eligibility Criteria Wheel

WHO MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

- A new tool for providers
- An easy-to-use job aid
- Helps providers quickly identify Medical Eligibility Criteria relevant to their clients
- Available in Arabic, Chinese, English, French, Mongolian, Portuguese, Romanian, Russian, Spanish, Uzbek

WHO World Health Organization

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Reproductive choices and family planning for people with HIV

Reproductive Choices and Family Planning for People Living with HIV

- A counselling tool, adapted from the *Decision-making tool for family planning clients and providers*
- Accompanied by a 2-day training curriculum and a guide to assist with adaptation and implementation
- Developed as part of WHO's Integrated Management of Adolescent and Adult Illness (IMAI) series
- Field-tested in Lesotho and Uganda
- Evaluation underway in South Africa

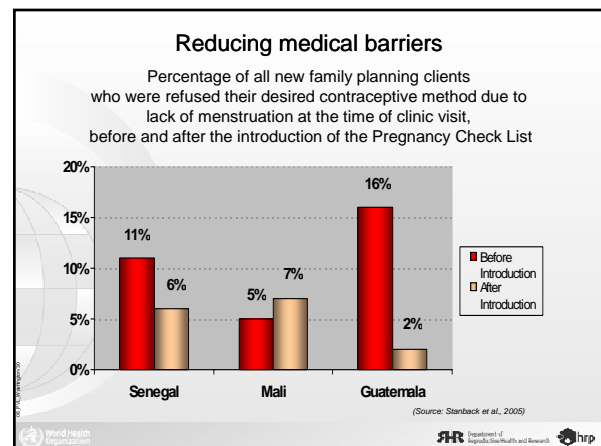
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Are family planning clients now getting higher-quality service?

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Keeping up with the "evidence" is becoming increasingly difficult for the individual practitioner ...

The Four Cornerstones of WHO's evidence-based guidance for family planning

Medical Eligibility Criteria for Contraceptives

Selected Practice Recommendations for Contraceptives

Identifies for safe use and contraindications

Links for evidence-based practice

Screening for relevance to MEC and SPR

Preventing Unmet Family Planning Needs and Promoting Family Planning, if Safe, Possible or Possible

EVIDENCE-BASED GUIDANCE FOR FAMILY PLANNING

Step 1: Identify new evidence pertaining to contraceptive safety and efficacy

Step 2: Post records on CIRE database

Step 3: Screen for relevance to MEC and SPR

Thank you

http://www.who.int/reproductive-health/family_planning

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