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Review Article

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3rd Edition 2016, WHO SELECTED PRACTICE AND RECOMMENDATION FOR CONTRACEPTIVE USE- A REVIEW

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ABSTRACT

Purpose of review— the motive of this review is to reconceptualize the origination of the selected practice and recommendations for contraceptive use by WHOs. Focused on various newly recommended contraceptive methods and procedures of practice the same. **Findings:** Addition of new five contraceptive methods and recommendations for uses of contraception. The recommendations provided in such updated guidelines were developed with the help of a second systematic review also on the beliefs and choices of contraceptive users. **Summary:** Selected practices and recommendation 3rd edition by WHO, most of the recommendations are given as narratives.

KEYWORDS: WHO, SPR, contraception use. Contraceptive method.

INTRODUCTION[1]

Promoting the individuality and well-being of women, their families, and their communities requires family planning. Family planning care quality is crucial to make progress toward establishing high health goals for everybody.

World Health Organization has brought specific guidelines in the form of selected practices and recommendations for contraceptive methods.

For this article, a review of the 3rd edition of selected practices and recommendations (SPR) 2016 was done.

By providing evidence-based recommendations on the safe supply of contraceptive methods for both women and men, this publication helps to improve the quality of care in family planning.

BACKGROUND

Many steps must be taken to provide high-quality contraceptive services, including:

- Maximizing the effectiveness of contraceptive methods
- Minimizing and managing side effects
- Addressing problems associated with incorrect method use
- Provide appropriate follow-up
- determining when exams and tests should be done

Guideline Development Methods[1]

The WHO organized the Guideline Development Group (GDG), which was made up of 68 people from various stakeholder groups. Three meetings were held for the revision of SPR; their task was to evaluate and, if necessary, alter the advice provided in the SPR's second edition from 2004 and its 2008 update.

The GDG assigned the following 19 topics of the greatest importance for this revision process since they are associated with the addition of five innovative contraceptive techniques in the third edition:

A 2- rod levonorgestrel- containing implant – Sino-implant (II)R

1. Subcutaneously administered DMPA,
2. The Patch,
3. The Combined Vaginal Ring, and
4. Ulipristal acetate Emergency Contraceptive pills (UPA-ECPs)

One additional question is

5. When can a woman resume or start regular contraceptives after using an emergency contraceptive?

SPRs attention on

The core competencies have received the majority of Selected Practices and Recommendations attention:

1. Method introduction/continuation;
2. The improper method uses;
3. Difficulties that arise during use; and

4. Programmatic issues.

Recommendations of Contraceptive Methods in SPRs Edition

Table 1: Shows contraceptive methods in SPR.

In 2nd Edition[2]	In 3rd Edition[1]
Combined oral contraceptive pills (COCs)	Combined oral contraceptive pills (COCs)
Combined injectable contraceptive (CIC)	Combined injectable contraceptive (CIC)
Progestogen-only pills (POPs)	Progestogen-only pills (POPs)
Progestogen-only injectables (POIs)-DMPA and NET-En	Progestogen-only injectables (POIs)-DMPA and NET-En
Implants (Norplant, Implanon, Jadelle)	Implants (Norplant, Implanon, Jadelle)
Copper-bearing Intra uterine Devices,	Copper-bearing Intra uterine Devices,
Levonorgestrel-releasing Intra uterine Devices,	Levonorgestrel-releasing Intra uterine Devices,
Emergency contraceptive pills,	Emergency contraceptive pills (COC & LNG based)
Standard Days Methods	Standard Days Methods
Vasectomy	Vasectomy
-	The combined contraceptive transdermal Patch
-	Combined contraceptive vaginal ring
-	Subcutaneous administered DMPA(DMPA-SC)
-	2-rod levonorgestrel – containing implant- Sino-Implant (II)R
-	Ulipristal acetate emergency contraceptive pill (UPA-ECP).

Recommendations for specific contraceptive methods[1]

1. For COCs, ECPs, and POPs

- Initiation/continuation,
- Incorrect use
- Problem during use,
- Bleeding irregularities,
- Programmatic issues like exams and tests, number of pills, and follow-up.

2. Injectable

- Initiation/continuation,
- Bleeding irregularities,
- Programmatic issues like exams and tests, follow-up.

3. Implants

- Initiation/continuation,
- Bleeding irregularities,
- Programmatic issues like exams and tests, follow-up.

4. Intrauterine Devices

- Initiation/continuation,
- Bleeding irregularities,
- Programmatic issues like exams and tests, follow-up.
- Pelvic Inflammatory Diseases.
- Pregnancy diagnosis during use.

Example of Initiation and continuation

Guidance is provided for the following conditions,

- Regular menstrual cycle
- Amenorrhoea (Non-postpartum)
- Postpartum (Breastfeeding or Non-breastfeeding period including post-caesarean section)
- Recommendations are linked with the medical eligibility criteria
- Post- Abortion
- Switching from another hormonal method.
- Switch from an intrauterine device.

Incorrect Use

- If a woman has forgotten to take her COC or POP
- Instructions for women who have forgotten to take:
  – 1 or 2 active pills
  – 3 or more active pills
  – Instructions for when a woman has started to take her pills:
  – 1-2 days late,
  – 3 days or more
- Instructions available if she has forgotten to use:
  – pills containing 20 µg EE
  – pills containing 30 – 35 µg EE

Classification to distinguish between the usability of various exams and tests[1]

Table 2: Shows classification of examination and tests before contraceptive use.

Class	Description
Class A	Essential and mandatory in all circumstances for safe and effective use
Class B	Contributing substantially to safe and effective use, the risk of not performing an exam or text should be balanced against the benefits of making the method available.
Class C	Does not contribute to the safe and effective use
#	Having one's blood pressure checked before using these techniques is preferable.

Table 3: Shows Exams and Tests for use of contraceptive methods.[1]

Conditions	COC	CIC	POP	POI	Implants	IUD
Breast exam	C	C	C	C	C	C
Pelvic /Genital Exam	C	C	C	C	C	A
Cervical Cancer Screen	C	C	C	C	C	C
Routine Lab Tests	C	C	C	C	C	C
Haemoglobin	C	C	C	C	C	B
STI risk assessment	C	C	C	C	C	A
HIV/STI screening	C	C	C	C	C	B
Blood Pressure	#	#	#	#	#	C

Contraceptive Eligibility:[3] Basic definition of Medical Eligibility Categories for contraceptive eligibility

Table 4: Shows MEC categories for contraceptive eligibility.

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

Excluding pregnancy from consideration[1]

If a woman does not exhibit any symptoms or indicators of pregnancy and fits the following requirements, the practitioner can be reasonably assured that she is not pregnant.

- Has not had intercourse since last normal menses.
- has been correctly and consistently using a reliable method of contraception
- is within the first 7 days after normal menses
- is within 4 weeks postpartum for non-lactating women
- is within the first 7 days post-abortion or miscarriage
- Is fully or nearly fully breastfeeding, amenorrhoeic, and less than 6 months postpartum.

Updated guidance

- ➢ In 2014, WHO's guideline development group convened to revise the 2nd edition of the SPR (and the 2008 Update)[4]
- ➢ Key highlights of the revision
- – Introduction of new five contraceptive methods.
- – New recommendations for the initiation of regular contraceptive methods, following the use of Emergency Contraceptive Pills.

New recommendations for the 3rd edition[5]

- ❑ The patch
- – same recommendations as COCs
- – **exception**: Instructions for missed or delayed patch-taking

- ❑ The combined vaginal ring
- – same recommendations as COCs
- – **exception**: Instructions for missed or delayed ring use

- ❑ DMPA-SC
- – same recommendations as DMPA

- ❑ 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 Emergency Contraceptive Pill use

- ❑ After the 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, and implants at any time if 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.

- ❑ 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
- – Women 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.

CONCLUSION

SPR is a user-friendly presentation of information, By the contraceptive technique, not by the query. More successful methods are provided first. Subjects are given in order of clinical relevance, method commencement, exams/tests, management of problems, and follow-up.

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