



Family Planning Methods and Approaches: What's New and Particularly Relevant to Midwives

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Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute;
Johns Hopkins Bloomberg School of Public Health Center for Communication Programs;
Meridian Group International, Inc.; Population Council



Long-acting reversible & permanent methods: Characteristics and service requirements

■ Characteristics:

- Highly effective
- Convenient
- Popular when available

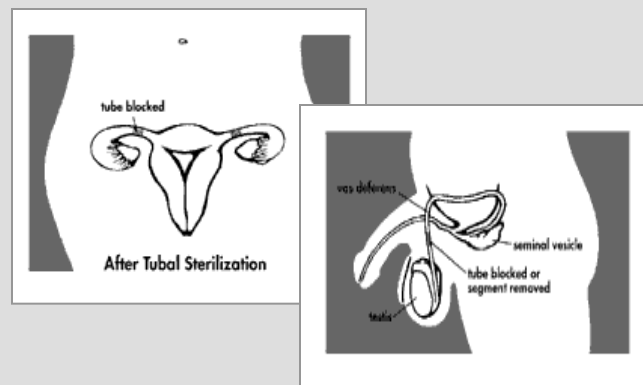
■ Clinical methods, thus require:

- Skilled, motivated, enabled providers: “Provider-dependent”:
“No provider, no program”
- Suitable service setting
- Medical instruments and supplies
- Voluntary, informed choice

Long-acting reversible methods

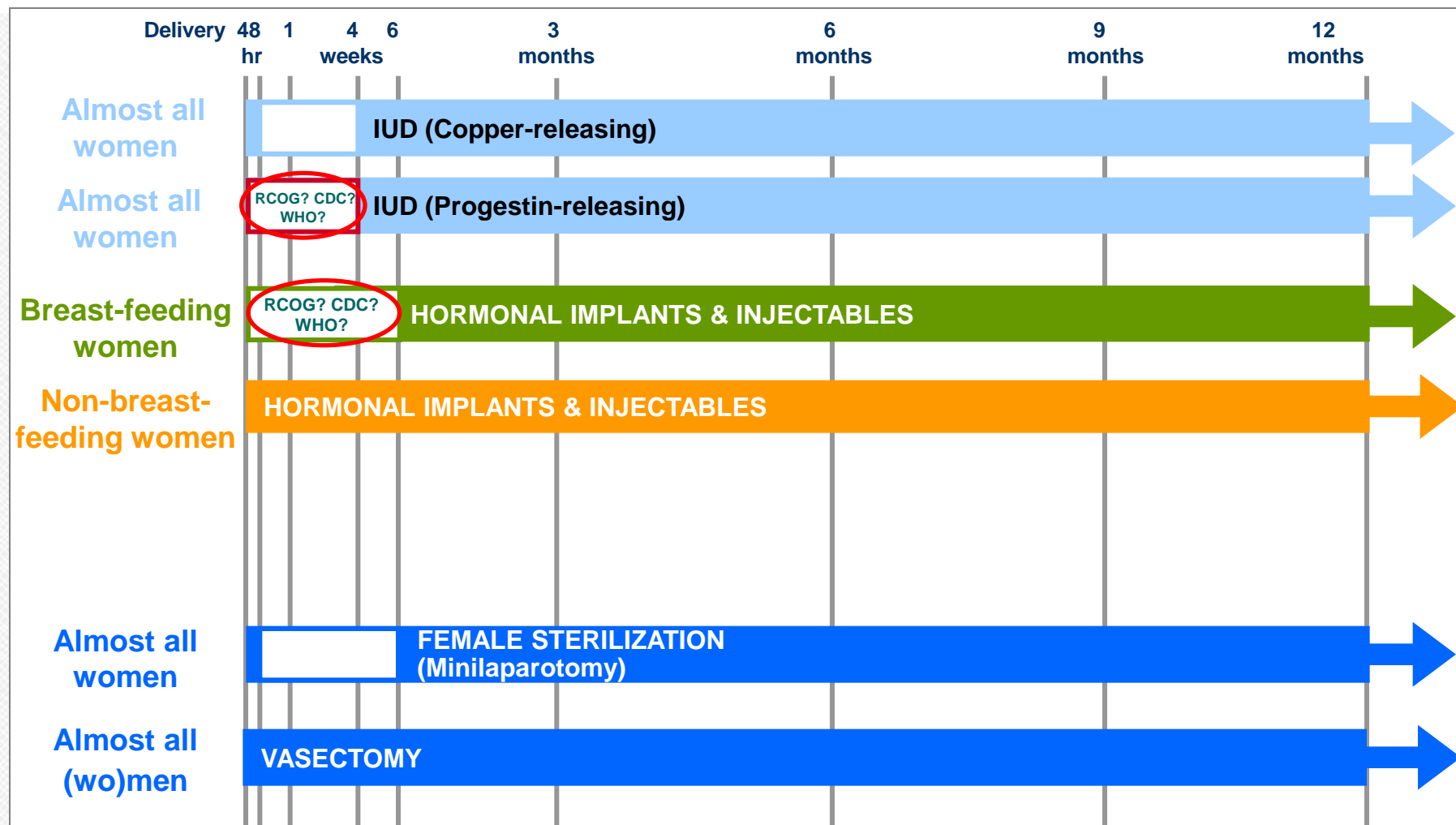


Permanent methods








Most provider-dependent methods can be provided to most women at most times



Effectiveness of methods in **typical** use: “Not all FP is the same”

Contraceptive Method	Unintended pregnancies among 1000 women in 1 st year of typical use	Comments about effectiveness in typical (i.e., programmatic) use
Implant	0.5 (1 pregnancy per 2,000 women)	Most effective of all modern methods
Vasectomy	1.5	Failure rate depends on operator skill; back-up FP needed for 3 months
Female sterilization	5	“Permanent” doesn’t mean “infallible” 10-year failure rate:18.5/1000
IUD (Tcu-380A / LNG-IUS)	8 / 2	
Injectable	60	The injectable, effective as it is, is only 1/120 as effective as an implant
Pill	90	Pill is 1/180 as effective as the implant in typical use (due to human factors)
Condom (male)	180	Not much of an improvement over withdrawal in typical use
Withdrawal	220	Withdrawal is a major improvement over no method use
No method	850	Infertility rate is 15%

Comparison of the three implants

	Implanon® 	Jadelle® 	Sino-implant (II)® 
Manufacturer	Merck	Bayer HealthCare	Shanghai Dahua
Active ingredient	68 mg etonogestrel	150 mg levonorgestrel	150 mg levonorgestrel
Labeled duration of maximum effective use	(up to) 3 years	(up to) 5 years	(up to) 4 years
Number of rods	1	2	2
Approximate insertion and removal times	Insertion: 1 min Removal: 2-3 min	Insertion: 2 min Removal: 5 min	Insertion: 2 min Removal: 5 min
Cost of implant (US\$)	\$8.50	\$8.50	~\$8.00



Hormonal implants: Service delivery considerations for FP 2020 and beyond

- Highly effective, easy to insert and remove, and becoming popular, but:
- Bleeding disturbances: **universal**; specific bleeding pattern: **unpredictable**
 - **Specific sociocultural meaning** of bleeding and amenorrhea is very important.
- Has important implications for:
 - **Client's choice** of a method, and **counseling**
 - **Side effects management** (“anticipatory guidance”)
 - **Follow-up** (mHealth opportunity)
- Bleeding side effects: main reason women discontinue
 - Continuation rates: 80-90% in clinical trials; in typical use?
- Removal services must be **regular, reliable, accessible**
 - Ease of removal is correlated with superficial insertion.
 - Right to have an implant removed **at any time** is absolute.
 - A woman need not use it for its full length of labeled use.



Photo by M. Steiner/FHI 360



Photo by M. Tuschman/EngenderHealth

- Almost all women can use an IUD
 - Good for all reproductive intentions (spacing, delaying, limiting)
 - Good option for HIV-positive women, and for young or nulliparous:

“The American College of Obstetricians and Gynecologists recommends that its [provider] members encourage adolescents age 15-19 to consider implants and IUDs as the best reversible methods for preventing unintended pregnancy, rapid repeat pregnancy, and abortion in young women.”

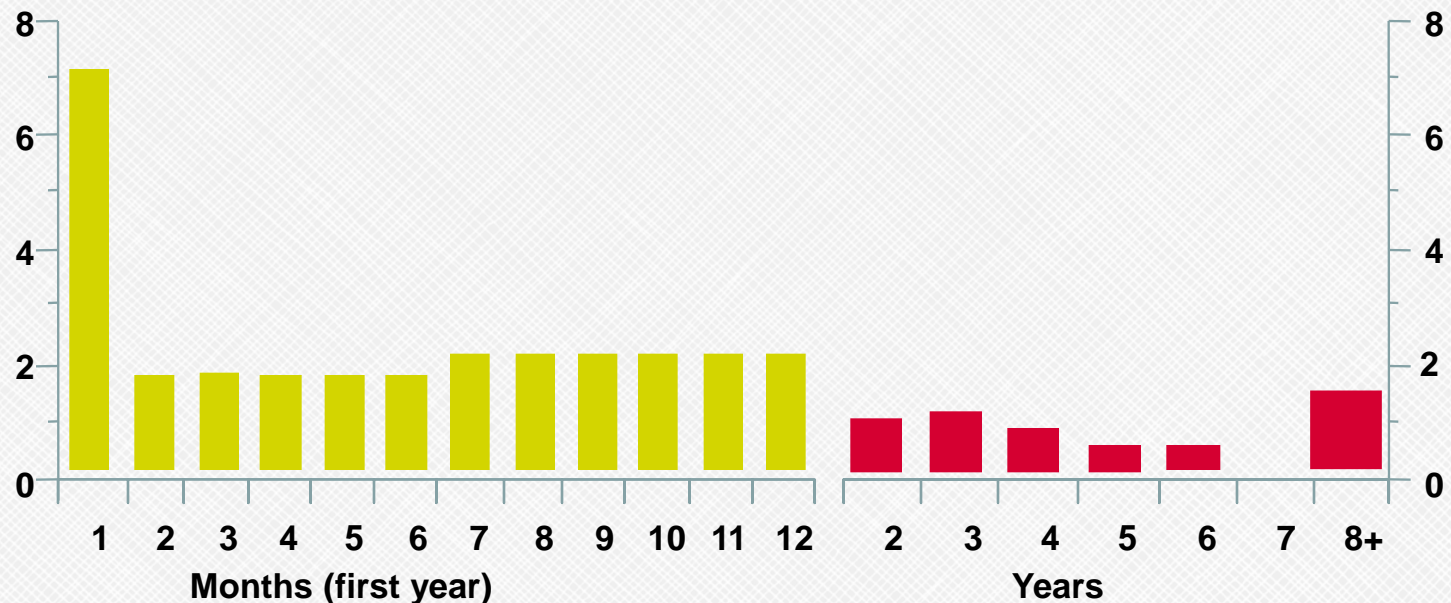
--ACOG Committee Opinion #539, *Obstet. Gynecol.*, 2012; 120(4):983-988

- Highly effective and long-acting (up to 12-13 years for Copper-T)
- Several health cadres can provide them – **especially midwives**
- Most cost-effective of all FP methods, yet ...
- Plagued by exaggerated and/or erroneous provider concerns:
 - Pelvic inflammatory disease (PID), infertility, HIV/AIDS



PID incidence rate by time since insertion

PID rate per 1000 woman-years



Time Since Insertion

Latest WHO Medical Eligibility Criteria: IUD use in clients with STIs or HIV/AIDS

Condition	Category	
	Initiation	Continuation
Increased general risk of STI (high prevalence setting)	2	2
High <i>individual</i> risk of STI	3	2
Current chlamydial or gonococcal infection, or purulent cervicitis	4	2
HIV positive	2	2
AIDS and clinically well on ARV	2	2

Source: WHO, *Medical Eligibility Criteria*, 4th Edition, 2010

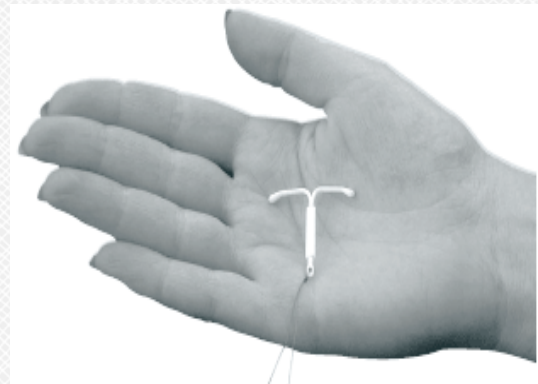
Oral contraceptive

- Very effective (when used correctly and consistently)
- Reduction of menstrual pain and blood loss
- Reduction of pelvic inflammatory disease



Intrauterine device

- Highly effective
- No daily action needed
- Long-acting (up to 5 years)
- Estrogen-free
- Mainly local effects
- Rapidly reversible



**Levonorgestrel
Intrauterine “System”**

Service approaches: Task shifting/task sharing WHO recommendations for who can provide FP

	Lay Health Workers	Auxiliary Nurses	Auxiliary Nurse Midwife	Nurses	Midwives	Associate Clinicians	Advanced Level Associate Clinicians	Non-Specialist Doctors
	Contraceptive delivery							
1.1–1.13 Promotion of maternal, newborn and reproductive health interventions	✓	✓	✓	✓	✓	✓	✓	✓
12.2 Initiation and maintenance of injectable contraceptives – standard syringe	✓	✓	✓	✓	✓	✓	✓	✓
12.3 Insertion and removal of intrauterine devices	✗	✗	✓	✓	✓	✓	✓	✓
12.4 Insertion and removal of contraceptive implants	✗	✓	✓	✓	✓	✓	✓	✓
12.5 Tubal ligation	✗	✗	✗	✗	✗	✓	✓	✓
12.6 Vasectomy	✗	✗	✗	✗	✗	✓	✓	✓

Recommended
 Recommended with monitoring and evaluation
 Consider in context of rigorous research
 Recommend against
 Accepted as within competency
 Accepted as outside competency



Depo-subQ Provera 104:

- New formulation for subQ injection
- 30% lower dose (104 mg vs. 150 mg)
- Same effectiveness and length of protection as DMPA-IM (3 months)
- Potential for home- and self-injection
- Available in 2015; introductory studies (including self-injection) begin in 2014

Uniject:

- Single dose, single package
- Prefilled, sterile, non-reusable
- Short needles for subQ injection (easier to use by nonclinical personnel)
- Compact; easy to use and store

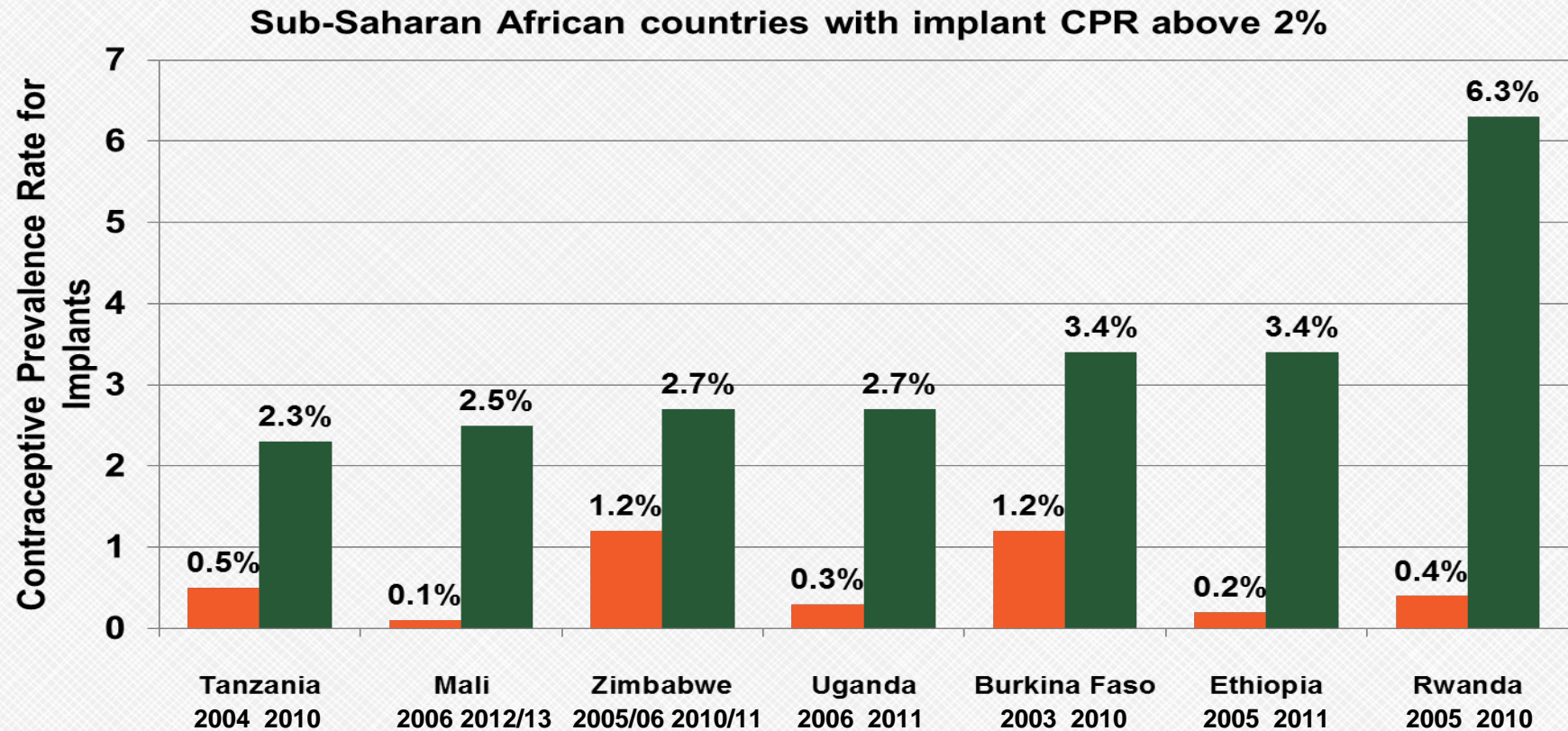
- “Dedicated providers” – successful recent example from Zambia:
 - 18 dedicated midwife-providers were placed at 23 busy sites in urban hospitals, to add LARC services to method mix
 - Results: in 14 months, 22,000 clients accessed an implant & 11,000 accessed an IUD; many clients were young and of low parity

Source: Neukom J, et al. Dedicated providers of long-acting reversible contraception: new approach in Zambia. *Contraception* 2011,**83**:447-452.

- Mobile services (free or very low-cost; leading to large LA/PM uptake)
- Private sector (e.g., social franchising)
- Integration, with:
 - Perinatal and postpartum services (immediate PP IUD; and implant?)
 - Postabortion care (PAC FP)
 - Immunization (MCH) services



Use of implants is rising



All data are from the *Demographic and Health Surveys* (DHS), for women ages 15-49 currently married or in union.
Total modern CPR is 9.9% in Mali (2012-13) and 15% in Burkina Faso (2010).

- 56% of maternal deaths globally are in sub-Saharan Africa
- MMR there is 15 times higher than in industrialized countries
- For every instance of maternal mortality, there are 20 instances of serious morbidity (e.g., fistula)
- These are only averages — the levels of morbidity and mortality are far higher among the poor and disadvantaged
- Lifetime risk of maternal death differs markedly:
 - Nigeria: 1 in 29; Netherlands, 1 in 10,500
 - Cambodia: 1 in 150; Czech Republic, 1 in 12,100
 - Guatemala: 1 in 190; Greece: 1 in 20,500
- > 220,000,001 women have an unmet need for FP -- most of these women are in sub-Saharan Africa and South Asia



Photo by R. Mowil/EngenderHealth



Photo by C. Svingen/EngenderHealth



Photo by Staff/EngenderHealth



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