Contraceptive Resources from CDC: 2016 US MEC and US SPR Updates

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Centers for Disease Control and Prevention
<table>
<thead>
<tr>
<th>Kate Curtis, PhD</th>
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<tbody>
<tr>
<td>Commercial Interest</td>
</tr>
<tr>
<td>Nothing to disclose</td>
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</table>
Objectives

- Describe the US Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC) and US Selected Practice Recommendations for Contraceptive Use, 2016 (US SPR)
- Identify the updates and additions to the 2016 US MEC and US SPR
- Discuss the implementation and dissemination plan for the US MEC and US SPR
U.S. Medical Eligibility Criteria for Contraceptive Use, 2016
US Medical Eligibility Criteria for Contraceptive Use, 2016

- Companion document to US Selected Practice Recommendations for Contraceptive Use, 2016
- Target audience: health-care providers
- Purpose: to assist health care providers when they counsel patients about contraceptive use and to serve as a source of clinical guidance (safe use)
- Content: over 1800 recommendations for over 60 conditions
## US Medical Eligibility Criteria: Categories

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction for the use of the contraceptive method for a woman with that condition</td>
</tr>
<tr>
<td>2</td>
<td>Advantages of using the method generally outweigh the theoretical or proven risks</td>
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<tr>
<td>3</td>
<td>Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable</td>
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<tr>
<td>4</td>
<td>Unacceptable health risk if the contraceptive method is used by a woman with that condition</td>
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### Example: Smoking and Contraceptive Use

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cu-IUD</th>
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<th>DMPA</th>
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<th>CHCs</th>
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<tr>
<td>a. Age &lt;35</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>b. Age ≥35</td>
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<tr>
<td>i. &lt;15 cigarettes/day</td>
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Circled numbers indicate specific values or notes.
Methods for initial adaptation of MEC

- **WHO published first MEC in 1996**
  - 5th Edition was released in 2015

- **US MEC was first adapted from WHO in 2010**
  - Guidance is largely the same but there are several important differences between US and WHO MEC
  - US MEC is aimed towards health-care providers and less towards policy makers and program managers

- **CDC and WHO continue to work closely on the development of WHO guidelines**
Methods for 2016 US MEC

- On-going monitoring of published evidence
- Expert meeting in August 2014 to discuss scope
- Expert meeting in August 2015 to review evidence and discuss specific recommendations
  - CDC staff and outside authors conducted independent systematic reviews to inform recommendations
  - These systematic reviews have been published
  - CDC determined final recommendations
2016 US MEC: CHANGES & UPDATES
New Recommendations

- 4 new conditions
  - Cystic fibrosis
  - Multiple sclerosis
  - Women using selective serotonin reuptake inhibitors (SSRIs)
  - Women using St. John’s wort

- 1 new contraceptive method
  - Ulipristal acetate (UPA) for emergency contraception
Changes to Existing Recommendations

- Migraine headaches
- Superficial venous disease
- Gestational trophoblastic disease (IUD)
- Women using antiretroviral therapy
- Postpartum and breastfeeding women (IUD)
- Women with known dyslipidemia
- Human immunodeficiency virus (IUD)
- Factors related to sexually transmitted diseases (IUD)
Revisions

- **Order of effectiveness**
  - Methods appear in order of contraceptive effectiveness
- **Formatting changes**
- **Terminology changes**
Take Home Messages, US MEC

- US MEC can help providers decrease barriers to choosing contraceptive methods
- Most women can safely use most contraceptive methods
- Certain conditions are associated with increased risk for adverse health events as a result of unintended pregnancy
- Women, men, and couples should be informed of the full range of methods to decide what will be best for them
U.S. Selected Practice Recommendations for Contraceptive Use, 2016
Target audience: health-care providers

Purpose: to assist health care providers when they counsel patients about contraceptive use

Intent: Evidence-based guidance for common, yet controversial, contraceptive management questions

- How to be reasonably certain that a woman is not pregnant
- When to start
- Missed pills
- Bleeding irregularities
- Exams and tests
- Follow-up
US SPR
Exams and tests prior to initiation

- Unnecessary tests may create barriers to starting contraception
  - Women (adolescents) may not be comfortable with pelvic exam
  - Coming back for a second (or more) visit to receive test results

- Recommendations address exams and tests needed prior to initiation
  - Class A = essential and mandatory
  - Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context
  - Class C = does not contribute substantially to safe and effective use of the contraceptive method
## When to start a contraceptive method

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>When to start, if provider is reasonably certain woman is not pregnant</th>
<th>Back-up needed</th>
<th>Exams and tests needed before starting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copper IUD</td>
<td>Any time</td>
<td>Not needed</td>
<td>Bimanual exam and cervical inspection</td>
</tr>
<tr>
<td>LNG IUD</td>
<td>Any time</td>
<td>If &gt; 7 days of cycle, use back-up method or abstain for 7 days</td>
<td>Bimanual exam and cervical inspection</td>
</tr>
<tr>
<td>Implant</td>
<td>Any time</td>
<td>If &gt; 5 days of cycle, use back-up method or abstain for 7 days</td>
<td>None</td>
</tr>
<tr>
<td>Injectable</td>
<td>Any time</td>
<td>If &gt; 7 days of cycle, use back-up method or abstain for 7 days</td>
<td>None</td>
</tr>
<tr>
<td>Combined pill, patch, ring</td>
<td>Any time</td>
<td>If &gt; 5 days of cycle, use back-up method or abstain for 7 days</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Progestin-only pills</td>
<td>Any time</td>
<td>If &gt; 5 days of cycle, use back-up method or abstain for 2 days</td>
<td>None</td>
</tr>
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US SPR Methods

- 1st Edition of the SPR published by the WHO in 2000
  - First adapted by the CDC in 2013
- On-going monitoring of published evidence
- Expert meeting in August 2014 to discuss scope
- Expert meeting in August 2015 to review evidence and discuss specific recommendations
  - CDC staff and outside authors conducted independent systematic reviews to inform recommendations
  - These systematic reviews have been published
  - CDC determined final recommendations
2016 US SPR: CHANGES & UPDATES
Major Updates to 2016 US SPR

- **New recommendation**
  - Using medications to ease IUD insertion

- **Update of existing recommendation**
  - When to start regular contraception after UPA

- **Updates to be consistent with changes in US MEC 2016**
Take Home Messages, US SPR

- US SPR can help providers decrease medical barriers to initiating and using contraception
- Most women can start most methods anytime
- Few, if any, exams or tests are needed
- Recommendations for anticipatory counseling for potential bleeding problems and proper management are provided
- Routine follow-up generally not required
- Regular contraception should be started after EC
DISSEMINATION & IMPLEMENTATION
Dissemination and Implementation Plan

- Identifying partners
- Updating and disseminating provider tools
- Meetings and Conference presentations
- Publications
Partners

- Identifying partners
  - Provider organizations and systems
  - Professional societies
  - Federal agencies
  - Identifying new partners
  - Credentialing organizations

- Activities
  - Communication with members (e-blasts, newsletters, web links)
  - Endorsement
  - Presentations
  - Publications
  - Focused activities
Provider Tools and Learning Aids

- Summary tables in English, Spanish
- MEC Wheel
- Smartphone app (iOS and Android)
- Continuing Education Activities
- Speaker-ready slides
- Contraceptive Effectiveness Chart
- Medscape videos
- Online alerts to receive updates
- eBook for SPR
- Laminated charts for SPR
Locating CDC contraception guidance
CDC Contraceptive Guidance for Health Care Providers

Reproductive Health

CDC Contraceptive Guidance for Health Care Providers

Unintended pregnancy rates remain high in the United States. About 50% of all pregnancies are unintended, with higher proportions among adolescent and young women, women who are racial/ethnic minorities, and women with lower levels of education and income. Unintended pregnancies increase the risk for poor maternal and infant outcomes and in 2002, resulted in $5 billion in direct medical costs in the United States.

About half of unintended pregnancies are among women who were not using contraception (birth control) at the time they became pregnant. The other half are among women who became pregnant despite reported use of contraception. Strategies to prevent unintended pregnancy include removing unnecessary medical barriers to contraceptive use, and helping women and men at risk for unintended pregnancy choose appropriate contraceptive methods and use them correctly and consistently to prevent pregnancy.

In 2010, CDC adapted global guidance from the World Health Organization (WHO) to help health care providers counsel women, men, and couples about contraceptive method choice. The U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 (US MEC), focuses on who can safely use specific methods of contraception, and provides recommendations for the safety of contraceptive methods for women with various medical conditions (such as hypertension and diabetes) and characteristics (such as age, parity, and smoking status).

The U.S. Selected Practice Recommendations for Contraceptive Use, 2013 (US SPR) provides guidance on how contraceptive methods can be used and how to remove unnecessary barriers for patients in accessing and successfully using contraceptive methods. The US SPR includes recommendations on when women can start contraceptive methods, what exams and tests are needed before starting a method, what follow-up is appropriate, and how to address side effects and other problems with contraceptive method use.

How to Use the US MEC and US SPR

Health care providers can use these documents when counseling patients about contraceptive choice, how to use contraceptive methods, and how to manage problems with contraceptive use. CDC has developed several provider tools, including summary charts, a US MEC wheel, and mobile tools for easy access to this guidance.

CDC is committed to keeping this clinical guidance up to date and based on the best available scientific evidence. CDC will continue to work with WHO to identify and assess all new relevant evidence and determine whether changes in the recommendations are warranted. Updates to the guidance will be posted on this Web site or can be received by signing up for E-mail Updates.

Resources

- CDC evidence-based family planning guidance documents:
  - http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm
  - http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USSPR.htm

- Sign up to receive alerts!