CONTRACEPTIVE DELIVERY TOOL FOR HUMANITARIAN SETTINGS

How to use this tool

The wheel matches up the contraceptive methods, annotated with a number that corresponds with conditions or characteristics shown around the outer rim. The numbers 1, 2, 3, 4 are coloured green to show that the method can be used, number 3 means: “Use of method not generally recommended unless other methods are not available or not acceptable”. Number 4 means: “Method not to be used”. Both 1 and 2 are coloured gray to show that the method should not be used. The risk of clinical outcomes resulting from infringement of any third-party-owned component in this work rests solely with the user.

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**Considerations for initiating contraception**

Immediately using contraception and switching to one of the methods below, refer to SPR document to determine if contraceptive protection is needed before new method becomes effective.

<table>
<thead>
<tr>
<th>Su-E2</th>
<th>LNG-E115 IMPLANTS</th>
<th>Cu-IUD</th>
<th>POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had a miscarriage or abortion within the past 7 days?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Have you had a baby in the last 4 weeks?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3. Have you had a baby in the last 6 months AND you are fully or nearly fully breastfeeding AND you have not had a period since then?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4. Have you had a baby in the last 6 months AND you have monthly menses AND have you abstained from intercourse since your last period?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5. Do you have a history of amenorrhoea (amenorrhoea for &gt;10 weeks)?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Management of missed pills**

- **Missed pills to action**
  - Action: Take as active (hormonal) pill as soon as possible, then continue taking daily 1 each day.
  - Note: No additional contraceptive protection needed.

- **Missed 2 active (hormonal) pills in a row, 1 day late**
  - Action: Take 1 missed pill today, then 1 missed pill the next day, then take 1 each day. Use condon or abstinence from sex or if too late, take active hormone pill for next cycle and 1 each day until next cycle. Use long Depo-Provera 3 months, or LNG-IUS 3 months, or IUD for next cycle. Consider use of other emergency contraception.

- **Missed any inactive (nonhormonal) pill**
  - Action: Look at missed pill to determine if there are any missed pills left. Keep taking the pill on a day. Use barrier for 1 week after taking pill.

**Preparatory-only pills - POP**

- **Having recently had another pregnancy or miscarriage (10+ weeks, who is breastfeeding) and missed 1 or more pills by more than 8 hours**
  - Action: Take 1 missed pill today, then 1 missed pill the next day, then take 1 each day. Use barrier for 1 week after taking pill.

- **Breastfeeding and uncontracepted 10+ weeks, who is breastfeeding, and missed 1 or more pills by more than 8 hours**
  - Action: In case of the IUD, detached and reusable POP only. In case of the Cu-IUD, detached and reusable POP only. In case of the Cu-IUD, detached and reusable POP only.

**Emergency contraception**

<table>
<thead>
<tr>
<th>Device</th>
<th>LNG-E115 IMPLANTS</th>
<th>Cu-IUD</th>
<th>POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have monthly menses AND have you abstained from intercourse since your last period?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Did your last period start within the last 7 days?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3. Have you been using a proven contraceptive method consistently and correctly?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Have you had a baby in the last 8 weeks?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Have you had a miscarriage or abortion within the past 7 days?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Did you have a baby less than 6 months ago AND you are fully or nearly fully breastfeeding AND you have not had a period since then?</td>
<td>Yes</td>
<td>No</td>
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As soon as the woman answers “YES” to any of these questions, you can be reasonably sure she is not pregnant and she is eligible to begin contraceptive method.

Highly reliable oral or progestins are often extremely useful, if available. Please examine, wherever feasible, is reliable 10-15 weeks since the first day of the last menstrual period.

In situations in which the healthcare provider is uncertain whether the woman might be pregnant, the benefits of initiating LNG or LNG-implanted. LNG-E115 or LNG-implanted COC may exceed any risks, therefore, starting the method should be considered at any time, with a follow-up pregnancy test within 2-4 weeks. For IUD insertion, in situations where the healthcare provider is not reasonably certain that the woman is pregnant, she should be provided with another contraceptive method to use until the healthcare provider can be reasonably certain that she is not pregnant.

**When to start after abortion**

- Emergency contraception: Immediately
- 6 days (after a vaginal or cesarean birth)

**Number of days to use barrier**

- 6 months for Jadelle
- 10 months after last dose of Desogestrel
- 4 years for NET-EN, 4 weeks if >80 kg
- 2 weeks late for DMPA

**Delay in return to fertility**

- No

**Considerations for initiating contraception**

- If already using contraception and switching to one of these methods below, refer to SPR document to determine if contraceptive protection is needed before new method becomes effective.

- Intimate partner violence can interfere with a woman’s use of family planning.

- Consider her a risk of violence and provide first-line support using UWES:
  - L: listen empathetically and without judgment
  - I: inquire about her feelings and concerns and respect her choices
  - V: validate her fear and understand below her risk
  - S: support her decisions, offer information, and send social support as needed.

- Help her choose a method of contraception that would be harder for her partner to interfere with, e.g., injectables/depo, copper IUD, norethisterone IUDs.

### Women with these additional conditions are eligible for all methods of contraception

**Reproductive Conditions:** Benign breast disease or undiagnosed mass
- Benign ovarian tumours, including cysts
- Cervical ectopy (ectropion)
- Dysmenorrhoea
- Endometriosis
- History of gestational diabetes
- History of pelvic surgery, including caesarean delivery
- Fast ectopic pregnancy
- Postpartum ≥ 6 months

**Medical Conditions:** Depression
- HIV asymptomatic or mild clinical disease (WHO stage 1 or 2)
- High cholesterol
- Malaria
- Mild cirrhosis
- Schistosomiasis (bilharzia)
- Superficial venous disorders, including varicose veins
- Surgery without prolonged immobilization
- Taking antibiotics (excluding rifampicin/rifabutin)
- Thyroid disorders
- Uncomplicated valvular heart disease
- Age ≥ 40 years
- Breast cancer family history
- Venous thromboembolism family history
- High risk for HIV

Refer to the full MEC document for other conditions that are not listed above or on the front of this tool that may pose risks for women considering female methods of contraception.

### Explanations

| A | If condition develops while using method, can continue using it during treatment |
| B | For women, genital infections refer to trichomonas vaginalis and bacterial vaginosis. For men, genital infections refer to internal (testes) and external (penis, scrotal skin) infections |
| C | If had pregnancy after pelvic inflammatory disease, IUD =1, if no pregnancy after, IUD =2 |
| D | If pregnancy or an underlying pathological condition (such as pelvic malignancy) is suspected and has not been evaluated, IUD=4 (if already using IUD, may continue to use); implants and DMPA/NET-EN =3 |
| E | If uterine cavity distorted preventing IUD insertion, IUD =4 |
| F | If sickle cell disease =2 |
| G | If disease in the past and no evidence of disease for 5 years, hormonal method =3 |
| H | If ischemic condition developed while on this method, consider switching to non-hormonal method; for acute VTE=3 |
| I | If history of high blood pressure only during pregnancy and current blood pressure is measured and normal, COC =2 and all other methods =1 |
| J | When blood pressure is measured. Either systolic or diastolic blood pressure may be elevated |

“Combined” as in combined hormonal contraception, refers to a combination of ethinyl estradiol and a progestogen.

- **BMI:** Body mass index; weight (kg) divided by height (m²)
- **DMPA (IM, SC):** depot medroxyprogesterone acetate
- **ETG:** etonogestrel
- **MEC:** Medical eligibility criteria for contraceptive use document
- **SPR:** Selected practice recommendations for contraceptive use document
- **VIA:** visual inspection with acetic acid (for cervical cancer screening)
- **VTE:** venous thromboembolism

**WHO stage 3 or 4:** severe or advanced HIV clinical disease
CONTRACEPTIVE DELIVERY TOOL FOR HUMANITARIAN SETTINGS

Clarification

GREEN: May use the method
1. Use method in any circumstance
2. Generally use method

RED: Do not use method
3. Use of method not usually recommended unless other more appropriate methods are not available or acceptable
4. Method NOT to be used

- All contraceptive method selection should be voluntary
- Almost all women and adolescents are eligible for almost all forms of contraception
- A woman does not need to be menstruating to initiate contraception
- Included methods do not protect against STI/HIV. The correct and consistent use of condoms, male or female, is recommended for preventing these infections