

# Providing Family Planning Services During an Epidemic

## Key Points for Providers and Clients

- Family planning services should be maintained throughout an epidemic.
- Medical eligibility criteria for safe use of contraceptive methods do not change during an epidemic.
- Some contraceptive methods can be safely and effectively self-initiated and continued with or without support from health care providers.
- More widespread use of digital health technologies and direct pharmacy access may improve access during an epidemic.

## Introduction

Epidemics of life-threatening infectious diseases are becoming more common, and cause significant disruptions to the health care system, affecting the delivery of both routine and urgent health services and care. Family planning providers need to balance the demands of responding to outbreaks, while simultaneously maintaining family planning services in all three phases of an epidemic response: mitigation and preparedness, emergency, and post-emergency.

In epidemics, large numbers of people may require medical attention, health care systems may be over-stretched, and public order may be threatened. The impact of an epidemic on reproductive health can be a direct result of the infectious disease, or an indirect consequence of excessive pressures on the broader health care system, including limited resources, commodity stock-outs, challenges in accessing the usual service-delivery sites, reduced availability of health care providers, fears of disease transmission and acquisition, and misconceptions about safety.

When health care systems are overwhelmed due to an outbreak, both direct mortality from the outbreak disease and indirect mortality from other preventable and treatable conditions are likely to increase. Family planning promotes both physical and mental health, and reduces maternal and infant morbidity and mortality through the prevention of unintended pregnancy and unsafe abortion. Unintended pregnancy during an epidemic is associated with increased risks. Family planning is a lifesaving, essential service, and should be maintained throughout an epidemic.

## Maintaining Family Planning Services in an Epidemic

Individuals' ability to access and effectively use family planning services is time-sensitive, because incorrect or delayed contraceptive use greatly reduces effectiveness.

In providing family planning services during an epidemic, providers should:

- Screen clients for symptoms of the epidemic disease and—if symptoms are present—manage or refer the client in accordance with local protocols.
- Protect their own and their client's safety during interactions by following rules of infection prevention appropriate to the type of epidemic, including sanitizing equipment and rooms using the correct protocols (see Chapter 26 – Family Planning Provision, section on Infection Prevention in the Clinic, pp. 404–407).
- Ensure that the client makes a voluntary and informed method choice, and that privacy and confidentiality are respected.
- Provide the full range of methods when resources and circumstances permit, but be open about what is not available, and when additional methods may become available. Offer the client a “bridging” method if their method of choice is not available.
- Provide multi-month supplies of oral contraceptives and subcutaneous depot medroxyprogesterone acetate (DMPA-SC) for self-injection, and multiple doses of emergency contraceptive pills (ECPs), as needed, to cover a longer duration of use.
- Discuss and counsel on IUDs (see Chapters 10 and 11) and implants (see Chapter 9) that may be effective beyond the labelled duration of use.

# Safe Use of Contraceptive Methods in an Epidemic

The medical eligibility criteria (MEC) for contraceptive use do not change during an epidemic.

To provide safe family planning care during an epidemic, providers should:

- Share tasks with other cadres of health workers, when family planning services and methods can be safely provided, to allow more specialized clinicians to use their skills to provide specialized services.
- Continue to use WHO's *Medical Eligibility Criteria for Contraceptive Use* (MEC) and the MEC wheel or app to evaluate the safety of contraceptive methods for each client (see Digital Health Tools at the end of this chapter).
- Recognize health risks, including signs and symptoms of serious health conditions that may be more common during a protracted epidemic. If a client reports such signs or symptoms, refer them for care or manage the conditions.
- Reassess the safety of contraceptive methods for clients who develop serious health conditions. (See Appendix B – Signs and Symptoms of Serious Health Conditions).

## Self-Care for Contraception

Many contraceptive methods can be safely and effectively self-administered without a physical exam. Combined oral contraceptives (COCs), progestin-only pills (POPs), emergency contraceptive pills (ECPs), spermicides, some diaphragms, male and female condoms, fertility awareness-based methods, and lactational amenorrhea are all methods that clients can self-administer. Clients can initiate and continue these methods with or without the support of a health worker. Clients can also self-inject with DMPA-SC after training (see Chapter 4 – Progestin-Only Injectables, section on Self-Injection Can Be an Option, pp. 83–86).

In providing family planning services during an epidemic, providers should:

- Dispense DMPA-SC, COCs, POPs, ECPs, spermicides, flexible diaphragms, and male and female condoms in pharmacies or drug stores without a prescription, where allowed by national regulations.
- Distribute these methods in community outreach programs without a prescription, where allowed by national regulations.

# Use of Digital Health Technologies

Digital health technologies can help health care providers maintain access to family planning for clients even during an epidemic. There are many formats and uses for digital health technologies, and they may be particularly valuable during an epidemic when clinic-based services are restricted.

Examples of some of the technologies used in a digital health framework to connect providers with clients include: SMS or text messaging, phone or video “visits”, informative pod casts, mobile apps, and web-based tools such as email or open medical records (medical records that clients can directly review or access themselves). With the exception of IUDs, implants, some diaphragms, and permanent methods (male and female sterilization), contraceptive methods do not require a physical exam prior to initiation.

In providing family planning services during an epidemic, providers should:

- Use digital health technologies to connect with clients, counsel them, and prescribe methods that do not require physical examination.
- Leverage digital health technologies to share important information on the safety of contraceptive methods, and how to access services and self-administer selected methods.

## Digital Health Tools



### Contraceptive delivery tool for humanitarian settings

To access and install the Android or Apple App, follow this link for information: <https://www.who.int/news/item/07-12-2018-delivering-contraceptive-services-in-humanitarian-settings>



### Medical eligibility criteria for contraceptive use app

To access and install the Android or Apple App, follow this link for information: <https://www.who.int/news/item/29-08-2019-new-app-for-who-s-medical-eligibility-criteria-for-contraceptive-use>

# Wall Chart Available

## To Help Clients Choose Contraceptive Methods

The wall chart “Do you know your family planning choices?” offers important points that a client can consider, and a provider can discuss, about many family planning methods. The wall chart includes the effectiveness chart shown on the back cover of this book and a summary of medical eligibility criteria for contraceptive use. Printed copies of the wall chart can be ordered online at: [www.fphandbook.org/order-form](http://www.fphandbook.org/order-form).

### Do You Know Your Family Planning Choices?

Your family planning provider can help. Please ask!

Updated to include World Health Organization guidance through

2021

#### Contraceptive Implants

- One or 2 small rods placed under the skin of a woman's upper arm.
- Lasts to do once injections are in place.
- Very effective for 3 to 5 years, depending on which implant.
- Can be used at any age and whether or not a woman has had children.
- A woman can have a trained provider take out the implants at any time. Then she can become pregnant with no delay.
- Unexpected light bleeding or spotting may occur, or monthly bleeding may stop. Not harmful.
- Safe during breastfeeding.

#### Intrauterine Device (IUD)

- Small, flexible device made with either copper or hormone, placed inside the womb.
- Very effective, reversible, long-term copper TCu-380A IUD can be used at least 12 years. Hormonal LNG-IUD can be used for 3 to 6 years.
- Can be inserted right after childbirth, as well as at other times.
- Some pain during insertion. With copper IUD monthly bleeding may be heavier and longer, especially at first. With LNG-IUD no heavier bleeding and helps prevent anemia (low blood iron).
- Serious complications are rare. Pelvic infection occasionally occurs if a woman has certain sexually transmitted infections when the IUD is inserted.
- Can come out at any time, especially at first.
- A woman can become pregnant with no delay after the IUD is removed.

#### Female Sterilization

- Meant to be permanent. For women who are sure that they will not want more children. Think carefully before deciding.
- Very effective (but not 100% effective).
- Involves physical exam and safe, simple surgery. The woman usually stays awake. Pain is included.
- Pain and swelling can last a few days after procedure. Serious complications are rare.
- No long-term side effects. No effect on sexual ability or feelings.
- Can be done right after childbirth, as well as at other times.

#### Vasectomy

- Meant to be permanent. For men who are sure that they will not want more children. Think carefully before deciding.
- Use another method for the first 3 months, until the vasectomy starts to work.
- Very effective after 3 months (but not 100% effective).
- Safe, simple, convenient surgery. Done in a few minutes. Pain is included.
- Pain, swelling, or bruising can last a few days. A few men have lasting pain.
- No effect on sexual ability or feelings.

#### Injectable Contraceptives

- Three types: DMPA—injection every 3 months (13 weeks); NET EN—injection every 2 months; Cyclo-Fem and others—injection every month.
- Can still get next injection even if 4 weeks late for DMPA, 2 weeks late for NET EN, or 1 week late for monthly injectables.
- Effective and safe.
- Private. Others cannot tell you are using it.
- Can be used at any age and whether or not you have had children.
- DMPA and NET EN are safe during breastfeeding starting 6 weeks after childbirth. Monthly not advised.
- May be able to get injections in the community. Can give yourself the DMPA-SC injection.
- May be able to get injections in the community. Can give yourself the DMPA-SC injection, which is a lower-dose injectable contraceptive that comes pre-filled.
- With monthly injectables, monthly bleeding usually becomes lighter, shorter or less frequent. Spotting and unexpected bleeding can occur.
- When injections stop, a woman can get pregnant again. After DMPA, it may take a few more months.

#### LAM (Lactational Amenorrhea Method)

- A family planning method based on fully or nearly fully breastfeeding, for up to 6 months after childbirth.
- A breastfeeding woman uses LAM when:
  - Her baby gets little or no food or drink except breast milk, and she breastfeeds often, both day and night, and
  - Monthly bleeding has not returned, and
  - Her baby is less than 6 months old.
- Before she can no longer use LAM, a woman should plan for another method.

#### Condoms

- Help prevent pregnancy and some sexually transmitted infections (STIs), including HIV/AIDS, when used correctly every time.
- For protection from STIs/HIV, some couples use condoms along with other family planning methods.
- Easy to use with a little practice.
- Effective if used correctly every time. Often not used every time, however.
- Some people object that condoms interrupt sex, reduce sensation, or embarrass them. Talking with partner can help.

#### Emergency Contraceptive Pills

- Help prevent pregnancy when taken within 5 days after unprotected sex or a mistake with a family planning method.
- Safe for all women.
- They do not disrupt pregnancy or harm the baby if a woman is already pregnant.
- Regular family planning methods are more effective. Please consider starting another method now.

#### Comparing Effectiveness of Family Planning Methods

More effective	How to make your method more effective:
<ul style="list-style-type: none"> <li>• Last 1 pregnancy per 100 women in one year</li> </ul>	<ul style="list-style-type: none"> <li>• Implants, IUD, female sterilization</li> <li>• After procedure, test or nothing to do</li> <li>• Vasectomy: Use another method for first 3 months</li> </ul>
<ul style="list-style-type: none"> <li>• Injections</li> <li>• LAM</li> <li>• Pils</li> <li>• Patch</li> <li>• Vaginal</li> </ul>	<ul style="list-style-type: none"> <li>• Injections: Get repeat injections on time</li> <li>• Lactational Amenorrhea Method (LAM): Breastfeed often, day and night</li> <li>• Pils: Take a pill each day</li> <li>• Patch, ring: Keep in place, charge on time</li> </ul>
<ul style="list-style-type: none"> <li>• Male condoms</li> <li>• Diaphragm</li> <li>• Fertility Awareness Methods</li> </ul>	<ul style="list-style-type: none"> <li>• Male condoms, diaphragms: Use correctly every time you have sex</li> <li>• Fertility awareness methods: Abstin or use condoms on fertile days. Standard Day Method and Two Day Method may be easier to use.</li> </ul>
<ul style="list-style-type: none"> <li>• Less effective</li> <li>• About 20 pregnancies per 100 women in one year</li> </ul>	<ul style="list-style-type: none"> <li>• Female condoms, withdrawal, spermicides</li> <li>• Female condoms, withdrawal, spermicides: Use correctly every time you have sex</li> </ul>

#### Combined Oral Contraceptives

- Effective and reversible without delay.
- Take one pill every day and start new packs on time for greatest effectiveness.
- Unexpected bleeding or spotting may occur, especially at first. Not harmful. Monthly bleeding becomes lighter and more regular after a few months.
- Some women have mild headaches, weight change, upset stomach, especially at first. These often go away.
- Safe for nearly every woman. Serious complications are very rare.
- Can be used at any age and whether or not a woman has had children.
- Help prevent menstrual cramps, heavy bleeding, anemia (low blood iron), and other conditions.

#### Progestin-Only Oral Contraceptives

- Good choice for breastfeeding mothers who want pills.
- Very effective during breastfeeding and reversible without delay.
- Take one pill every day for greatest effectiveness.
- If not breastfeeding, spotting and unexpected light bleeding are common. Not harmful.

#### Fertility Awareness Methods

- A woman learns to tell the fertile time of her monthly cycle.
- During the fertile time a couple avoids vaginal sex, or they use another method such as condoms.
- Can be effective if used correctly. Usually only somewhat effective, however.
- Requires partner's cooperation.
- No physical side effects.
- Certain methods may be hard to use during fever or vaginal infection after childbirth, or while breastfeeding.

#### Diaphragm With Spermicide

- Woman places diaphragm deep in vagina each time before sex. Can do this ahead of time.
- Effective if used correctly every time.
- Usually, woman must have an internal examination to get diaphragm of correct size.
- Bladder infection is more common.

#### Some Methods Are Not Advised If You Have Certain Health Conditions

Condition	Methods Not Advised
Smoke cigarettes and also age 35 or older	Combined oral contraceptive pills (COCs) if you smoke heavily, mostly mentholates.
Known high blood pressure	COCs, monthly injectables. If severe high blood pressure, also 2- and 3-month injectables.
Fully or nearly fully breastfeeding in first 6 months	COCs, monthly injectables
Breastfeeding in first 6 weeks	2- and 3-month injectables
First 21 days after childbirth, not breastfeeding	COCs, monthly injectables. (COCs and monthly injectables not advised for first 6 weeks after delivery if there are special reasons that you might develop blood clots in a deep vein (VTE). These clots are more likely for several months following the birth of a child.) Wks until 6 weeks after childbirth to fit diaphragm correctly.
Certain uncommon serious diseases of the heart, blood vessels, or liver or breast cancer	COCs, injectables, progestin-only pills, implants. Ask your provider.
Migraine headaches (a type of severe headache)	COCs, monthly injectables. Ask your provider.
Migraine aura (sometimes seen as a growing bright spot in one eye), at any age	COCs, monthly injectables. Ask your provider.
Gall bladder disease	COCs. Ask your provider.
Certain uncommon conditions of female organs	IUD. Ask your provider.
Sexually transmitted infections of the cervix or very high individual risk of getting those infections (pelvic inflammatory disease (PID), untreated AIDS)	IUD. Use condoms even if also using another method. Women with HIV, including women with AIDS and those on treatment, can generally use any family planning method they choose. (This includes the IUD for a woman with actual AIDS if she is on treatment and doing well.) Women at high risk of HIV infection can use any method except methods that involve spermicide.
Known pregnancy	No method needed.

Note: Also consult national standards for specific guidance.

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