

WHO:n raskaudenehkäisyyn oppaat

Oskari Heikinheimo

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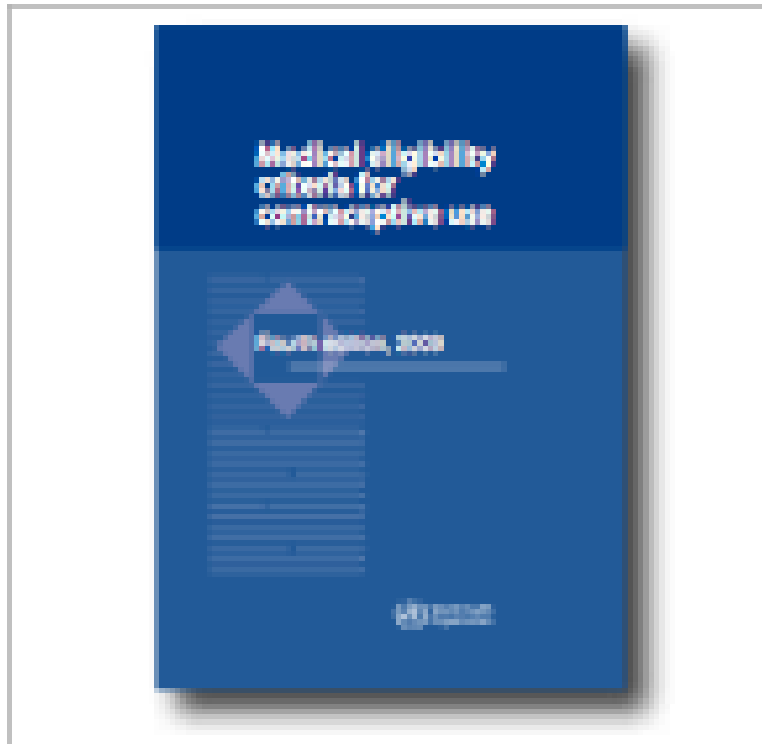
Reproduktiivisen endokrinologian
koulutus

Kansallismuseo

Sidonnaisuudet

- Kutsuttuna luennoitsijana eri lääke-yritysten järjestämissä koulutus-tilaisuuksissa (Algo-Pharma Ab, Bayer-Schering Pharma AG, MSD ja Novo Nordisk)
- Bayer-Schering Pharma AG:n kotimaisen ja kansainvälisen advisory boardin jäsen
- Lääkäriasema Femedan hallituksen jäsen

Ohjeiden kaksi 'kivijalkaa'



*Medical eligibility criteria
for contraceptive use*



*Selected practice
recommendations
for contraceptive use*

Vuoden 2009 (4th ed.) ja 2004 (2. ed.) versiot

Medical eligibility criteria for contraceptive use 2009, 4th ed.

A WHO family planning cornerstone

- Tavoite:
 - *To provide policy- and decision makers and the scientific community with a set of recommendations that can be used for developing or revising national guidelines on medical eligibility criteria for contraceptive use.*
- Julkaistu ensi kertaa v 1996, 2. ed. v 2000 ja 3. ed. v 2004

Löytyvät netistä

Medical eligibility criteria

- http://whqlibdoc.who.int/publications/2010/9789241563888_eng.pdf

Selected practice recommendations

- <http://whqlibdoc.who.int/publications/2004/9789241562846.pdf>

Kuinka suositukset laaditaan?

- Vuoden 2009 suositusta laatimassa
 - Yhdeksän eri perhesuunnittelujärjestön edustajat
 - 34 muuta asiantuntijaa
 - 13 WHO:n henkilökunnan jäsentä
- Suositukset perustuvat tutkittuun tietoon
 - Jos tieto ↑, niin suosituksia päivitetään!
- Työskentelytavat
 - Kokoukset
 - Puhelinkokoukset
 - Jatkuva päivittäminen

Suosituksset jaoteltu

1. Menetelmän mukaan

1. Combined hormonal
2. Progestogen-only
3. Intrauterine devices
4. Fertility awareness-based methods
5. Barrier methods
6. Lactational amenorrhoea method
7. Surgical sterilization

2. Taustatilanteen mukaan

1. Sosiodemografiset

1. Age, parity, breast feeding, postpartum, smoking, BMI

2. Sairaudet

1. Cardiovascular
2. Rheumatic
3. Neurological
4. Depressive
5. Reproductive infections and disorders
6. HIV/AIDS, infections
7. Endocrine, GI, anemias, drug interactions....

Suositusten kategoriat

Category	With clinical judgement	With limited clinical judgement
1.	Use method in all circumstances	Yes
2.	Generally use the method	Yes
3.	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	No
4.	Method not to be used	No

Esimerkki medical eligibility criteria'sta

COCs, P, R, CICs do not protect against STI/HIV. If there is risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives P = combined contraceptive patch R = combined contraceptive vaginal ring CIC = combined injectable contraceptives					
KNOWN THROMBOGENIC MUTATIONS (e.g. factor V Leiden; prothrombin mutation; protein S, protein C, and antithrombin deficiencies)	4	4	4	4	Clarification: Routine screening is not appropriate because of the rarity of the conditions and the high cost of screening. Evidence: Among women with thrombogenic mutations, COC users had a two to twenty- fold higher risk of thrombosis than non-users. (191;222-244)
SUPERFICIAL VENOUS THROMBOSIS*					
a) Varicose veins	1	1	1	1	
b) Superficial thrombophlebitis	2	2	2	2	
CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE	4	4	4	4	
STROKE (history of cerebrovascular accident)	4	4	4	4	

Tuoreita kannanottoja

	Category	Comment
Synnyttämättömän Cu-IUD/LNG-IUS ehkäisy	2	...conflicting data whether IUD use is associated with infertility although well controlled studies suggest no increased risk.
LNG-IUS trombin sairastaneella naisella	2	
LNG-IUS rintasyövän sairastaneella naisella – past and no evidence of recurrent disease for 5 years	3	
>40 v yhdistelmäehkäisy	2	
Yhdistelmäehkäisy, jos aiemmassa raskaudessa ollut kolestaasi	2	

Suosituksset muuttuvat

HIV+ naisen LNG-IUS tai Cu-IUD ehkäisy

Vuosi	Cu-IUD	LNG-IUS	Evidence
2000	3	3	There are theoretical concerns about increased risks of STIs and PID and increased risk of transmission to uninfected partners...
2004	2	2	..limited evidence shows no increased risk of complications... IUD use did not adversely affect progression of HIV...

Selected practice recommendations

- uusia suosituksia

- How can a woman take emergency contraceptive pills?
- Can a woman receive an advance supply of emergency contraceptive pills?
- How long can levonorgestrel implants be left in place?
- When can a woman have a levonorgestrel-releasing IUD inserted?
- What can be done if a woman experiences menstrual abnormalities when using a LNG-IUS?
- What should be done if a woman using a LNG-IUS is diagnosed with pelvic inflammatory disease?
- What should be done if a woman using a LNG-IUS is found to be pregnant?
- Should antibiotics be provided for LNG-IUS insertion?
- When can a man rely on his vasectomy for contraception?

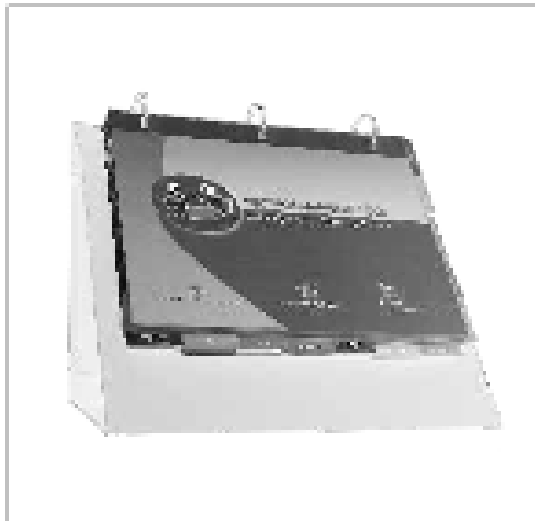
Esimerkki practice suosituksesta

27. What should be done if a woman using a levonorgestrel-IUD (LNG IUD) is diagnosed with pelvic inflammatory disease (PID)?

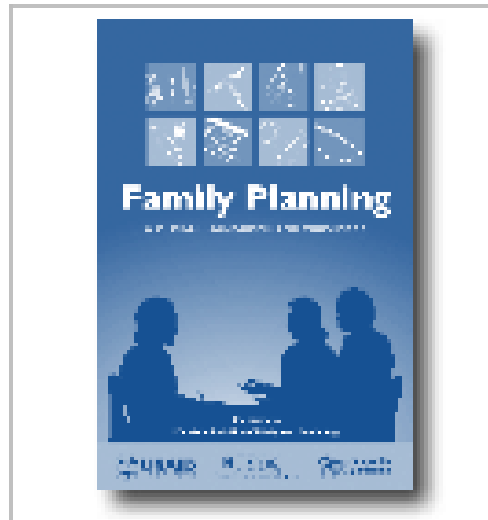
Pelvic inflammatory disease (PID)

- ◆ Treat the PID using appropriate antibiotics.
- ◆ There is no need for removal of the LNG IUD if she wishes to continue its use.
- ◆ If she does not want to keep the LNG IUD, remove it after antibiotic treatment has been started.
- ◆ If the LNG IUD is removed, she can consider using emergency contraceptive pills if appropriate.
- ◆ If the infection does not improve, generally the course would be to remove the LNG IUD and continue antibiotics. If the LNG IUD is not removed, antibiotics should also be continued. In both circumstances, her health should be closely monitored.
- ◆ Provide comprehensive management for sexually transmitted infections, including counselling about condom use.

Muita WHO:n apuvälineitä...



Decision-making tool for family planning clients and providers



Family planning: a global handbook for providers



Contraceptive wheel

WHO:n guidelinen tyttäriä – UK:n ja USA:n tuoreita suosituksia

- **Faculty of Family Planning and Reproductive Health Care - UK**
 - UK Medical Eligibility Criteria for Contraceptive Use (UKMEC 2005/2006).
- **Centers for Disease Control and Prevention – USA**
 - U.S. Medical eligibility criteria for contraceptive use, 2010
 - Adapted from the WHO medical eligibility criteria, 4th edition

Verenpaine yhdistelmäehkäisyn vasta-aiheena

	UK	USA	WHO
Category 3	141-159 / 91-94	140-159 / 90-99	140-159 / 90-99
Category 4	≥160 / ≥ 95	≥160 / ≥100	≥160 / ≥100

Ylipaino (BMI) yhdistelmäehkäisyyn vasta-aiheena

	UK	USA	WHO
Category 2	30-34	≥ 30	≥ 30
Category 3	≥ 35		

Imetys yhdistelmäehkäisyn vasta- aiheena

	UK	USA	WHO
Category 2	≥6 vkoa - < 6kk partial breast feeding	1 kk - < 6kk	≥6 kk
Category 3	≥6 vkoa - < 6kk fully or almost fully breast feeding	< 1kk	≥6 vkoa - < 6kk Primarily breast feeding
Category 4	<6 vkoa		<6 vkoa

WHO:n raskaudenehkäisysooppaat - yhteenveto

- Parhaaseen tutkittuun tietoon perustuvat ja jatkuvasti päivitettävät ohjeet ehkäisymenetelmän valintaan, ja eri tilanteiden hoitoon
 - Raskaudenehkäisyso globaali Käypähoito-suositus!
- Tämän hetkiset versiot lähinnä suunnittelu- ja toimistokäyttöön
 - (Toistaiseksi) toimivat verkossa huonosti
- WHO:n, UK:n ja USAn suositukset poikkeavat toisistaan joiltain osin