Provisioning Family Planning Services During an Epidemic

A NEW RESOURCE

For further details on the development of this chapter, please refer to the methodology and acknowledgment statement (https://www.fphandbook.org).
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, the provider 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

• 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,
  as well as 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, pp. 155–210) and
  implants (see Chapter 9, p. 131–154) 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 care 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 list of Resources below).
- 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, p. 384).

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 care worker. Clients can also self-inject with DMPA-SC after training (see Chapter 4, Teaching Clients to Self-Inject, pp. 83–87).

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 podcasts, 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.

Resources

- Delivering contraceptive services in humanitarian settings app
  To access and install the Android App 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, fifth edition
  https://www.who.int/publications/i/item/9789241549158
- Medical eligibility criteria for contraceptive use app
  To access and install the Android App or Apple App, follow this link for information: https://www.who.int/reproductivehealth/mec-app/en/
- Medical eligibility criteria wheel for contraceptive use
  https://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/
WHO Guidance Documents Used in Preparation of this Chapter

