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# Providing Family Planning Services During an Epidemic

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The full 2018 Handbook is available at: <https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/>

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 Chapter 25, Basic Rules of Infection Prevention, pp. 376–379).
- 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 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.

## 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/](https://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/)

## WHO Guidance Documents Used in Preparation of this Chapter

Coronavirus disease (COVID-19): contraception and family planning. Geneva: World Health Organization; 6 April 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-contraception-and-family-planning>, accessed 12 November 2020).

Maintaining essential health services: operational guidance for the COVID-19 context: interim guidance. 1 June 2020. COVID-19: Essential health services. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>, accessed 17 November 2020).

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