



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 577 • November 2013

(Reaffirmed 2015)

Committee on Gynecologic Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Understanding and Using the U.S. Selected Practice Recommendations for Contraceptive Use, 2013

ABSTRACT: The *U.S. Selected Practice Recommendations for Contraceptive Use, 2013* (U.S. SPR), issued by the Centers for Disease Control and Prevention is a companion piece to the Centers for Disease Control and Prevention's *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010*. The *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010*, provides guidance for which contraceptive methods are safe for women with selected characteristics and medical conditions, whereas the U.S. SPR offers guidance on how to use these methods most effectively. The American College of Obstetricians and Gynecologists endorses the U.S. SPR and encourages its use by Fellows; providers should always consider the specific clinical situation when applying these guidelines to individual clinical care.

In June 2013, the Centers for Disease Control and Prevention (CDC) released the *U.S. Selected Practice Recommendations for Contraceptive Use, 2013* (U.S. SPR) (1). This guidance is a companion document to the CDC's previously released *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* (U.S. MEC) (2, 3). The U.S. MEC provides guidance for which contraceptive methods are safe for women with selected characteristics and medical conditions, whereas the U.S. SPR offers guidance on how to use these methods most effectively. Simply stated, the U.S. MEC summarizes the "who" and the U.S. SPR focuses on the "how." Like the U.S. MEC, the U.S. SPR was adapted from global guidance published by the World Health Organization (4, 5). The American College of Obstetricians and Gynecologists endorses the U.S. SPR and encourages its use by Fellows; providers should always consider the specific clinical situation when applying these guidelines to individual clinical care. The full guidance can be found at www.cdc.gov/mmwr/pdf/rr/rr6205.pdf. Updates can be found at www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm.

The U.S. SPR provides evidence-based guidance that addresses common but sometimes complicated issues in contraceptive management. The U.S. SPR is arranged by contraceptive method and includes recommendations for intrauterine devices (IUDs), implants, injections, combined hormonal contraceptives, progestin-only pills,

standard days method of natural family planning, emergency contraception, and female and male sterilization. For most reversible methods of contraception, the U.S. SPR provides recommendations on the following:

- What clinical information is needed before method initiation
- What routine follow-up is recommended
- How to manage common problems, including regimen nonadherence (eg, late injections or missed pills) and side effects.

The U.S. SPR addresses management of bleeding abnormalities with IUDs, progestin-only pills, and extended use of combined hormonal contraceptives. Additionally, the U.S. SPR provides guidance for how to be reasonably certain a woman is not pregnant before initiating contraception, for the initiation of contraception following emergency contraception, and for when a woman can stop contraception.

The U.S. SPR aims to reduce some of the barriers women may face to initiating contraception and using it effectively. For example, the U.S. SPR clarifies that all methods may be initiated at any time in the menstrual cycle ("quick start") if the provider is reasonably certain that the woman is not pregnant. Missing pills is a major reason for oral contraceptive failure leading to unin-

tended pregnancies; the U.S. SPR provides clear algorithms for what to do if women miss pills, as well as recommendations for provision of a 1-year supply of pill packs.

Overall, the U.S. SPR provides guidance for contraceptive management that has the potential to improve contraceptive initiation and consistent and correct use, thus helping to decrease the high rate of unplanned pregnancies in the United States. The American College of Obstetricians and Gynecologists continues to support making oral contraceptives available over-the-counter as a potential way to improve contraceptive access and use, and possibly decrease unintended pregnancy rates (6).

References

1. U.S. Selected Practice Recommendations for Contraceptive Use, 2013: adapted from the World Health Organization selected practice recommendations for contraceptive use, 2nd edition. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. *MMWR Recomm Rep* 2013;62:1–60. [PubMed] [Full Text] ↩
2. U S. Medical Eligibility Criteria for Contraceptive Use, 2010. Centers for Disease Control and Prevention (CDC). *MMWR Recomm Rep* 2010;59(RR-4):1–86. [PubMed] [Full Text] ↩
3. Understanding and using the U.S. Medical Eligibility Criteria For Contraceptive Use, 2010. Committee Opinion No. 505. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:754–60. [PubMed] [Obstetrics & Gynecology] ↩
4. World Health Organization. Selected practice recommendations for contraceptive use. 2nd ed. Geneva: WHO; 2004. Available at: <http://whqlibdoc.who.int/publications/2004/9241562846.pdf>. Retrieved March 31, 2011. ↩
5. World Health Organization. Selected practice recommendations for contraceptive use. 2008 update. Geneva: WHO; 2008. Available at: http://whqlibdoc.who.int/hq/2008/WHO_RHR_08.17_eng.pdf. Retrieved March 31, 2011. ↩
6. Over-the-counter access to oral contraceptives. Committee Opinion No. 544. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:1527–31. [PubMed] [Obstetrics & Gynecology] ↩

Copyright November 2013 by the American College of Obstetricians and Gynecologists, 409 12th Street, SW, PO Box 96920, Washington, DC 20090-6920. All rights reserved.

ISSN 1074-861X

Understanding and using the U.S. Selected Practice Recommendations for Contraceptive Use, 2013. Committee Opinion No. 577. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013; 122:1132–3.