

RECENT RESEARCH ON FERTILITY AWARENESS BASED METHODS

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Outline

- Systematic review on effectiveness of FABMs for pregnancy prevention
- Other recent/ongoing FABM research
- FABM-relevant resources
- Conclusions

Disclaimer: Views are mine and may not reflect my employer or funders.

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Why study FABM effectiveness?

- Robust information on contraceptive effectiveness supports informed choice
- Effectiveness rates may change as new ways of using FABMs emerge
- But, it's complicated!
 - Each FABM may have a unique effectiveness profile
 - Different data collection approaches have unique advantages/disadvantages
 - Methodological quality of studies vary widely
 - Many studies have used inappropriate estimation approaches

Examples of FABMs

FABM category	FABM methods
	Total
Calendar (menstrual cycle) based	Rhythm Method
	Standard Days Method/CycleBeads
Cervical mucus based	Two Day Method
	Billings Ovulation Model
	Creighton Model Fertility Care System
	Modified Mucus Method
	Marquette Mucus Only Method
Temperature based	Basal Body Temperature+
Symptothermal (multiple indicators)	Single-check symptothermal
	Double-check symptothermal
Urinary hormone based	Urinary hormonal Marquette and Persona
	Symptohormonal Marquette

Note: inclusion does not indicate endorsement of the method

FABM effectiveness estimates

- Currently, the most commonly cited first-year typical-use unintended pregnancy rate for women reporting use of any FABM is 24%
 - Based on US National Survey of Family Growth (NSFG) data (1995 & 2002)
- Advantages and disadvantages of effectiveness estimates based on:
 - Large, retrospective surveys (like NSFG)
 - Prospective studies (like clinical trials)

For more detail: <http://chelseapolis.com/blog/understanding-effectiveness-estimates-for-fertility-awareness-based-methods-of-contraception>

Systematic review of FABM effectiveness

- Support from USAID, multidisciplinary team led by Dr. Rachel Peragallo Urrutia
- Identified all available peer-reviewed, prospective clinical studies estimating effectiveness of specific FABMs for pregnancy prevention
- Developed a 13-item quality assessment framework to rigorously evaluate the methodological quality of each included study
- Summarized the best available data
- Results submitted for publication: stay tuned!

Examples of ongoing/recent FABM research

Effectiveness studies

- Natural Cycles app (recently completed)
- Dot app (ongoing)

Other topics

- Implementation experience with CycleBeads app in Kenya
- Assessing new technologies for FABMs (e.g., using wearables to take wrist-skin temperature, etc.)
- Multiple method use and FABM prevalence

Evidence-based resources for providers and programmers that include FABM information

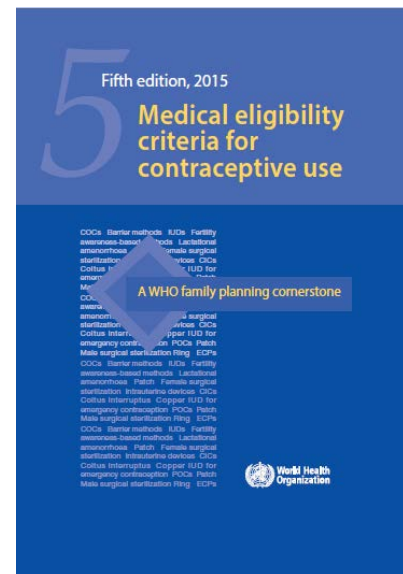
Contraceptive Technology

- 21st Edition expected mid-2018
- Contains an FABM-specific chapter



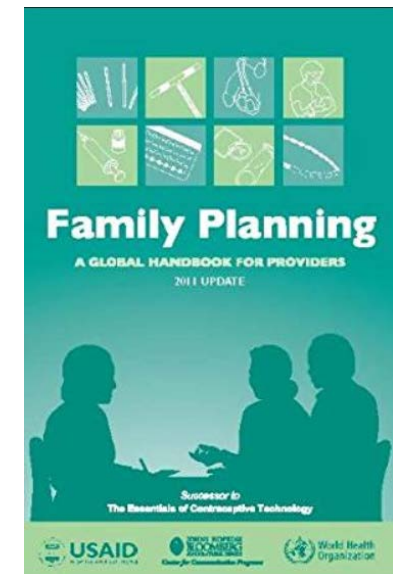
WHO Medical Eligibility Criteria for Contraceptive Use

- Section describes conditions that make using FABMs more complex (e.g., breastfeeding, postpartum, etc.)



Family Planning Handbook

- Chapter provides overview on providing FABMs, effectiveness, Q&As, etc.



Conclusions

- Providing clear information about contraceptive options is key, and requires high quality evidence
- Some populations may particularly benefit from information about modern FABMs
- Let's channel healthy debate on FABMs towards better science
- Some work is ongoing; FABM research remains "fertile" ground
- Several evidence-based resources contain some FABM information

Thank you!

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