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

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

**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)

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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