

Chapter 7: Family planning



NATIONAL DEPARTMENT OF HEALTH



AFFORDABLE MEDICINES
ESSENTIAL MEDICINES PROGRAMME



PRIMARY HEALTHCARE GUIDELINES
2020-4 REVIEW CYCLE



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EVIDENCE

Please access the National Essential Medicines List Committee (NEMLC) report for detailed evidence (including rationale, references and costings) informing decision-making on medicine addition, amendments and deletions:

- KnowledgeHub: <https://knowledgehub.health.gov.za/elibrary/primary-healthcare-phc-standard-treatment-guidelines-stgs-and-essential-medicines-list-eml>
- NHI webpage: <https://www.health.gov.za/nhi-edp-stgs-eml/>

DISCLAIMER

This slide set is an implementation tool and should be used alongside the most recently published STG available on the EML Clinical Guide Application. This information does not supersede or replace the STG itself.



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LEVONORGESTREL INTRA-UTERINE DEVICE (LNG-IUD)



DESCRIPTION

- Progestin-containing IUD: an intra-uterine device that releases small amounts of progestin daily.

CHANGES

- Progestin-containing IUD **ADDED**
- LNG-IUD, 52 mg **ADDED** as an example (levonorgestrel) of a progestin-containing IUD
- LNG-IUD 19.5mg **NOT ADDED**

REASON

- LNG-IUDs can be used as an alternative to Copper IUDs in women with heavy menstrual bleeding and cramping; in other words, in cases where Copper IUDs [first line] are contraindicated.
- LNG-IUD 19.5mg is relatively more expensive and has not been included in the EML. It has, however, been included in the therapeutic interchange database.



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CONTRACEPTION, MISSED PILLS



DESCRIPTION

- Progestin-only pills

CHANGES

Efficacy is rapidly lost if the pill is taken > 3 hours late. Duration for dual contraception **AMENDED** to a period of at least seven days.

REASON

- Directions for use aligned to the SAMF 2020 recommendations



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CONTRACEPTION, MISSED PILLS



DESCRIPTION

- Combination of progestin and estrogen in each pill

CHANGES

Missing active pills and extending the hormone-free interval leads to decreased contraceptive efficacy. Recommend: duration for dual contraception **AMENDED** to a period of at least seven days.

REASON

- Directions for use aligned to the SAMF 2020 recommendations



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CONTRACEPTION, EMERGENCY



DESCRIPTION

- Emergency contraception is indicated to prevent pregnancy after unprotected intercourse in women not using contraception or where contraception is likely to be ineffective.

CHANGES

Recommendations in obese women

Insertion of a copper IUD has been **RETAINED** as the preferred emergency contraceptive in obese women

Levonorgestrel double-dose is **RETAINED** as an alternative in women $>80\text{kg}$ or $\text{BMI} \geq 30$

REASON

- Copper IUDs are the most effective method of emergency contraception
- The double-dose recommendation for levonorgestrel is aligned to international clinical guideline recommendations



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REFERENCE



Thank you

<https://knowledgehub.health.gov.za/e-library> or <https://www.health.gov.za/nhi-edp-stgs-eml/>



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