
U.S. Selected Practice Recommendations for Contraceptive Use, 2024

Title: *U.S. Selected Practice Recommendations for Contraceptive Use, 2024*

Subject of Planned Report: This report provides recommendations for health care providers that address provision of contraceptive methods and management of side effects and issues related to contraceptive method use. This guidance document is an update to the previously published *U.S. Selected Practice Recommendations for Contraceptive Use, 2013*.

Purpose of Planned Report: The recommendations are meant to serve as a source of evidence-based clinical guidance for health care providers and can support the provision of person-centered contraceptive counseling and services.

Type of Dissemination: Influential Scientific Information (ISI) Publication in MMWR

Timing of Review (including deferrals): November-December 2023

Type of Review (panel, individual or alternative procedure): Individual

Opportunities for the Public to Comment (how and when): None

Peer Reviewers Provided with Public Comments before the Review: No

Anticipated Number of Reviewers: 4

Primary Disciplines or Expertise: Obstetrics/gynecology, family planning, pediatrics, women's health

Reviewers Selected by (agency or designated outside organization): Centers for Disease Control and Prevention (CDC)

Public Nominations Requested for Reviewers: No

For each Peer Reviewer Selected:

Name: **Tammy S. Bennett**

Academic and Professional Credentials: RN, MSN, DNP(c), WHNP-BC

Current Position Title: Louisiana Reproductive Health Statewide Nurse Consultant

Organizational Affiliation(s): Louisiana Department of Health

Area of Expertise, Discipline, Relevant Experiences: women's health nurse practitioner, infertility, contraception, low-risk obstetrics, postpartum care, trainer/educator for long-acting reversible contraceptives and all FDA methods of contraception

Name: **Lisa M. Masinter**

Academic and Professional Credentials: MD, MPH, MS

Current Position Title: Deputy Director

Organizational Affiliation(s): Illinois Department of Public Health, Office of Women's Health and Family Services

Area of Expertise, Discipline, Relevant Experiences: Maternal/perinatal health, OB/GYN, reproductive health

Name: Biftu Mengesha

Academic and Professional Credentials: MD MAS

Current Position Title: Associate Professor

Organizational Affiliation(s): University of California, San Francisco

Area of Expertise, Discipline, Relevant Experiences: Complex Family Planning

Name: Krishna K. Upadhy

Academic and Professional Credentials: MD, MPH

Current Position Title: Adjunct Assistant Professor

Organizational Affiliation(s): George Washington University School of Medicine and Health Sciences,
Washington DC

Area of Expertise, Discipline, Relevant Experiences: Contraception, adolescent and young adult health

Charge to Peer Reviewers:

The *U.S. Selected Practice Recommendations for Contraceptive Use, 2024* is an update of the 2016 U.S. SPR. These recommendations for health care providers were updated by CDC after review of the scientific evidence and a meeting with national experts in Atlanta, Georgia, during January 25-27, 2023. This report provides recommendations for health care providers that address provision of contraceptive methods and management of side effects and issues related to contraceptive method use. The recommendations are meant to serve as a source of evidence-based clinical guidance for health care providers and can support the provision of person-centered contraceptive counseling and services. Thus, the target audience for this document is health care providers who provide family planning services.

This review should address the following issues:

1. Accuracy: While we do not expect you to do any independent literature reviews, do the recommendations seem consistent with the data as you are familiar with it? Are there omissions of information or key studies that should be included?
2. Feasibility: Are these recommendations feasible for use by clinicians providing family planning services?
3. Clarity: Are the recommendations clear and understandable for use by providers?
4. Additional comments: We would be happy to receive any additional comments that you may have.

Peer reviewer comments:

Peer reviewer comments were focused on increasing the clarity of the recommendation language, as well as providing suggestions about items to address in the next edition of the guidance. Several comments were made on recommendations that were not open for reconsideration in this update; we will keep those comments and consider them for the next update. Reviewers' comments are summarized below.

Comments for clarity:

Numerous comments were made to increase the clarity of the wording of the recommendations.

Considerations for the next update and research gaps:

- Levonorgestrel intrauterine device as emergency contraception
- Updated recommendations on ovulation risk with missed norgestrel progestin-only pills

Comments about dissemination and implementation of the guidance:

- Provider tool for counseling about risk for intrauterine device expulsion with postpartum placement.
- Color-coded recommendations for examinations and tests needed before starting a contraceptive method.

CDC's response to peer review comments:

The peer reviewer comments have been addressed and incorporated into the document. Substantive changes include the following:

Comments for clarity:

- All minor editorial comments were incorporated.
- Comments that changed the language of recommendations that were not addressed in this update were not incorporated but noted for the next revision.
- Comments that asked for further detail on specific regimens or details for recommendation implementation were considered, but in most cases the available evidence did not allow for additional specificity or the requested details were beyond the scope of the recommendation.
- Added clarification about being “medically eligible” for recommended interventions.
- Added clarification that evidence from studies of both etonogestrel and levonorgestrel implants was considered for the recommendation for bleeding irregularities with implant use, given that the mechanisms for bleeding irregularities with both implants are similar.
- Added definition of obesity (body mass index [BMI] > 30kg/m²) in all relevant text and clarified language about baseline BMI measurements when starting a contraceptive method.
- Clarified language about pain management with IUD placement.

Considerations for the next update and research gaps:

We will consider these suggestions for the next update. We will add the research gaps to our publication on research gaps identified through the update process.

Comments about dissemination and implementation of the guidance:

We will consider these suggestions as we develop our dissemination and implementation plan for this guidance document.