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Contraception for women with medical disorders

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Many women in the reproductive years have chronic medical conditions that are affected by pregnancy or in which the fetus is placed at increased risk. In most of these women, ongoing medical management of their conditions is greatly improved, even compared with a decade or two ago. However, their condition may still be seriously exacerbated by the physiological changes of pregnancy, and close monitoring of a carefully planned pregnancy is optimal. This requires effective and safe contraceptive use until pregnancy is desired and the medical condition is stabilised. Many contraceptives will also have adverse effects on some medical conditions, and there is now a considerable awareness of the complexities of some of these interactions. For this reason the World Health Organization has developed an excellent, simple and pragmatic programme of guidelines on a four point scale (the WHO "Medical Eligibility Criteria": WHO-MEC), summarising risk of specific contraceptive methods in women with specified chronic medical conditions. The general approach to contraceptive management of many of these conditions is addressed in this article.

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Introduction

Throughout most of the world, access to effective contraception is accepted as one of women's basic rights. This may be of high social importance and lifestyle planning for the majority of women and couples, but for some women with specific medical disorders the careful planning of a pregnancy may be critical to future health and even risk of pregnancy-related death [1]. Effective contraception allows for a small number of pregnancies, which the woman of the future is expected to have, to be planned in such a way that she enters pregnancy in a suitable state of health and wellbeing so that outcomes can be optimal for mother and infant. This also presupposes that she should have access to the required level of healthcare. This particular requirement may be of crucial importance and a significant challenge for the woman with certain pre-existing medical disorders.

Pregnancy is a state which makes substantial demands on the health and physical resources of the mother [2]. Hence, ideally all pregnancies should be well planned in advance, and again ideally, all women should have their potential risk factors assessed in advance of embarking on a pregnancy. This ideal situation is beginning to be achieved at pre-pregnancy clinics for some women with recognised risk factors in countries with advanced healthcare systems, but there is still a long way to go. The use of effective and safe contraception facilitates the establishment of such clinics.

Key principles for attention are the impact of the maternal medical condition on the outcome of pregnancy – for both mother and fetus – and the impact of pregnancy on the maternal disease. In addition, the clinician must assess the positive and negative attributes of each effective method of contraception against the specific background of the state of the medical condition suffered by the woman. This risk assessment for each contraceptive method has been greatly facilitated in recent years by the efforts of the World Health Organization in developing very detailed guidelines for contraception in specific maternal diseases through the Medical Eligibility Criteria (WHO-MEC) programme [3]. Several countries, such as the United Kingdom (UK-MEC) [4] and the United States of America have developed modifications of the original WHO versions taking into account national health management systems, local health programmes and available resources. These national programmes are, however, all based on principles developed through the different versions of the WHO-MEC programme.

There are many serious medical conditions which can be well managed in pregnancy nowadays, with appropriate planning, whereas only a decade or so ago many of these conditions carried a relatively strong contraindication to pregnancy. Planning for the management of such pregnancies is now dependent on the availability of appropriate medical facilities in a centre to which the woman has access. Relative contraindications to pregnancy still exist for many women with pre-existing medical conditions that need to be balanced against any relative contraindications to use of specific methods of contraception. Issues needing to be directly addressed include the need for highly effective contraceptive protection balanced against possible short or long-term hazards of use of the specific contraceptive. These hazards vary considerably from one patient to another depending on the individual severity of the condition and the contraceptive methods being considered. A list of the more important groups of medical conditions where MEC assessment should be carried out will be illustrated in the review (Table 1).

Issues needing to be balanced in the assessment of each individual woman can be best encapsulated by addressing the following considerations:

1. The risks associated with pregnancy in this woman
2. The effect of specific contraceptive methods on this disease
3. Contraceptive failure rates for those methods potentially suitable for this woman
4. Potential interactions of drugs used for the medical condition with potentially suitable contraceptive methods
5. Consequences of an unplanned pregnancy (“back-up plan for contraceptive failure”)
6. Preferences of the individual woman

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