**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Coitus Interruptus (Withdrawal) | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2019, **January 2021** |
| **References:** U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC), 2016; U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR), 2016; Contraceptive Technology, 20th Ed |

**POLICY:** This Clinical Practice Standard follows the recommendations of the U.S. MEC, 2016; U.S. SPR, 2016; and Contraceptive Technology, 20th Ed.

**PURPOSE:** This Clinical Practice Standard provides direction for reproductive health clinics to assist clients in their use of coitus interruptus.

Coitus Interruptus, also known as *withdrawal*, is simply the practice of withdrawing the penis from the vagina and away from external genitalia before ejaculation, with the intention of avoiding pregnancy. In typical use, 22 out of 100 people using withdrawal will experience an unintended pregnancy within the first year of using this practice.

This method may be appropriate for clients:

* Who are highly motivated and able to use this method effectively;
* With religious or philosophical reasons for not using other methods of contraception;
* Who are unable to use other contraceptive methods;
* Who need contraception immediately and have entered into a sexual act without alternative methods available;
* Who need a temporary method while awaiting the start of another method; or
* Who have intercourse infrequently.

Advise clients with conditions that make pregnancy an unacceptable risk that the withdrawal method might not be appropriate for them due to its higher typical-use failure rates.

Withdrawal does not completely protect against sexually transmitted infections (STIs).

**STANDARD:**

(**insert AGENCY name**) staff will follow this Clinical Practice Standard in providing counseling and education on Coitus Interruptus (Withdrawal) to any client who requests this contraceptive method. This method may be used as a backup method or combined with other methods for added protection. The U.S. Medical Eligibility Criteria, 2016 (U.S. MEC) indicates there are no risk conditions for using this method.

**PROCEDURE:**

1. Follow ***Core Reproductive Health Services*** ***Clinical Practice Standard*.**
2. Each client will receive client instructions regarding warning signs, common side effects, risks, use of method, alternative methods, use of secondary method, and clinic follow-up schedule. Document the client’s education and understanding of the method of choice.

**PLAN:**

1. The withdrawal method can be initiated at any time.
2. Provide information on determining the client’s fertile period to help lower the risk of pregnancy. Recommend they abstain during this fertile period or use a back-up method of contraception.
3. Provide information on using the withdrawal method:
4. The effectiveness of the method is dependent of the willingness and ability of the client and their partner(s) to use the method with every act of intercourse.
5. The partner with a penis must be able to sense ejaculation is imminent and withdraw the penis from the vagina and away from external genitalia prior to ejaculation.
6. If the client is having intercourse multiple times within a short amount of time, the person with a penis should urinate and wipe the penis off before intercourse to remove any sperm remaining from the previous ejaculation.
	* + 1. Offer and provide external/internal condoms.
7. The decision to offer and dispense future-use EC should be made on an individualized basis and should include shared decision making between the provider and the client. The practice of offering and dispensing future-use EC to *all* clients has had no impact on unintended pregnancy rates. Data shows that clients who had EC available at the time of unprotected intercourse either didn’t take it at all or took it incorrectly. Additionally, the practice of providing EC to all clients represents a significant cost to the agency. Clients *requesting* (those that self-identify that they need or want) EC for future-use and those using less reliable methods of contraception (tier 3 methods) might benefit most from having future use EC made available.
	1. Instruct the client to wait 5 days after the administration of Ella® before initiating hormonal contraceptives. Recommend the use of a barrier method of contraception with all subsequent acts of intercourse that occur within the next 14 days.
8. Review the client’s history and access of recommended health screenings. Send a Release of Records for past health screenings, if performed elsewhere.
9. Offer and schedule a Reproductive Health Well Visit with the prescribing provider if the client has not had one within the past 12 months.

**ROUTINE FOLLOW-UP:**

1. The recommendations listed below address when routine follow-up is recommended for safe and effective continued use of contraception for healthy clients. Although routine follow-up is not necessary for the use of withdrawal as a contraceptive method, recommendations for follow-up might vary for different users and different situations. Specific populations such as adolescents, those with certain medical conditions or characteristics, and those with multiple conditions may benefit from more frequent follow-up visits.
2. Advise the client to return at any time to discuss the contraceptive method, or if wanting to change the method being used.
3. At other routine visits, healthcare providers should do the following:
* Assess the client’s satisfaction with the contraceptive method and whether the client has any concerns about method use; and
* Assess any changes in health status that would change the appropriateness of using the method.

**CLIENT EDUCATION:**

* + - 1. Provide the client information on all contraceptive methods; it is important that the client understands all options available to decrease risk of pregnancy.
			2. Advise the client that pre-ejaculatory fluid may contain sperm, which could possibly cause a pregnancy.
			3. Advise the client to use external/internal condoms for protection against STIs.
			4. Advise the client that the withdrawal method does not protect against STIs.
			5. Counsel the client on risk reduction: sexual behaviors, attitudes and relationships.
			6. Advise clients with conditions that make pregnancy an unacceptable risk that the withdrawal method might not be appropriate for them due to its higher typical-use failure rates.

**REFERENCES:**

Centers for Disease Control and Prevention. 2016. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Centers for Disease Control and Prevention. 2016. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>

Kowal, D. 2011. Coitus Interruptus (Withdrawal). In Deborah Kowal (Ed) *Contraceptive Technology,* 20th Ed. Pg 409-414. Ardent Media: Atlanta, GA