Instruction for the patient

Your situation

- You are 41 years old and delivered 6 weeks ago
- You are breastfeeding and whishing to breastfeed as long as possible
- During the pregnancy you gained 20 kg and your current body mass index (BMI) is 32 kg/m^2
- Before your pregnancy, your contraceptive method was a combined levonorgestrel containing pill prescribed not only for contraception, but also to improve menorrhagia. You frequently forgot pill intake
- You wish to restart the same type of pill, but you are not sure if the pill can be used during breastfeeding
- When you were 30 years old, you tried to use a copper IUD but you experienced a vasovagal synkope during insertion. Now you fear another insertion

Instruction for the patient

Your questions for the doctor

1. Can I start with this pill again?
2. What other contraceptive options do I have? I heard about the implant
3. If I have to change the method, what will be the effect on my milk production and on my weight?
4. Is my current BMI a limitation to use any CHC or the implant?
5. Could the insertion of an implant be as painful as the insertion of an IUD?

Instruction for the doctor to question 1:

Can I start with this pill again?

- Explain the WHO MEC about the use of contraceptives during breastfeeding
- There are two cardiovascular risk factors for CHC use: age and obesity, each MEC Category 2. These risk factors multiply.
- So, you advice your patient not to start with CHC

Bahamondes et al. Fertil Steril. 2013;100(2):445–50. Espey E et al. Obstet Gynecol. 2012;119(1):5–13. Kamal et al. Am J Obstet Gynecol 1970;108(4):655–8. Kamal et al. Am J Obstet Gynecol. 1969;105(3):324–34. Kapp N, Curtis KM. Contraception 2010;82:10–6. Koetsawang et al. Fertil Steril. 1972;23:24–8.

Instruction for the doctor to question 2:

What other contraceptive options do I have? I heard about the implant

- She just delivered 6 weeks ago. Probably she wants to avoid a new pregnancy as much as possible
- Discuss about the efficacy of the Implant in obese women, and compare with IUD and POP.

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Instruction for the doctor to question 3:

If I have to change the method, what will be the effect of the impant and DMPA on my milk production and on my weight?

- Discuss about the impact of these methods on weight and milk production
- Explain the efficacy of Implanon is **probably** not affected by body weight, but if she does not loose weight, earlier removal might be an option to be very sure
- If the patient finally accepts to use Implanon, do not delay its insertion. You can insert it at this moment

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Instruction for the doctor to question 4:

Is my current BMI a limitation to use any CHC or the implant?

- **POP**: At present no data indicate a decreased efficacy of desogestrel 75 µg in obese women
- **Implant**: Etonogestrel levels are lower in obese women. Caution is recommended. Replacement after 24 months instead of 36 months might contribute to safety
- **DMPA**: Highly efficient in obese women
- **CHC:** BMI >30: WHO2; BMI>35: WHO3
  (efficient in doses of EE 30µg)

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Instruction for the doctor to question 5:

Could the insertion of an implant be as painful as the insertion of an IUD?

- Explain that IUD insertion is less painful after childbirth
- Explain the insertion and removal procedures of Implanon
- Mention that all POC are effective in treating menorrhagia
- Discuss that LNG-IUS or DMPA are the first line options to treat heavy menstrual bleeding and typically can result in amenorrhoea on the long-term

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WHO MEC on breastfeeding CHC

Category 2

- breastfeeding ≥6 months postpartum

Category 3

- Breastfeeding between 6 weeks and 6 months
- Non-breastfeeding <21 days (if no additional risk factors for blood clots)

Category 4

Breastfeeding: <6 weeks postpartum

Bahamondes et al. Fertil Steril. 2013;100(2):445–50. Espey E et al. Obstet Gynecol. 2012;119(1):5–13. Kamal et al. Am J Obstet Gynecol 1970;108(4):655–8. Kamal et al. Am J Obstet Gynecol. 1969;105(3):324–34. Kapp N, Curtis KM. Contraception 2010;82:10–6. Koetsawang et al. Fertil Steril. 1972;23:24–8.

WHO MEC on breastfeeding Implant, POC, DMPA and LNG-IUS

Category 1

Breastfeeding between 6 weeks and 6 months and use of DMPA, Implanon, POC, LNG-IUS

Category 2

Breastfeeding women who are < 6 weeks postpartum

and generally use progestogen-only pills (POPs) and etonogestrel (ETG) implants

Category 3

- DMPA for < 6 weeks postpartum

More detailled cardiovascular risk screening for use of CHC

- VTE, pulmonary embolism (LE), myocardial infarction (MI), stroke in the history **WHO 4**
- Known Thrombophilia **WHO 4**
- Migraine with aura **WHO 4**
- Hypertension ≥160/ ≥100 **WHO 4**
- Positive family history for VTE, PE, MI, stroke **Strong contraindication**
- Obesity
- Age >35 years
- Smoking
- Migraine without aura
- Multiplicative effect of less strong risk factors (smoking and age)

Efficacy of POC and IUD

Method	% of women experiencing an unintended pregnancy within first year of use	
	Typical use	Perfect use
No method	85	85
Condom male	18	2
Combined pill	9	0.3
Progestin –only pill	9	0.3
Depo-Provera	6	0.2
Implanon	0.05	0.05
IUD Copper T380Ag*	0.3	0.3
IUD LNG-IUS 5years*	0.2	0.2

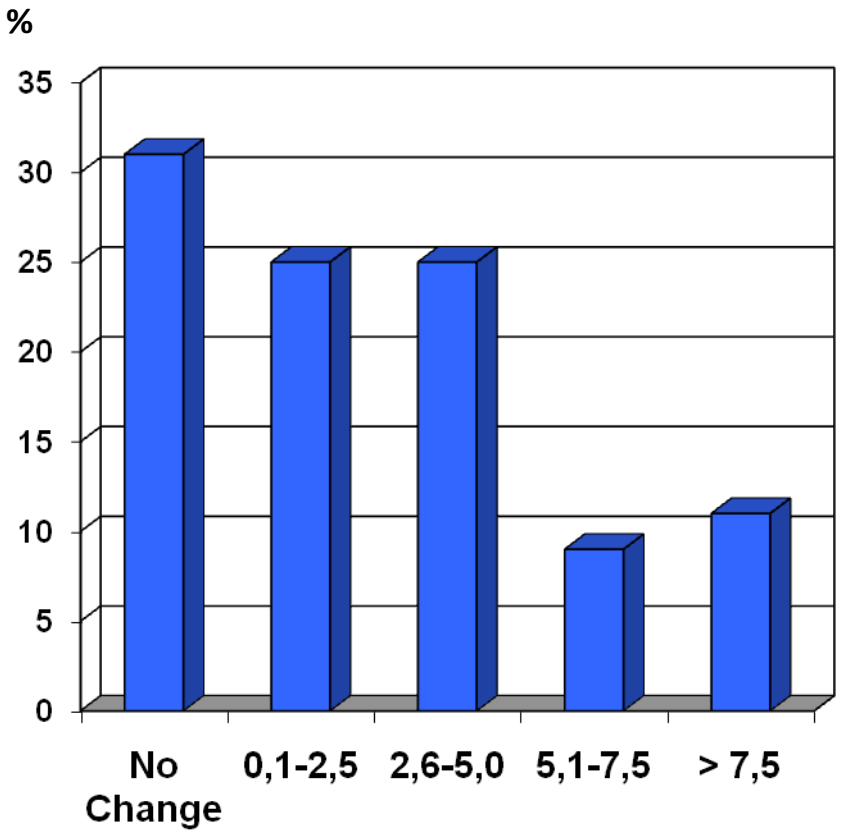
*Source I.Sivin, Contraception 1990,; Vol.42NO 4.; adapted from Trussel Contraception 2011

Implant and weight gain

Implant (etonorgestrel)

N= 942 implant users for 2 years

31% of women had no weight gain related with implant use.



With DMPA mean weight increase was around 4 kg after 2 years

Implant and weight

Frequent reasons for discontinuation (bleeding irregularity excluded n=889)

- **Weight gain*** **1.5%**
- **Acne** **1,0%**
- **Libidoproblems** **0.7%**
- ***↑ >10% of own weight in 20,1% of the users**

Affandi,B.: Contraception. 1998 Dec;58(6 Suppl):99S-107S.

Efficacy of POC and IUD in obese women

- **POP** : At present no data indicate a decreased efficacy of Desogestrel 75 µg in obese women.
- **Implant**: Etonogestrel levels are lower in obese women. Caution is recommended. Replacement after 24 months instead of 36 months might contribute to safety.
- **DMPA** : Highly efficient in obese women
- **IUD**: efficacy is high, PI <0.2-0.3.

Merki-Feld GS et al. EJCRHC 2015; 20: 19–28