Instruction for the patient

Your situation

- You are a 31-year-old woman with one child
- The delivery was 6 weeks ago and you are breastfeeding
- You do not want to use an invasive method for contraception and you intend to breastfeed during the first year of the baby´s life

Instruction for the patient

Your questions for the doctor

1. Is POP safe for the baby?
2. Is POP as effective as a normal pill and when can I start it?
3. Will I have a normal bleeding pattern with this pill?
4. Are there any side effects?
5. What can I do if I forget one or more pills?

Instruction for the doctor to question 1:

Is POP safe for the baby?

- Explain the WHO MEC during the breastfeeding period (POC and CHC) (the woman is 6 weeks postpartum)
- Mention that POPs generally do not affect breast milk quality and quantity
- Explain that as she is 6 weeks postpartum she can start a POP immediately; it will have no impact on the baby's health if she starts now

Instruction for the doctor to question 2:

Is POP as effective as a normal pill and when can I start it?

- Compare the effectiveness of POP with that of other methods
- Emphasise the importance of compliance (*daily method*)
- Explain the effectiveness of LAM *(lactational amenorrhoea method)*
- Explain the safety of POP postpartum regarding the risk of DVT (POP does not increase the risk)

Instruction for the doctor to question 3:
Will I have a normal bleeding pattern with this pill?

- Clarify what bleeding pattern may be expected
- It is very important that the women understands the concepts of *amenorrhoea* and *unpredictable bleeding* and accepts them
- Clarify that changes to the bleeding pattern are safe and have no impact on future fertility

Instruction for the doctor to question 4:

Are there any side effects?

- Explain that POPs have an impact on body weight
- Inform her about rare side effects (<10%), which may resolve over time

Instruction for the doctor to question 5:

What can I do if I forget one or more pills?

- Explain what means missing pills for desogestrel-only pill (pill has been forgotten for >12 h)
- Explain the importance and safety of EC use (general and during breastfeeding) (EC with LNG is safe during breastfeeding)
- Explain procedures with UPA and LNG; mention copper IUD for high-risk situations

Progestin-only contraception and breastfeeding (adapted from WHO MEC recommendations)

- <6 weeks postpartum: breastfeeding women can generally use a POP or the etonogestrel-releasing implant; DMPA is not recommended for use <6 weeks postpartum (category 3)
- >6 weeks to <6 months postpartum: beyond 6 weeks postpartum, there is no restriction on the use of POC
- CHCs are not recommended until 6 months after delivery in breastfeeding women

LAM eligibility criteria

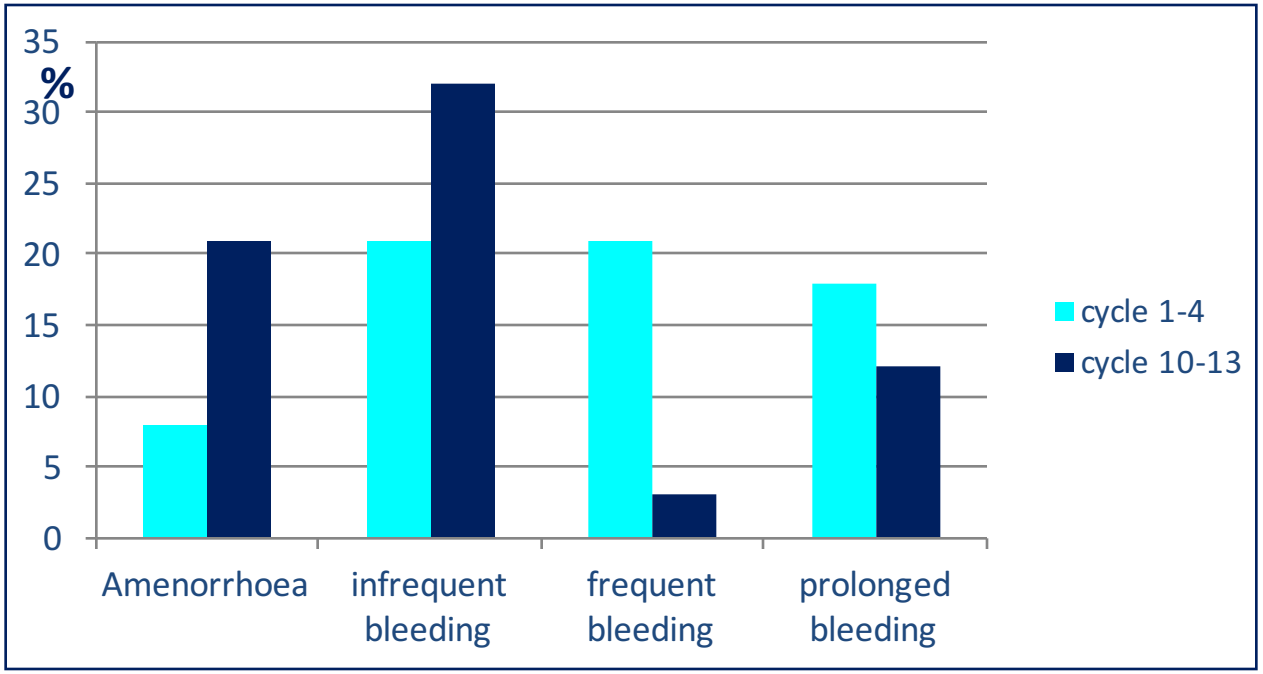
1. The woman fully or nearly fully breastfeeds her baby at regular intervals not exceeding 4 h during the day and 6 h at night **AND**
2. The woman's periods have not returned **AND**
3. The baby is less than 6 months old

LAM: Key points for providers and clients

A temporary contraceptive method based on breastfeeding	• 'Lactational' is related to breastfeeding; 'amenorrhoea' to not having menstrual bleeding • Using LAM means choosing to breastfeed in a way that prevents pregnancy; it works by stopping ovulation • LAM is a 'gateway' to other modern methods of contraception
LAM means breastfeeding often, day and night, and giving the baby little or no other food	• Fully or nearly fully breastfeeding (with little or no other food or drink) gives the best protection from pregnancy and is best for the baby's health
Effective for 6 months after giving birth if periods have not returned	• Very effective when used correctly (less than one pregnancy per 100 women using LAM in the first 6 months after childbirth) • But, as commonly used, it is less effective (two pregnancies per 100 women) in the first 6 months of use

POP: Bleeding pattern

- Rates of prolonged and infrequent bleeding decrease with duration of use (40% after 1 year)
- Amenorrhoea after 1 year in around 21% of users



No authors listed. EJCRHC 1998 Dec;3(4):169-78.

POP: Adverse events

- Irregular bleeding/amenorrhoea
- Acne 3%
- Breast pain 4%
- Headache 7.5%
- Vaginitis 3.8%
- Dysmenorrhoea 1%
- Depressed mood

22.5% discontinue because of irregular bleeding

No authors listed. EJCRHC 1998 Dec;3(4):169-78.

Desogestrel POP
Emergency contraception with ulipristal acetate (UPA)

- Desogestrel reduces the ability of UPA to delay ovulation
- Quick starters should start 5 days after UPA intake

Current POP users

- **UPA**: From day of UPA use: take a POP break for 5 days and restart on day 6; use back-up contraception from day of UPA intake for 12 days
- **LNG**: Continue use of POP and use back-up contraception for 5 days; might be slightly less efficient in certain situations than UPA
- **Copper IUD**: A very efficient and the method of choice in high-risk situations

Brache V et al. Hum Reprod 2015; 13: 2785–93.