



Contraception in physiological situations

Amenorrhea post pill



25 years old

No personal or family history

COC for 7 years

Stops the pill 3 months ago (no partner)

No bleeding since the discontinuation

Amenorrhea post pill

- Occurs frequently after COC
- No linked to the duration of COC
- Pregnancy test anyway
- Reassuring

Weight and Hormonal contraception

- She is 21 years old
- Takes COC since she is 17
- Complains and says that she gained weight and that she still has acne (moderate)
- Ask if pill can be responsible

Weight gain and COC

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Methodology : postal questionnaire, starting in 81 and 91 including young women born in 62 and 72 (19 years old) interviewed by mail every 5 years

Results :

- No difference regarding weight increase among contraceptive users and non contraceptive users
- Same result whatever the duration of use
- No difference between nulliparous or multiparous

The only predictive factor is Age (450g/year)

Weight gain : 10kg between 19 et 44 years old

Less if smoking (-1,6kg)

The long-term influence of combined oral contraceptives on body weight. Ingela Lindh , Agneta Andersson Ellstrom, and Ian Milsom

Human reproduction, Vol.26,N°7pp.1917-1924,2011

Weight gain and COC

Cochrane 2014

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“We found 49 trials that met our inclusion criteria. The trials included 85 weight change comparisons for 52 distinct contraceptive pairs (or placebos). The four trials with a placebo or no intervention group did not find evidence supporting a causal association between combination oral contraceptives or a combination skin patch and weight change. **Most comparisons of different combination contraceptives showed no substantial difference in weight.** In addition, discontinuation of combination contraceptives because of weight change did not differ between groups where this was studied.”

Acne and COC

Cochrane 2009/2012

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« The three COCs evaluated in placebo-controlled trials are effective in reducing inflammatory and non-inflammatory facial mild or moderate acne lesions.

- Few differences were found between COC types in their effectiveness for treating acne.
- COCs compare to alternative acne treatments is unknown since limited data were available regarding this question ».

« A COC with cyproterone acetate(diane®) might result in better

acne outcomes than one with desogestrel; however, the three studies comparing these COCs produced conflicting results »

30 years old

2 children (4 and 2 years old)

Uses ring since 1 year

Repetitive vulvo-vaginal candidiasis since few
months

Partner has no symptom

Asks if there is a link with her contraception

Hormonal contraception and repetitive vulvo vaginal candidiasis

No link

But sometime, when stop COC or ring, candidiasis stops also!!!

Side effects with combined methods

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Symptoms	Causes	advice
Nausea 10-20% the first cycle	Estrogen	Take pill with food or at bedtime Switch for a pill with lower dose of Estrogen
Irregular Bleeding spotting	Endometrium atrophy In the first few months Progestin	Keep taking COC Switch for a pill with higher dose of Estrogen Reassure
Amenorrhea very light monthly bleeding	Endometrium atrophy Progestin	Reassure
Amenorrhea after stopping pill	Temporary blockage of Hypothalamus-pituitary system	Always reversible (max 2 years) Reassure

Side effects with combined methods

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Symptoms	Causes	advice
Mastodynias Breast tenderness (1-15%)	Estrogen No risk of cancer	Macro progestin Reassure
Headaches/migraines	Estrogen	Stop COC if auras Switch for a POP
Chloasma	?	Sunscreen
Decrease libido	?	?

30 years old

Normal delivery 2 weeks ago

Starts breast feeding then stops

Which contraception will you recommend ?

30 years old

Normal delivery 2 weeks ago
breast feeding

Which contraception will you recommend ?

30 years old
Normal delivery 2 weeks ago
breast feeding 1 months
starts POP but wants an IUD
When will you insert the IUD ?

Post partum contraception

- No **fertility** before 25 days with or without breast feeding

Then return delay of fertility differs when breast feeding or no breast feeding

- **Increasing of thromboembolic risk up**

- to 21 days (OR :5)
- To 42 days if risk factor

Age > 35 ans

Obesity CMI > 30

Immobilization

Coagulation disorders

PP hemorrhage

Smoking

C-section

Return delay of fertility

	Breast feeding		No breast feeding	
	6 weeks	24 weeks	6 weeks	24 weeks
Ovulation	5 %	65 %	15 %	75 %
menstruation	15 %	85 %	40 %	90 %

Recommended contraceptive methods

With or without breast feeding

Methods

Condom, préservatif féminin
Spermicides

Diaphragme, cape

awareness cycle methods

When to start?

First intercourse

8 weeks

Not recommended

Recommended contraceptive methods With or without breast feeding

Methods

Copper -IUD
LNG-IUD

When to start?

- < 48h (more expulsions)
- 4-6 semaines (Normal or C-section)
More perforation

Recommended contraceptive methods without breast feeding

methods	When to start
Hormonal contraception CHC , POC	> D21 with no risk factors >D 42 with risk factors Age > 35 ans Obesity CMI > 30 Immobilization Coagulation disorders PP hemorrhage Smoking C-section

Recommended contraceptive methods With breast feeding

Methods	When to start
Progestin only method (POP, Implant, Injectable)	after 6 weeks
Combined hormonal contraception	after 6 months
Emergency contraception LNG	Anytime
Ulipristal	No data

Contraception par Méthode de l' Allaitement maternel et de l' Aménorrhée(MAMA)

Mécanisme d'action: Supprime l'ovulation

Efficace pour les femmes qui: · pratiquent un allaitement complet ou quasi complet, n'ont pas encore eu de retour de couches, **et** sont à moins de 6 mois postpartum.

L'allaitement complet est caractérisé par: · Allaitement chaque fois que le bébé le souhaite (au moins toutes les 4 heures pendant la journée)

Des tétées nocturnes (au moins toutes les 6 heures) · Aucun autre aliment solide ou liquide se substituant à une tétée.

Efficacité (1 à 2 grossesses pour 100 femmes au cours des premiers 6 mois d'utilisation)

Avantages: Efficace immédiatement

N'interfère pas avec les rapports sexuels

Pas d'effet secondaire, pas de coût

Inconvénients:

Patiente dépendante

Difficile en pratique



Managing missed pills

Missing COC (21 pills or 28 with 7 placebo)

Less than 12hours late in taking one pill



- Take the delayed pill now and further pills as normal.
- No need of extra protection

Missing COC (21 pills or 28 with 7 placebo)

More than 12hours late in taking one pill or more



- Instruction depending of the number of pills left in the packet (less or more than 7 pills left in the package)
- Need **7 days** of continuous pill to be effective as a contraception

Missing COC (21 pills or 28 with 7 placebo)

Missing pills the 7 first pills of the packet (1-7)



- Emergency contraception if you had sex in the 5 past days (LNG and not ulipristal***)
- Take the delayed pill now and further pills as normal.
- Use back up contraception in addition to your pill for next 7 days

*** Ulipristal could decrease the contraceptive action of combined pill

Missing COC (21 pills or 28 with 7 placebo)

Missing pills in the middle of the packet (7-14)



- Take the delayed pill now and further pills as normal.
- No need of extra protection

Missing COC (21 pills or 28 with 7 placebo)

Missing the 7 last pills of the packet (14-21)



- Take the delayed pill now and further pills as normal.
- When you have finished the packet, start the next one without a break
- No need of extra protection

Missing progestin-only pill (POP)

Lynestrenol (exluton®)

More than 3 hours late in taking one pill



- Take the delayed pill asap and further pills as normal.
- Back up method the next 2 days
- Take EC if sex in the past 5 days

Missing progestin-only pill (POP)

Desogestrel 75 (cerazette®)

Less than 12 hours late in taking one pill



- Take the delayed pill now and further pills as normal.
- No need of extra protection

Missing progestin-only pill (POP)

Desogestrel 75 mg (cerazette®)

More than 12hours late in taking one pill



- Take the delayed pill asap and further pills as normal.
- Back up method the next 2 days
- Take EC if sex in the past 5 days

Post-Abortion Contraception

- Fertility comes back *almost immediately* after a first trimester abortion
- Women with an induced abortion who do not wish to become pregnant soon should begin using contraception immediately (within 7 days) if:
 - ▣ They have no serious complications requiring additional care
 - ▣ They receive appropriate contraceptive counseling

Contraceptive counseling should help women choose the right method for them and should include:

- methods with proven effectiveness
- a discussion of the contraindications of each method and when to begin them

Post-Abortion Contraception

Method	When to start?	
	Surgical abortion	Medical abortion
Hormonal contraception (CHC, POP, implant injectable)		

Post-Abortion Contraception

Method	When to start?	
	Surgical abortion	Medical abortion
Hormonal contraception (CHC, POP, implant injectable)	Day of aspiration	Day of misoprostol
IUD Copper IUD LNG IUD		

Post-Abortion Contraception

Method	When to start?	
	Surgical abortion	Medical abortion
Hormonal contraception (CHC, POP, implant injectable)	Day of aspiration	Day of misoprostol intake
IUD Copper IUD LNG-IUD	Day of aspiration	At the follow up visit if uterus empty (U/S) Or at next menstruation
Condoms, spermicides Withdrawal Date methods	Immediately	