Chapter 5
PROGESTIN-ONLY CONTRACEPTIVES:
Pills, Injectables, and Implants

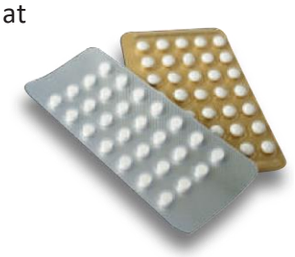
Progestin-only contraceptives contain only the hormone progestin, like the natural hormone progesterone in a woman's body. Examples of such contraceptives include Progestin-only pills (POPs), progestin-only injectables, and subdermal implants.

PROGESTIN-ONLY PILLS

WHAT ARE PROGESTIN-ONLY PILLS?

POPs are oral hormonal contraceptives containing only progestins at low doses. Only two kinds of POPs are available in the Philippines:

- 0.5 mg lynestrenol (e.g., Exluton, Daphne)
- 75 µg desogestrel (e.g., Cerazette) Both are available in 28-tablet packets.



HOW EFFECTIVE ARE POPs?

- For breastfeeding women, POPs are 99.5% effective with perfect use and 99% effective with typical use. These effectiveness rates are lower for women who are not breastfeeding.
- POPs must be taken at the same time every day. When taken even a few hours late, these pills will be less effective.

HOW DO POPs WORK?

- POPs prevent ovulation in 50% of cycles in lynestrenol preparation and 97% of cycles in desogestrel preparation. Suppression of ovulation is more common in older women and those who are breastfeeding. This process takes effect after at least seven days of regular pill intake.
- POPs mainly thicken the cervical mucus and impair the entry of sperm into the uterus. These changes are effective 48 hours after beginning the pill.

WHAT ARE THE ADVANTAGES OF USING POPs?

- Can be used by breastfeeding mothers six weeks after childbirth without affecting the quality and quantity of breast milk
- No estrogen side effects
- Promotes compliance in pill taking, as women take one pill every day with no break, and instructions are easily understandable
- Can be very effective during breastfeeding
- May help prevent benign breast disease, endometrial and ovarian cancer, and pelvic inflammatory disease

WHAT ARE THE DISADVANTAGES OF USING POPs?

- May induce changes in menstrual bleeding among women who are not breastfeeding (e.g., irregular periods, spotting or bleeding between periods [common], and amenorrhea possibly for several months [less common]) and prolongs or causes heavy menstrual bleeding in other women
- May cause headaches and breast tenderness (less common)
- Must be taken at approximately the same time each day to be effective, as taking a pill more than three hours late increases the risk of pregnancy for women who are not breastfeeding, and missing two or more pills increases the risk significantly
- Offers no protection against STIs such as HIV/AIDS
- Effectiveness may be reduced when certain drugs, such as the following, are taken:
    - Carbamazepines, oxcarbazepine, primidone, topimarate, modafinil, phenytoin, and barbiturates for epilepsy
    - Rifampicin for tuberculosis
    - Medicated charcoal for stomach upset
    - Ritonavir and ritonavir-boosted protease inhibitors (antiretroviral)

WHO CAN USE POPs?

The WHO MEC screening checklist for POPs (Table 9) should be used to determine the eligibility/suitability of the method to the client.

Table 9. MEC categories for POPs

Category 1: Use the method without restriction.

• Women of reproductive age	• Depressive disorders
• Women who may or may not have given birth	• Diagnosed with benign ovarian tumor, endometriosis, severe dysmenorrhea
• Breastfeeding women, more than six weeks after childbirth	• Women with gestational trophoblastic disease, endometrial cancer, or ovarian cancer
• Any time for non-breastfeeding postpartum women	• Cervical ectropion, cervical intraepithelial neoplasia, or cervical cancer prior to treatment
• Any time post-abortion	• Benign breast disease, or family history of cancer
• History of pelvic surgery	• Among women with uterine anatomical abnormalities (e.g., fibroids)
• Women who smoke at any age	• Current or history of PID or STIs such as HIV/AIDS
• Body mass index of more than or equal to 30 kg/m^2	• Schistosomiasis
• Adequately controlled hypertension, in which blood pressure CAN be evaluated	• Increased blood pressure (systolic of 140 mm Hg to 159 mm Hg or diastolic of 90 mm Hg to 99 mm Hg)
• Tuberculosis	• Malaria
• Epilepsy	• History of gestational diabetes
• Family history of DVT/PE	• Any thyroid disorder
• Surgery WITHOUT immobilization	• History of pregnancy-related cholestasis
• Superficial venous thrombosis	• Any classification of viral hepatitis
• Any type of valvular heart disease	• Mild liver cirrhosis
• Non-migrainous headache	• Anemias such as thalassemia, sickle cell disease, or iron-deficiency anemia
• Initiation of method in women with migraine, without aura	• History of high blood pressure during pregnancy
• Current use of nucleoside reverse transcriptase inhibitors, lamotrigine, broad-spectrum antibiotics, antifungal, or antiparasitics	

Category 2: Generally use the method but with more than the usual follow-up.

- Past ectopic pregnancy
- Multiple risk factors for arterial cardiovascular disease such as older age, smoking, diabetes, and hypertension
- History of hypertension, in which blood pressure CANNOT be evaluated
- Have high blood pressure (systolic of more than or equal to 160 mm Hg or diastolic of more than or equal to 100 mm Hg)
- Hypertension with vascular disease
- History or currently diagnosed with DVT/PE on anticoagulant therapy
- Major surgery with prolonged immobilization
- Known thrombogenic mutations
- Initiation of method in women with current and history of ischemic heart disease or stroke
- Known hyperlipidemia
- Systemic lupus erythematosus with negative antiphospholipid antibodies
- Migraine with aura at any age
- Women with irregular vaginal bleeding patterns
- Unexplained vaginal bleeding prior to evaluation
- Undiagnosed breast mass
- Diabetes with or without vascular disease
- Any gallbladder disease
- History of COC-related cholestasis
- Benign liver tumors such as focal nodular hyperplasia
- Current use of non-nucleoside reverse transcriptase inhibitors

For the MEC screening checklist and a complete classification of medical conditions, see the *Medical Eligibility Criteria* in Appendix E.

WHO CANNOT USE POPs?

According to the WHO MEC, clients with the following characteristics and conditions cannot use the method:

Category 3: Do not use the method unless no other appropriate method is available under close supervision.

- Breastfeeding women, less than six weeks after childbirth
- Acute DVT/PE
- Continued use in women with current or history of ischemic heart disease or stroke
- Systemic lupus erythematosus with positive antiphospholipid antibodies
- History of breast cancer with no evidence of disease in the last five years
- Severe liver cirrhosis
- Liver tumors such as hepatocellular adenoma or malignant hepatoma
- Current use of ritonavir-boosted protease inhibitors, anticonvulsant therapies, or rifampicin/ rifabutin therapy

Category 4: Do NOT use the method.

- Diagnosed with breast cancer

WHAT ARE THE IMMEDIATE AND LASTING EFFECTS OF POP USE?

- Amenorrhea (no monthly bleeding)
  - Reassure the client that this condition is normal for breastfeeding women and is not harmful.
  - For non-breastfeeding clients, reassure them that some women using POPs stop having monthly bleeding, which is not harmful and does not indicate infertility. Blood need not be lost monthly, and the woman is not infertile.
- Breakthrough (irregular) bleeding (bleeding at unexpected times that bothers the client)
  - Reassure the client that many women using POPs experience irregular bleeding whether breastfeeding or not. This condition is not harmful and becomes less frequent or stops after several months of use. Other possible causes of breakthrough bleeding include vomiting or diarrhea and taking of anticonvulsants or rifampicin.

- Headaches
  - Suggest pain relievers (paracetamol, aspirin, ibuprofen).
  - If headache worsens or occurs often during POP use, the client should be evaluated.
- Breast tenderness
- Nausea or dizziness: suggest taking POPs at bedtime or with food.
- No known lasting/serious side effects of POP use have been reported.

HOW ARE POPs USED?

The POP screening checklist (Appendix E) should be used to determine the eligibility/suitability of the method to the client.

Starting POPs

For clients who are menstruating

- Ideally, the client should start the first pill within the first five days of the menstrual period (preferably on the first day). A backup method is not necessary.
- The client can also start at any time as long as she is reasonably certain that she is not pregnant. If the client is unsure, provide her with POPs now, but instruct her to start taking them on the first day of her next menstrual cycle.
- If the POPs are started after the first five days of the menstrual cycle, the client should use a backup method for the next two days.

For amenorrheic clients (no monthly bleeding)

- The client can start POPs at any time as long as she is reasonably certain that she is not pregnant.
- The client will need to abstain from sex or use a backup method for the next two days of taking pills.

For postpartum clients who are fully or nearly fully breastfeeding

Less than six months after giving birth

- Clients may be given a supply of POPs but should be instructed to start only after six weeks of giving birth.
- If menstrual bleeding has not returned, the client can start POPs any time between six weeks and six months. A backup method is not necessary.
- If menstrual bleeding has returned, the client should take POPs within the first five days of the menstrual cycle. If POPs are taken after this period, the client should use a backup method for the next two days of taking pills.

More than six months after giving birth

- If menses have not returned, the client can start POPs at any time as long as she is reasonably certain that she is not pregnant. However, a backup method should be used for the first two days of taking pills. If unsure, POPs may be taken but only during the client's next monthly bleeding.

For postpartum clients who are partially breastfeeding

Less than six weeks after giving birth

- Clients may be given a supply of POPs but should be instructed to start only after six weeks of giving birth.

More than six weeks after giving birth

- If menses have not returned, the client can start POPs at any time as long as she is reasonably certain that she is not pregnant. However, a backup method should be used for the first two days after starting the pills. If unsure, POPs may be taken but only during the client's next menses.
- If menstrual bleeding has returned, the client should take POPs within the first five days of the menstrual cycle. If POPs are taken after this period, the client should use a backup method for the next two days of taking pills.

For postpartum clients who are not breastfeeding

- ***Less than four weeks after giving birth***
  - The client can start POPs immediately or at any time. A backup method is not necessary.
- ***More than four weeks after giving birth***
  - If menses have not returned, the client can start POPs at any time as long as she is reasonably certain that she is not pregnant. A backup method should be used for the first two days after starting the pills. If unsure of pregnancy, POPs may be taken but only during the client's next menses.
  - If menstrual bleeding has returned, the client should take POPs within the first five days of the menstrual cycle. If POPs are taken after this period, the client should use a backup method for the next two days of taking pills.

For clients switching from another hormonal method

- The client can start POPs immediately if she has been using another hormonal method consistently and correctly or if she is reasonably certain that she is not pregnant.
- If the client previously used an injectable contraceptive, she should start POPs when the repeat injection would have been given.

For clients switching from a non-hormonal method (other than intrauterine device [IUD])

- The client can begin using POPs within five days after the start of her menstrual bleeding. No additional contraceptive is needed.
- The client can also start POPs at any time if she is reasonably certain that she is not pregnant. However, she must abstain from sex or use a backup contraceptive for the first two days if more than five days have passed since the start of her menstrual bleeding.

For clients switching from an IUD (including a hormone-releasing IUD)

- The client can start POPs within the first five days of her menstrual cycle. No need for a backup method. The IUD can be removed upon taking the POPs.
- If the client starts taking POPs after the first five days of her menstrual cycle and she has been sexually active, do not remove the IUD until her next monthly bleeding.
- If the client starts taking POPs after the first five days of her current menstrual cycle and she has NOT been sexually active, the IUD can stay in place and be removed during her next menstrual cycle; or the IUD can be removed, and she can use a backup method for the next two days.

Taking the POP

- The client should take one pill every day at the same time until the packet is finished; she should start a new packet the day after she finishes the previous packet.

Managing missed pills

- Remember to emphasize the importance of not forgetting any pill, even for just a few hours.
- Advice the client that if she missed one or more pills, she may have spotting or breakthrough bleeding, and her risk of becoming pregnant increases.
- The client needs to resume taking the pills as soon as possible.
- If the client missed taking a lynestrenol-containing POP by more than three hours or a desogestrel-containing POP by more than 12 hours, she must abstain from sexual intercourse or use a barrier method of contraception during the first 48 hours after restarting the pills.
- If the client is breastfeeding and amenorrheic and missed one or more pills by more than three hours, she must take one pill as soon as possible and continue to take the pills as usual. If more than six months postpartum, use a backup method for the next two days.

- Remind the client to keep track of her periods while taking POP. If she fails to have her menses for more than 45 days, she should see her healthcare provider for an examination and a pregnancy test.
- If the client experiences spotting or bleeding between periods, she should continue taking the pills on schedule. If bleeding is very heavy or is accompanied by pain, fever, or cramps, she should return to the clinic. In most cases, the bleeding is not serious and will stop in a few days.
  Bleeding is especially likely if she missed a pill. Bleeding is common in the first few months of taking pills.

WHAT ARE THE POTENTIAL COMPLICATIONS AND ADVERSE EFFECTS OF POPs?

"Ovarian cysts" or follicles that continue to grow beyond the usual size in a normal menstrual cycle are common among POP users. These cysts may cause some abdominal pain but rarely require treatment.

WHAT HAPPENS WHEN A CLIENT STOPS USING POPs?

Return of fertility is immediate when the client stops or is more than three hours late in taking the POPs.

WHEN SHOULD CLIENTS SEE A SERVICE PROVIDER?

Serious complications are rare with POPs. However, the client must return to the clinic if she has any questions or if any of the following arises (may or may not be caused by POPs):

- Prolonged and/or heavy bleeding (twice as long or more than usual for the client)
- Headaches that start or worsen after starting POPs
- Yellowish discoloration of the skin
- Symptoms of pregnancy (i.e., missed period after several regular cycles), especially if she has signs of ectopic pregnancy, including abdominal pain or tenderness and faintness

WHAT COUNSELING TIPS SHOULD BE OFFERED TO THE CLIENT?

- In general, the effectiveness of POPs is slightly lower than that of COCs, particularly when a pill is missed.
- Side effects, such as breakthrough bleeding and amenorrhea, are common with POPs.
- If the woman is breastfeeding and is concerned about transmitting the hormone in her milk, explain that no evidence suggests that the amount of hormone negatively affects the baby.
- Instructions to clients, such as when to start, what to do with missed pills, and need for follow-up/return visits, should be emphasized.

WHAT ARE THE FACTS ABOUT POPs?

Contrary to popular beliefs,

- POPs do not affect milk production.
- POPs do not cause birth defects and will not harm the fetus if a woman becomes pregnant while taking POP or accidentally takes POP when she is already pregnant.
- women who stop using POPs can become pregnant as quickly as women who stop non-hormonal methods.
- POPs do not cause cancer.
- POPs neither affect a woman's sexual behavior nor cause mood changes.
- POPs reduce the risk of ectopic pregnancy.