

The Population Council's Robert H. Ebert Program on Critical Issues in Reproductive Health, established in 1988, responds to an awareness that many important reproductive health problems—and the ways women experience them—have been neglected by policymakers, program planners, and practitioners. Currently the Program focuses on several areas that merit special attention: improving the quality of services in reproductive health programs, managing unwanted pregnancy and preventing the consequences of unsafe abortion, devising new approaches to postpartum care to meet the health needs of the mother and child, and designing programs that address sexually transmitted diseases, including AIDS, within the larger context of women's reproductive health.

The Population Council is an international, nonprofit, nongovernmental institution that seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries.

References available from:

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What You Should Know About Breastfeeding and the Progestin-Only Pill *Information for Providers*

The Progestin-Only Pill is the most effective woman-controlled family planning method that is safe during breastfeeding and is easy to use



About Breastfeeding Women

The woman who is breastfeeding has special family planning needs. She needs complete information about all available options that are safe for her and her breastfeeding child.

Breastfeeding can protect her from pregnancy. It provides 98% protection against pregnancy if menstrual bleeding has not resumed, she fully breastfeeds day and night, and the baby is not yet six months old.

Ask for details when you discuss breastfeeding. Individual breastfeeding practices make a difference. Babies older than six months eat food in addition to breastmilk, but this does not mean the woman breastfeeds less. If the baby continues to feed frequently on large amounts of breastmilk, the contraceptive effects of breastfeeding can be prolonged beyond six months.

A top priority for all health workers is to promote and protect breastfeeding. Therefore, avoid giving negative messages about breastfeeding such as, "Come back for a more effective method after you stop breastfeeding." The woman may think that you expect her to stop breastfeeding sooner than she had planned. Negative messages

can undermine her confidence in breastfeeding and in the family planning method she has chosen. Health care providers sometimes unintentionally increase fears about lactation—fears that can lead to premature weaning.

Reassure the woman:

- She can make enough milk. Most women, even those who are undernourished, can make enough milk for their babies using good breastfeeding practices.
- Her milk is good enough. Many people do not realize that normal breastmilk may look thin and watery.
- Women who are breastfeeding should not use estrogen pills. Progestin-only pills, on the contrary, do not interfere with breastfeeding, nor will they affect the baby's growth.
- Breastfeeding women who give any other foods to their infant should be counseled on the benefits of exclusive breastfeeding, manual expression of milk, and how to maintain milk supply when separated from their babies.

Progestin-Only Pills (POPs or mini-pills) are safe and effective for women who wish to use an oral contraceptive while breastfeeding. POPs are different from combined oral contraceptive pills (COCs). They do not interfere with lactation or have negative effects on infant growth. The information presented here is to help the provider counsel the breastfeeding woman.

How POPs work

- Suppressing ovulation in about 50% of cycles
- Thickening cervical mucus that blocks sperm
- Interfering with the buildup of the lining of the uterus, making implantation unlikely
- Slowing the movement of the egg through the fallopian tube

Effectiveness during lactation

POPs are about 95% effective among general users and are more effective in lactating women. Women who are not exclusively breastfeeding can prolong lactation's effect by giving breastmilk to the baby before other foods, nursing frequently day and night, and expressing milk when separated from the baby.

Use of POPs

Starting

All breastfeeding women should begin POPs after six weeks postpartum. If a woman chooses to rely on the protective effects of lactational infertility (LAM) first, she should begin POPs when her menses return, when she begins adding other foods, or when her baby is six months old.

Women who have not menstruated postpartum may start POPs at any time after six weeks. Women who menstruate should start POPs on the first day of menstrual bleeding. All women should use a back-up method for the first two days after starting or returning to POPs use.

Missed pills

If a woman misses one or more pills, she should take the late pill as soon as she

remembers and the next pill at the regular time. For the next 48 hours, the woman should use back-up protection or abstinence to allow POP's effect on cervical mucus to resume. All users should use a back-up method or abstinence whenever a pill is taken more than three hours late.

Women who are unable to take POPs regularly should consider using another method.

Continuing POPs beyond lactation

A woman can continue to use POPs even after her child is completely weaned. She should understand that POPs are slightly less effective in non-lactating users and that consistent use is essential to effectiveness.

Who can use POPs

POPs are safe to use by women who have contraindications to estrogen such as a history of hypertension, migraines, thromboembolism, diabetes, cardiovascular disease, and smoking.

POPs should not be used by women with:

- Suspected pregnancy
- Breast cancer
- Unexplained bleeding from the vagina

POPs are most effective if they are taken at the same time every day. POPs are less effective when used by women who take drugs for tuberculosis or epilepsy or who are very overweight.

Side effects

POPs cause few side effects because they have no estrogen. Menstrual irregularity is common, but pregnancy testing should be done on any woman who suspects that she may be pregnant. POPs should be stopped if pregnancy is confirmed. Side effects include:

Bleeding: Irregular bleeding usually occurs in the first six months of use among general users. Women who breastfeed are likely to have fewer problems with irregular bleeding.

Amenorrhea: Women who start POPs during lactational amenorrhea may continue to have no periods during use of POPs.

Non-menstrual: Headaches, breast tenderness, vaginal discharge, and nausea and dizziness may occur.

Stopping and returning to fertility

POPs can be stopped at any time. If the woman does not wish to become pregnant, she will need to use another method right away. If she wishes to become pregnant, advise her that most women (90%) become pregnant in the first year of stopping POPs. However, the return of fertility may be delayed if she still breastfeeds.

Changing methods

Women can change methods at any time, without completing the pack of pills. COCs should be used only if the child is ready for weaning. Women who have not had menstrual bleeding can start COCs on any day. If menses have returned, start COCs on the first day of menstrual bleeding.

Complications

Complications from POPs are rare. Women should be warned that if they experience lower abdominal pain, they should see a health worker immediately to rule out the following:

Functional cysts: Cysts are slightly more common among POP users than COC users. Discontinuation of the POP is recommended; cysts usually disappear within several months.

Ectopic pregnancy: Ectopic rates are higher when POPs have failed to prevent pregnancy, probably due to slower movement of the egg through the fallopian tube. Providers should confirm that pregnancies that occur during POPs use are intra-uterine.