

## **PROGESTIN-ONLY CONTRACEPTION (POC)**

There are two main forms of progestin-only contraception:

- The mini-pill (usually Micronor 28)
- Depo-provera (DMPA) injection

The World Health Organization recommends that breastfeeding women wait until 6 weeks post-partum before starting progestin-only contraceptives. This is to ensure that the mother's milk supply is not affected.

## **THE MINI-PILL**

### **What is the mini-pill?**

The most common minipill used is Micronor 28, which contains a small amount of progestin (Norethindrone 0.35 mg) – much less than what is in combined estrogen-progestin birth control pills.

### **How does the mini-pill work?**

Progestin works by suppressing endometrial growth, thickening cervical mucous, and reducing the action of fallopian tube which pushes eggs towards the uterus. Ovulation is also suppressed in around 60% of women for some of their cycles.

### **How effective is the mini-pill?**

Mini-pills are around 90-99% effective in preventing pregnancy, and work best in women who are able to remember to take the pill at the same time every day. The effectiveness of the mini-pill drops dramatically if pills are missed or taken late.

### **Advantages of the mini-pill:**

- It is simple to use. One pill is taken every day. There are no pill-free days.
- It contains no estrogen, so avoids the risks associated with hypertension, cardio-vascular disease, stroke, venous thrombosis and breast cancer. It may be used by women who are not able to take combined progestin-estrogen contraceptives.
- There are very few women who cannot take the mini-pill. It may be used by breastfeeding women and by women who are over 35 years old who smoke.
- It is immediately reversible – women are fertile as soon as they stop taking it.

### **Disadvantages/Side-effects of the mini-pill:**

- It may cause cycle disturbances, including bleeding between periods, however it usually causes menses to become lighter over time.
- It may cause nausea, headache, breast tenderness.
- To be effective, pills must be taken at the same time every day.
- It does not protect you or your partner from sexually transmitted infections such as herpes, genital warts, Hepatitis B and C or HIV.

### **How do I use the mini-pill?**

- You can start taking the mini-pill at any time after 6 weeks post-partum.
- Although it is effective very quickly, you should use a back-up method of birth control (eg. condoms) or abstain from sex for the first week.
- If you forget to take a pill, you will need to use a back-up method of birth control or abstain from sex for a week, and keep taking one pill a day.

### **How do I get the mini-pill?**

The mini-pill must be prescribed by a physician or midwife. Usually you are prescribed enough for three months. Then you go back to your doctor for a check up and for another prescription.

## **DEPO-PROVERA (DMPA)**

### **What is Depo-Provera?**

Depo-Provera is a progestin (Depo-medroxyprogesterone acetate, 150 mg) which is formulated as a liquid for intrra-muscular injection. The injection is meant to be given every 12 weeks.

### **How does Depo-Provera work?**

The progestin in Depo-Provera suppresses ovulation in most women and thickens cervical mucous, making it very difficult (almost impossible) for sperm to penetrate and get into the uterus. It also thins the uterine lining, making it inhospitable for implantation of eggs. After stopping Depo-Provera it can take 15-49 weeks before the woman becomes fertile again.

### **How effective is the Depo-Provera?**

Depo-Provera is 94-97% effective . Its effectiveness is not affected by body weight or the use of other medications because it is not taken orally, so does not depend on digestive processes. .

### **Advantages of Depo-Provera:**

- It contains no estrogen, so avoids the risks associated with hypertension, cardio-vascular disease, stroke, venous thrombosis and breast cancer. It may be used by women who are not able to take combined progestin-estrogen contraceptives.
- It may be used by breastfeeding women and by women who are over 35 years old who smoke.
- It is immediately effective, even in obese women.
- There is no daily pill to take, so less concern about forgetting or missing a pill.
- It often reduces menstrual bleeding and may cause amenorrhea (no bleeding) in some women (10-30% after one injection, 40-50% after 4 injections, and 80% by the 5<sup>th</sup> year of use). In teen-aged women 2/3 develop amenorrhea after 6 months of use.
- It reduces PMS symptoms.
- It is associated with minimal drug interactions.
- It reduces the frequency of seizures in those with epilepsy
- It reduces risk endometrial and ovarian cancer and of pelvic inflammatory disease.

### **Disadvantages/Side Effects of Depo-Provera:**

- It is not possible to discontinue it immediately. Its effects may continue for up to one year
- It may cause irregular bleeding and menstrual cycle disturbances.
- Women complain of weight gain, breast tenderness, headache and decreased libido.
- It may cause depression and should be used with caution in women with a history of depression or post-partum depression.
- It causes decreased bone density, but no increase in the number of fractures, and bone density levels return to normal when Depo-Provera is stopped.
- It does not protect against sexually transmitted infections such as herpes, genital warts, Hepatitis B and C or HIV. (Only condoms provide some protection.)

### **How do I use Depo-Provera?**

- You can have your first injection of Depo-Provera once you are 6 weeks post-partum.
- Although it is effective very quickly, you should use a back-up method of birth control (eg. condoms) or abstain from sex for a couple of days.
- If you forget to get your next injection for more than 14 weeks after your last one, you may need to take a pregnancy test and use a back-up method or abstain from sex for 2 weeks.

### **How do I get Depo-Provera?**

Depo-Provera must be prescribed by a physician or midwife. 12 weeks after your first injection you go back to your doctor for a check up and another injection.

