

Continuous Pill Taking and Contraceptive Choices when breast feeding

21.11.18 Dr Claire Stansfield

What is Continuous Pill Taking?

- Off licence prescription
- Supported by WHO
- 1. Tricycling
 - well established, but can advise 84/4, not 7 days, really only done if women prefer to have a 'period'.
- 2. Tailored pill taking-
 - best with 20mcg pills as bleeding pattern preferable, take continuously, spotting in first few months common but will often settle down

- if bleeding becomes more problematic stop the pill for 4 days,
- Unless missed other pills in the preceding week no need to use extra precautions
- Then restart the pill on the correct day discarding the 4 missed pills.
- This should usually settle the bleeding if it continues consider exam/chlamydia test.
- Missed pills-you can miss up to 7 pills and still be protected

- Only need extra precautions if not taken at least 7 pills in a row ahead of the first missed ones.
- Miss more than 7 pills-may need emergency contraception, would advise condoms for 7 days and UPT 3 wks.
- D+V if persist more than 7 days may need extra precautions.

Rationale for new method

- Pre-ovulatory follicles present in 23% women by day 7 of PFI, in a few the follicles were potentially large enough to ovulate, if PFI ever lengthened by late restarting ovulation can occur.
- If PFI shortened late restarting is less of an issue.
- RCT in 2008 ovulation occurred in 2 out of 99 Women with a 7 day PFI and no missed pills!

- Failure rate was 9% for ordinary use
- **‘never be a late restarter’** women worry less about these pills as reassured by recent ‘period’
- Some pressure for pharma to rebrand all COCPs for regimens with no or 4d PFIs (using 4 placebos)
- Benefits-more reliable, less oestrogen c/w 30mcg 21/7, less confusing ‘rules’, less need for EC, less cyclical symptoms, less annoying bleeds
- No health benefits of having a PFI!

Contraception and Breastfeeding

- FPA LAM 98% effective
- Fully breast feeding, no other fluids or nutrition, night feeds, amenorrhoeic.
- Didn't know dummy and supplement use reduces effectiveness!
- POP-new UKMEC say ok from birth without diminishing supply (condoms needed if >3wks for 2 days) can be started 3 wks after birth but if less than 6 weeks can reduce milk supply according to breast feeding network

- Depo 5d PP if not breast feeding, 6 weeks PP if breast feeding
- Nexplanon-4kws PP, BFN advising trying 1 month of oral progesterone if breast feeding to ensure no drop in supply.
- Same advice for IUS.
- COCP UKMEC 2016 say CHC can be used safely in breast feeding women from 6 weeks post natal. Previous guidance says not suitable <6 months. BFN concern over supply-quoting a WHO study in 1988 reduced output and energy of breast milk but no reduced gain in weight.

UKMEC 2016

- <https://events4healthcare.com/fsrh/webinars/update-on-ukmec/>