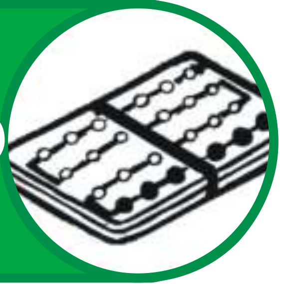
Combined Oral Contraceptive Pills (COCs)

Frequently Asked Questions and Answers by Provider



Q1. What is the reason behind COCs reducing risk for ovarian and endometrial cancer?

The exact reason is not known, but it is most likely because COCs stop egg growth and development in the ovaries and suppress proliferation of endometrial tissue. Both of these effects result in less cell growth and division. This, in turn, may result in lower chance of "mistake" in cell division. Fewer "mistakes" means fewer "cancers".

Q2. When there is return of fertility after stopping COCs?

Fertility returns immediately after COCs discontinued. This is why they should be taken strictly on schedule. If woman misses pills, her chances for pregnancy increase.

Q3. How to explain and treat mood effects and acne to some patients?

These are not very common with COC use, but women should be counseled that they can occur. For many women COCs actually reduce acne. Use local remedies available in country. No treatment for mood changes needed, but different COC formulations could be tried if available.

Q4. Which oral pill is the best pill?

They all are very similar in terms of characteristics. There is no "best" pill.

Q5. How long a client can use the oral pills?

As long as she needs/wants protection from pregnancy. No rest periods needed.

Q6. How often health checkups are needed?

There is no set schedule for checkups or follow-ups. Usually woman comes back for re-supply – how often depends on how many pill packs she gets in one visit. WHO recommends 13 packs, which means provider will see her once a year. In most countries women are given up to 3 packs. During such visit provider should ask about side effects, if she developed any new health conditions which preclude safe use of COCs and re-enforce correct pill taking.

Q7. Is there any seasonality factor when COCs are good to take?

No. It doesn't make any difference.

Q8. How long they are safe?

As long as woman needs pregnancy protection. There are no restriction on how long woman can take pills.

Q9. How to rule out contraindications

COC are very safe for majority of women, but there are several conditions which may preclude safe COC use. Most of these conditions are rare in women of reproductive age. Most of the time, these conditions can be ruled out by asking simple questions (see screening checklist for COCs), for example if woman is breastfeeding a baby less than 6 months old, or she had a heart attack in the past, or was diagnosed with breast cancer. Health care provider should be able to rule out these conditions prior to initiating COCs.

Q10. Why COC can be initiated after 6 weeks postpartum if partially breast feeding?

Breastfeeding women should never initiate COCs before 6 weeks because this is critical time for establishing the lactation. If woman wants to breastfeed exclusively, she generally should avoid COCs until baby is 6 months old because estrogen in COCs may reduce milk production. However, if she is breastfeeding only partially, she may choose to use COCs after milk production is established (at 6 weeks) - even if her milk production will diminish somewhat, she may still be able to partially breastfeed.

Q11. Breakthrough bleeding (how to avoid?)

There is no clear prescription on how to avoid breakthrough bleeding in women who experience it as side effect of COCs. Sometimes switching to a different COC formulation helps. Most of the time breakthrough bleeding diminishes or stops by itself after 3 months of COC use. If it is unacceptable to woman she should be helped to choose non-hormonal method (because other hormonal methods cause more bleeding disturbances than COCs)