Unit 13
PROGESTIN-ONLY PILLS

Learning Objectives

By the end of this unit, learners will be able to:

- Define progestin-only pills (POPs)
- List the types and formulations of POPs available in Malawi
- Explain how POPs work
- State the effectiveness of POPs
- Describe the characteristics of POPs
- List the side effects of POPs
- Determine a client's medical eligibility for POP use
- Explain when women in different situations can start the method
- Describe potential complications of POPs and list their warning signs
- Respond to and correct rumours and misconceptions associated with POPs
- Describe key counselling messages for women with HIV who use POPs
- Provide client instructions for using POPs
- Explain how to manage side effects of POPs
- Demonstrate knowledge and skills in counselling to assist clients in making an informed choice about using POPs.

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Unit 13: Progestin-Only Pills

Key Points

- **POPs are safe and effective.**
- **Take one pill every day, with no breaks between packs.**
- **POPs are safe for breastfeeding women and their babies.** POPs do not affect milk production.
- **Bleeding changes are common but not harmful.** Typically, pills lengthen how long breastfeeding women have no monthly bleeding.
- **POPs can be given to a woman at any time to start later.** If pregnancy cannot be ruled out, a provider can give her pills to take later, when her monthly bleeding begins.

13.1 Defining Progestin-Only Pills

Progestin-only pills contain very low doses of a synthetic hormone known as progestin, which is like the natural hormone progesterone in a woman's body. POPs are also called "minipills" and progestin-only oral contraceptives.

Formulations of POPs available in Malawi

- Microlut (35-pill pack): contains norgestrel
- Ovrette (28-pill pack): contains 0.075 mg norgestrel per pill

How POPs work

POPs thicken cervical mucus (this blocks sperm from meeting an ovum). They disrupt the menstrual cycle, including preventing the release of eggs from the ovaries (ovulation).

13.2 Effectiveness

Effectiveness depends on the user: For women who have monthly bleeding, the risk of pregnancy is greatest if pills are taken late or missed completely.

- If breastfeeding, 99 of every 100 women using POPs over the first year postpartum will not become pregnant. This means that they are 99% effective for these women.
- If the client is not breastfeeding, 90 to 97 of every 100 women will not become pregnant. This means that they are 90%–97% effective for these women.

13.3 Characteristics

Advantages

- Can be used while breastfeeding
- Can be stopped at any time without a provider's help
- Do not interfere with sex
- Are controlled by the woman
- Do not cause delay in return to fertility once pills are stopped
- Can be provided by trained, non-medical staff
- Decrease menstrual flow and cramps
- May prevent or control anaemia.

Disadvantages

- Are user-dependent
- Must be taken at the same time every day
- May be less effective in patients who are taking phenytoin, barbiturates, and rifampicin
- Do not protect against sexually transmitted infections (STIs), including HIV.

Side effects

Some women report the following:

- Changes in bleeding patterns including:

Frequent bleeding
No monthly bleeding
Heavy or prolonged bleeding
Irregular bleeding

- For breastfeeding women, longer delay in return of menstrual bleeding after childbirth (lengthened postpartum amenorrhea)
- Headaches
- Dizziness
- Mood changes
- Breast tenderness
- Abdominal pain
- Nausea
- Weight gain or loss

Health benefits and Health risks: None

13.4 Correcting Misconceptions

Progestin-only pills:

- Do not cause a breastfeeding woman's milk to dry up
- Must be taken every day, whether or not a woman has sex that day
- Do not make women infertile
- Do not cause diarrhoea in breastfeeding babies

- Reduce the risk of ectopic pregnancy.

13.5 Women Who Can Use POPs

Nearly all women can use POPs safely and effectively, including women who:

- Are breastfeeding (starting as soon as 6 weeks after childbirth)
- Have or have not had children
- Are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion, miscarriage, or ectopic pregnancy
- Smoke cigarettes, regardless of woman's age or number of cigarettes smoked
- Have anaemia now or had in the past
- Have varicose veins
- Are infected with HIV, whether or not on antiretroviral (ARV) therapy.

13.6 Women Who Should Not Use POPs

Usually, clients who have the following conditions **should not use POPs**:

WHO MEC Categories 3 and 4

- Breastfeeding babies less than 6 weeks since giving birth
- Severe liver disease, a liver infection, or liver tumour
- Current blood clot (not superficial) in deep veins of legs or in the lungs
- Taking barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate, or rifampicin
- Current or history of breast cancer

13.7 POPs for Clients with HIV

Women who are infected with HIV, have AIDS, or are on antiretroviral (ARV) therapy can safely use POPs. Urge these women to use condoms along with POPs. Condoms help prevent transmission of HIV and other STIs if used consistently and correctly. They also provide extra contraceptive protection for women on ARV therapy. It is not certain whether ARV medications reduce the effectiveness of POPs.

13.8

Medical Eligibility Screening Questions

For Progestin-Only Pills

Ask the woman the questions below about known medical conditions. Examinations and tests are not necessary. If she answers "no" to **all** of the questions, then she can start POPs if she wants. If she answers "yes" to **any** question, follow the instructions. In some cases she can still start POPs.

1. **Are you breastfeeding a baby less than 6 weeks old?**

   YES She can start taking POPs as soon as 6 weeks after childbirth. Give her POPs now and tell her when to start taking them. (See Fully or nearly fully breastfeeding or Partially breastfeeding, under "Timing: When to Start the Method" Section 13.9)

2. **Do you have cirrhosis of the liver, a liver infection, or liver tumour? (Are her eyes or skin unusually yellow? [signs of jaundice])**

   YES If she reports serious active liver disease (jaundice, active hepatitis, severe cirrhosis, liver), do not provide POPs. Help her choose a method without hormones.

3. **Do you have a serious problem now with a blood clot in your legs or lungs?**

   YES If she reports a current blood clot (not superficial clots), do not provide POPs. Help her choose a method without hormones.

4. **Are you taking medication for seizures? Are you taking rifampicin for tuberculosis or other illness?**

   YES If she is taking barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate, or rifampicin, do not provide POPs. These medications can make POPs less effective. Help her choose another method, but not combined oral contraceptives (COCs) or implants.

5. **Do you have or have you ever had breast cancer?**

   YES Do not provide POPs. Help her choose a method without hormones.

   Explain the health benefits and risks and the side effects of the method that the client will use. Also, point out any conditions that would make the method inadvisable, when relevant to the client.

13.9 Timing: When to Start POPs

Woman's situation	When to start
Fully or nearly fully breastfeeding **Less than 6 months after giving birth**	If she gave birth less than 6 weeks ago, give her POPs and tell her to start taking them 6 weeks after giving birth. If her monthly bleeding has not returned, she can start POPs any time between 6 weeks and 6 months. There is no need for a backup method. If her monthly bleeding has returned, she can start POPs as advised for women having menstrual cycles.
More than 6 months after giving birth	If her monthly bleeding has not returned, she can start POPs any time it is reasonably certain she is not pregnant. She will need a backup method* for the first 2 days of taking pills. (If you cannot be reasonably certain, give her POPs now and tell her to start taking them during her next monthly bleeding.) If her monthly bleeding has returned, she can start POPs as advised for women having menstrual cycles.
Partially breastfeeding **Less than 6 weeks after giving birth**	Give her POPs and tell her to start taking them 6 weeks after giving birth. Also give her a backup method to use until 6 weeks after giving birth if her monthly bleeding returns before this time.
More than 6 weeks after giving birth	If her monthly bleeding has not returned, she can start POPs any time it is reasonably certain she is not pregnant.† She will need a backup method for the first 2 days of taking pills. (If you cannot be reasonably certain, give her POPs now and tell her to start taking them during her next monthly bleeding.) If her monthly bleeding has returned, she can start POPs as advised for women having menstrual cycles.
Not breastfeeding **Less than 4 weeks after giving birth**	She can start POPs at any time. There is no need for a backup method.
More than 4 weeks after giving birth	If her monthly bleeding has not returned, she can start POPs any time it is reasonably certain she is not pregnant.† She will need a backup method for the first 2 days of taking pills. (If you cannot be reasonably certain, give her POPs now and tell her to start taking them during her next monthly bleeding.) If her monthly bleeding has returned, she can start POPs as advised for women having menstrual cycles.
Switching from a hormonal method	Immediately, if she has been using the hormonal method consistently and correctly or if it is otherwise reasonably certain she is not

Woman's situation	When to start
	pregnant. There is no need to wait for her next monthly bleeding, and there is no need for a backup method. If she is switching from injectables, she can begin taking POPs when the repeat injection would have been given. There is no need for a backup method.
Having menstrual cycles or switching from a nonhormonal method	Any time of the month If she is starting within 5 days after the start of her monthly bleeding, there is no need for a backup method. If it is more than 5 days after the start of her monthly bleeding, she can start POPs any time it is reasonably certain she is not pregnant. She will need a backup method for the first 2 days of taking pills. (If you cannot be reasonably certain, give her POPs now and tell her to start taking them during her next monthly bleeding.) If she is switching from an IUCD, she can start POPs immediately.
No monthly bleeding (not related to childbirth or breastfeeding)	She can start POPs any time it is reasonably certain she is not pregnant. She will need a backup method for the first 2 days of taking pills.
After miscarriage or abortion	Immediately. If she is starting within 7 days after first- or second-trimester miscarriage or abortion, there is no need for a backup method. If it is more than 7 days after first- or second-trimester miscarriage or abortion, she can start POPs any time it is reasonably certain she is not pregnant. She will need a backup method for the first 2 days of taking pills. (If you cannot be reasonably certain, give her POPs now and tell her to start taking them during her next monthly bleeding.)
After taking emergency contraceptive pills (ECPs)	She can start POPs the day after she finishes taking the ECPs. There is no need to wait for her next monthly bleeding to start her pills. A new POP user should begin a new pill pack. A continuing user who needed ECPs due to pill-taking errors can continue where she left off with her current pack. All women will need to use a backup method for the first 2 days of taking pills.

** Backup methods include male and female condoms*

† Where a visit 6 weeks after childbirth is routinely recommended and other opportunities to obtain contraception limited, some providers and programs may allow a woman to start POPs at the 6-week visit, without further evidence that the woman is not pregnant, if her monthly bleeding has not yet returned.

13.10 Counselling about Side Effects

Thorough counselling about bleeding changes and other side effects is an important part of providing the method. Counselling about bleeding changes may be the most important help a woman needs to keep using the method.

Describe the most common side effects:

- Breastfeeding women normally do not have monthly bleeding for several months after giving birth. POPs lengthen this period of time.
- Women who are not breastfeeding may have frequent or irregular bleeding for the first several months, followed by regular bleeding or continued irregular bleeding.
- Other side effects include headaches, dizziness, and breast tenderness.

Explain that these side effects:

- Are not signs of illness
- Usually become less or stop within the first few months of using POPs, though bleeding changes usually persist
- Are common, but some women do not have them.

Explain what to do in case of side effects:

- Keep taking POPs. Skipping pills risks pregnancy.
- Try taking pills with food or at bedtime to help avoid nausea.
- Come back for help if side effects bother you.

13.11 Explaining How to Use POPs

1. Give pills

- Give 2 packs initially. (Schedule for a return visit after 6 weeks for a resupply of 4 packs.)

2. Explain pill pack

- Show which kind of pack she will be using—28 pills or 35 pills.

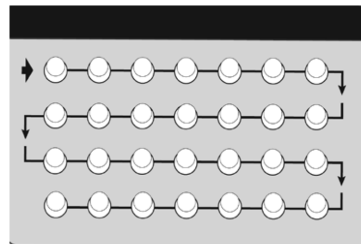

Illustration by Rafael Avila and Rita Meyer

- Explain that all pills in POP packs are the same colour and all are active pills, containing a hormone that prevents pregnancy.
- Show how to take the first pill from the pack and then how to follow the directions or arrows on the pack to take the rest of the pills.

Photo by Cheikh Fall, CCP, courtesy of Photoshare

3. Give key instructions

- Take one pill each day until the pack is empty.
- Set up cues for taking a pill every day. Linking pill-taking to a daily activity—such as cleaning her teeth—may help her remember.
- Taking pills at the same time each day helps to remember them.

Illustration by Rafael Avila and Rita Meyer

Explain starting the next pack

- When she finishes one pack, she should take the first pill from the next pack on the very next day.
- It is very important to start the next pack on time. Starting a pack late risks pregnancy.

Provide a backup method and explain its use

- Sometimes she may need to use a backup method, such as when she misses pills.
- Backup methods include male or female condoms. Give her condoms, if possible.

Explain that effectiveness decreases when breastfeeding stops

- Without the additional protection of breastfeeding itself, POPs are not as effective as most other hormonal methods.
- When she stops breastfeeding, she can continue taking POPs if she is satisfied with the method, or she is welcome to come back for another method.

Plan the next visit

- Encourage her to come back in 6 weeks for more pills before she uses up her supply of pills.
- If the client misses 2 or more menstrual periods, she should come to the clinic to rule out pregnancy, but she should not stop taking the pills unless it's certain that she is pregnant.
- The client should inform the service provider if she has been put on anti-TB or anti-epileptic drugs whilst on POPs.
- Encourage her to use condoms, especially if at risk of exposure to HIV.

13.12 Warning Signs: Reasons to Return

- Delayed menstrual return after several months of regular cycles (sign of pregnancy)
- Severe lower abdominal pain (symptom of ectopic pregnancy)
- Heavy vaginal bleeding (twice as much as normal) or prolonged bleeding of more than 8 days duration.
- Repeated migraine (vascular) headaches, very painful headaches or blurred vision.

13.13 Counselling Messages on Managing Missed Pills

<table>
<tr><td colspan="2">It is easy to forget a pill or to be late in taking it. POP users should know what to do if they forget to take pills.

Tell the woman to follow the instructions below if she is 3 or more hours late taking a pill or misses one completely. For breastfeeding women, whether missing a pill places her at risk of pregnancy depends on whether or not her monthly bleeding has returned.</td></tr>
<tr><td>Key message:</td><td>• Take a missed pill as soon as possible.
• Keep taking pills as usual, one each day. (She may take 2 pills at the same time or on the same day.)</td></tr>
<tr><td>If she has monthly bleeding:</td><td>• If yes, she also should use a backup method for the next 2 days.
• Also, if she had sex in the past 5 days, she can consider taking ECPs.</td></tr>
<tr><td>If she has severe vomiting or diarrhoea:</td><td>• If she vomits within 2 hours after taking a pill, the client should take another pill from her pack as soon as possible, and keep taking pills as usual.
• If her vomiting or diarrhoea continues, follow the instructions for making up missed pills above.</td></tr>
</table>

13.14 Managing Side Effects

<table>
<tr><th colspan="2">Problems Reported as Side Effects or Problems With Use
May or may not be due to the method.</th></tr>
<tr><td colspan="2">Problems with side effects affect women’s satisfaction and use of POPs. They deserve the provider’s attention. If the client reports side effects or problems, listen to her concerns, give her advice, and, if appropriate, provide treatment.
Encourage her to keep taking a pill every day even if she has side effects. Missing pills can risk pregnancy.
Many side effects will subside after a few months of use. For a woman whose side effects persist, give her a different POP formulation, if available, for at least 3 months.
Offer to help the client choose another method—now, if she wishes, or if problems cannot be overcome.</td></tr>
<tr><td>No monthly bleeding</td><td>• Breastfeeding woman: Reassure her that this is normal during breastfeeding. It is not harmful.
• Woman not breastfeeding: Reassure her that some women using POPs stop having monthly bleeding, and this is not harmful. There is no need to lose blood every month. It is similar to not having monthly bleeding during pregnancy. She is not infertile. Blood is not building up inside her. (Some women are happy to be free from monthly bleeding.)</td></tr>
<tr><td>Irregular bleeding (Bleeding at unexpected times that bothers the client)</td><td>• Reassure her that many women using POPs experience irregular bleeding—whether breastfeeding or not. Breastfeeding itself also can cause irregular bleeding. It is not harmful and sometimes becomes less or stops after the first several months of use. Some women have irregular bleeding the entire time they are taking POPs, however.
• Other possible causes of irregular bleeding include:
Vomiting or diarrhoea
Taking anticonvulsants or rifampicin
• To reduce irregular bleeding:
Teach her to make up for missed pills properly, including after vomiting or diarrhoea (see “Managing Missed Pills,” Section 13.13.)
For modest short-term relief she can try 800 mg ibuprofen 3 times daily after meals for 5 days, or another nonsteroidal anti-inflammatory drug (NSAID), beginning when irregular bleeding starts. NSAIDs provide some relief of irregular bleeding for implants, progestin-only injectables, and IUCDs, and NSAIDs may also help POP users.
If she has been taking the pills for more than a few months and NSAIDs do not help, give her a different POP formulation, if available. Ask her to try the new pills for at least 3 months.
• If irregular bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see “Unexplained vaginal bleeding,” Section 13.15).</td></tr>
</table>

Heavy or prolonged bleeding (Twice as much as usual or longer than 8 days)	• Reassure her that some women using POPs experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less or stops after a few months. • For modest short-term relief she can try NSAIDs, beginning when heavy bleeding starts. Try the same treatments as for irregular bleeding. • To help prevent anaemia, suggest she take iron tablets, and tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, bean curd, lentils, and peas). • If heavy or prolonged bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see "Unexplained vaginal bleeding," Section 13.15).
Missed pills	• See Managing Missed Pills, Section 13.13.
Ordinary headaches (Non-migrainous)	• Suggest aspirin (300mg), ibuprofen (200–400 mg), paracetamol (500 mg), or other pain reliever. • Any headaches that get worse or occur more often during POP use should be evaluated.
Mood changes or changes in sex drive	• Ask about changes in her life that could affect her mood or sex drive, including changes in her relationship with her partner. Give her support as appropriate. • Some women experience depression in the year after giving birth. This is not related to POPs. Clients who have serious mood changes such as major depression should be referred for care. • Suggest she consider locally available remedies.
Breast tenderness (Women not breastfeeding)	• Recommend that she wear a supportive bra (including during strenuous activity and sleep). • Suggest she try hot or cold compresses. • Suggest aspirin (300 mg), ibuprofen (200–400 mg), paracetamol (500 mg), or other pain reliever. • Recommend that she consider locally available remedies.
Severe pain in lower abdomen (Suspected ectopic pregnancy or enlarged ovarian follicles or cysts)	• Many conditions can cause severe abdominal pain. Be particularly alert for additional signs or symptoms of ectopic pregnancy, which is rare but can be life-threatening (see Question 12, Section 13.16). • In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they will become severe. A combination of these signs or symptoms should increase suspicion of ectopic pregnancy: Unusual abdominal pain or tenderness Abnormal vaginal bleeding or no monthly bleeding—especially if this is a change from her usual bleeding pattern Light-headedness or dizziness Fainting • If ectopic pregnancy or another serious health condition is suspected,

	refer at once for immediate diagnosis and care. (See Unit 10: Female Sterilization, Managing Complications, Section 10.13 for more on ectopic pregnancies.) • Abdominal pain may be due to other problems such as enlarged ovarian follicles or cysts. • A woman can continue to use POPs during evaluation and treatment. • There is no need to treat enlarged ovarian follicles or cysts unless they grow abnormally large, twist, or burst. Reassure the client that they usually disappear on their own. To be sure the problem is resolving, see the client again in 6 weeks, if possible.
Nausea or dizziness	• For nausea, suggest she take POPs at bedtime or with food. • If symptoms continue, consider locally available remedies.

13.15 New Problems that May Require Switching Methods

May or may not be due to the method
Unexplained vaginal bleeding (that suggests a medical condition not related to the method)
• Refer or evaluate by history and pelvic examination. Diagnose and treat as appropriate. • She can continue using POPs while her condition is being evaluated. • If bleeding is caused by a sexually transmitted infection or pelvic inflammatory disease, she can continue using POPs during treatment.
Starting treatment with anticonvulsants, rifampicin, rifabutin or ritonavir
• Barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate, rifampicin, rifabutin, and ritonavir may make POPs less effective. If using these medications long-term, she may want a different method, such as progestin-only injectables or an IUCD. • If using these medications short-term, she can use a backup method along with POPs.
Migraine headaches
• If she has migraine headaches without aura, she can continue to use POPs if she wishes. • If she has migraine aura, stop POPs. Help her choose a method without hormones.
Certain serious health conditions (suspected blood clots in deep veins of legs or lungs, liver disease, or breast cancer)
• Tell her to stop taking POPs. • Give her a backup method to use until the condition is evaluated. • Refer for diagnosis and care if not already under care.
Heart disease due to blocked or narrowed arteries (ischemic heart disease) or stroke
• A woman who has one of these conditions can safely start POPs. If, however, the condition develops after she starts using POPs, she should stop. Help her choose a method without hormones. • Refer for diagnosis and care if not already under care.
Suspected pregnancy
• Assess for pregnancy, including ectopic pregnancy. • Tell her to stop taking POPs if pregnancy is confirmed. • Assure her that there are no known risks to a foetus conceived while a woman is taking POPs.

13.16 Questions and Answers about POPs

1. **Can a woman who is breastfeeding safely use POPs?**

   Yes. This is a good choice for a breastfeeding mother who wants to use pills. POPs are safe for both the mother and the baby, starting as early as 6 weeks after giving birth. They do not affect milk production.

2. **What should a woman do when she stops breastfeeding her baby? Can she continue taking POPs?**

   A woman who is satisfied with using POPs can continue using them when she has stopped breastfeeding. She is less protected from pregnancy than when breastfeeding, however. She can switch to another method if she wishes.

3. **Do POPs cause birth defects? Will the foetus be harmed if a woman accidentally takes POPs while she is pregnant?**

   No. Good evidence shows that POPs will not cause birth defects and will not otherwise harm the foetus if a woman becomes pregnant while taking POPs or accidentally takes POPs when she is already pregnant.

4. **How long does it take to become pregnant after stopping POPs?**

   Women who stop using POPs can become pregnant as quickly as women who stop nonhormonal methods. POPs do not delay the return of a woman's fertility after she stops taking them. The bleeding pattern a woman had before she used POPs generally returns after she stops taking them. Some women may have to wait a few months before their usual bleeding pattern returns.

5. **If a woman does not have monthly bleeding while taking POPs, does this mean that she is pregnant?**

   Probably not, especially if she is breastfeeding. If she has been taking her pills every day, she is probably not pregnant and can keep taking her pills. If she is still worried after being reassured, she can be offered a pregnancy test, if available, or referred for one. If not having monthly bleeding bothers her, switching to another method may help—but not to a progestin-only injectable (which can also cause amenorrhea).

6. **Must the POP be taken every day?**

   Yes. All of the pills in the POP package contain the hormone that prevents pregnancy. If a woman does not take a pill every day—especially a woman who is not breastfeeding—she could become pregnant. (In contrast, the last 7 pills in a 28-pill pack of combined oral contraceptives are not active. They contain no hormones.)

7. **Is it important for a woman to take her POPs at the same time each day?**

   Yes, for 2 reasons. POPs contain very little hormone, and taking a pill more than 3 hours late could reduce their effectiveness for women who are not breastfeeding. (Breastfeeding women have the additional protection from pregnancy that breastfeeding provides, so taking pills late is not as risky.) Also, taking a pill at the same time each day can help women remember to take their pills more consistently. Linking pill taking with a daily activity also helps women remember to take their pills.

8. **Do POPs cause cancer?**

   No. Few large studies exist on POPs and cancer, but smaller studies of POPs are reassuring. Larger studies of implants have not shown any increased risk of cancer. Implants contain

hormones similar to those used in POPs, and, during the first few years of implant use, at about twice the dosage.

9. Can POPs be used as emergency contraceptive pills (ECPs) after unprotected sex?

Yes. As soon as possible, but no more than 5 days after unprotected sex, a woman can take POPs as ECPs. (See Unit 14: Emergency Contraceptive Pills, Pill Formulations and Dosing.) Depending on the type of POP, she will have to take 40 to 50 pills. Taking such a large number of POPs is safe because the hormone dose in each pill is small.

10. Do POPs change women's mood or sex drive?

Generally, no. Some women using POPs report these complaints. The great majority of POP users do not report any such changes, however, and some report that both mood and sex drive improve. It is difficult to tell whether such changes are due to the POPs or to other reasons. Providers can help a client with these problems. There is no evidence that POPs affect women's sexual behaviour.

11. What should be done if a POP user has an ovarian cyst?

The great majority of cysts are not true cysts but actually fluid-filled structures in the ovary (follicles) that continue to grow beyond the usual size in a normal menstrual cycle. They may cause some mild abdominal pain, but they only require treatment if they grow abnormally large, twist or burst. These follicles usually go away without treatment.

12. Do POPs increase the risk of ectopic pregnancy?

No. On the contrary, POPs reduce the risk of ectopic pregnancy. Ectopic pregnancies are rare among POP users. The rate of ectopic pregnancy among women using POPs is 48 per 10,000 women per year. The rate of ectopic pregnancy among women in the United States using no contraceptive method is 65 per 10,000 women per year.

On the uncommon occasions that POPs fail and pregnancy occurs, 5 to 10 of every 100 of these pregnancies are ectopic. Thus, the great majority of pregnancies after POPs fail are not ectopic. Still, ectopic pregnancy can be life-threatening, so a provider should be aware that ectopic pregnancy is possible if POPs fail.

Role Plays

Role Play 1

Participant roles

Mrs. Sipano, 32 years old, has three children. Her youngest baby is 3 weeks old. She has come to your family planning clinic to get POPs. Use your counselling skills and your knowledge of POPs to assist this client.

Role Play 2

Participant roles

Mrs. Sanudi, 18 years old, has one child. She is at your clinic today with her 2-week-old baby whom she is breastfeeding. Mrs Sanudi tells you that she has just heard from her husband that there are several contraceptives that can be used to prevent her from having babies too close together. Assist her to choose an appropriate method.

POP Quiz Questions

Questions 1–7: Tick the letter of all answers that apply. (Some questions may have more than one correct answer.)

1. A progestin-only pill (POP) may be defined as one containing:
    a. Oestrogen and a progestin
    b. Progestin only
    c. Oestrogen only
    d. None of the above
2. The mechanism of action of POPs includes (tick all that apply):
    a. Inhibition of ovulation
    b. Destruction of the ovum
    c. Thickening of the cervical mucus (making it more difficult for sperm to penetrate)
    d. Destruction of sperm
3. Major advantages of POPs include:
    a. Can be used by nursing mothers starting 6 weeks after childbirth
    b. Protect against HIV/AIDS
    c. Are a good method for adolescents
    d. Do not need to be taken every day
4. POPs may be an appropriate choice for (tick all that apply):
    a. Women who have breast cancer
    b. Women who are breastfeeding
    c. Women who have oestrogen-related side effects from COCs
    d. Women who are over 35 and smoke
    e. Women who have unexplained vaginal bleeding
5. POPs should not be given to women who (tick all that apply):
    a. Have unexplained vaginal bleeding
    b. Have breast cancer
    c. Are over 35 and smoke
    d. Have high blood pressure
    e. Have viral hepatitis or cirrhosis
6. Common side effects of POPs include which of the following? (tick all that apply)
    a. Dysmenorrhoea
    b. Anaemia
    c. Irregular menstruation or spotting
    d. Amenorrhea
    e. Headaches and breast tenderness
7. When can women who are breastfeeding start taking POPs?
    a. At 6 weeks postpartum
    b. Immediately after giving birth
    c. At 6 months postpartum
    d. Can’t start POPs while breastfeeding

Questions 8–12: Write either "Yes" or "No" in the space provided.

___8. Is it appropriate to give POPs to a woman who has unexplained vaginal bleeding?

___9. If a client has spotting and sees this as a problem, should you give her another method?

___10. If a woman who has had regular periods while taking POPs comes to the clinic reporting amenorrhea, could she be pregnant?

___11. Can a breastfeeding woman switch from POPs to other hormonal methods any time the new method is appropriate?

___12. If a woman is spotting while taking POPs, does she need to stop taking them?

POP Quiz Questions Answer Key

1. A progestin-only pill (POP) may be defined as one containing:
   - **b. Progestin only**
2. The mechanism of action of POPs includes (tick all that apply):
   - **a. Inhibition of ovulation**
   - **c. Thickening of the cervical mucus (making it more difficult for sperm to penetrate)**
3. Major advantages of POPs include:
   - **a. Can be used by nursing mothers starting 6 weeks after childbirth**
4. POPs may be an appropriate choice for (tick all that apply):
   - **b. Women who are breastfeeding**
   - **c. Women who have oestrogen-related side effects from COCs**
   - **d. Women who are over 35 and smoke**
5. POPs should not be given to women who (tick all that apply):
   - **a. Have unexplained vaginal bleeding**
   - **b. Have breast cancer**
   - **e. Have viral hepatitis or cirrhosis**
6. Common side effects of POPs include which of the following? (tick all that apply)
   - **c. Irregular menstruation or spotting**
   - **d. Amenorrhea**
   - **e. Headaches and breast tenderness**
7. When can women who are breastfeeding start taking POPs?
   - **a. At 6 weeks postpartum**

N__8. Is it appropriate to give POPs to a woman who has unexplained vaginal bleeding?

Y__9. If a client has spotting and sees this as a problem, should you give her another method?

Y__10. If a woman who has had regular periods while taking POPs comes to the clinic reporting amenorrhea, could she be pregnant?

Y__11. Can a breastfeeding woman switch from POPs to other hormonal methods any time the new method is appropriate?

N _12. If a woman is spotting while taking POPs, does she need to stop taking them?

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