

# A Guide to Effective and Efficient Provision of Combined Oral Contraceptives (COCs)

This job aid is designed to assist health workers of all levels in the implementation of the following evidence-based strategies to increase uptake and continuation of COCs. This tool is to be used in combination with a Ministry-approved checklist for screening clients who want to initiate use of COCs.

## Quick Start

To initiate a quick start for clients who have made an informed choice to use COCs, follow these instructions:

1. Use the COC checklist to rule out pregnancy and screen for other conditions to determine if the client is eligible to initiate COCs. If the client is eligible now, proceed to step 2; if not, consider advance provision (see below).
2. If pill packs are pre-printed with the days of the week, prepare a pack of pills for the client by discarding the pills from the days of the week that have already passed (e.g., if quick-starting on a Wednesday, discard the Sunday through Tuesday pills from the first week of the pill pack).
3. Give the client the pill pack; ask her to take her first pill. Observe the pill being taken.
4. Instruct the client how to follow the directions or arrows on the pack to take the rest of the pills.
5. For packs with 28 pills, instruct the client to start the next pack the day after she finishes her current pack. For packs with 21 pills, instruct the client to wait 7 days after she takes the last pill from her current pack and then start the next pack.
6. If the client is switching from injectables and is at or near the due date for re-injection, she can begin taking her pills now. No back-up method is needed.
7. If the client began her last menstrual period more than 5 days ago or if the client is unsure when she started her last menses, instruct her that she must use condoms or abstain from sex for the next 7 days. Give her condoms to use for the next 7 days.\*

\* Clients should also be provided with and instructed how to use emergency contraceptive pills (ECPs), when they are available, in case a condom fails or is not used during the first 7 days of COC use.

## Advance Provision of COCs

Women in whom pregnancy has not been ruled out but who are medically eligible to initiate COCs may receive one or more packs of pills from their provider in advance to start pill-taking at the time of menstruation. This eliminates the need for clients to return at menstruation to receive pills.

## Providing Multiple Packs of COCs

Clients receive 3 to 13 packs of COCs during their visit rather than one pack. While it is recommended to supply as many as 13 packs, individual countries must decide what is realistic based on supplies.

- If the client has not previously used COCs, provide her with 3 packs of pills and clear instructions on when to return to the clinic for additional packs. Encourage the client to return to the facility any time she has problems, concerns, or needs.
- If the client is a continuing or previous COC user, provide her with between 3 and 13 packs.

# Facts that Clients Should Know about Using COCs

## How to Use the Pill

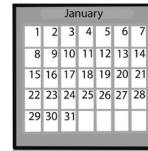
Take one pill each day.

If you miss active pills 1 day or 2 days in a row or start a pack 1 or 2 days late:

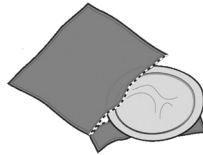
- Always take a pill as soon as you remember and continue taking 1 pill each day.
- There is no need for additional contraceptive protection.

If you miss 3 or more active pills in a row or start a pack 3 or more days late:

- Take a pill as soon as possible, continue taking 1 pill each day, and use condoms or avoid sex for the next 7 days.



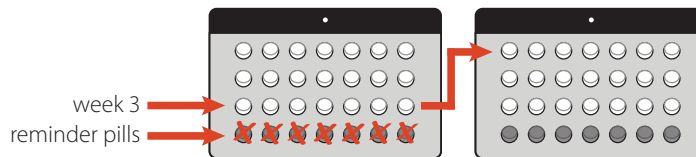
AND



OR



- In addition, if you missed these pills in week 3, finish the active pills in the pack and start a new pack.



- If you missed these pills in the first week of a new pack and had unprotected sex, consider using emergency contraception.

If you miss any reminder pills:

Throw away the missed pills and continue taking pills, 1 each day.



These instructions apply to pills containing 30–35µg ethinyl estradiol. For pills with 20µg estrogen or less, women missing one pill or starting a new pack one day late should follow the same guidance as missing one or two 30–35µg pills. Women missing two or more pills in a row or starting a pack two or more days late should follow the same guidance as missing three or more 30–35µg pills.

## Side Effects

- Some COC users experience side effects.
- Side effects are not harmful or signs of illness, and they often go away after about three months.
- The most common side effects are headaches, dizziness, nausea, breakthrough bleeding or spotting, breast tenderness, mood changes, weight change, amenorrhea.

## Complications

Complications are rare. Counsel the client to return immediately if she experiences the following symptoms

- (ACHES):**
- A**bdominal pain (sharp)
  - C**hest pain (severe)
  - H**eadache (severe)
  - E**ye problems (blurred vision, brief loss of vision)
  - S**harp leg pain

**Instruct the client to stop taking pills, use a backup method, and return to the clinic immediately.**

## No Protection from Sexually Transmitted Infections (STIs)

COCs do not offer protection from STIs including HIV.

*Clients at risk of STIs should be counseled to use condoms. Allow clients to practice putting a condom on a model and role play negotiating condom use with a reluctant partner.*

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