FACT SHEET: Combined Oral Contraceptives (COCs)

Combined oral contraceptives (COCs) are pills that are taken once per day to prevent pregnancy. They contain the hormones estrogen and progestin.

**Primary mechanisms of action**
- Prevent ovulation (release of eggs from the ovaries)
- Thicken cervical mucus (make it difficult for sperm to penetrate)

**Characteristics of COCs**
- Safe and very effective if used consistently and correctly
- Reversible, rapid return to fertility
- Do not interfere with intercourse
- Easy to discontinue use
- Have beneficial non-contraceptive effects (regular menstrual cycles; lighter menses; fewer menstrual cramps; protection from ectopic pregnancy, ovarian and endometrial cancer, and symptomatic pelvic inflammatory disease; possible protection against ovarian cysts and anemia; reduction in symptoms of endometriosis)
- Require daily use
- Incorrect use is common (easy to miss taking a pill)
- Require resupply
- No protection against sexually transmitted infections including HIV
- Have side effects
- Serious complications are very rare

**Side effects** *(generally not signs of a health problem; may diminish or change over time)*
- Headaches, dizziness
- Nausea
- Breakthrough bleeding or spotting
- Breast tenderness
- Mood changes
- Amenorrhea

**Who can use COCs**
Women of any parity or reproductive age, married or unmarried, who:
- Want to use this method of contraception
- Have no known conditions that preclude safe use
Who should not initiate COCs (for a complete list, see the WHO medical eligibility criteria)

Women who have the following known conditions (contraindications):
- Breastfeeding during the first six weeks postpartum
- First three weeks postpartum and not breastfeeding (six weeks postpartum if other risk factors for venous thromboembolism)
- Age 35 or older and smoke 15 cigarettes per day or more
- Current breast cancer
- Severe cirrhosis; malignant liver tumors; or benign liver tumors, with the exception of focal nodular hyperplasia (which is a tumor that consists of scar tissue and normal liver cells)
- Cardiovascular conditions (i.e., high blood pressure; diabetes with vascular complications; history of or current deep venous thrombosis, stroke, or ischemic heart disease)
- Migraine with aura or any migraine in women 35 or older
- Taking drugs that affect liver enzymes: rifampicin or rifabutin (for tuberculosis), anticonvulsants (for epilepsy), or ritonavir (as part of an antiretroviral regimen)

COC use by women with HIV and AIDS
- Women with HIV and AIDS can use COCs without restrictions.
- Women with AIDS who take antiretroviral drugs (ARVs) other than ritonavir can generally use COCs. (There is some evidence that ritonavir reduces the blood levels of contraceptive hormones to a much greater extent than other ARV drugs.)
- Women with HIV who choose to use COCs should be counseled about dual method use and consider using condoms in addition to COCs. In addition to preventing the spread of HIV, condoms may be especially beneficial to women on ARVs because condoms provide additional protection from pregnancy in the event that COC effectiveness is reduced by ARVs.

Provide follow-up and counseling for
- Any client concerns or questions
- Side effects
- Correct COC use (ability to take pills on schedule, what to do when pills are missed)
- Any signs of complications (thrombosis or thromboembolism); although rare, counsel the woman to come back immediately if any of the following symptoms develop:
  - Severe chest pain or shortness of breath
  - Severe headache with vision problems
  - Sharp pain in leg or abdomen

Dispelling myths regarding COCs
Contraceptive pills do not:
- Cause birth defects
- Cause infertility
- Require a rest period
- Decrease sex drive
- Build up in a woman’s body