Postpartum Birth Control After a High-Risk Pregnancy: Combined Birth Control Pills

Quick Facts About Combined Birth Control Pills

- Combined birth control pills are moderately effective forms of birth control: out of 100 women, 7 will become pregnant during the first year of using this method.
- You need to remember to take a pill each day to prevent pregnancy.
- Combined pills have many benefits beyond birth control. They regulate your period, decrease the amount of bleeding, and reduce menstrual pain. They also can control acne, reduce your risk of ovarian and uterine cancer, and help with premenstrual syndrome.
- There is a waiting period of between 3 weeks and 6 weeks for starting the combined pill after having a baby. You need to use another method of birth control or not have sexual intercourse during this period.
- Combined pills are safe for most women. If you have certain medical conditions, the pill is not recommended, but another birth control method may be a good option for you. Talk with your health care provider about the risk and benefits of using the pill if you have an underlying health condition.

What is it?
Combined birth control pills contain estrogen and progestin. You take one pill every day.

How does it work?
The combined pill stops the release of an egg from the ovary each month.

How effective is it?
With actual, “real-life” use, 7 out of 100 women will get pregnant during the first year of use.

How long does it last?
You must take a pill every day. Skipping pills increases the chance you will get pregnant.

How do you get it?
A prescription from a health care provider is needed for the combined pill.

How soon can you start it after having a baby?
You need to wait at least 3 weeks and, in some cases, up to 6 weeks after having a baby before starting the combined pill.

Types of Combined Pills
When the combined birth control pill was invented over 50 years ago, it was designed to mimic a 28-day menstrual cycle. Pills containing hormones (called “active pills”) were taken for 3 weeks. Then came a week of pills without hormones (called “inactive pills”). During the inactive-pill week, a woman had vaginal bleeding like a period. (It’s not a real period, though. The bleeding happens because the inactive pills don’t have hormones.) Unlike a period, this type of bleeding doesn’t serve any health purpose. It’s there because scientists thought that a week of built-in bleeding would make the pill more acceptable to women. Many of today’s brands of combined pills still follow this schedule. But some brands now differ in the following ways:
Steady doses of hormones versus different doses of hormones: A monophasic pill has the same dose of estrogen, progestin, or both throughout the three weeks of active pills. Biphasic pills have two and triphasic pills have three different doses of hormones. Having these different levels of hormones may decrease side effects in some women.

Number of inactive pills: Some brands of pills have 4 days of inactive pills instead of 7. Decreasing the number of inactive pills shortens the number of days that you have bleeding.

Number of active pills: Extended cycle pills come in packs of 91 pills. You take an active pill for 84 days, followed by 7 inactive pills. This gives you 4 periods of bleeding a year. You can also take active pills from a regular pill pack continuously so that you never have bleeding.

Benefits

Effective. Although combined pills are not as effective as the IUD or implant, they are still moderately effective.

Reversible. If you want to become pregnant, stop taking the pills. There is no delay in return to fertility. Also, you do not have to wait to start trying to get pregnant.

Regular periods and decreased menstrual cramps. Combined pills regulate your period and may make it shorter and lighter. The hormones in combined pills also help lessen menstrual pain and cramps. In fact, they are often used to treat endometriosis symptoms and heavy menstrual bleeding.

Other benefits. Combined pills reduce premenstrual symptoms, decrease the risk of ovarian and uterine cancer, and improve acne.

Possible Side Effects and Risks

Needs to be taken every day. You need to take a pill every day. Skipping a pill increases the chance that you will get pregnant. Learn what to do if you skip a pill. If you have trouble remembering to take your pills, you can use a reminder app or phone alarm.

Risks for women with health problems. For most women, birth control pills are very safe, but some women should not take birth control pills at all. Combined birth control pills increase the risk of blood clots forming in the deep veins of the legs. This condition is called deep vein thrombosis, or DVT. They also increase the risk of stroke and heart attack. These risks are slight in most women but are greater in women with risk factors for these problems. With some health conditions, the risks of using the combined birth control pill outweigh the benefits, and it is generally recommended that you not use them (see Box). With other health problems, the benefits of using the combined pill—decreased bleeding and menstrual pain, for example, in addition to preventing pregnancy—may offset the risks. Many things can affect your individual risks and benefits, such as your current age, whether you had the condition in the past or you still have it, how it is being managed, and what you want in a birth control method. The bottom line: If you have a health condition and want to use the combined pill, discuss the possible risks and benefits with your health care provider (see below).

### Combined Birth Control Pills and Preexisting Medical Conditions

If you have any of the following medical conditions and want to use the combined birth control pill, talk with your health care provider first about the risks and benefits. For some of these conditions, you should not use the combined pill. With others, the benefits of using the pill may outweigh the risks in your specific case. If you can’t use the combined pill, there are other methods out there that may good options for you.

- History of or current breast cancer
- Current DVT or a history of DVT
- History of stroke or coronary artery disease
- Valvular heart disease with complications
- High blood pressure
- Diabetes with vascular disease or having diabetes for more than 20 years
- Crohn’s disease or ulcerative colitis with additional risk factors for DVT (such as active or severe disease, surgery, or use of corticosteroids)
- Migraine headaches with aura
- Major surgery that keeps you in bed or immobile for a long time
- Hereditary blood-clotting disorders (e.g., Factor V Leiden, prothrombin gene mutation, and others)
- Lupus with antiphospholipid antibodies
- Solid organ transplant with complications
- Peripartum cardiomyopathy
- Smoking and being aged 35 years or older
- Liver problems including certain tumors of the liver, severe cirrhosis, or viral hepatitis (recently diagnosed or a flare-up of existing hepatitis)
- Multiple risk factors for heart disease
Waiting period after having a baby. For the first few weeks after delivery, women are at increased risk for DVTs. Combined birth control pills further increase DVT risk. Because of concern about DVTs, you should wait at least 3 weeks after delivery before starting the combined pill. There are even longer waiting periods for some women:

Women with the following risk factors for DVT: If you have the following additional risk factors for DVT after having a baby, you should wait 4-6 weeks after delivery before starting the pill.

- Age 35 years or older
- Cesarean delivery
- Currently confined to bed or otherwise immobile
- Transfusion at delivery
- Obesity
- Postpartum hemorrhage
- Preeclampsia
- Smoking

Keep in mind that if you have other risk factors for DVT not on this list (see Box), use of the combined birth control pill is not recommended.

Women who are breastfeeding: If you are breastfeeding, some experts recommend waiting for an extra week or two (30 days for women without additional risk factors for DVT) after delivery before starting the combined pill. The estrogen in the pills can (but not always) affect how much milk your body makes when you first start breastfeeding. Breastfeeding problems are more likely for some women, such as those who’ve had problems before or who have certain health conditions. Also, it may take a little longer for babies who were born early (preterm) to learn how to breastfeed.

Bariatric surgery. If you have had certain types of bariatric surgery—gastric bypass or biliopancreatic diversion—your body may not be able to absorb the hormones in birth control pills. This can make the pill less effective. You can still use the birth control patch or ring, though.

Minor side effects. Side effects of the birth control pill include nausea and sore breasts for the first few months.

Breakthrough bleeding. You may have “breakthrough” bleeding (spotting or light bleeding between scheduled bleeding times) as your body adjusts to the hormones in the combined pill. This type of bleeding usually goes away within a few months of use.

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