



MEC PIL KOMBINASI DAN INJEKSI 1 BULAN



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Method	Typical use	Perfect use
No birth control	85%	85%
Combination pill	8%	0.3%
Progestin-only pill	13%	1.1%
Sterilization (female)	0.5%	0.5%
Sterilization (male)	0.15%	0.10%
Condom (female)	21%	5%
Condom (male)	15%	2%
Copper IUD	0.8%	0.6%
Hormone IUD	0.2%	0.2%
Patch	8%	0.3%
Vaginal ring	8%	0.3%
Depo Provera	3%	0.3%
Implant	0.05%	0.05%
Diaphragm and spermicide	16%	6%
Withdrawal	27%	4%
Standard Days Method	~12-25%	~1-9%

PIL KOMBINASI

- ❑ Berisi estrogen dan progestin
- ❑ Diminum 3 minggu, selang 1 minggu
- ❑ Sangat efektif
- ❑ Mencegah ovulasi, mukus yang pekat, endometrium tidak siap untuk nidasi
- ❑ Bersifat reversibel
- ❑ Ada efek samping karena estrogen

Efek samping estrogen

❖ **Cardiovascular**

Hypertension, thrombosis, thrombophlebitis, thromboembolism, myocardial infarction, stroke

❖ **Hematologic**

Venous thromboembolism (e.g., deep leg or pelvic venous thrombosis)

❖ **Hepatic**

Cholelithiasis, cholestatic jaundice

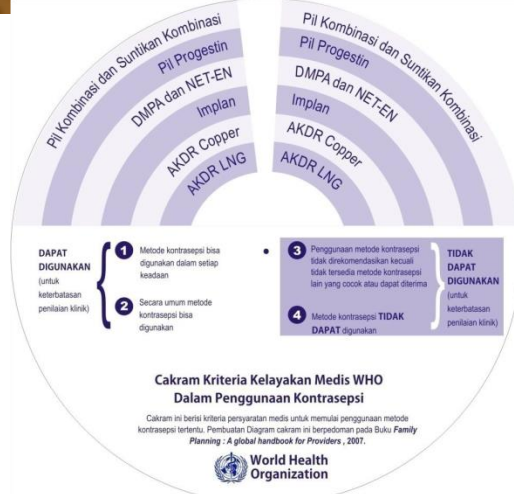
❖ **Nervous system**

Headache, migraine, dizziness

Memulai Pil Kombinasi

- ❖ Pada hari 1-5 siklus menstruasi, bila lewat hari ke-5 gunakan kondom selama 7 hari
- ❖ Bila Lupa:
 - ❖ 1 hari: minum 1 pil lanjutkan pil berikutnya untuk hari tersebut
 - ❖ 2 hari: minum 1 pil lanjutkan pil berikutnya untuk hari tersebut
 - ❖ 3 hari: minum 1 pil lanjutkan pil berikutnya untuk hari tersebut dan menggunakan kondom selama 7 hari berikutnya

Konseling KB





WHO Medical Eligibility Criteria for Combined Oral contraceptives, 2015

WHO category 1

- ❖ Sudah/belum punya anak
- ❖ Belum menikah
- ❖ Semua usia, termasuk remaja dan >40 tahun
- ❖ Gestational trophoblastic disease
 - Regressing or undetectable β -hCG levels
 - Persistently elevated β -hCG levels or malignant disease
- ❖ Cancers
 - Endometrial
 - Ovarian



Uterine distortion (due to fibroids or anatomical abnormalities)

STIs/PID

- Current purulent cervicitis, chlamydia, gonorrhea
- Current pelvic inflammatory disease
- Very high individual risk of exposure to STIs

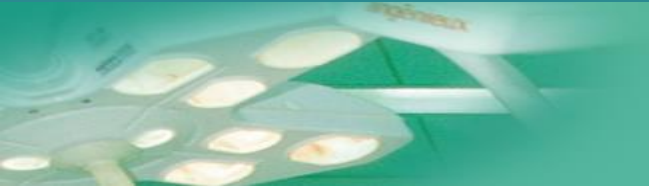
Pelvic tuberculosis

WHO category 2

- ❖ Cancers Cervical (awaiting treatment)
- ❖ Breast feeding ≥ 6 months postpartum
- ❖ Unexplained vaginal bleeding (prior to evaluation)
- ❖ Headaches Migraine without aura (age < 35 years)
- ❖ Systemic lupus erythematosus: Severe thrombocytopenia

WHO category 3

- ❖ Breast feeding ≥ 6 weeks to < 6 months postpartum
- ❖ Postpartum not breastfeeding ≥ 21 to 42 days with other risk factors for VTE
- ❖ Smoking Age ≥ 35 years, < 15 cigarettes/day
- ❖ Hypertension (systolic 140-159 or diastolic 90-99) is controlled and can be evaluated
- ❖ Migraine without aura (age ≥ 35 years)
- ❖ Symptomatic gall bladder disease (current or medically treated)
- ❖ Breast disease no evidence of current disease for 5 yrs



- ❖ Symptomatic gall bladder disease (current or medically treated)
- ❖ Cholestasis (history of related to oral contraceptives)
- ❖ Rifampicin or rifabutin
- ❖ Anticonvulsant therapy

WHO Category 4

- ❖ Breastfeeding Less than 6 weeks postpartum
- ❖ Postpartum not breastfeeding with <21 days with VTE = venous thromboembolism risk
- ❖ Smoking Age ≥ 35 years, ≥ 15 cigarettes/day
- ❖ Multiple risk factors for cardiovascular disease
- ❖ Elevated BP (systolic ≥ 160 or diastolic ≥ 100)
- ❖ Vascular disease
- ❖ Deep venous thrombosis (DVT) and pulmonary embolism (PE) risk
- ❖ Known thrombogenic mutations



- ❖ Ischemic heart disease (current or history of)
- ❖ Stroke (history of)
- ❖ Systemic lupus erythematosus Positive or unknown antiphospholipid antibodies
- ❖ Migraines with aura (at any age)
- ❖ Breast disease (Current cancer)
- ❖ Diabetes Nephropathy/retinopathy/neuropathy
- ❖ Diabetes for > 20 years
- ❖ Cirrhosis (severe)
- ❖ Liver tumors (hepatocellular adenoma and malignant hepatoma)

2015 Quick Reference Chart for the WHO Medical Eligibility Criteria to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD
Pregnancy		NA	NA	NA	
Breastfeeding	Less than 6 weeks postpartum				See i.
	6 weeks to < 6 months postpartum				
	6 months postpartum or more				
Postpartum and not breastfeeding <small>VTE = venous thromboembolism</small>	< 21 days				See i.
	< 21 days with other risk factors for VTE*				
	≥ 21 to 42 days with other risk factors for VTE*				
	> 42 days				
Postpartum and breastfeeding or not breastfeeding	< 48 hours or more than 4 weeks	See ii.	See ii.	See ii.	
	≥ 48 hours to less than 4 weeks				
	Puerperal sepsis				
Postabortion	Immediate post-septic				
Smoking	Age ≥ 35 years, < 15 cigarettes/day				
	Age ≥ 35 years, ≥ 15 cigarettes/day				
Multiple risk factors for cardiovascular disease					

Hypertension BP = blood pressure	History of (where BP cannot be evaluated)					
	BP is controlled and can be evaluated					
	Elevated BP (systolic 140 - 159 or diastolic 90 - 99)					
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)					
	Vascular disease					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of) or stroke (history of)				I	C	
Known hyperlipidemias						
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I	C	I	C
	Immunosuppressive treatment				I	C
Headaches	Non-migrainous (mild or severe)	I	C			
	Migraine without aura (age < 35 years)	I	C			
	Migraine without aura (age ≥ 35 years)	I	C			
	Migraines with aura (at any age)			I	C	I

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD
Unexplained vaginal bleeding (prior to evaluation)					I C
Gestational trophoblastic disease	Regressing or undetectable β -hCG levels				
	Persistently elevated β -hCG levels or malignant disease				
Cancers	Cervical (awaiting treatment)				I C
	Endometrial				I C
	Ovarian				I C
Breast disease	Undiagnosed mass	**	**	**	
	Current cancer				
	Past w/ no evidence of current disease for 5 yrs				
Uterine distortion due to fibroids or anatomical abnormalities					
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I C
	Vaginitis				
	Current pelvic inflammatory disease (PID)				I C
	Other STIs (excluding HIV/hepatitis)				
	Increased risk of STIs				
	Very high individual risk of exposure to STIs				I C
Pelvic tuberculosis					I C

Diabetes	Nephropathy/retinopathy/neuropathy				
	Diabetes for > 20 years				
Symptomatic gall bladder disease (current or medically treated)					
Cholestasis (history of)	Related to pregnancy				
	Related to oral contraceptives				
Hepatitis	Acute or flare	I	C		
	Chronic or client is a carrier				
Cirrhosis	Mild				
	Severe				
Liver tumors (hepatocellular adenoma and malignant hepatoma)					
High risk of HIV or HIV-infected (Stage 1 or 2)					
AIDS (HIV-infected Stage 3 or 4)	No antiretroviral therapy (ARV)				I C
	Improved to Stage 1 or 2 on ARV therapy	See iii.	See iii.	See iii.	
	Not improved on ARV therapy				I C
Drug interactions	Rifampicin or rifabutin				
	Anticonvulsant therapy***				

UK Medical Eligibility Criteria (UKMEC) For Combined Oral Contraceptives use

UKMEC Category 1 – Unrestricted Use

Age – menarche to <40 years

Parity – nulliparous and parous

Breastfeeding – >6 months postpartum

Postpartum – >21 days if not breastfeeding

Post-abortion – immediately first and second trimester, and post-septic

Past ectopic pregnancy

History of pelvic surgery

Minor surgery without immobilisation

Varicose veins

Non-migrainous headaches – mild or severe

Epilepsy – and not using liver enzyme-inducers

Depressive disorders

Vaginal bleeding – unsuspected irregular, heavy or prolonged

Endometriosis

Benign ovarian tumour

Severe dysmenorrhoea

Gestational trophoblastic neoplasia – when hCG is normal

Cervical ectropion

Breast disease – benign breast disease or a family history of breast cancer

Endometrial or ovarian cancer

Uterine fibroids – with or without distortion of the uterine cavity

PID – current; or past history of, with or without subsequent pregnancy

STI – current, vaginitis or increased risk of STI

HIV/AIDS – risk of HIV/AIDS, current HIV not using antiretroviral therapy

Schistosomiasis, pelvic and non-pelvic tuberculosis, malaria

Diabetes – history of gestational disease

Thyroid disorders

Viral hepatitis – carrier

Anaemias – thalassaemia, iron deficiency

Raynaud's disease – primary without lupus anticoagulant

UKMEC Category 2 – Benefits generally outweigh risks

Age – ≥ 40 years^a

Breastfeeding – between 6 weeks and 6 months postpartum and partially breastfeeding (medium to low)

Smoking – aged < 35 years, or aged ≥ 35 years and stopped smoking ≥ 1 year ago

Obesity – BMI ≥ 30 – 34 kg/m²

History of high blood pressure during pregnancy

Family history of VTE in a first-degree relative aged ≥ 45 years

Major surgery without prolonged immobilisation

Superficial thrombophlebitis

Known hyperlipidaemias – e.g. common hypercholesterolaemia or familial combined hyperlipidaemia

Valvular and congenital heart disease – uncomplicated

Migraine headaches – without aura in women aged < 35 years

Vaginal bleeding – suspicious for serious condition before evaluation

CIN and cervical cancer

HIV/AIDS – current HIV using antiretroviral therapy, or current AIDS and using HAART

Diabetes – NIDDM and IDDM, non-vascular disease

Gallbladder disease – asymptomatic or treated with a cholecystectomy

History of cholestasis – pregnancy-related

Inflammatory bowel disease

Sickle cell disease

Raynaud's disease – secondary without lupus anticoagulant

Non-liver enzyme-inducing antibiotics

Highly active antiretroviral therapy (HAART)

UKMEC Category 3 – Risks generally outweigh benefits^b

Breastfeeding – between 6 weeks and 6 months postpartum and fully or almost fully breastfeeding

Postpartum – <21 days postpartum

Smoking – aged ≥ 35 years and smoking <15 cigarettes per day, or stopped smoking <1 year ago

Obesity – BMI 35–39 kg/m²

Cardiovascular disease – multiple risk factors for arterial cardiovascular disease

Hypertension – elevated blood pressure >140 to 159 mmHg systolic or >90 to 94 mmHg diastolic

Family history of VTE in a first-degree relative aged <45 years

Immobility (unrelated to surgery) – e.g. wheelchair use, debilitating illness

Known hyperlipidaemias – e.g. familial hypercholesterolaemia

Migraine headaches – without aura in women aged ≥ 35 years; or a past history of migraine with aura at any age

Breast disease – past history of breast cancer and no evidence of recurrence for 5 years; carriers of known gene mutations associated with breast cancer (e.g. BRCA1); undiagnosed mass

Diabetes – with nephropathy/retinopathy/neuropathy; or other vascular disease or diabetes of >20 years' duration (category given will depend on disease severity)

Gallbladder disease – symptomatic medically treated or current

History of cholestasis – past COC-related

Cirrhosis – mild compensated disease

Drugs which induce liver enzymes – e.g. rifampicin, rifabutin, St John's Wort, griseofulvin and certain anticonvulsants (i.e. phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)

UKMEC Category 4 – Unacceptable health risk and should not be used

Breastfeeding – <6 weeks postpartum

Smoking – aged ≥ 35 years and smoking ≥ 15 cigarettes per day

Obesity – BMI ≥ 40 kg/m²

Cardiovascular disease – multiple risk factors for arterial cardiovascular disease

Hypertension – blood pressure ≥ 160 mmHg systolic and/ or ≥ 95 mmHg diastolic; or vascular disease

VTE – current (on anticoagulants) or past history

Major surgery with prolonged immobilisation

Known thrombogenic mutations

Current and history of ischaemic heart disease

Stroke

Valvular and congenital heart disease – complicated by pulmonary hypertension, atrial fibrillation, history of subacute bacterial endocarditis

Migraine headaches – with aura at any age

Gestational trophoblastic neoplasia – when hCG is abnormal

Breast disease – current breast cancer

Diabetes – with nephropathy, retinopathy, neuropathy or other vascular disease, or diabetes of >20 years' duration (category given will depend on disease severity)

Viral hepatitis – active disease

Cirrhosis – severe decompensated disease

Liver tumours – benign and malignant

Raynaud's disease – secondary with lupus anticoagulant and thus a tendency to thrombosis

Pil Kombinasi di MEC



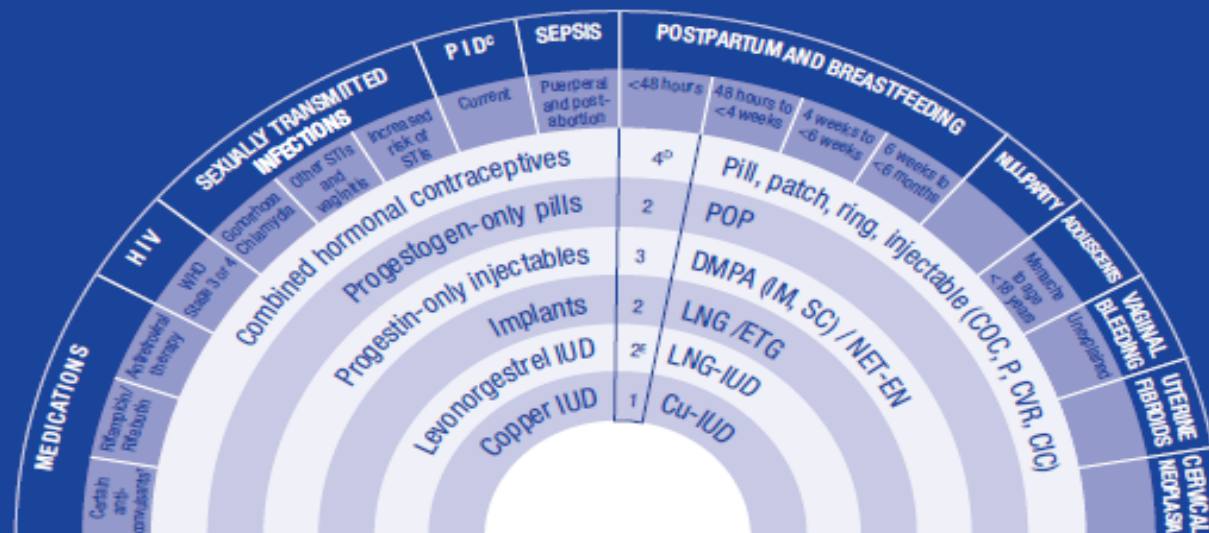
World Health
Organization

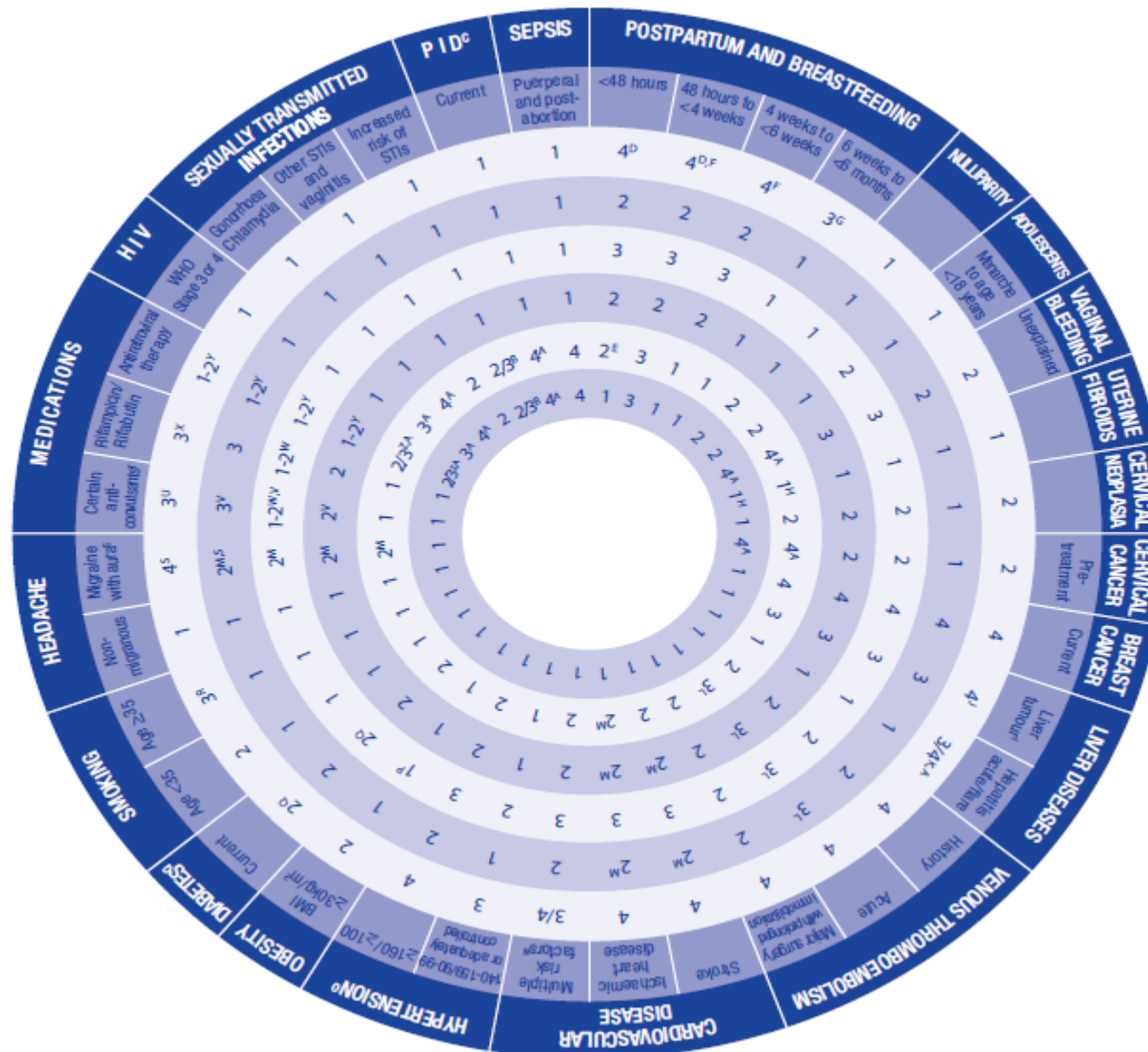
WHO



MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2015





Follow-up untuk pil kombinasi

- ❖ Tidak ada jadwal khusus, bisa datang kapan saja
- ❖ Berikan pil kombinasi lebih dari satu siklus
- ❖ Evaluasi kepuasan dan adanya kondisi kesehatan yang timbul setelah penggunaan pil kombinasi
- ❖ Menangani dan konseling efek samping yang timbul
- ❖ Review penggunaan pil yang tepat dan apa yang dilakukan bila lupa

The Pill Return Visit

How can I help you?

- Are you happy using the pill?
- Want more supplies?
- Any questions or problems?

Let's check:

- For any new health conditions, blood pressure, anemia, weight gain
- When do you take your pills?
- What do you do if you forget a pill?
- Need condoms too?



TERIMA KASIH

