



AZA Wildlife Contraception Center

COMBINATION BIRTH-CONTROL PILLS (Synthetic progestin plus synthetic estrogen)

Brand and Manufacturer – [List of Commercially Available Birth-Control Pills](#)

Product information – Human birth-control pills are available in different dose formulations with various administration regimes, from 21 days with 7 days of placebo to allow menstruation, to 90 days before the placebo week. Treatment can begin in any phase of the cycle, but may not be effective in the first month if treatment begins near the time of ovulation. Survey reports to the WCC database indicate that birth-control pills have only been used in apes and some felids, and that, typically, the human regimen was followed. Recent data from treatment of women indicate that the placebo week is not necessary for uterine health, so continual treatment to prevent sexual swellings, for example, is an option.

Latency to effectiveness - As with implants and injections, separation or alternative contraception should be used for 1-2 weeks after initiation of treatment. Efficacy may take one month if treatment begins near the time of ovulation.

Estrous cycles during contraceptive treatment - Signs of estrus can occur during the placebo week.

Duration of efficacy and reversibility - Duration of efficacy for combination pills is more than one day, because conception is blocked during the one week of placebo administration in humans. However, minimum dosages have not been established for other species. Daily administration outside the placebo week is probably necessary to ensure contraception. Latency to reversal may be slightly longer than for oral progestins, since the estrogen component more effectively suppresses follicle growth, increasing the time to ovulation.

Use during pregnancy – Degree of risk to the fetus is uncertain, and manufacturers recommend discontinuation during pregnancy.

Use during lactation – Combination birth-control pills may interfere with milk production or affect the developing infant, so are not recommended. Progestin-only pills are sometimes prescribed for lactating women and are considered generally safe for nursing infants. [See Progestin-Only pills](#) information.

Use in pre-pubertals or juveniles - Lack of data on pre-pubertal treatment and potential long-term effects on fertility contraindicate recommending contraception before

puberty. Fertility is less likely to be affected by treatment administered after puberty.

Consideration for seasonal breeders - Treatment should begin at least one month before the anticipated onset of the breeding season.

Precautions

- Weight gain is less likely than with progestin-only treatment, but the estrogen component may cause fluid retention.
- Some generic formulations have been found to be less effective, so brand-name products may be more reliable.
- Some antibiotics may decrease birth-control-pill efficacy. See list of [potential drugs](#) that can interfere.

Reporting requirements - All institutions using Birth-Control Pills are asked to submit a complete [Contraception Center Survey](#) to the AZA Wildlife Contraception Center. It is essential that accurate records of doses and intervals be maintained and results reported to the Wildlife Contraception Center Database to contribute to dosage development.

Please submit surveys to:

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