



OPEN ACCESS

EDITED BY

Mireille Le Guen,
Université Catholique de Louvain, Belgium

REVIEWED BY

Leslie Fonquerne,
Université Toulouse III Paul Sabatier, France

*CORRESPONDENCE

Jana Niemann

✉ jana.niemann@medizin.uni-halle.de

RECEIVED 08 January 2025

ACCEPTED 25 June 2025

PUBLISHED 09 July 2025

CITATION

Niemann J and Führer A (2025) Bridging the knowledge gap: a feminist lens on the post-birth control syndrome and media narratives. *Front. Glob. Women's Health* 6:1556810. doi: 10.3389/fgwh.2025.1556810

COPYRIGHT

© 2025 Niemann and Führer. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](#). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Bridging the knowledge gap: a feminist lens on the post-birth control syndrome and media narratives

Jana Niemann^{1*} and Amand Führer²

¹Institute of Medical Sociology, Interdisciplinary Center of Health Sciences, Medical Faculty, Martin Luther University Halle-Wittenberg, Halle, Germany, ²Institute for Medical Epidemiology, Biometrics and Informatics, Martin Luther University Halle-Wittenberg, Halle, Germany

Background: Research regarding the period after the discontinuation of oral contraceptives remains largely confined to the return of fertility and menstruation, reflecting a narrow and medicalizing approach to sexual and reproductive health. Still, beyond this biomedical discourse, there is a growing debate concerning the experiences of those who discontinue oral contraception. This debate gravitates around the term “post-birth control syndrome” and mostly takes place in various online communities.

Aim: In this perspective, we aim to explore this discourse on German and English language (social) media and highlight how the absence of reliable studies creates a void that is actively filled by commercial agendas, unchecked online information, and personal accounts.

Argument: Instead of merely turning to the internet because of insufficient research, it is the commercial exploitation of this gap that intensifies certain narratives, risking spreading misinformation and disempowering former pill users by depriving them of scientific perspectives on their health. We emphasize the necessity of addressing this gap through feminist research that prioritizes biopsychosocial well-being, including its structural dimensions, rather than focusing solely on reproductive outcomes. Bridging this knowledge gap requires classical clinical and socioepidemiological research into post-pill physiological mechanisms and contexts, complemented by qualitative studies capturing user experiences.

Conclusion: By shifting contraceptive health research towards comprehensive, user-centered perspectives, feminist science can empower individuals to make informed decisions and promote contraceptive autonomy within medical and public health frameworks.

KEYWORDS

post-birth control syndrome, oral contraception, medicalization, discontinuation, contraceptive pill, online communities

1 Introduction

The internet and social media can provide spaces for connection and exchange on health issues. However, they might as well spread misinformation (1–3), especially when there is little to no research on a specific health issue, and medical claims spread on the internet cannot be fact-checked against clinical studies.

For decades, feminist scholars have pointed out the neglect of research regarding women's¹ health topics and gender-sensitive medicine (4–6). Hereby, the discontinuation of oral contraceptives (OCs) is a case in point: There is only limited research on that topic, and as of now, there are only a few studies that take the lived experience of people who experience unwanted effects after discontinuation into account (7–9). Instead, most research on what occurs after OC discontinuation is limited to the return of fertility and menstruation (10, 11). From a feminist perspective², this situation is problematic since it restricts research on the narrow topic of womxn's reproductive responsibility and ignores their overall biopsychosocial health and the need for alternative contraceptive options following discontinuation (8, 12, 13). It also expresses a dismissive attitude towards the post-discontinuation experiences of former pill users, while simultaneously shining a light on the androcentric tendencies prevalent in the medical field (14).

At the same time, this gap has been filled in online discourse with references to the “post-birth control syndrome” (PBCS), which introduces another set of problems: While PBCS is not recognized as a reality among gynecologists and the wider medical community, it is an area of growing public interest and concern. Since health science fails to provide input into this discourse, PBCS is a good example of what can happen – positive and negative – when science implicitly declares itself “not responsible”.

Therefore, in this perspective, we aim to provide a short illustrative summary of this online discourse, show its problems, and outline future research directions regarding PBCS.

2 Information about the (dis)continuation of the contraceptive pill

Access to reliable information is one important component of sexual and reproductive agency (15). This also applies to information on contraceptives. However, since the introduction of OCs, the debate about potential adverse effects, their impact on the broader physiology of hormones, and the issue of discontinuation has been contentious. This ongoing debate in the

scientific community and (social) media may have impacted how women reflect on the decision to (dis)continue OCs (2, 3, 16).

In fact, studies indicate that the frequency of OC use in Western Europe has declined in recent decades (17–20). Factors influencing OC discontinuation include the experience of adverse effects (21–23), changes in the risk perception of adverse effects (24), communication with peers and healthcare providers (22, 24), desire for natural contraception (9, 21), and social media influence (2, 16). Social and mainstream media play a key role in the search for contraceptive information, especially when research has found a disconnect between contraceptive counselors and (potential) users (22, 25, 26).

3 Post-birth control syndrome

Therefore, a growing number of studies started looking into the characteristics of birth control-related online information. Still, this ever-increasing field of inquiry has substantial gaps: While working on a paper regarding YouTube and the contraceptive pill (9), the first author came across the PBCS. This term originated from Romm's book “Botanical Medicine for Women's Health” in 2008. Per Romm, the term encompasses the irregular menstrual cycles and other related symptoms that certain individuals may encounter for several months following the cessation of hormonal contraceptive use. Furthermore, Joana Brighten defined the PBCS as “a constellation of symptoms women experience, when they discontinue hormonal birth control” in her book “Beyond the Pill: A 30-Day Program to Balance Your Hormones, Reclaim Your Body, and Reverse the Dangerous Side Effects of the Birth Control Pill.” (27). Brighten states the ‘syndrome’ occurs three to six months after discontinuation. However, she also used the book and her website as a pitch for her line of nutritional supplements and her naturopathic program, claiming that they, for instance “harmonize ovarian hormones” and “reverse metabolic mayhem” (28).

The widespread appeal of these stories and products highlights a broader trend in which people dealing with post-pill symptoms seek commercial and alternative options, owing to a lack of accessible and reliable medical advice. In this context, one might suggest to “consult your doctor”, when seeking online information and taking supplements. This often overlooks the fact that not all former users have reliable and consistent access to healthcare. This is especially true for those marginalized by race, socioeconomic status, or past negative medical experiences, who may lack the confidence to express concerns about hormonal symptoms (29–31). This issue is further exacerbated by the frequent disconnect between healthcare providers and patients seeking contraceptive advice (22, 32, 33). As a result, patients' experiences may be dismissed, leading them to rely on commercialized alternative information sources. The commercialization of PBCS-related products and services further complicates this issue. While these offerings may appeal to those experiencing post-pill symptoms, they also raise concerns about the potential exploitation of vulnerable individuals seeking solutions.

¹In our opinion, all people regardless of their gender should have access to sexual and reproductive health rights. Therefore, we use the term womxn to include all people regardless of their gender. We will only use the term women in this perspective, if the authors of the original reference use it. We do this intentionally to emphasize the gendered heteronormative discussion in our references.

²Feminist research perspectives not only prioritize women's experiences and voices (65), they acknowledge that research is shaped by the existing power dynamics and social contexts (5). In addition, research using a feminist methodology calls for action, emphasizing engagement, empowerment, reflexivity, and social change (66).

To our best knowledge, there is currently no scientific debate regarding the PBCS which leaves possible affected individuals to the information they find online. This opens the door to doubt, deprivation, and disempowerment, but also subtly perpetuates health inequalities by directing supplement-based “solutions” towards those with the financial means and cultural knowledge to purchase these products and navigate the healthcare system.

4 The post-birth control syndrome and (social) media: when biomedicine fails to deliver, who jumps in to fill the gap?

A quick search on German and English language social and media websites using the terms “post-pill syndrome” or “post-birth control syndrome” reveals a large amount of content on what to expect, what happens, and tips for the time after the discontinuation of the contraceptive pill. Building on such a cursory search, we describe the PBCS-related information on web pages found via Google, Instagram, and Reddit. These platforms were selected for their significant role in daily health information searches, peer-to-peer interactions, and wellness content driven by influencers. We included content from English and German language and narratively summarized the data.

4.1 Websites

During our online search, we first identified media outlets focusing on medicine and health in general or women’s (health) topics (34–38). And second, websites by (women’s) health companies (39–42) and webpages by health care specialists, often focusing on Naturopathy, Natural Medicine, or Holistic Women’s Health (German: “Ganzheitliche Frauenheilkunde”) (43–51).

All web pages follow a recurring pattern of introducing the PBCS: They define PBCS and explain the underlying mechanism, referring to hormonal “chaos” (42) or “imbalance” (35). This “chaos” is usually explained by the fact that most hormonal birth controls interrupt and suppress the body’s natural function of the hormonal system and reproductive processes. With the withdrawal of “exogenous synthetic hormones” (35), the female body relies on natural hormonal production again. This transition can run smoothly, that is, menses occur regularly, and no other bodily symptoms occur. However, this transition may also cause symptoms such as “Changes in [...] menstrual period, like lighter, heavier, or missed periods, mood swings or PMS-like symptoms, Headaches, Acne, Hair loss, Changes in sex drive, Breast tenderness.” (38). Some web pages provide more in-depth information on the underlying medical issues that may cause PBCS. For instance, Lindsay Schlengel on the web page “Natural Womanhood” interviewed Joana Brighton and writes: “She says, ‘the underlying causes of post-birth control syndrome can involve nutrition deficiencies, HPA axis dysregulation [adrenal fatigue], impaired liver detox, stress, and more.’ Worse, these problems may not resolve on their own.” (37).

The web pages often provide health advice and emphasize that women should treat symptoms and help their bodies adjust. Considerations for such support are “over-the-counter (OTC) pain medications for headaches and menstruation cramps” (34), “Staying hydrated, eating green leafy vegetables” (51), “restore the nutrients” (52), or “your liver might benefit from extra support [...] Talk to your provider about targeted herbs and supplements that help support hormone detoxification.” (50).

Web pages by women’s health companies and healthcare providers usually also sell products or consultations related to the PBCS [e.g., supplements (49, 50) or menstruation products (41, 42)].

In addition, web pages by media companies and women’s health companies often emphasize that their articles have been medically reviewed (40). In addition, they may refer to PBCS as “controversial” (36), “debate over one term”, and “not an official medical diagnosis” (39), however emphasizing that “naturopaths say, that doesn’t mean it’s not real” (35), or that “some women* report symptoms after stopping the pill” (39). In contrast to that, web pages of those health care professionals who built their careers on PBCS tend to be rather uncritical about this debate and treat PBCS like a medical diagnosis.

4.2 Social media – Instagram & Reddit

The #postpillsyndrome has 1.095 and the #postbirthcontrolsyndrome 9.795 posts and reels (June, 3rd 2024). These posts are from medical doctors and self-proclaimed women’s health experts, such as “hormonal consultants” and former users who use these platforms to share their experiences.

The content of this debate is similar to the web pages: that the contraceptive pill depletes the body’s vitamin reservoirs; how to restore hormonal balance after discontinuation; and what to expect post-discontinuation.

On the social media platform Reddit, individuals in the subreddit r/birthcontrol (53) (“Post birth control syndrome”) take the chance to exchange the problems they encounter after the discontinuation of the pill; they talk about acne, hair loss, less energy, or menstrual problems. Sharing their experiences they write “i’m glad i’m not alone”, “I’d say it took a solid 6–9 months to truly feel like myself”, “I have been dealing with my post birth control syndrome for 2 1/2 years now” or “Really considering starting birth control again”. These stories convey not only physical unease but also a quest for validation and a shared sense of meaning-making (54, 55). This involves users collaborating to interpret symptoms and side effects related to birth control methods, particularly in pseudonymous settings such as Reddit, which allow for more intimate and detailed storytelling. As McDowall et al. (56) demonstrate, such online discussions reflect a unique combination of strategies, including storytelling, risk analysis, and causal reasoning, that help individuals navigate complex and often stigmatized healthcare experiences.

These accounts show the real-life struggles of people coming off birth control. Therefore, it is not surprising that they seek an

explanation of their condition. The term “post-pill syndrome” appears to encapsulate these experiences.

5 Discussion: why is PBCS a public health issue?

After the brief description of the social media discourse on PBCS, we now want to outline some critical perspectives that highlight the problems of this health data gap from a feminist standpoint (57).

In our cursory research on websites and social media, we found abundant information and media about PBCS. Besides a small segment of conversations between former pill users who use this opportunity to share their experiences, much of the debate around PBCS is dominated by companies and individuals who have economic interests in the topic. From a feminist perspective, these actors filling the void left by biomedicine’s indifference to the topic is problematic, as they disseminate misinformation about womxn’s health and bodies, as well as recommendations for managing physiological changes following cessation based on commercial interests and largely lack proof of efficacy. In a way, the demedicalization of post-contraception experiences makes space for the further commercialization of womxn’s health and their experience of their reproductive agency.

This market is successfully opened through the limited availability of credible information regarding female bodies during and after oral contraceptive pill use. This nonproduction of knowledge creates a power dynamic between former users and the sellers of products and information, while the former users are not empowered to take control of their bodies. While biomedicine and its tendency to medicalize phenomena have been criticized for many decades for a similar power dynamic between patients and health professionals (58), more recent scholarship has highlighted that the medicalization of certain phenomena can also function in the interest of people-turned-patients since biomedicine claiming responsibility often mobilizes resources (59).

The case of PBCS illustrates this argument and highlights a “systematic failure of scientific thought to account for women as agents and subjects, and for their experiences to be included in determining the definition of problems given attention by science” (43). However, such systemic neglect does not necessarily lead to womxn stepping up to empower themselves in countering biomedicine’s oversights; instead, it might create a void that other disempowering forces can occupy.

This connects to a broader issue in public health: Meeting sexual and reproductive justice should focus not only on the prevention of unwanted pregnancies, which is a predominant concern in public health (21, 60). Medical care should be able to support people with credible information regarding all contraceptive choices and hereby pay attention to their experiential lifeworlds, not just to narrowly defined public health targets. This also includes the decision to discontinue, which should also be an informed choice. Contraceptive health research often focuses on the reasons for discontinuation and adherence

to contraceptives (61, 62). Therefore, research misses that individuals choose to discontinue the contraceptive pill to put their health and body first (21, 24), or for some other good reason.

However, research that focuses solely on the return of menstruation and fertility is insufficient for making informed decisions. A feminist perspective [or standpoint (57)] calls for research that examines the effects on bodies after discontinuation, beyond the question of reproduction. Moving away from the androcentric paradigm that dominates knowledge production in public health and medicine, a feminist standpoint calls for the reorientation of scientific inquiry. By incorporating the lived experiences and values of womxn, this approach seeks to produce more nuanced, situated, and emancipatory understandings of social phenomena (57, 63). Hence, we need to center research on the (dis)continuation of contraceptives around womxn’s needs. Such information would not only enable (former) pill users to take charge of their health and bodies, but it would also promote reproductive justice in medical and public health research and practice and empower womxn to make informed decisions when choosing health-related products and information.

Research should emphasize this and support individuals in their decisions by providing evidence that can be used in contraceptive counseling. Therefore, we call for classical clinical and epidemiological research, exploring the underlying mechanisms of symptoms that former pill users may experience post-discontinuation. In addition, we emphasize the need for qualitative research to explore individual experiences and needs that incorporate sexual and reproductive health rights and a rights-based epistemology.

6 Conclusions

This perspective highlights the critical need to address the systemic knowledge gap regarding the effects of discontinuing OCPs, particularly through a feminist lens. Current discourse on PBCS often lacks credible information, leaving former pill users vulnerable to misinformation and commercial exploitation. We contend the importance of reframing contraceptive health research in prioritizing individuals’ (post-dis)continuation experiences and needs. Instead of focusing merely on risk prevention of a potential pregnancy, focus should shift to supporting the sexual and reproductive agency and choices. Merely addressing this knowledge gap is insufficient. Social epidemiological studies have shown that medical and contraceptive information is unevenly distributed and is influenced by social factors such as race, socioeconomic status, education, and healthcare system interactions. To improve equity in sexual and reproductive health, we must examine how knowledge is generated, shared, and accessed. This involves community participation in research, customizing information for varied audiences, and ensuring that clinical advice is culturally appropriate, inclusive, accessible, and not just theoretical.

Such efforts would empower individuals with the knowledge required for informed decision-making and reshape public health

and medical practices to better align with the principles of sexual and reproductive health rights. Although clinical and social epidemiological research is needed to better understand the mechanisms underlying contraceptive pill discontinuation, it is important to consider the context in which such interventions are implemented. Attention to these contexts can support a more effective transfer and adaptation of interventions across different settings. They should be viewed as events occurring within complex systems rather than simple technical procedures that can be applied uniformly across contexts (64).

Data availability statement

The original contributions presented in the study are included in the article/Supplementary Material, further inquiries can be directed to the corresponding author.

Author contributions

JN: Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Writing – original draft, Writing – review & editing. AF: Methodology, Supervision, Writing – original draft, Writing – review & editing.

Funding

The author(s) declare that no financial support was received for the research and/or publication of this article.

References

1. Döring N, Lehmann S. Nutzung und bewertung von verhütungsinformationen in sozialen medien: eine interviewstudie mit jugendlichen und jungen erwachsenen. *Z Sex.* (2023) 36:66–75. doi: 10.1055/a-2055-3160
2. Schneider-Kamp A, Takhar J. Interrogating the pill: rising distrust and the reshaping of health risk perceptions in the social media age. *Soc Sci Med.* (2023) 331:116081. doi: 10.1016/j.socscimed.2023.116081
3. Foran T. Contraception and the media: lessons past, present and future. *Eur J Contracept Reprod Health Care.* (2019) 24:80–2. doi: 10.1080/13625187.2018.1563067
4. Kuhlmann E, Babitsch B. Bodies, health, gender—bridging feminist theories and women's health. *Womens Stud Int Forum.* (2002) 25:433–42. doi: 10.1016/S0277-5395(02)00280-7
5. Eger H, Chacko S, El-Gamal S, Gerlinger T, Kaasch A, Meudec M, et al. Towards a feminist global health policy: power, intersectionality, and transformation. *PLoS Glob Public Health.* (2024) 4:e0002959. doi: 10.1371/journal.pgph.0002959
6. Merone L, Tsey K, Russell D, Daltry A, Nagle C. Evidence-based medicine: feminist criticisms and implications for women's health. *Womens Health Rep.* (2022) 3:844–9. doi: 10.1089/whr.2022.0032
7. Wienand PE, Wilhelm M. Expectations versus reality: two cross-sectional studies on expected and experienced discontinuation symptoms in current and former contraceptive pill users. *Womens Health.* (2025) 21:1–12. doi: 10.1177/17455057251338401
8. Niemann J, Schenk L, Stadler G, Richter M. What happens when you stop using the combined contraceptive pill? A qualitative study protocol on consequences and supply needs for women who discontinued the combined contraceptive pill in Germany. *BMJ Open.* (2022) 12:e057089. doi: 10.1136/bmjopen-2021-057089
9. Niemann J, Wicherski L, Glaum L, Schenk L, Stadler G, Richter M. YouTube and the implementation and discontinuation of the oral contraceptive pill: a mixed-method content analysis. *PLoS One.* (2024) 19:e0302316. doi: 10.1371/journal.pone.0302316
10. Girum T, Wasie A. Return of fertility after discontinuation of contraception: a systematic review and meta-analysis. *Contracept Reprod Med.* (2018) 3:9. doi: 10.1186/s40834-018-0064-y
11. Schwartz AR, Russell K, Gray BA. Approaches to vaginal bleeding and contraceptive counseling in transgender and gender nonbinary patients. *Obstet Gynecol.* (2019) 134:81–90. doi: 10.1097/AOG.0000000000003308
12. Thomé C. Après la pilule. Le choix contraceptif des jeunes femmes à l'épreuve du rejet des hormones. *Sante Publique.* (2024) 36:87–96. doi: 10.3917/spub.241.0087
13. Simmons RG, Baayd J, Waters M, Diener Z, Turok DK, Sanders JN. Assessing contraceptive use as a continuum: outcomes of a qualitative assessment of the contraceptive journey. *Reprod Health.* (2023) 20:33. doi: 10.1186/s12978-023-01573-4
14. Bueter A. Androcentrism, feminism, and pluralism in medicine. *Topoi (Dordr).* (2017) 36:521–30. doi: 10.1007/s11245-015-9339-y
15. Harper CC, Rao L, Muñoz I, Stern L, Kerns JL, Parra M, et al. Agency in contraceptive decision-making in patient care: a psychometric measure. *J Gen Intern Med.* (2023) 38:1366–74. doi: 10.1007/s11606-022-07774-0
16. Pfender EJ, Fowler LR. Social Media is influencing contraceptive choice. *J Womens Health.* (2024) 33:563–4. doi: 10.1089/jwh.2023.1152
17. Kristensen SI, Lidegaard Ø. Hormonal contraceptive use in Denmark 2010–2019. *Dan Med J.* (2021) 68:A08200599.

Acknowledgments

Special thanks go to the members of the writing retreat in Croatia of the Social Epidemiology Working Group at the Institute of Medical, Epidemiology, Biometry, and Informatics (Martin Luther University Halle-Wittenberg, with whom we discussed the first drafts of this text. We also would like to thank the Centre for Medical Humanities and Bioethics' monthly seminar at Linköping University (Sweden) for their critical feedback on this manuscript.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The author(s) declare that no Generative AI was used in the creation of this manuscript.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

18. Bundeszentrale für gesundheitliche Aufklärung (BZgA). BZgA-Studie: „Verhütungsverhalten Erwachsener 2023“ – Repräsentative BZgA-Wiederholungsbefragung – (2023). Available at: https://www.bzga.de/fileadmin/user_upload/PDF/pressemitteilungen/daten_und_fakten/Infoblatt_BZgA-Studiendaten_Verhuetungsverhalten_2023.pdf (Accessed June 7, 2024).
19. Pasvol TJ, Macgregor EA, Rait G, Horsfall L. Time trends in contraceptive prescribing in UK primary care 2000–2018: a repeated cross-sectional study. *BMJ Sex Reprod Health.* (2022) 48:193. doi: 10.1136/bmjsh-2021-201260
20. McNee R, McCulloch H, Lohr PA, Glasier A. Self-reported contraceptive method use at conception among patients presenting for abortion in England: a cross-sectional analysis comparing 2018 and 2023. *BMJ Sex Reprod Health.* (2025); bmjsh-2024-202573. doi: 10.1136/bmjsh-2024-202573
21. Le Guen M, Schantz C, Régnier-Loilier A, de La Rochebrochard E. Reasons for rejecting hormonal contraception in western countries: a systematic review. *Soc Sci Med.* (2021) 284:114247. doi: 10.1016/j.socscimed.2021.114247
22. Vieth SJ, Hartmann-Boyce J, Maass N, Jani A. Survey of young women's state of knowledge and perceptions about oral contraceptives in Germany. *AJOG Glob Rep.* (2022) 2:100119. doi: 10.1016/j.sag.2022.100119
23. Sato R, Elewonibi B, Msuya S, Manongi R, Canning D, Shah I. Why do women discontinue contraception and what are the post-discontinuation outcomes? Evidence from the Arusha region, Tanzania. *Sex Reprod Health Matters.* (2020) 28:1723321. doi: 10.1080/26410397.2020.1723321
24. Otte RS, Thissen VTM, Mulder BC. (Dis)continuation of the oral contraceptive pill: a focus group approach in The Netherlands. *Heliyon.* (2023) 9:e19405. doi: 10.1016/j.heliyon.2023.e19405
25. Manzer JL, Bell AV. “Did I choose a birth control method yet?”: health care and women's contraceptive decision-making. *Qual Health Res.* (2022) 32:80–94. doi: 10.1177/10497323211004081
26. Berndt VK, Bell AV. “This is what the truth is”: provider-patient interactions serving as barriers to contraception. *Health (London).* (2021) 25:613–29. doi: 10.1177/1363459320969775
27. Brighton J. *Beyond the Pill: A 30-Day Program to Balance Your Hormones, Reclaim Your Body, and Reverse the Dangerous Side Effects of the Birth Control Pill.* New York City: HarperOne, HarperCollins Publisher (2019).
28. Brighton J. Post-Birth Control Syndrome Brighten Protocol™. (2019).
29. D'Souza P, Bailey JV, Stephenson J, Oliver S. Factors influencing contraception choice and use globally: a synthesis of systematic reviews. *Eur J Contracept Reprod Health Care.* (2022) 27:364–72. doi: 10.1080/13625187.2022.2096215
30. Kossler K, Kuroki LM, Allsworth JE, Secura GM, Roehl KA, Peipert JF. Perceived racial, socioeconomic and gender discrimination and its impact on contraceptive choice. *Contraception.* (2011) 84:273–9. doi: 10.1016/j.contraception.2011.01.004
31. Taylor S, Brar P, Stallings A. Reproductive coercion: prevalence and risk factors related to relationship health knowledge and skills. *J Interpers Violence.* (2024). doi: 10.1177/08862605241285869
32. Swan LET, Cannon LM. Healthcare provider-based contraceptive coercion: understanding U.S. patient experiences and describing implications for measurement. *Int J Environ Res Public Health.* (2024) 21:750. doi: 10.3390/ijerph21060750
33. McMurtery RE, Palokas M. Counselor bias and contraceptive counseling for women: a scoping review protocol. *JBIM Evid Synth.* (2024) 22:925–32. doi: 10.11124/JBIES-23-00170
34. Battaglia C. Post-Birth Control Syndrome. Do You Have It? (2023). Available at: <https://healthnews.com/family-health/reproductive-health/post-birth-control-syndrome-do-you-have-it/> (Accessed June 7, 2024).
35. Sharkey L. Everything You Need to Know About Post-Birth Control Syndrome. (2020). Available at: <https://www.healthline.com/health/post-birth-control-syndrome#takeaway> (Accessed June 7, 2024).
36. Team Verywell Health. What Is Post-Birth Control Syndrome? Physical and emotional changes from coming off of hormonal birth control. (2024). Available at: [https://www.verywellhealth.com/what-you-need-to-know-about-post-birth-control-syndrome-5206977#:~:text=Post-birthcontrolsyndrome\(PBCS,notaformalmedicaldiagnosis](https://www.verywellhealth.com/what-you-need-to-know-about-post-birth-control-syndrome-5206977#:~:text=Post-birthcontrolsyndrome(PBCS,notaformalmedicaldiagnosis) (Accessed June 7, 2024).
37. Schlegel L. Post-birth control syndrome: When getting off the Pill isn't so simple. (2018). Available at: <https://naturalwomanhood.org/getting-off-the-pill-hormonal-birth-control-side-effects/> (Accessed June 7, 2024).
38. UPMC Health Beats. What Is “Post-Birth-Control Syndrome”? (2023). Available at: <https://share.upmc.com/2023/01/post-birth-control-syndrome/> (Accessed June 7, 2024).
39. Fembites. Pille absetzen, das solltest du wissen. (2023). Available at: <https://fembites.com/blogs/zykluswissen/was-ist-das-post-pill-syndrom> (Accessed June 7, 2024).
40. Haasen C. Post-Pill-Syndrom: Symptome, Ursachen und Tipps zur Bewältigung. (2023). Available at: <https://ovyapp.com/blogs/news/post-pill-syndrom-ursachen-symptome-tipps> (Accessed June 7, 2024).
41. Taynie Marketing. Post-Pill-Syndrom: Ursache, Symptome und Behandlung. (2024). Available at: <https://taynie.de/blogs/news/post-pill-syndrom-ursache-symptome-und-behandlung> (Accessed June 7, 2024).
42. erdbeerwoche.de. Post Pill Syndrom: Was tun? (2024). Available at: <https://erdbeerwoche.com/meine-regel/post-pill-syndrom-was-tun/> (Accessed June 7, 2024).
43. Borowski G. Coming off the pill—what you need to know. (2024). Available at: <https://www.womenshealthmelbourne.com.au/blog/coming-of-the-pill-what-you-need-to-know> (Accessed June 7, 2024).
44. Health and the City. Post Birth Control Syndrome (PBCS). (2024). Available at: <https://healthandthecity.ca/post-birth-control-syndrome-pbcs/> (Accessed June 7, 2024).
45. Romm A. The Post Birth Control Pill Hormone Reset. (2024). Available at: <https://avivaromm.com/post-pill-reset/#0-is-post-pill-syndrome-a-real-thing-> (Accessed June 7, 2024).
46. Schumann K. Pille abgesetzt – Leidest du unter dem Post-Pill-Syndrom? (2024). Available at: <https://katrinschumann.de/post-pill-syndrom/> (Accessed June 7, 2024).
47. osteovision. Der Post-Pill-Guide. (2024). Available at: <https://osteovision.de/der-post-pill-guide#:~:text=Hautprobleme%2CHaarausfall%2CAusbleibenderPeriode,genommenundtherapeutischbegleitetwerden> (Accessed June 7, 2024).
48. christinehoffmann.de. Post-Pill-Syndrom und Polyzystisches Ovar-Syndrom (PCOS). (2024). Available at: <https://www.christinehoffmann.de/post-pill-syndrom-und-polyzystische-ovar-syndrom-pcos/> (Accessed June 7, 2024).
49. Brighton J. Post-Birth Control Syndrome+How to Heal Now. (2024). Available at: <https://drbrighten.com/post-birth-control-syndrome/> (Accessed June 7, 2024).
50. Greaves J. How to Balance Your Hormones After Hormonal Birth Control. (2021). Available at: <https://jiliangreaves.com/blog/2020/6/8/slay7pro6xnlp6fyzx3lwowztp6vo> (Accessed June 7, 2024).
51. Luppino O. What Is “Post-Birth Control Syndrome”? Signs, Symptoms, and How To Treat It, According To MDs. (2024). Available at: <https://www.ccrnivf.com/news-events/womens-health-post-bc-syndrome/> (Accessed June 7, 2024).
52. Wellness L. Getting Off Of Birth Control - How To Avoid Post Birth Control Syndrome. (2019). Available at: <https://www.drlanawellness.com/new-blog/2022/10/14/avoiding-post-birth-control-syndrome> (Accessed June 7, 2024).
53. r/birthcontrol. r/birthcontrol. (2024). Available at: <https://www.reddit.com/r/birthcontrol/> (Accessed June 7, 2024).
54. Collieran H, Mace R. Social network- and community-level influences on contraceptive use: evidence from rural Poland. *Proc R Soc B Biol Sci.* (2015) 282:20150398. doi: 10.1098/rspb.2015.0398
55. Lavoie-Moore M. “Trying to avoid”, “trying to conceive”: (re)produire une féminité contradictoire par la quantification. *Genre Sex Soc.* (2017) 17. doi: 10.4000/gss.3971
56. McDowall L, Antoniak M, Mimmo D. Sensemaking about contraceptive methods across online platforms. *Proc Int AAAI Conf Web Soc Media.* (2024) 18:1041–53. doi: 10.1609/icwsm.v18i1.31371
57. Harding S. 5. What is feminist epistemology? In: *Whose Science? Whose Knowledge?* Ithaca, NY: Cornell University Press (2017). p. 105–37. doi: 10.7591/9781501712951-006
58. Conrad P. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders.* Baltimore: The John Hopkins University Press (2007).
59. Braslow JT, Messac L. Medicalization and demedicalization — a gravely disabled homeless man with psychiatric illness. *N Engl J Med.* (2018) 379:1885–8. doi: 10.1056/NEJMp1811623
60. Zettermark S. *Coming of Contraceptive Age: An Interdisciplinary Analysis of Hormonal Contraceptives and Mental Health.* Lund: Lund University, Faculty of Medicine (2023).
61. Fumero A, Marrero RJ, Peñate W, Bethencourt JM, Barreiro P. Adherence to oral contraception in young women: beliefs, locus of control, and psychological reactance. *Int J Environ Res Public Health.* (2021) 18:11308. doi: 10.3390/ijerph182111308
62. Fruzzetti F, Perini D, Fornaciari L, Russo M, Bucci F, Gadducci A. Discontinuation of modern hormonal contraceptives: an Italian survey. *Eur J Contracept Reprod Health Care.* (2016) 21:449–54. doi: 10.1080/13625187.2016.1234598
63. Harding S. 6. ‘Strong objectivity’ and socially situated knowledge. In: *Whose Science? Whose Knowledge?* Ithaca, NY: Cornell University Press (2017). p. 138–63. doi: 10.7591/9781501712951-007
64. Villeval M, Gaborit E, Berault F, Lang T, Kelly-Irving M. Do the key functions of an intervention designed from the same specifications vary according to context? Investigating the transferability of a public health intervention in France. *Implement Sci.* (2019) 14:1–13. doi: 10.1186/s13012-019-0880-8
65. Gray M, Aglias K, Schubert L, Boddy J. Doctoral research from a feminist perspective: acknowledging, advancing and aligning women's experience. *Qual Soc Work.* (2015) 14:758–75. doi: 10.1177/1473325014565148
66. Kaur R, Nagaich S. Understanding feminist research methodology in social sciences. *SSRN Electron J.* (2019):1–15. doi: 10.2139/ssrn.3392500