Progestin-Only Contraception Pill or Minipill Reference Guide

Background Information

Minipills (progestin-only pills) are oral contraceptives which contain no estrogen. They contain a small amount of progestins similar to combination pills. The minipill is taken every day with no pill-free interval. Women who experience unacceptable estrogen-related side effects or risks when taking combination pills may be able to use minipills successfully. Because they do not suppress lactation, progestin-only pills may be prescribed for breastfeeding women. Minipills do not provide protection against the transmission of HIV or other sexually transmitted diseases.

Minipills do not consistently suppress ovulation, as do combination (estrogen+progestin) pills. The menstrual bleeding pattern varies from regular to irregular to absent. Pregnancy is prevented via several mechanisms including inhibition of ovulation, thickening of cervical mucus (making sperm penetration difficult), and altering the uterine lining making it unfavorable for implantation of the fertilized egg.

The low progestin dose means that EXCELLENT COMPLIANCE is essential for best contraceptive protection. PUNCTUAL DOSING EVERY DAY IS IMPORTANT FOR BEST EFFECTIVENESS. Use a back up method like condom for at least 48 hours if you have taken your pill more than 3 hours late.

With perfect use, the contraceptive effectiveness of minipills is slightly lower than the effectiveness of combination pills, but somewhat greater than that of barrier methods. Oral contraceptives in general are 99% effective against pregnancy with PERFECT USE. With TYPICAL USE, contraceptive pills are 92-97% effective, meaning 5-8 women in 100 may become pregnant in a year.

Instructions for Use

To use Progestin-Only Pills (POPs), follow these instructions:

1. Start taking the pills during the first 5 days of your normal menstrual period or on any day you are reasonably sure that you are not pregnant. If you are switching from estrogen-containing oral contraceptive pills (regular birth control pills), skip the 7 inactive pills at the end of the pack, and instead start the POPs the day after the last active pill.

2. Use a back-up method such as male condoms every time you have sex during the first 48 hours (2 days) after starting POPs. If you do not use a back-up method, abstain from vaginal sex for those first 2 days.

3. Take 1 pill every day. Choose a time and take the pill at that time or within 3 hours after that time.

4. Start the next pack the day after the last pack is finished. Do not take any break or days off between packs. Always have your next pack ready before you finish each pack.

5. If you miss taking a pill during the 3-hour window, take it as soon as you remember, even if that means you will take 2 pills in one day. Use a back-up method such as male condoms or abstain from vaginal sex during the next 48 hours. Take further pills at the usual time.

6. If you vomit within 4 hours after taking a pill, or if you have diarrhea, your body might not properly absorb the medicine in the POPs. Keep taking the pills on schedule, but use a back-up method such as male condoms every time you have sex, until 48 hours after the vomiting or diarrhea are over.

7. Get a pregnancy test if—
   - Your menstrual period is late, and you have not taken all your pills on time, and you had sex without a condom or other back-up method.
   - You miss two periods in a row, even if you took all your POPs on time.
   - You are concerned about pregnancy for any reason.

   Keep taking the pills daily until you know the pregnancy test result. If the result is positive, then stop taking the pills and consult your clinician about your options. If the result is negative, then the late or missed periods are probably due to the pills and are not dangerous. Consult your clinician about other possible causes and your options.

8. If you have other problems or questions while taking POPs, keep taking the pills according to schedule while you figure out what to do. Call the Advice Nurse at (510) 643-7197.

9. If you stop taking POPs and do not want to become pregnant, start using another contraceptive immediately, or abstain from vaginal sex. Your ability to become pregnant returns right away after you stop POPs.

10. Consider using emergency contraception (emergency contraceptive pills or an intrauterine contraceptive) if you have had sex that was not properly protected by POPs or another contraceptive method (that is, if you did not follow the instructions above).

Check our website: [www.uhs.berkeley.edu](http://www.uhs.berkeley.edu) to learn more about this medical concern or others.

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Choose a Back-up Method

It is important when using oral contraceptives to have a back-up method of birth control (such as a diaphragm or condoms). Your back-up method should be used for the first 48 hours at least with your first pack of pills. A back-up method should also be used anytime you discontinue and then resume taking the minipill. The back-up method you choose will also be useful if you run out of pills, forget pills, experience pill danger signs and stop taking the minipill, or want protection from sexually transmitted infections. For the most continuous effective contraception, plan to overlap with another method when starting or stopping the minipill.

The Pill Danger Signs

<table>
<thead>
<tr>
<th>Abdominal pain (severe) (may be due to ovarian cyst, ectopic or tubal pregnancy or infection</th>
<th>If you develop these symptoms</th>
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<tbody>
<tr>
<td>Chest pain (severe)/shortness of breath/coughing up blood</td>
<td>• Call or immediately come to Urgent Care 510-642-3188 or other emergency medical facility.</td>
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<tr>
<td>Headaches (severe)/dizziness/weakness/numbness</td>
<td>• Call 911 for an ambulance in an extreme emergency.</td>
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<tr>
<td>Eyes problems (vision loss or blurring)/speech problems</td>
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<tr>
<td>Severe leg pain of calf or thigh</td>
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<tr>
<td>Heavy bleeding, severe cramps or fever</td>
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Most Common Minipill Complications

Menstrual cycle irregularities including spotting, breakthrough bleeding, prolonged cycles, or no menses may occur while on progestin-only pills. Functional ovarian cysts appear to occur at a slightly more frequent rate among progestin-only pill users. When a pregnancy occurs in a woman using progestin-only pills, it is more likely to be ectopic pregnancy (not in the uterus, usually in a Fallopian tube). [Seek immediate care if you have acute abdominal pain.]

The Minipill and Other Drugs

The minipill may have adverse interactions with some other medications. In some cases (e.g., with some anti-seizure medications, St. John’s wort) contraceptive effectiveness is lowered. In a few cases another drug may reach a toxic level in combination with the minipill. Be sure to inform your clinician and pharmacist at each visit of any medications, including non-prescriptions drugs, which you are taking. Consider using a backup method when on other medications.

• Always advise any clinician that you see for any medical problem, especially if admitted to a hospital or before surgery, that you are taking birth control pills.

Answers to the most common questions asked about the minipill

What should I do if I am spotting or having my period when I don’t expect it?

• Keep taking your pills. Prolonged periods of time between periods or other effects on the regularity of bleeding are common with the minipill. Do a pregnancy test if no period for 6 or more weeks.

If I keep missing more than 2 pills in a row or more than one pill each month, what should I do?

• Be sure to use a back-up method along with the minipill.

• An alternative contraceptive method may be better for you. Consider other more effective progestin only methods like Mirena or Implanon.

If I have only a drop of blood or a brown smudge on my tampon, pad, or underwear, does it count as a period?

• Yes, bleeding while you are on the minipill tends to be very light and short. You may not see any fresh blood at all.

For any questions or concerns, please contact the Tang Center Advice Nurse (643-7197) or your clinician.

The Minipill doesn’t protect against sexually transmitted diseases.

Even though you are taking the minipill, seriously consider using condoms as well in order to help protect each other from sexually transmitted disease (STDs) (e.g., herpes, chlamydia, HPV/genital warts, syphilis, gonorrhea, HIV, etc). For more information about safer sex guidelines, contact the Clinic Nurse or discuss any questions that you may have with your clinician or trained peer educator.

Please read the package insert of your pill for more information.

Good websites re: contraceptive methods and emergency contraception: www.ec.princeton.edu or www.plannedparenthood.org or www.who.int/topics/family_planning