Progestin-Only Contraception Pill (POPs)

Background Information

The progestin-only pills (POPs) are oral contraceptives which contain no estrogen. They contain a progestin similar to combination pills. The progestin-only pill is taken every day with no pill-free interval. People who have a medical condition that makes them ineligible for the combined birth control pill (e.g. migraine with aura) or experience unacceptable estrogen-related side effects may be able to use POPs successfully. Because they do not suppress lactation, progestin-only pills may be prescribed for breastfeeding people.

The progestin-only pill does 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 a condom) for at least 48 hours if you have taken your pill more than 3 hours late.

The average effectiveness of the progestin only pill is 91%. The effectiveness can be increased with consistent and correct use.

Instructions for Use

Birth control pills work best when taken the same time each day. Try to associate taking your pill with another activity that you do approximately the same time each day (like going to bed or brushing your teeth) or try putting an alarm reminder on your cell phone. This will maintain a steady level of hormones in your system to prevent pregnancy. IF YOU HAVE TAKEN ELLA (ULLIPRISTAL) FOR EMERGENCY CONTRACEPTION, WAIT 5 DAYS TO START THE POP. THE POP PILL WILL NOT BE EFFECTIVE FOR 7 DAYS. If you have taken Plan B (levonorgestrel), it does change the effectiveness like Ella so it is okay to start the POP per the instructions below.

Your clinician will suggest one of two ways to start the birth control pill:

1. Take 1 pill every day. Choose a time and take the pill at that time or within 3 hours after that time.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Consider using emergency contraception (emergency contraceptive pills or an intrauterine contraceptive) if you have had sex that was not properly protected by progestin-only pill or another contraceptive method (that is, if you did not follow the instructions above.)
Choose a Back-up Method

It is important to have a back-up method of birth control (such as a combination of vaginal spermicide and condoms). The back-up method could also be used if you run out of pills, forget pills, experience pill danger signs and stop using the Pill, or want protection from sexually transmitted infections. The back-up method should be used anytime you discontinue and then resume taking the Pill.

Temporary Minor Discomforts

Some people experience a variety of minor discomforts when starting the Pill. Some of these symptoms may be slight weight gain, mood changes, and changes in libido. Most of these symptoms will disappear within the first three cycles of the Pill. If any of your symptoms are severe or persist, call a Clinic Advice nurse at 510-643-7197.

Most Common 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 person 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 Progestin-only Pill and Other Drugs

The progestin-only pill 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 progestin-only pill. Ella (Ullipristal) used for emergency contraception will decrease the effectiveness of the POP and so if emergency contraception is needed after starting the POP, use a levonorgestrel product (i.e. Plan B). See fist page under “instructions for use” for more information. 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 progestin-only pill. 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 pill.
- An alternative contraceptive method may be better for you. Consider other more effective progestin only methods like hormone IUD or implant.

**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 progestin-only pill 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 Progestin-only pill doesn’t protect against sexually transmitted infections

Even though you are taking the progestin-only pill, consider using condoms as well in order to help protect each other from sexually transmitted infections (e.g., herpes, chlamydia, syphilis, gonorrhea, HIV, etc). Pap tests are recommended starting at age 21. For more information about safer sex guidelines, and preventative health care see: