

Progestin-Only Contraception Pill (POPs)

Background Information

The progestin-only pills (POPs) are oral contraceptives which contain no estrogen. They contain progestins similar to those used in combination pills. Women who have a medical condition that make 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 women. There are currently two types of progestin-only pills.

Progestin-only pills that contain **norethindrone** such as **Errin**, have 28 hormonal (active) pills in each package. It is essential that you take all 28 days of pills to be effective. These pills do not consistently suppress ovulation, but rather prevent pregnancy via several mechanisms including inhibition of ovulation and thickening of cervical mucus which makes sperm penetration difficult. These pills require EXCELLENT COMPLIANCE for best contraceptive protection. PUNCTUAL DOSING EVERY DAY IS IMPORTANT FOR BEST EFFECTIVENESS.

A newer progestin-only pill called **Slynd** which contains **drospirenone** contains 24 pills active pills and 4 inert pills. Its main mode of action is to suppress ovulation. Some people may prefer Slynd as it has been shown to have less irregular bleeding and offers more flexibility in timing of taking the pills. Because Slynd contains drospirenone which has anti-mineralocorticoid activity, it can increase blood levels of potassium to unacceptable levels in high-risk individuals. It should not be used by people with liver, kidney or adrenal disorders.

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.

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

- Quickstart: Take the first pill the day you visit the clinician: Unless you take the pill within the first 5 days of your period, **use a back-up method (such as condoms) for 2 days if you are using norethindrone-containing pills and 7 days if using drospirenone-containing pills. (SEE NEXT PAGE IF YOU'VE TAKEN ELLA).**
- First day start: Take the first pill the first day of your next period. No back-up method is necessary. Be sure to have some other method to use until you start your birth control pills.

- **Take 1 pill at the same time every day.**
- **Start the next pack the day after the last pack is finished.** Do not take any breaks or days off between packs. Always have your next pack ready *before* you finish each pack.
- **If you are taking the norethindrone pill and it has been 3 hours beyond when you were due to take it,** 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.
- **If you are taking the drospirenone pill and you have missed a pill,** take it as soon as you remember and take your next pill at your regular time. No back up method is needed. **If you miss 2 or more active pills,** take a pill as soon as you remember then take the next pill at your regular time then continue taking 1 pill every day until you finish your pack. This will mean you will have one or more missed active pills that remain in your pack. Use a back-up method for 7 days after missing your pills.
- **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. **Norethindrone pill users** should 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. **Drospirenone pill users** should take a new pill (the pill scheduled for the next day within 12 hours of the usual time) then continue taking all remaining pills in order. No back up method is needed.
- **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.

- 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.

- 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.
- Consider using emergency contraception (emergency contraceptive pills or a Paragard IUD) if you have had sex that was not properly protected by your progestin-only pill. *****IMPORTANT NOTE: IF YOU TAKE THE EMERGENCY CONTRACEPTION PILL CALLED ELLA, DO NOT START YOUR POPS UNTIL 5 DAYS AFTER TAKING ELLA AS YOUR POPS CAN COUNTERACT THE EFFECTS OF THE EMERGENCY CONTRACEPTION. USE A BACK-UP METHOD UNTIL 48 HOURS AFTER RESTARTING YOUR NORETHINDRONE PILLS OR 7 DAYS AFTER STARTING YOUR DROSPIRENONE PILLS.**

Choose a Back-up Method

It is important to have a back-up method of birth control (such as condoms). The back-up method can 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 women experience a variety of minor discomforts when starting POPs. These may include headache, 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 the Clinic Advice nurse at 510-643-7197.

Most Common Side Effects/Rare Complications

Menstrual cycle irregularities including spotting, breakthrough bleeding, prolonged cycles, or no menses may occur while on progestin-only pills. Functional ovarian cysts can occur at a slightly more frequent rate among progestin-only pill users. Most often these cause no symptoms and resolve on their own. 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 Progestin-only Pill and Other Drugs

The progestin-only pill may have adverse interactions with some 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. 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.**

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:

<http://uhs.berkeley.edu/medical/primary-care/preventative-health/recommended-health-screening-exams-tests>

For any questions or concerns, please contact the Tang Center Advice Nurse at 510-643-7197 or your clinician.

Check our **Website:** uhs.berkeley.edu to learn more about this and other medical concerns.

For **Appointments:** etang.berkeley.edu or call 510-642-2000 For **Advice:** call 510-643-7197