

your guide to the combined pill

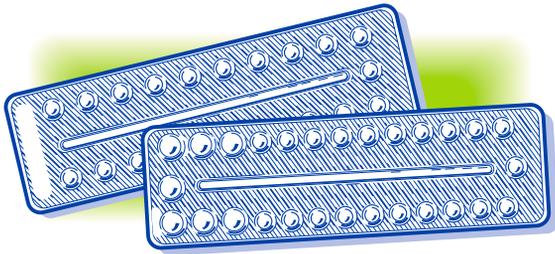
Helping you choose the method
of contraception that is best for you



The combined pill

The combined pill is usually just called the pill. It contains two hormones – estrogen and progestogen.

These are similar to the natural hormones women produce in their ovaries.



There are a number of different combined pills (see page 8). If you are taking a combined pill called Qlaira, some of the information in this booklet may not apply to you. Seek advice.

How effective is the pill?

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don't use any contraception, 80 to 90 will become pregnant in a year.

If the pill is taken according to instructions it is over 99 per cent effective. This means that less than one woman in 100 will get pregnant in a year.

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If the pill is **not** taken according to instructions, more women will become pregnant.

How does the pill work?

The main way the pill works is to stop the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of your uterus (womb) thinner so it is less likely to accept a fertilised egg.

Where can I get the pill?

You can go to a contraception or sexual health clinic, or general practice. If you prefer not to go to your own general practice, or if they don't provide contraceptive services, they can give you information about another practice or clinic. All treatment is free and confidential. You don't need to have a vaginal or breast examination or cervical screening test when you are first prescribed the combined pill.

Can anyone use the pill?

Not everyone can use the combined pill so your doctor or nurse will need to ask you about your own and your family's medical history. Do mention any illness or operations you have had. Some of the conditions which **may** mean you should not use the combined pill are:

- you think you might already be pregnant
- you smoke **and** are 35 years old or over
- you are 35 years old or over and stopped smoking less than a year ago
- you are very overweight

- you take certain medicines
- you are breastfeeding (see page 9).

You have now or had in the past:

- thrombosis (blood clots) in any vein or artery or a member of your immediate family had thrombosis before they were 45 years old
- heart disease or a stroke
- systemic lupus erythematosus
- a heart abnormality or circulatory disease, including hypertension (raised blood pressure)
- migraines with aura
- breast cancer or breast cancer within the last five years or you have the gene that is associated with breast cancer
- active disease of the liver or gall bladder
- diabetes with complications
- you are immobile for a long period of time or use a wheelchair
- you are at high altitude (more than 4500m) for more than a week.

If you are healthy, don't smoke and there are no medical reasons for you not to take the pill, you can use it until you are 50 years old. You will then need to change to another method of contraception.

What are the advantages of the pill?

Some of the advantages of the pill are, it:

- usually makes your bleeds regular, lighter and less painful
- may help with premenstrual symptoms
- reduces the risk of cancer of the ovary, uterus and colon
- improves acne in some women
- may reduce menopausal symptoms

- may reduce the risk of fibroids, ovarian cysts and non-cancerous breast disease.

What are the disadvantages of the pill?

There are some serious side-effects (see below Are there any risks?):

- you may get temporary side-effects at first including headaches, nausea, breast tenderness and mood changes. If these do not stop within a few months, changing the type of pill may help
- the pill may increase your blood pressure
- the pill does not protect you against sexually transmitted infections, so you may need to use condoms as well
- breakthrough bleeding (unexpected vaginal bleeding on pill taking days) and spotting is common in the first few months of use.

Will I put on weight if I take the pill?

Research has not shown that the pill causes weight gain. Some women may find that their weight changes throughout their cycle due to fluid retention.

Are there any risks?

The pill can have some serious side-effects, but these are not common. For most women the benefits of the pill outweigh the possible risks. All risks and benefits should be discussed with your doctor or nurse.

- A very small number of women may develop venous thrombosis, arterial thrombosis, heart attack or stroke. If you have ever had thrombosis, you should not use the pill. Some

types of pill appear to be associated with a slightly higher risk of venous thrombosis.

- The risk of venous thrombosis is greatest during the first year that you take the pill and if any of the following apply to you – you smoke, you are very overweight, are immobile for a long period of time or use a wheelchair, or a member of your immediate family had venous thrombosis before they were 45 years old.
- The risk of arterial thrombosis is greatest if any of the following apply to you – you smoke, are diabetic, have hypertension, are very overweight, have migraines with aura, or a member of your immediate family had a heart attack or stroke before they were 45 years old.
- Research suggests that users of the pill appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception, which reduces with time after stopping the pill.
- Research suggests that there is a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception.

See a doctor straightaway if you have any of the following:

- pain in the chest, including any sharp pain which is worse when you breathe in
- breathlessness
- you cough up blood
- painful swelling in your leg(s)
- weakness, numbness, or bad 'pins and needles' in an arm or leg
- severe stomach pains
- a bad fainting attack or you collapse
- unusual headaches or migraines that are worse

than usual

- sudden problems with your speech or eyesight
- jaundice (yellowing skin or yellowing eyes).

If you go into hospital for an operation or have an accident which affects the movement of your legs, tell the doctor you are taking the combined pill. You may need to stop taking the pill or need other treatment to reduce the risk of developing thrombosis.

Are all combined pills the same?

No, there are three main types of pills and many different brands. They are taken differently.

- **Monophasic 21 day pills** – This is the most common type of pill. Each pill has the same amount of hormone in it. You take one a day for 21 days then no pills for the next seven days. Zoely is a monophasic pill that is taken every day for 28 days with no break between packs. There are 24 active pills and four inactive pills which don't contain any hormones (placebos).
- **Phasic 21 day pills** – These pills contain different amounts of hormone so you must take them in the right order. There are two or three sections of different coloured pills in the pack. You take one pill a day for 21 days then no pills for the next seven days. Qlaira is a phasic pill that is taken every day for 28 days with no break between packs. There are 26 active pills that contain different amounts of hormones and two pills which don't contain any hormones (placebos).
- **EveryDay (ED) pills** – There are 21 active pills and seven inactive pills which don't contain any hormones (placebos). These look different to the active pills. You take one pill a day for 28 days with no break between packs. There are

different types of EveryDay pills. Whichever type you take, you must take EveryDay pills in the right order.

How do I start the first pack of pills?

These instructions apply to most types of combined pill. You can start the pill anytime in your menstrual cycle if you are sure you are not pregnant.

If you start the pill on the first day of your period you will be protected from pregnancy immediately.

You can also start the pill up to, and including, the fifth day of your period and you will be protected from pregnancy immediately.

However, if you have a short menstrual cycle with your period coming every 23 days or less, starting the pill as late as the fifth day may not provide you with immediate contraceptive protection because you may ovulate early in your menstrual cycle. Talk to your doctor or nurse about this and whether you need to use additional contraception.

If you start the pill at any other time in your menstrual cycle you will need to use additional contraception, such as condoms, for the first seven days of pill-taking or nine days for Qlaira.

I've just had a baby. Can I use the pill?

You can start taking the pill 21 days after you gave birth. Starting on day 21 you will be protected against pregnancy straightaway. If you start later than day 21, use additional contraception for seven days.

If you are breastfeeding a baby under six months old, taking the combined pill may reduce your flow of milk. It is usually recommended that you use a different method of contraception.

Can I use the pill after a miscarriage or abortion?

You can start taking the combined pill immediately after a miscarriage or abortion. You will be protected from pregnancy immediately.

How do I take the pill?

21 day pills – Take your first pill from the bubble in the pack marked with the correct day of the week or the first pill of the first colour (phasic pills). Try to take it at the same time each day and take a pill every day until the pack is finished (21 days).

You then stop taking pills for seven days. During this week you get a bleed. You don't have periods when you take the pill - you have a withdrawal bleed (which doesn't always happen). It is caused by you not taking hormones in the pill-free week.

Start your next pack on the eighth day (the same day of the week as you took your first pill). Do this whether or not you are still bleeding.

EveryDay pills – Take the first pill from the section of the pack marked 'start' or the pill marked 'one' for Qlaira. This will be an active pill. Take a pill every day until the pack is finished (28 days). You must take the pills in the correct order and try to take them at the same time each day. Taking the pills in the wrong order could mean that you are not protected against pregnancy.

During the days that you take the placebo pills you will get a withdrawal bleed. When you finish a pack you should start another pack the next day whether or not you are still bleeding.

EveryDay pills come with sticky strips of paper with the days of the week marked on them. These help you keep track of your pill taking. Instructions in the pack will tell you how to use them.

How important is it that I take the pill at the same time?

The pill is designed to be taken every day. It is very important that you take the pill each day as instructed. When taking your first pill, choose a convenient time. This can be any time of day.

Taking a pill at the same time each day will help you to remember to take it regularly. **You have 'missed a pill' if you take it more than 24 hours later than your chosen time.**

If you do miss any pill(s) the important thing is not to stop taking it. Use the chart on pages 12–13 to see what you should do if you've missed a pill.

Am I protected from pregnancy during the seven day break or the placebo week?

Yes. You are protected if:

- you have taken all the pills correctly **and**
- you start the next pack on time **and**
- nothing else has happened that might make the pill less effective.

What should I do if I forget to take a pill or start my pack late?

Missing pills or starting the pack late may make the pill less effective. The chance of pregnancy after missing pills depends on:

- **when** pills are missed and
- **how many** pills are missed.

Missing one pill anywhere in your pack or starting the new pack one day late is not a problem. You will still have contraceptive cover.

Missing two or more pills or starting the pack two or more days late may affect your contraceptive cover. Use the chart on pages 12–13 to see what you should do.

How many pills have you missed?

One pill
or if you have started the new pack one day late.

Take the last pill you missed now.
Continue taking the rest of the pack as usual.
Emergency contraception is not usually required but may need to be considered if pills have been missed earlier in the pack or in the last week of the previous pack.

Two or more pills
or if you have started the new pack two or more days late.

Take the last pill you missed now.
Continue taking the rest of the pack as usual.
Leave any earlier missed pills.
Use an additional method of contraception for the next seven days.
If you have had unprotected sex in the previous seven days, you may need emergency contraception.
Seek advice.

How many pills are left in the pack after the missed pill?

Seven or more

Finish pack, have the usual seven day break or take the placebo tablets.

Fewer than seven

Finish pack and begin new one the next day. (This means missing out the break or not taking the placebo tablets.)

If you are taking the combined pill Qlaira and have missed a pill, the information on this chart may not apply to you. Seek advice.

It is more risky to start a pack late and miss more than one pill. This is because during the seven day break or placebo week your ovaries are not getting any effects from the pill. If you make the break or placebo week longer you may ovulate.

If you are not sure what to do, continue to take your pill, use additional contraception, such as condoms, and seek advice.

What should I do if I am sick or have diarrhoea?

If you vomit within **two** hours of taking a pill, it will not have been absorbed by your body. Take another pill as soon as you feel well enough. As long as you are not sick again your contraception will not be affected. Take your next pill at the normal time. If you continue to be sick, seek advice.

If you have very **severe** diarrhoea that continues for more than **24 hours**, this may make the pill less effective. Keep taking your pill at the normal time, but treat each day that you have severe diarrhoea as if you had missed a pill and follow the missed pill instructions on pages 12–13.

If I take other medicines will it affect my pill?

If you are given medicines by a doctor, nurse or hospital always say you are taking the combined pill. Commonly used antibiotics do not affect the pill. Medicines such as some of those used to treat epilepsy, HIV and TB, and the complementary medicine St John's Wort, may make it less effective. These types of drugs are called enzyme-inducers. If you take these medicines, talk to your doctor or nurse about how to take the pill - you may need to use a different method of contraception.

What if I want to change to a different pill?

It is easy to change from one pill to another. Talk to your doctor or nurse as you may need to miss out the break or placebo week or use additional contraception for a short time.

I'm bleeding on days when I'm taking the pill, what should I do?

Bleeding is very common when you first start taking the pill and is not usually anything to worry about. It may take up to three months to settle down. It is very important to keep taking the pills to the end of the pack, even if the bleeding is as heavy as your withdrawal bleed.

Bleeding may also be caused by not taking the pill correctly or by a sexually transmitted infection. If it carries on or starts after you have used the pill for some time, seek advice.

I didn't bleed in my pill-free week – am I pregnant?

If you took all your pills correctly and you didn't vomit or take any other medicines which might have affected the pill, then it is very unlikely you are pregnant. Start your next pack at the right time. If you are worried ask your doctor or nurse for advice, or do a pregnancy test. Taking the pill does not affect a pregnancy test. Always take a test or speak to a health professional if you miss more than one bleed. If you do become pregnant, there is no evidence to show that taking the combined pill harms the baby.

Can I miss out my withdrawal bleed?

Yes. This is not harmful. If you are taking a monophasic pill (where all the pills are identical) you should start another pack straightaway and miss out the pill-free break. With EveryDay pills, miss out the placebo tablets. It is safe to take more than one pack of pills without taking the pill-free break or placebo tablets. If you are taking a phasic pill (such as Qlaira), or want to extend or continuously take your pill, ask your doctor or nurse for advice.

Sometimes you do still get some bleeding. This is nothing to worry about. If you have taken your pills correctly, you will still be protected against pregnancy.

What should I do if I want to stop taking the pill or try to get pregnant?

Ideally, it is easier to stop taking the pill at the end of the pack. If you don't want to wait until the end of the pack seek advice because you can risk becoming pregnant if you have had sex recently. If you do not want to become pregnant use another method of contraception as soon as you stop taking the last active pill. When you stop using the pill your fertility will return to normal. Don't worry if your periods don't start immediately. For some women it can take a few months.

If you want to try for a baby it is advisable to wait for one natural period before trying to get pregnant. This means the pregnancy can be dated more accurately and you can start pre-pregnancy care such as taking folic acid and stopping smoking. Ask your doctor or nurse for advice. Don't worry if you do get pregnant sooner; it will not harm the baby.

Should I give my body a break from the pill every few years or so?

No, you don't need to take a break because the hormones do not build up. There are no known benefits to your health or fertility from taking a break.

How often do I need to see a doctor or nurse?

When you first start the pill you will usually be given three months' supply to see how it suits you. After that you should go back to the doctor or nurse to get new supplies and to have your blood pressure checked. If there are no problems, you can be given up to a year's supply of the pill.

How do I find out about contraception services?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is **0800 567 123** and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am - 4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics
- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhs.24.com and in Northern Ireland at www.hscni.net

Emergency contraception

If you have had sex without contraception, or think your method might have failed, there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).
- Ask your doctor or nurse about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organisation and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember - contact your doctor, practice nurse or a sexual health clinic if you are worried or unsure about anything.



talking sense about sex



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If you would like the information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

