



CLINICAL GUIDELINES
OBSTETRICS AND GYNAECOLOGY

CONTRACEPTION
ORAL CONTRACEPTIVES

PROGESTOGEN ONLY PILL (POP)

Keywords: POP, progestogen only pill, oral contraceptive, progestogen, lactating

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KEY POINTS

1. The POP is suitable for use by lactating women.¹
2. The POP may be commenced any time after birth,¹ although no contraception is required within 21 days after birth.²
3. The POP should be taken at the same time each day.
4. A POP taken more than 3 hours late is considered a missed pill. The POP should be recommenced as soon as possible. An alternative method of contraception e.g. condoms or abstinence, should be used for 48 hours (3 consecutive pills). Emergency contraception should be considered if unprotected sex occurs before the 48 hours are completed.²
5. If a woman vomits within 2 hours of taking the POP it may not be effective and she should be advised to take another one.³ If the subsequent pill is missed, the woman should use additional contraceptive precautions until 48 hours of pill taking has occurred.³
6. Severe watery diarrhoea should be managed the same as for missed pills.³
7. Liver enzyme-inducing drugs including antibiotics, anti-retroviral, anti-epileptic, and some over-the-counter medications may reduce the efficacy of the POP.²
8. Overweight and obese women do not require higher doses of the POP.²

BACKGROUND INFORMATION

The POP is also known as the mini-pill and only contains progestogenic hormones. The packet contains 28 pills containing the same dose and one pill is taken daily at the same time without a break. There are two types available in Australia – one containing Levonorgestrel 30mcg (Microlut[®]), and the other norethisterone 350mcg (Locilan 28[®], Micronor[®], and Noriday 28[®]).²

POP prevents pregnancy by thickening the cervical mucosa rendering it impenetrable to sperm, altering the endometrium to inhibit implantation, and in some users prevents or disrupts ovulation in 60 % of their cycles.²

EFFICACY

- Typical use of POP results in 91% efficacy, and perfect use 99.7% efficacy.²

CONTRAINDICATIONS TO POP

ABSOLUTE CONTRAINDICATION²

- Breast cancer diagnosed within the last 5 years

STRONG RELATIVE CONTRAINDICATIONS²

- Severe cirrhosis, or with a liver tumour (benign or malignant)²
- History of breast cancer with no evidence of disease for at least 5 years²
- Taking medications that induce liver enzymes (due to decreased effectiveness)²
- Unexplained vaginal bleeding (suspicious / serious underlying condition)²
- Continuation of POP if IHD, CVA or stroke develop while during POP use²
- SLE with positive or unknown antiphospholipid antibodies²

When prescribing the POP the clinical history may influence the contraceptive choice. Women with a history of multiple risk factors may substantially increase their risk for cardiovascular disease. Women with a history of multiple risk factors for thromboembolic disease may further increase their risk if taking POPs.²

MANAGEMENT PRIOR TO PRESCRIBING

MEDICAL HISTORY²

This should include:

- Menstrual and vaginal bleeding history – Last normal menstrual period (LNMP)- determine that the last period was not an implantation bleed. Ensure no unexplained abnormal bleeding.
- Pregnancy history:
 - Abortion, miscarriage & stillbirth at any gestation: POP can be commenced immediately after.
 - History of ectopic pregnancy: May be used.
- Cardiovascular history – multiple risk factors may increase the possibility
- Thromboembolic disease – the POP may increase the risk, but less than the combined oral contraceptive pill.
- Medications – liver enzyme-inducing drugs may decrease efficacy and women should be encouraged to use another form of contraception if taking these.

EXAMINATION & INVESTIGATIONS

1. None routinely required.² If suspicion- check for pregnancy.³ Opportunistic testing of blood pressure / weight / pap smear / STI³ check as required.

SIDE-EFFECTS²

Women should be counselled regarding side-effects associated with POP, including irregular bleeding, amenorrhoea,³ and headaches. Weight or mood changes have been reported by some women.²

INITIATION OF POP^{2, 3}

SITUATION	GIVEN	EFFECTIVE
No contraception or barriers	Day 1* of the first day of bleeding in normal menstrual cycle to day 5. Any other time, exclude pregnancy	Immediate Effective within 48 hours (3 consecutive daily pills)
Amenorrhoeic	Any time	Effective after 48 hours (3 consecutive daily pills) ³
Combined hormonal contraceptive	Day 1-7* or 14-28 and the pills/rings are taken/used correctly Day 8-14	Immediate Effective after 48 hours (3 consecutive daily pills) ³
Depo-Provera®	Anytime if within 14 weeks of last injection	Immediate
Implanon®	Anytime if within 3 years of insertion	Immediate
Abortion	Immediately (day 1-5)* Any other time	Immediate Effective after 48 hours (3 consecutive daily pills) ³
Copper or Levonorgestrel IUD	Day 1* of the first day of bleeding in normal menstrual cycle to day 5. At other times use condoms for 7 days prior to removal of IUD. If IUD left insitu for 2 days	Immediate Effective within 48 hours (3 consecutive daily pills) Immediate
Post-partum** – not breastfeeding	If amenorrhoeic: Anytime ¹ (exclude pregnancy if >21 days postpartum) ² Menstrual cycles resumed – as above for no contraception or barriers	Effective within 48 hours (3 consecutive daily pills) As above
Post-partum** - breastfeeding	<21 days** postpartum >21 days postpartum Menstrual cycles resumed – as above for no contraception or barriers	Immediate Effective within 48 hours (3 consecutive daily pills) As above

* Day 1 being the first day of bleeding in a normal menstrual cycle

** Contraception is not required within 3 weeks of birth, however can be commenced earlier depending on the individual woman's circumstances.²

COUNSELLING

Provide women with information about:

- Mode of action, administration, side-effects, and management if a pill is taken late or forgotten.

Note: A pill is considered missed if more than 3 hours late - in this circumstance the woman should take the pill again as soon as possible, and use condoms for 48 hours (emergency contraception may be considered if unprotected sex has occurred during this 48 hours).² Compared to the Combined Pill, the POP is required to be taken with strict adherence to scheduled pill times, because by 27 hours since the last pill was taken, the cervical mucous may have decreased to pre-treatment fertile levels.²

- Recommended follow-up
- Instructions and written information regarding POP is available from:
 - Sexual & Reproductive Health WA (formerly Family Planning Association of Western Australia) at <http://www.srhwa.com.au/>
 - Government of Western Australia Department of Health – Contraception - http://www.health.wa.gov.au/health_index/c/contraception.cfm

FOLLOW-UP^{2, 3}

Follow-up with the GP or Family Planning Services is recommended:

- If no indication for early review, the woman can return when she requires
- Annually. A 12 month supply of POP can be offered on initiation and reviews.

REFERENCES / STANDARDS

1. World Health Organization. Medical eligibility criteria for contraceptive use: Executive summary. Geneva, Switzerland: WHO. 2015. Available from: http://apps.who.int/iris/bitstream/10665/172915/1/WHO_RHR_15.07_eng.pdf?ua=1
2. Family Planning NSW, Family Planning QLD, Family Planning VIC. **Contraception: An Australian clinical practice handbook**. 3rd ed. Canberra: Sexual Health & Family Planning Australia; 2012. Available from: <http://contraceptionhandbook.org.au/kelibresources.health.wa.gov.au/acknowledgements-foreword/>
3. Faculty of Sexual & Reproductive Healthcare. Progestogen-only pills. 2015. Available from: <http://www.fsrh.org/pdfs/CEUGuidanceProgestogenOnlyPills.pdf>

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
4- Medication Safety

Legislation -

Related Policies – KEMH Clinical Guidelines: O&G: Contraception

Other related documents –

- SRHWA (Patient Information Sheets): [Progestogen Only Pill](#); [Contraception Choices](#)
- SRHWA (Health Professionals): [Contraception Essentials](#)
- WHO (2015) [Medical Eligibility Criteria Wheel for Contraceptive Use](#)

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	June 2001
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Do not keep printed versions of guidelines as currency of information cannot be guaranteed.

Access the current version from the WNHS website.

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