

your guide to the combined pill

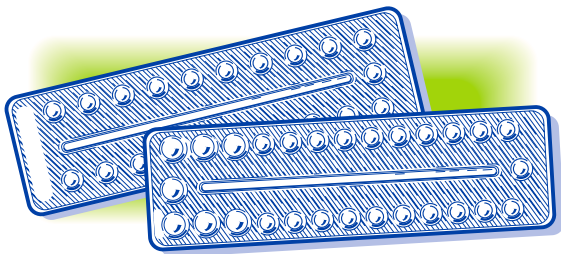
Helping you choose the method
of contraception that's best for you



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 produced by the ovaries.



There are a number of different combined pills (see page 8). If you're 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 combined pill is **always** used perfectly, according to instructions, it's over 99% effective.

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This means that less than one pill user in 100 will get pregnant in one year.

If the pill is **not always** used according to instructions, about nine in 100 pill users will get pregnant in one year.

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's 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're 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've had. Some of the conditions which **may** mean you shouldn't use the combined pill are:

- you think you might already be pregnant
- you smoke **and** are 35 years old or over
- you're 35 years old or over and stopped

smoking less than a year ago

- you're very overweight
- you take certain medicines
- you're breastfeeding a baby less than 6 weeks old (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 with positive antiphospholipid antibodies
- a heart abnormality or circulatory disease, including hypertension (raised blood pressure)
- migraines with aura
- breast cancer or you have the gene that's associated with breast cancer
- active disease of the liver or gall bladder
- diabetes with complications
- you're immobile for a long period of time or use a wheelchair
- you're at high altitude (more than 4,500m) for more than a week.

If you're healthy, don't smoke and there are no medical reasons for you not to take the pill, you can use it until you're 50 years old. You'll 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 people
- 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?). In addition:

- you may get temporary side effects at first including headaches, nausea, breast tenderness and mood changes. If these don't stop within a few months, changing the type of pill may help
- the pill may increase your blood pressure
- the pill doesn't 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.

Are there any risks?

The pill can have some serious side effects, but these aren't common. For most people 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 pill users may develop venous thrombosis, arterial thrombosis, heart attack or stroke. If you've 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're 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's a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception.

See a doctor straight away 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're taking the combined pill. You may need to stop taking the pill or need other treatment to reduce the risk of developing thrombosis.

Will I put on weight if I take the pill?

Research hasn't shown that the pill causes weight gain. You may find that your weight changes throughout your cycle due to fluid retention.

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.
- **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.
- **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. Daylette, Eloine and Zoely are monophasic pills taken every day with 24 active pills and four inactive pills. Qlaira is a phasic pill taken every day with 26 active pills that contain different amounts of hormones and two inactive 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're sure you're not pregnant.

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

You can also start the pill up to, and including, the fifth day of your period and you'll 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'll need to avoid sex or use additional contraception, such as condoms, for the first seven days of pill-taking (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 give birth if you're not breastfeeding. Starting on day 21 you'll be protected from pregnancy straight away. If you start later than day 21, use additional contraception or avoid sex for seven days.

If you're breastfeeding a baby less than six weeks old, taking the combined pill may affect your milk production. It's usually recommended that you use a different method of contraception until six weeks after the birth.

Can I use the pill after a miscarriage or abortion?

You can start taking the combined pill immediately after a miscarriage or abortion. You'll be protected from pregnancy straight away.

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's 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're 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're not protected from pregnancy.

During the days that you take the placebo pills you'll get a withdrawal bleed. When you finish a pack you should start another pack the next day whether or not you're 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's 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've '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're protected if:

- you've 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 isn't a problem. You'll 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've 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 isn't 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've 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 additional contraception or avoid sex for the next seven days.
If you've 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're taking the combined pill Qlaira and have missed a pill, the information on this chart may not apply to you. Seek advice.

It's 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 aren't getting any effects from the pill. If you make the break or placebo week longer you may ovulate.

If you're 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'm sick or have diarrhoea?

If you vomit within **two** hours of taking a pill, it won't have been absorbed by your body. Take another pill as soon as you feel well enough. As long as you're not sick again your contraception won't 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'd 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're given medicines by a doctor, nurse or hospital always say you're taking the combined pill. Commonly used antibiotics don't 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's 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 isn't usually anything to worry about. It may take up to three months to settle down. It's 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've 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's very unlikely you're pregnant. Start your next pack at the right time. If you're worried ask your doctor or nurse for advice, or do a pregnancy test. Taking the pill doesn't 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's no evidence to show that taking the combined pill harms the baby.

Can I miss out my withdrawal bleed?

Yes. This isn't harmful. If you're taking a monophasic pill (where all the pills are identical) you should start another pack straight away and miss out the pill-free break. With EveryDay pills, miss out the placebo tablets. It's safe to take more than one pack of pills without taking the pill-free break or placebo tablets. If you're 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've taken your pills correctly, you'll still be protected from pregnancy.

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

Ideally, it's 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've had sex recently. If you don't 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 people it can take a few months.

If you want to try for a baby it's 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 won't 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 don't 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'll 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 **0300 123 7123**. It's open Monday to Friday from 9am-8pm and weekends from 11am-4pm.

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

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

Clinics

To find 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.nhsinform.scot and in Northern Ireland at www.hscni.net

Emergency contraception

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

- An IUD is the most effective option. It 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).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. Available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to three days (72 hours) after sex. More effective the earlier it's taken after sex. Available with a prescription or to buy from a pharmacy. There are different brands.

Emergency pills are available for free from some pharmacies. Age restrictions may apply.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections.

Condoms (male/external or female/internal), 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 may increase the risk of HIV infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organization 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're worried or unsure about anything.



the sexual health charity



www.fpa.org.uk

This booklet is produced by the sexual health charity FPA, registered charity number 250187. Limited liability company registered in England, number 887632. FPA does not run the Sexual Health Line.

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ISBN 978-1-912202-05-8

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next planned review by June 2018.

If you'd like information on the evidence used to produce this booklet or would like to give feedback email feedback@fpa.org.uk

