PROGESTIN-ONLY CONTRACEPTIVE PILLS
PATIENT INFORMATION

If you are thinking about starting progestin-only pills (POPs), or the “mini-pill”, there is information you should consider before you decide if it is right for you. Please read all this information as well as the FDA-approved information from the pill manufacturer that comes with your pill pack. We are here to help answer any questions you have – please ask!

Progestin-only pills contain just the one hormone (no estrogen). They prevent pregnancy mainly by keeping eggs from being released by the ovaries. They also thicken the cervical mucus, which prevents sperm from reaching the egg. For every 100 women who use progestin-only pills, fewer than 9 will become pregnant the first year with typical use and less than one with perfect use. You must be able to remember to take your pill every day at the same time for it to be as effective as possible. This is especially important with this type of pill since they are metabolized out of your system within 24-26 hours.

Instructions are included in the event you miss a pill and then what should be done. Emergency contraception (EC) is available if it is recommended and you want to use it. EC is available over the counter without a prescription if you are 15 or older or you can also call our Family Planning program for it. The sooner you take EC within 5 days from unprotected intercourse the more effective it is at preventing pregnancy.

Progestin-only pills do not protect against sexually transmitted infections (STIs), including HIV/AIDS. Using condoms consistently with the pills can lower your risk for STIs.

Besides preventing pregnancy, progestin-only pills have other health benefits, such as:
- Less menstrual bleeding
- Less menstrual cramping
- Less anemia
- More protection from ovarian cancer
- More protection from pelvic inflammatory disease (PID)
- More protection from sickle cell crises
- Quick return to fertility after stopping the pill when pregnancy is desired

Minor side effects to progestin-only pills may include:
- Menstrual cycle changes (spotting, prolonged)
- Headache
- Breast tenderness
- Nausea
Serious side effects are possible with progestin-only pill use but are rare and yet, in some cases, may cause death. Overall, however, using hormonal contraception is safer for you than a pregnancy would be. The serious side effects include:

- Blood clot (most commonly forms in a leg) that can travel to the lungs
- Stroke
- Heart attack
- Liver tumors

Your risk for a serious side effect increases with certain health conditions. Therefore, you may not be able to use the progestin-only pills if you have had, now have, or develop in the future:

- Breast cancer
- Liver problems: severe cirrhosis, tumors
- Systemic lupus erythematosus with positive (or unknown) antiphospholipid antibodies
- Ischemic heart disease (angina, heart attack)
- Stroke
- Migraine with aura is that getting worse after starting the pills
- Bariatric surgery: malabsorptive procedure
- Drug interactions: Ritonavir-boosted protease inhibitors, certain anticonvulsants (carbamazepine, oxcarbazepine, phenobarbital, phenytoin, primidone, topirimate >200 mg/day) rifampicin or rifabutin therapy, bosentan, Saint John’s Wort

Please call the Family Planning program if your health condition or medications have changed since you were last seen to check if it is safe to continue with the progestin-only pills.

Seek immediate medical care if any of the following occurs:

- Sharp or crushing chest pain or you are coughing blood
- Shortness of breath
- Unusual swelling or pain in your legs or arms
- Sudden severe headaches
- Changes in the frequency, severity, or associated symptoms of your headache
- Eye problems such as loss of vision
- Severe pain in the stomach or abdomen
- Yellowing of the skin or eyes
- Severe depression
- Unusually heavy bleeding from the vagina
- New lump in your breast
PROGESTIN-ONLY CONTRACEPTIVE PILLS: INSTRUCTIONS

To start taking progestin-only contraceptive pills (POPs):

1) If you are starting POPs on days 1-5 of your cycle, no abstinence or back up method is needed for that cycle.

2) If you are starting POPs later than 5 days after the first day of your menstrual cycle (LMP), use abstinence or a back-up method for 2 days.
   a. If you have had unprotected intercourse within the last 5 days, emergency contraception is recommended. Start POPs tonight or tomorrow and use abstinence or a back-up method for 2 days following the first pill. Check a pregnancy test in 3 weeks if your next period is absent, late, or abnormal.
   b. If you had unprotected intercourse more than 5 days ago but since your LMP, use one of the following options:
      1) Since you have not missed a period yet, a pregnancy test now may not be accurate. You may start the POPs today and use abstinence or a back-up method for the next 2 days. Check a pregnancy test in 3 weeks if your next period is absent, late, or abnormal.
      2) Start the POPs on the first day of your next menses. Use abstinence or a back-up method like condoms until then. Check a pregnancy test in 3 weeks if your next period is absent, late, or abnormal.

OR

2) Start the POPs on the first day of your next menses. Use abstinence or a back-up method like condoms until then. Check a pregnancy test in 3 weeks if your next period is absent, late, or abnormal.

To continue with POPs:

1) Remember to take one pill at the same time each day. Do not stop use during your menses or if you are spotting. There are no placebo (or “fake”) pills with POP packs, so you must take all 28 pills of each pack for it to be as effective as possible.

2) Menstrual changes are possible with POPs. Most women experience a decrease in total blood loss, but the timing of the bleeding depends upon the woman’s own body cycle. It is not possible to predict which of the following patterns you may have:
   a. Regular, predictable cycles.
   b. Irregular bleeding cycles.
   c. Spotting, unscheduled bleeding.
   d. Prolonged but generally lighter cycles.
   e. Amenorrhea, or no periods (least frequent pattern).

3) Check a urine pregnancy test if symptoms of pregnancy occur.

4) Serious side effects with POP use are rare. These side effects are not usually due to the pill specifically, but if you are experiencing heavy bleeding or unusually strong cramping, abdominal pain or fever, you should seek immediate medical care at the emergency department (ED). These symptoms may be signs of an ectopic pregnancy, an ovarian cyst, or a miscarriage.
5) If you are breastfeeding and want to return to a combined hormonal method, contact our program when you are done with breastfeeding or are at the point where you are adding supplemental feedings to your infant’s diet.

6) Use a back-up method if you start taking St. John’s Wort or prescription drugs that can reduce the effectiveness of your POPs.

If you miss taking a progestin-only pill:
1) If you are 3 hours or less late in taking your pill, take a missed pill as soon as possible and use abstinence or other back-up method for 2 days.
2) If you are more than 3 hours late in taking your pill and you have had intercourse in the last 5 days without any other back-up form of contraception, emergency contraception is available and recommended. Restart your pill tomorrow and use abstinence or a back-up method for next 2 days. Check a pregnancy test in 3 weeks if no menses or if symptoms of pregnancy develop.
3) If you are more than 3 hours late in taking your pill but have not had any intercourse in the last 5 days, take today’s pill now, continue with daily pills and use abstinence or back up for 2 days. Check a pregnancy test if your next menses is delayed by more than 1 week or if symptoms of pregnancy develop.