

your guide to the combined pill

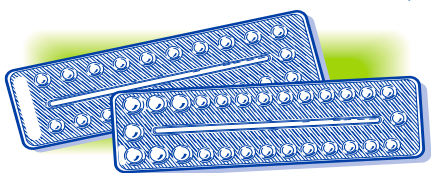
Helping you choose the method
of contraception that's best for you



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 different types of combined pill and different ways to take it (see page 8). If you're taking a combined pill called Qlaira or Zoely, some of the information in this booklet may not apply



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to you. Seek advice from your doctor, nurse or online provider.

How effective is the pill?

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

If the combined pill is **always** used perfectly, according to instructions, it's over 99% effective.

This means less than 1 in 100 people using the pill perfectly will get pregnant in one year.

If the pill is **not always** used according to instructions, about nine in 100 pill users might get pregnant in one year, so it's only about 91% effective.

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How does the pill work?

The pill stops 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 to get the pill for free. 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.

In some areas, you can order the pill for free online through SH:24 (sh24.org.uk). There are also private online providers where you can order the pill for a fee. If you run out of pills, you might be able to get a short supply from a local pharmacy.

All treatment is confidential. You don't need to have a vaginal or breast examination or cervical screening test when you're prescribed the combined pill.

Can anyone use the pill?

Not everyone can use the combined pill. Your doctor or nurse will need to ask about your own and your family's medical history. Do mention any illnesses or operations you've had or if you think you might already be pregnant. The combined pill might not be suitable if:

- 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 13).

The combined pill might not be suitable for you if 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)
- migraine 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
- it gives you the choice not to have a monthly bleed
- it may help with premenstrual symptoms

- it reduces the risk of cancer of the ovary, uterus and colon
- it improves acne in some people
- it may reduce menopausal symptoms
- it may reduce the risk of recurrent endometriosis after surgery
- it helps with problems associated with polycystic ovarian syndrome (PCOS).

What are the disadvantages of the pill?

There are some serious possible 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 from 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. These aren't common but can happen to anyone. For most people the benefits outweigh the possible risks. Your pill provider will ask you questions to check whether you could be at higher risk.

- A very small number of pill users may develop venous thrombosis (a blood clot in a vein), arterial thrombosis (a blood clot in an artery), heart attack or stroke. If you've ever had

thrombosis, you shouldn't use the pill.

- The risk of venous thrombosis is greatest if any of the following apply to you: you smoke, you're very overweight, you have a thrombophilia (a tendency to blood clotting), 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, have high blood pressure, are very overweight, have migraines with aura or you're diabetic.
- Research suggests that pill users appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception. This risk reduces with time after stopping the pill and is undetectable 10 years after stopping.
- Research suggests there's a small increase in the risk of developing cervical cancer with longer use of the combined pill. This reduces over time after stopping the pill.

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, or coughing up blood
- painful swelling in your leg(s)
- weakness, numbness, or bad 'pins and needles' in an arm or leg
- unusual headaches or migraines that are worse than usual
- sudden problems with your speech or eyesight

If you develop any new conditions, tell your doctor or nurse so they can check it's still safe for

you to take the pill.

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. There are other contraceptive methods you can use instead.

Will I put on weight if I take the pill?

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

When do I start taking the pill?

These instructions apply to most types of combined pill. You can start the pill any time 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.
- up to, and including, the fifth day of your period, you'll be protected from pregnancy immediately; talk to your doctor or nurse about whether you need additional contraception if you have a very short cycle or a cycle that changes.
- 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.

How do I take the pill?

There are different types of pills and many different brands. They're taken differently.

The combined pill is designed to give you a

withdrawal bleed once a month. A withdrawal bleed isn't the same as your period. It's caused by you not taking hormones during a pill-free break or on placebo pill days.

Most instructions tell you to take a seven-day pill-free break but you can choose to shorten this break, or to miss it and not have a withdrawal bleed (see [Can I miss out my withdrawal bleed?](#) on page 11).

Missing or shortening the break could help you if you get heavy or painful bleeding, headaches, or mood swings on pill-free days.

When you miss taking a pill just before or just after a pill-free break, you're more at risk of pregnancy. So taking a shorter break or missing the break might make it less risky that you'll get pregnant if you forget to take a pill at another time.

Monophasic pills

This is the most common type of pill. There are 21 pills in a pack and each pill has the same amount of hormone. You can take the monophasic pill in the following ways.

- **One pill a day for 21 days then no pills for the next 4 or 7 days (21/4 or 21/7).** This has been the standard way to take the pill. You'll usually have a withdrawal bleed during the pill-free break. Start taking the pill again on the fifth or eighth day even if you're still bleeding.
- **One pill a day for nine weeks (three packs of pills) then no pills for the next 4 or 7 days (63/4 or 63/7).** This is called extended use or tricycling. You'll usually have a withdrawal bleed during the pill-free break. Start taking the pill again on the fifth or eighth day even if you're still bleeding.
- **One pill a day every day with no**

break. This is called continuous pill-taking. You won't have a withdrawal bleed but you may still get some bleeding, which may be occasional or more frequent. Any bleeding you get is likely to reduce over time if you keep taking the pill continuously.

- **One pill a day every day for at least 21 days. If you get bleeding that's unacceptable to you for 3-4 days, then no pills for 4 days.** This is called flexible extended use. Start taking the pill again on the fifth day, even if you're still bleeding. This can help manage the bleeding. Restart with the pill marked with the correct day of the week and take at least 21 pills before taking your next break.

You can take the pill continuously without a break for as long as you like, as long as your doctor, nurse or online provider doesn't advise you to stop.

EveryDay monophasic pills

These are 21 or 24 active pills (with hormones) and 4 or 7 inactive (placebo) pills (without hormones). The active and inactive pills look different to each other. You take one pill a day for 28 days with no break between packs.

During days you take the placebo pills you'll get a withdrawal bleed. When you finish a pack, you start a new pack the next day even if you're still bleeding.

You must take EveryDay pills in the right order. They come with sticky strips of paper with the days of the week marked on them. These help you keep track of your pill taking.

You can choose not to have a withdrawal bleed by taking the pills in the same ways as 21-day monophasic pills (above) but you must miss out

the inactive (placebo) pills – ask your doctor or nurse.

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.

Take the first pill from the section of the pack marked 'start'. This will be an active pill. Take a pill every day until the pack is finished (21 days). 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 you're not protected from pregnancy.

You then stop taking pills for seven days (or take seven inactive pills if you're taking an EveryDay Phasic pill). You'll usually have a withdrawal bleed. Start your next pack on the eighth day even if you're still bleeding.

Am I protected from pregnancy during the pill-free 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.

Can I miss out my withdrawal bleed?

Yes. This isn't harmful. There are no known benefits to withdrawal bleeds and no known risks to missing them.

If you're taking a monophasic 21-day or

EveryDay monophasic pill (where all the pills are identical), there's no need to have a withdrawal bleed at all, unless you want one. See [How do I take the pill?](#) on page 8.

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.

For any type of phasic pill ask your doctor or nurse for advice on missing one or more withdrawal bleeds.

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

It's very important to take your pill 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 remember to take it regularly. **If it's been 48 hours or more since you last took a pill and you're not on a pill-free break, then you've "missed" a pill.** If you miss one or more pills, take a pill as soon as you remember and use the chart on pages 14 and 15 to see what to do.

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

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

- when pills are missed
- how many pills are missed
- the way you take the pill.

Missing one pill anywhere in a pack isn't a problem. You'll still be protected from pregnancy. Missing two or more pills or starting a new pack late might affect your contraceptive cover. See

When did you take your last pill? on pages 14 and 15 to see what to do.

What should I do if I'm sick or have diarrhoea?

If you vomit within three hours of taking a pill, it won't have been absorbed by your body, so it's as if you hadn't taken it. You'll still be protected from pregnancy as long as no more pills are missed. See When did you take your last pill? on pages 14 and 15. 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 instructions on pages 14 and 15.

If I take other medicines will it affect my pill?

If you're given medicine 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 herbal medicine St John's Wort, may make the pill less effective. These types of drugs are called enzyme-inducers. If you take these medicines, talk to your doctor or nurse about contraception that's not affected by them.

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

You can usually 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 the first seven days of pill-taking.

When did you take your last pill?

Up to 48 hours since your last pill

Take your next pill now. Continue taking the rest of the pack as usual. This might mean that you need to take two pills on one day.

48-72 hours since your last pill

You've missed **one** pill.

Take the last pill you missed now. Continue taking the rest of the pack as usual.

More than 72 hours since your last pill

You've missed **two or more** pills.

Take the last pill you missed now. Leave any earlier missed pills. Continue taking the rest of the pack as usual. Use additional contraception or avoid sex for the next seven days.



Did you start the pack more than 24 hours late after a seven day pill-free break OR more than 96 hours late after a four day pill-free break?

Start the pack as soon as you remember. Continue as usual. Use additional contraception or avoid sex for the next seven days. You might need emergency contraception if you've had unprotected sex during the pill-free break. Speak to a doctor, nurse or pharmacist as soon as possible.

If you're in the first week after a pill-free break, emergency contraception isn't usually needed unless you started the pack more than 24 hours late, already missed a pill this week OR missed a pill in the seven days before the pill-free break.

If you're in any other week, emergency contraception isn't usually needed, unless you've missed another pill in the past seven days.

If you're in the first week after a pill-free break and you've had unprotected sex during the pill-free break or during week one, you may need emergency contraception. Seek advice.

If you're in any other week, emergency contraception isn't usually needed unless you also missed pills in the past seven days.

If you're due to start a pill-free break within the next seven days, don't take the break.

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 or avoid sex until six weeks after the birth.

Can I use the pill after a miscarriage or abortion?

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

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 any planned breaks or placebo pills 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 important to keep taking the pills according to instructions, even if the bleeding is as heavy as a withdrawal bleed. If you're taking the pill continuously, it's normal to get some bleeding, see [How do I take the pill?](#) on page 8.

Bleeding may also be caused by not taking the pill correctly or by a sexually transmitted infection.

If it doesn't settle down 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 that 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 expected bleed. If you do get pregnant, the available evidence suggests that taking the combined pill won't cause any harm to the baby.

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 a 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 get 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 whatever's normal for you. 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, you can start pre-pregnancy care, such as taking folic acid and stopping smoking, before you stop taking the pill. For help with planning a pregnancy and pre-pregnancy care visit sexwise.org.uk or ask a doctor or nurse.

You can start trying to get pregnant as soon as you stop taking the pill if you want to. You can also choose to wait until you've had one natural period. This will make it easier to work out when you got pregnant.

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 a check up?

When you start the pill, or get new supplies, your doctor, nurse or online provider will advise you when to get your next check up. Your medical history, blood pressure and weight needs to be checked at least once a year while you're using the pill. It's important to get advice sooner than this if you have problems with the pill, develop new health problems or want to change to a different method of contraception.

How do I find out about contraception services?

The National Sexual Health Helpline 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.

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

Details of general practices and pharmacies in England are at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland, details of

general practices are 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.

- A copper 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. It's 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. It's available with a prescription or to buy from a pharmacy. There are different brands.

Try and get emergency contraception as soon as possible after unprotected sex.

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. External (male) and internal (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 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 sexual health clinic if you're worried or unsure about anything.



the sexual health charity



sexwise.org.uk

www.fpa.org.uk

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

