

your guide to the progestogen- only pill (POP)

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



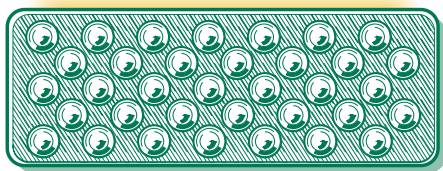
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The progestogen-only pill (POP) is a pill you take every day to stop you getting pregnant. It has a progestogen hormone similar to the natural progesterone produced by the ovaries.

The POP is different from the combined pill because it doesn't have the hormone oestrogen.

There are a few different types of POP. Some of the information in this booklet varies for different types of POP.



Are all POPs the same?

Different POPs have different types of progestogen. A POP can be:

- A traditional POP, with levonorgestrel or norethisterone.
- A POP with desogestrel.
- A POP with drospirenone.

If you're not sure which progestogen is in your POP, check the leaflet inside your pack or ask your healthcare professional or online provider.

How effective is the POP?

If 100 people who could get pregnant don't use any contraception, 80-90 will get pregnant in a year.

If the POP is **not always** used perfectly, according to instructions, it's about 91% effective. This means about 9 in 100 POP users will get pregnant in 1 year. Most POP users don't take it perfectly all the time.

If the POP is **always** used perfectly, it's over 99% effective. This means that fewer than 1 in 100 POP users will get pregnant in 1 year.

How does the POP work?

POPs work in a few ways.

- Desogestrel and drospirenone POPs stop your ovaries releasing an egg each month (ovulation). Most people using a traditional POP will still ovulate.
- All POPs thicken the mucus from your cervix (entrance to the womb). This makes it difficult for sperm to move through it and reach an egg. This is the main way traditional POPs work.
- All POPs make your uterus (womb) lining thinner to help stop a fertilised egg implanting.

Where can I get the POP?

You can get the POP for **free** from:

- a contraception or sexual health clinic
- most GP surgeries
- some young people's services
- some pharmacies.

In some areas of the UK, you can order the POP for **free** from an online sexual health service. They can send it by post and may offer a click and collect service. You usually need to be 16 or over.

All advice and treatment from these services is free and confidential.

You can **buy**:

- desogestrel POPs over the counter from a pharmacy without a prescription. The pharmacist will have a short, confidential consultation with you.
- the POP from some online pharmacies, private online services and private clinics.

You don't need a vaginal or breast examination or cervical screening (smear) test before starting to use the POP.

Can anyone use the POP?

Most people can use the POP.

Your healthcare professional or online provider will ask about your own and your family's medical history to make sure the POP is suitable for you. Do mention any allergies, illnesses or operations you've had.

The POP **may** not be suitable for you if:

- you think you may already be pregnant
- you take certain medicines (see page 11)
- you've had weight-loss surgery.

It **may** not be suitable if you have, or had in the past:

- breast cancer
- heart disease or a stroke
- serious liver disease.

A drospirenone POP **may** not be suitable if you:

- have serious kidney disease
- are being treated for Addison's disease or for high potassium (hyperkalaemia)
- take potassium supplements.

Before using a drospirenone POP, some people may need tests to check for risks of kidney disease, particularly if you're aged over 50.

If you're healthy and there are no medical reasons for you not to use the POP, you can use it until your menopause or until you're 55 years old. After age 55, you're extremely unlikely to get pregnant even if you haven't yet reached menopause.

What are the advantages?

Some of the advantages of the POP are:

- It's useful if you can't take oestrogens, like those found in the combined pill, contraceptive patch or contraceptive vaginal ring.
- It's especially useful if you smoke and are aged 35 or over.
- Some people may find it helpful for heavy or painful periods or premenstrual symptoms (PMS).
- You can use it if you're breastfeeding.

What are the disadvantages?

- Your bleeding pattern may change in a way that isn't acceptable to you (see page 11).
- You may get side effects when you first start taking the POP, such as spotty skin, breast tenderness, mood changes and headaches. These may stop within a few months.
- You have to remember to take the POP at the same time every day.
- The POP doesn't protect you from sexually transmitted infections, so you may want to use condoms as well.

Are there any risks?

The POP is a very safe pill to take.

- Research on the risk of breast cancer and hormonal contraception use is complicated and hasn't given definite answers. Available research suggests that using the POP doesn't appear to increase the risk of breast cancer.
- Available evidence suggests that the POP doesn't increase the risk of ovarian cancer or endometrial cancer.

How do I start the POP?

You can start the POP any time in your menstrual cycle if it's certain you're not pregnant.

If you start the traditional or desogestrel POP:

- 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; if you have a very short cycle or a cycle that changes, ask your healthcare professional or online provider about using additional contraception for the first 2 days.
- any other time in your menstrual cycle, use additional contraception, such as condoms, or avoid sex for the first 2 days of pill-taking.

If you start the drospirenone POP:

- on the first day of your period, you'll be protected from pregnancy immediately
- any other time in your menstrual cycle, use additional contraception, such as condoms, or avoid sex for the first 7 days of pill-taking.

How do I take the POP?

When taking your first pill, choose a time of day that suits you. Take 1 POP each day at the same time until you finish all the pills in the pack.

- Traditional and desogestrel POPs have 28 active pills in each pack. They can be taken in any order as all the pills are the same.
- Drospirenone POPs have 24 active pills and 4 hormone-free placebo pills in each pack, so it's important to take the pills in the right order. You take 1 active pill every day for 24 days, and then 1 hormone-free pill every day for 4 days.

Whichever type of POP you're using, once you finish the pack, you start a new pack the next day with no breaks between packs.

What if I forget to take the POP on time?

For the POP to work, it's important to take it:

- no more than 3 hours after your chosen time for traditional POPs
- no more than 12 hours after your chosen time for desogestrel POPs
- no more than 24 hours after your chosen time for drospirenone POPs.

If you remember later than this, you've missed a pill. See pages 9–10.

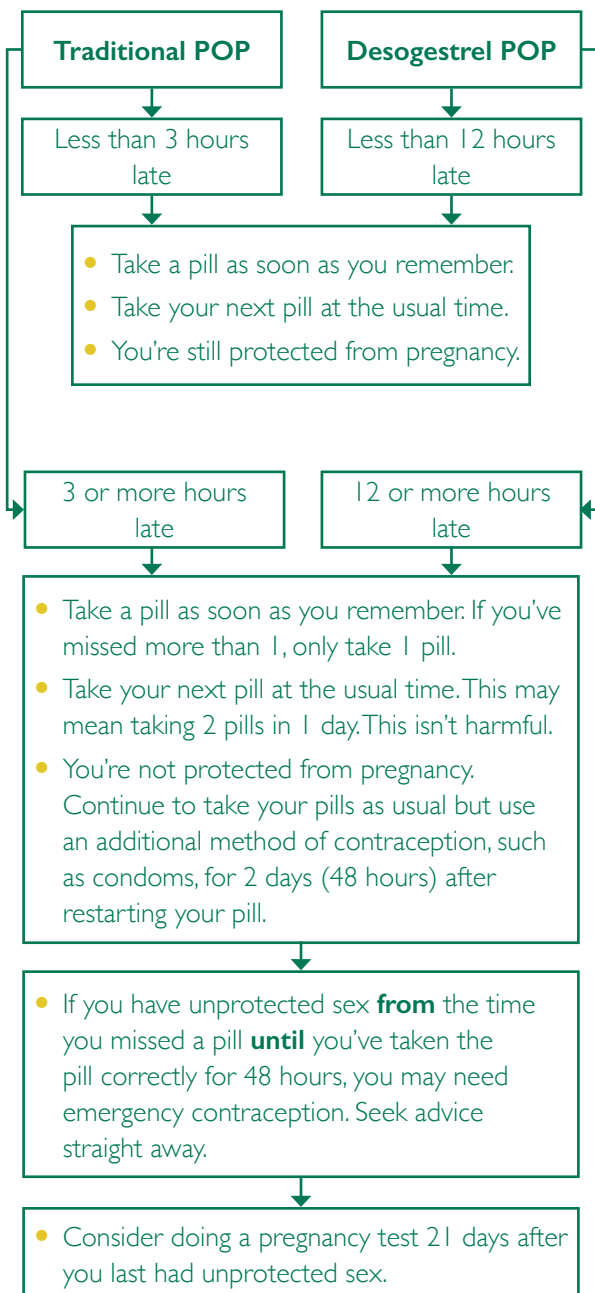
What if I'm sick or have diarrhoea?

If you vomit within 2 hours of taking a traditional POP or 3–4 hours of taking a desogestrel or an active drospirenone POP, it may not be absorbed.

- Take a replacement pill as soon as you feel well enough.
- If you take the replacement pill within 3 hours (traditional POP), 12 hours (desogestrel POP) or 24 hours (drospirenone POP) of your usual pill-taking time and you're not sick again after taking it, you'll still be protected from pregnancy. Take your next pill at the normal time.
- If you take the replacement pill 3 or more hours (traditional POP), 12 or more hours (desogestrel POP) or 24 or more hours (drospirenone POP) after your usual pill-taking time then you've missed a pill. See pages 9–10.
- If you're sick after taking your replacement pill, seek advice.

If you have very severe diarrhoea, this may make the POP 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. See pages 9–10.

What if I miss a traditional or desogestrel pill?



What if I miss a drospirenone pill?

Less than 24 hours late

24 or more hours late taking a pill or starting a new pack

- Take a pill as soon as you remember.
- Take your next pill at the usual time.
- You're still protected from pregnancy.

- Take a pill as soon as you remember. If you've missed more than 1, only take 1 pill.
- Take your next pill at the usual time. This may mean taking 2 pills in 1 day. This isn't harmful.
- If you missed an active pill, you're not protected from pregnancy. Continue to take your pills as usual but use an additional method of contraception, such as condoms, for 7 days after restarting your pill.
- If you missed any of the last 7 active pills in the pack, finish the active pills as usual but **don't** take the 4 hormone-free placebo pills. Start a new pack of pills as soon as you've finished the active pills. Put the 4 unused placebo pills in the bin.

- If you have unprotected sex **from** the time you missed an active pill **until** you've taken the pill correctly for 7 days, you may need emergency contraception. Seek advice.
- If you missed 1 or more of the first 7 active pills in the pack **and** you had unprotected sex during this week and/or during the previous 4 days of placebo pill-taking, you may need emergency contraception. Seek advice.

- Consider doing a pregnancy test 21 days after you last had unprotected sex.

Will other medicines affect the POP?

If you're given medicines by a healthcare professional, always say you're taking the POP.

Commonly used antibiotics don't affect the POP.

These medicines may make all types of POP less effective:

- medicines called enzyme-inducers, like some of those used to treat epilepsy, migraine, HIV and TB
- the herbal medicine St John's Wort.

If you take any medicines that may make the POP less effective, talk to your healthcare professional. Consider changing to a contraception method that won't be affected by the medicines you're taking.

These medicines should not be taken at the same time as using the drospirenone POP:

- medicines called potassium-sparing diuretics
- potassium supplements.

How will the POP affect my periods?

Your bleeding may change while you're taking the POP and it's common for it to be unpredictable.

Bleeding may be lighter and/or shorter, regular or irregular, and happen less often or more often than usual. A few POP users will have bleeding that lasts longer than usual.

Sometimes bleeding stops completely while using the POP.

When you use a drospirenone POP:

- You may or may not get a bleed during the 4 days you take the hormone-free placebo pills.
- You may or may not get bleeding on days you're taking the active pills.
- The total number of days bleeding or spotting is similar to people using a desogestrel POP.

These changes may be a nuisance but may settle down. If you have any concerns about your bleeding, talk to your healthcare professional. Changing to a different POP may help.

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

The POP can be started any time after the birth.

If you start the POP **after** day 21, use additional contraception, such as condoms, or avoid sex for:

- the first 2 days of taking a traditional or desogestrel POP
- the first 7 days of taking a drospirenone POP.

It's safe to breastfeed while you're using the POP.

Can I use the POP after a miscarriage or abortion?

You can start using the POP straight after a miscarriage or abortion.

- If you start the traditional or desogestrel POP on or before day 5, you'll be protected from pregnancy straight away. If you start later than day 5, avoid sex or use additional contraception, such as condoms, for the first 2 days.
- If you start the drospirenone POP on day 1 (the first day after the miscarriage or abortion) you'll be protected from pregnancy straight away. If you start later than day 1, avoid sex or use additional contraception, such as condoms, for the first 7 days.

What if I want to change to another contraception method?

It's easy to change from one POP to another, or to change to or from a different contraception method.

Talk to your healthcare professional about how to change methods, as you may need additional contraception for a short time.

What if I think I'm pregnant?

If you've taken all your pills correctly, haven't been sick or had diarrhoea, and haven't taken any medicines which might affect the POP, it's unlikely you're pregnant.

Continue to take your pills as normal. If you're worried, ask your healthcare professional for advice or do a pregnancy test. Taking the POP doesn't affect a pregnancy test. If you are pregnant, taking the POP won't end the pregnancy and won't harm the fetus.

The risk of having an ectopic pregnancy (where the pregnancy develops outside your uterus (womb), usually in a fallopian tube) is less in POP users than in people using no contraception at all. If you have any signs of an ectopic pregnancy – such as a sudden or unusual pain low in your tummy – or if you think you might be pregnant, get medical advice as soon as possible.

What if I want to stop using the POP or try to get pregnant?

You can stop taking the POP at any time. Your periods and fertility will go back to normal straight after stopping the POP, and it's possible to get pregnant before your first period after stopping.

If you don't want to get pregnant, use another method of contraception as soon as you stop using the POP.

If you want to try for a baby, you can start pre-pregnancy care – such as taking folic acid and vitamin D and stopping smoking – before you stop using the POP. Ask your healthcare professional for advice.

You can try to get pregnant as soon as you stop using the POP if you want to. You can also choose to wait until you've had one period after stopping the POP. This will make it easier to work out when you got pregnant.

How often do I need a review?

When you first start the POP, you can be given up to 12 months' supply, but some POP users may need a review earlier than this.

When you start the POP or get new supplies, you'll be advised when to get your next review and new supply of POP. A review may need to be done face-to-face for some people but can often be done online or by phone.

Contact your healthcare professional or online provider if you have any problems or concerns before your next review is due.

Where can I get more information and advice?

The 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 and at weekends from 11am-4pm.

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

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

Find details of sexual health clinics and services, GP surgeries and pharmacies at:

- England, www.nhs.uk
- Wales, 111.wales.nhs.uk
- Scotland, www.nhsinform.scot
- Northern Ireland, www.sexualhealthni.info and online.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might have failed, you can use emergency contraception. An intrauterine device (IUD) is the most effective option. Some people will get pregnant even when they take emergency pills correctly.

- An emergency IUD (copper coil) can be fitted up to 5 days after sex, or up to 5 days after the earliest time you could have ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA) can be taken up to 5 days (120 hours) after sex.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to 3 days (72 hours) after sex.

Emergency pills are available for free with a prescription or to buy from a pharmacy.

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

Sexually transmitted infections

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

Condoms and internal condoms (also known as female condoms), used correctly and consistently, can help protect against STIs. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly has a chemical called nonoxinol-9, which may increase the risk of HIV and other infections.

A final word

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

All methods of contraception come with a Patient Information Leaflet which has detailed information about the method.

Contact your healthcare professional or a sexual health clinic if you're worried or unsure about anything.

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