

## PROGESTOGEN ONLY ORAL CONTRACEPTION

### What's New

Addition of advice on starting POP after using ulipristal acetate emergency contraception

### Introduction

The progestogen-only pill (POP) is suitable for women of childbearing age who wish low dose oral hormonal contraception or who have contraindications to the use of oestrogens..

The primary mode of action of most progestogen only pills is to alter the cervical mucus making it inhospitable to sperm. There is also an effect on ovulation with anovulatory cycles reported in many women.

The desogestrel progestogen only pill has been shown to inhibit ovulation in 97% of cycles and prevention of ovulation is its primary mode of action.

### Efficacy

The failure rate for the POP is quoted as 0.17-1.55 per hundred women-years with perfect use and 4.2/ hundred woman-years with typical use

The percentage of unintended pregnancies in the first year of use is slightly higher than with a COC with a method failure rate of 0.5% compared with 0.1% for the COC. However, user failure rate pushes both up to 5%.

There is a higher reported pregnancy rate in women under the age of 35 i.e. 2.5/100 women first year of use, compared with 0.5/100 women first year of use in women aged over 35 years.

On theoretical grounds, the desogestrel only pill should have greater efficacy than other (traditional) POPs because of its effect of inhibition of ovulation. This has not been demonstrated in clinical practice. The theoretical improved efficacy may not provide further benefit to women whose natural fertility is already reduced.

There is no robust evidence base for decreased efficacy in heavier women. Faculty of sexual and reproductive health care advice is that women over 70kg should be advised to take only one POP each day (traditional or desogestrel).

### Choice of Pill

Desogestrel is the first line choice in women under the age of 35 because of its effect on ovulation and its 12 hour 'window' with regard to missed pills.

Over the age of 35 efficacy data is high with all progestogen only pills and regular pill taking routine is predicted to be higher than in younger women. Therefore, the choice of cheaper preparations may be offered first line.

WOS POP GUIDELINE	APPROVED: May 2021
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: Final 8.1 LAST UPDATED:
REVIEW DATE: May 2023 PAGE NUMBER: 1 of 4	COPIES AVAILABLE: <a href="http://www.wossexualhealthmcn.org">www.wossexualhealthmcn.org</a>

Type of progestogen and dose	Brand name	Cost per 3 x 28 tabs*
Desogestrel 75mcg	Aizea	£2.09
	Cerazette	£9.55
	Cerelle	£3.50
	Desomono	£6.50
	Desorex	£2.45
	Feanolla	£3.49
	Moonia	£2.86
	Zelleta	£2.98
	Unbranded	£2.86-22.92
Norethisterone 350mcg	Noriday®	£2.10
Levonorgestrel 30mcg	Norgeston®	£0.92 (3 x 35 days)

\*Prices as per BNF Online Accessed Feb 2021

Prices in secondary care will be lower due to national tendering.

### **Common Side Effects(>1/100)**

- Menstrual irregularities
- Skin disorders
- Breast tenderness
- Nausea

### **Less Common Side Effect(<1/100)**

- Dizziness
- Mood disturbance
- Appetite disturbance
- Changes in libido
- There is insufficient data available to quantify any effect on risk of breast cancer

### **Ectopic pregnancy ( < 1/100)**

Up to 10% of pregnancies that occur in traditional POP users may be ectopic, so women should be informed to seek help if they have symptoms of possible ectopic pregnancy e.g. lower abdominal pain, shoulder tip pain.

### **Drug Interactions**

Women taking an enzyme inducer for >2 months should be advised to change to an alternative method. If short-term use (<2 months) is anticipated, the woman may continue use of POP and take additional precautions e.g. condoms whilst taking and for 28 days after discontinuing the enzyme inducer. Alternatively, she could be prescribed a one-off dose of progestogen-only injection to cover the period of risk.

WOS POP GUIDELINE	APPROVED: May 2021
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: Final 8.1 LAST UPDATED:
REVIEW DATE: May 2023 PAGE NUMBER: 2 of 4	COPIES AVAILABLE: <a href="http://www.wossexualhealthmcn.org">www.wossexualhealthmcn.org</a>



West of Scotland Guideline

Approved May 2021

## **Assessment of Client Suitability**

### History

Clinical history taking to allow an assessment of medical eligibility for POP use the UK medical eligibility criteria: <https://www.fsrh.org/standards-and-guidance/external/ukmec-2016-digital-version/>. In this context the history should include: relevant social and sexual history (to assess risk of sexually transmitted infections – STIs), medical, family and drug history as well as details of reproductive health and previous contraceptive use.

### Examination

- No routine examinations required in asymptomatic patients.

### Documentation

- Complete or update the full visit history on NaSH.
- Give written method information including contact number to client.
- Record and date the prescription in NaSH
- If supply is under patient group direction complete relevant documentation as local protocol.
- For new starts, notify the GP if permission has been given for correspondence.

### Starting Regimens for POP

Ensure client understands the method to aid satisfaction and compliance and knows to take one tablet daily at the same time. Discuss methods such as phone reminders to support regular pill taking.

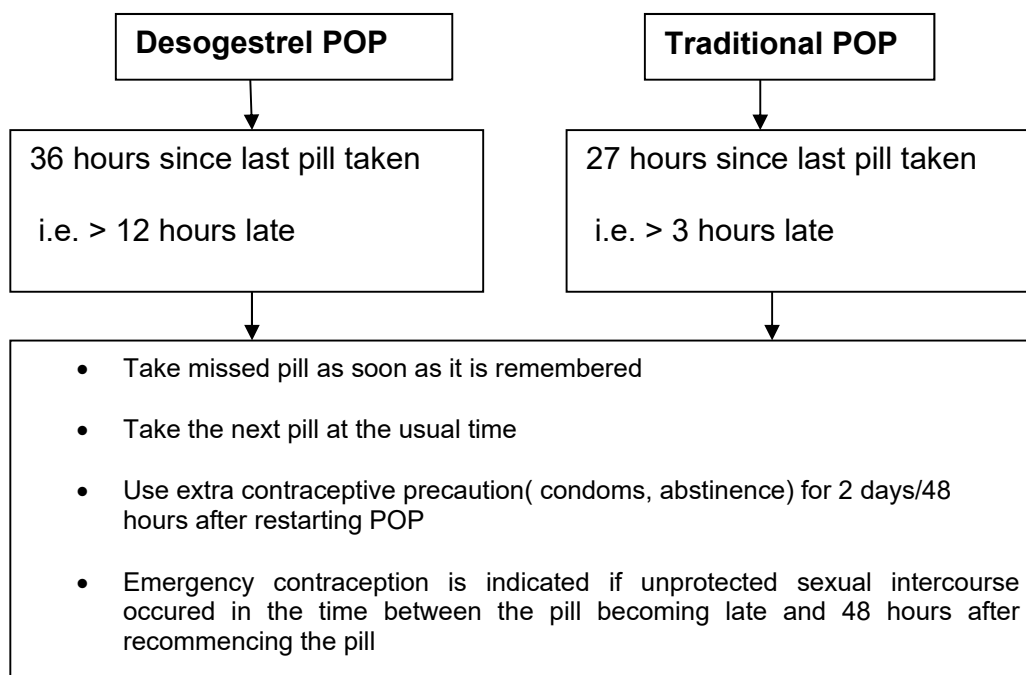
1. **No Extra Precautions required if starting:**
  - Day 1 – 5 of the cycle.
  - Up to 21 days postpartum; lactation is not affected
  - Days 1-5 Post-termination or miscarriage.
  - While taking combined pill: change by instant switch (that is, without the COC pill-free interval).
  - While using injectable contraception, POP should be started at least 2 days before the next injection is due
  - With an IUD, IUS or implant in situ (within licence limit).  
Remove the IUS/IUD/implant at least 48 hours after starting the POP.
2. POP may be started at any time in the cycle if it is reasonably certain that the client is not pregnant, using additional contraceptive precautions for two days.
3. A POP started immediately after ulipristal emergency contraception (UPA-EC) could potentially reduce the effectiveness of the UPA-EC. The POP should be started 5 days after UPA-EC is taken .See WoS Emergency Contraception guideline.

### **Vomiting**

If a woman vomits within 2 hours of taking a POP then she should be advised to take another pill as soon as possible.

WOS POP GUIDELINE	APPROVED: May 2021
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: Final 8.1 LAST UPDATED:
REVIEW DATE: May 2023 PAGE NUMBER: 3 of 4	COPIES AVAILABLE: <a href="http://www.wossexualhealthmcn.org">www.wossexualhealthmcn.org</a>

## Missed Pills



## Follow Up Arrangements

### Return Visit

Women may be offered up to 12 months of POP at her first and subsequent visit, with follow up yearly to ensure satisfaction and concordance with the method. Thereafter, there should be a flexible approach to contraceptive supply with ease of access should problems arise.

## References

1. Progestogen-only Pills Clinical Effectiveness Unit March 2015 (Amended April 2019) FSRH, London. <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-pop-mar-2015/> accessed 14/05/2021
2. Bayer Healthcare, Norgeston, Summary of product characteristics Last updated on eMC:29 Jan 2021 <https://www.medicines.org.uk/emc/product/1133/smpc> accessed 14/05/2021
3. FSRH CEU Clinical Guidance: Drug Interactions with Hormonal Contraception - November 2017, reviewed Jan 2019 <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/> accessed 14/05/2021
4. UK medical eligibility criteria, FSRH , London : <https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/> accessed 14/05/2021

WOS POP GUIDELINE	APPROVED: May 2021
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: Final 8.1 LAST UPDATED:
REVIEW DATE: May 2023 PAGE NUMBER: 4 of 4	COPIES AVAILABLE: <a href="http://www.wossexualhealthmcn.org">www.wossexualhealthmcn.org</a>