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COMBINED HORMONAL CONTRACEPTIVE PILL

The combined pill contains 2 hormones: oestrogen and progesterone . There are number of different brands available as different brands may suit different women.

ADVANTAGES of the CHC pill

- **Effectiveness:** The pill is most effective when used perfectly. It's 99% effective at preventing pregnancy with perfect use and 91% effective with typical use.
- **Remember regularly:** You have to take the pill every day at around the same time.
- **Periods:** Depending on how you take the combined pill, it may make periods more regular, lighter and less painful. May also help with premenstrual symptoms.
- **Acne:** the pill can sometimes help with troublesome acne
- **STI protection:** No. Use external condoms or internal condoms to help protect yourself from STIs.

DISADVANTAGES of the CHC pill

- **STI protection:** No you will need to use condoms
- **Breakthrough Bleeding:** spotting is common in the first few months of use
- **Blood pressure:** the pill can effect your blood pressure and it is important to this checked annually
- **Side effects:** Possible temporary side effects include headache, nausea, breast tenderness and mood changes. If these don't settle within a few n months changing the brand may help

HOW DOES THE COMBINED PILL WORK?

- The pill stops the ovaries from releasing an egg each month (ovulation).
- 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.

WHO CAN USE THE COMBINED CONTRACEPTIVE 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 are 35 years old or over and stopped smoking less than a year ago
- you are very overweight
- you take certain medicines
- you are breastfeeding a baby less than 6 weeks old

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

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- heart disease or a stroke
- systemic lupus erythematosus with positive antiphospholipid antibodies
- a heart abnormality or circulatory disease, including hypertension (raised blood pressure)
- migraine 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 are immobile for a long period of time or use a wheelchair • you are at high altitude (more than 4,500m) for more than a week.
- the pill may be less effective with some medications – your doctor or pharmacist will check this for you
- having severe diarrhoea or vomiting will reduce the effectiveness of the pill and you should use condoms during this illness and the next 7 days

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 are 50 years old. You'll then need to change to an alternative method of contraception.

ARE THERE ANY RISKS ASSOCIATED WITH THE COMBINED CONTRACEPTIVE PILL?

- **THROMBOSIS 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 which can lead to heart attack or stroke), risk of thrombosis is greatest if any of the following apply to you: you smoke, you are 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. If you've ever had thrombosis, you shouldn't use the pill. Also if you have high blood pressure, have migraines with aura or you're diabetic. The risk of thrombosis is highest in the first 4 months of pill use.

You should seek medical advice urgently if you develop 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
- **BREAST CANCER RISK:** 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.
- **CERVICAL CANCER RISK:** 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.
- 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.

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- 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.

WHEN CAN I START THE 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:

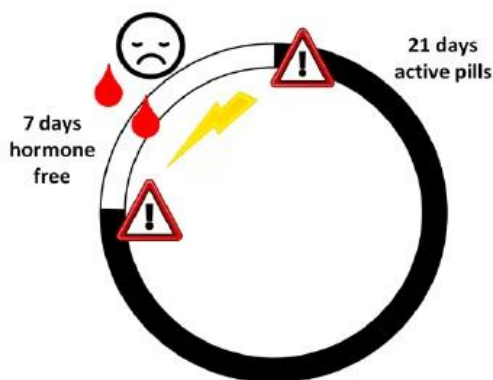
- on the first day of your period, you'll be protected from pregnancy immediately.
- up to, and including, the fifth day of your period, you'll be protected from pregnancy immediately; talk to your doctor or nurse about whether you need additional contraception if you have a very short cycle or a cycle 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?

The guidelines here have changed. The reason for the change is the ovaries MAY become active during the 7 day 'pill free week' and so the new regimens THEORETICALLY reduce the risk of pregnancy. There are 4 ways to use the pill:

1.

Traditional CHC regimens



Take the pill for 21 days ***Followed by...***

7 days hormone free break

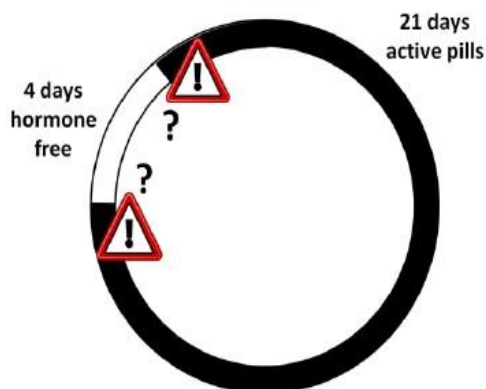
Start the next pack straight away even if you are still bleeding.

Period and period pain/ headache/ mood change will occur during 7-day break

Incorrect use is riskiest around the 7-day break

2.

Shortened Hormone-free Interval



Take the pill for 21 days **Followed by...**

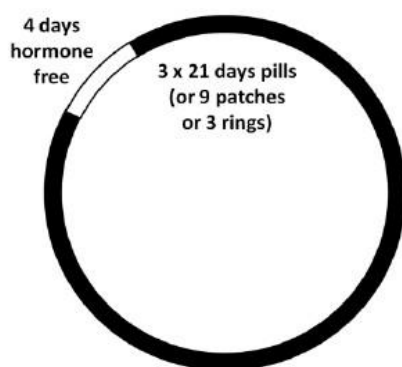
4 days hormone free break

Start the next pill pack after 4 days
Period and period pain/ headache/ mood change will occur during 4-day break

Incorrect use is riskiest around the 4-day break, but might be less risky with a 4day than a 7-day break

3.

Tricycling regimen



Take the pill for 63 days (3 packs back to back)

Followed by...

4-day hormone free break

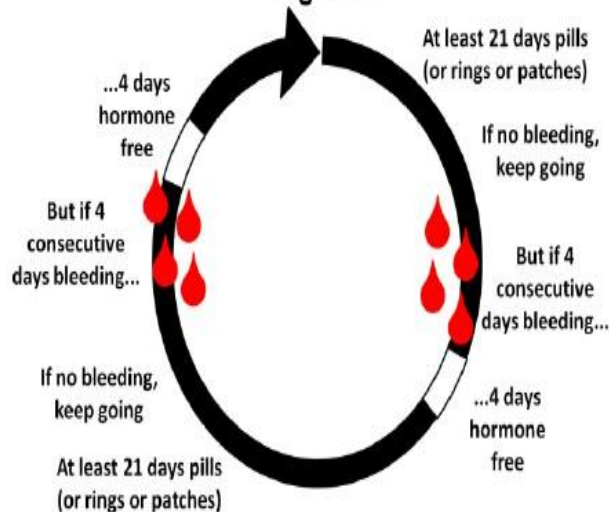
Start the next pack after 4 days and do the same again

Period and period pain/ headache/ mood change during will occur during 4-day break

Incorrect use is riskiest around the hormonefree interval, but might be less risky with a 4day than a 7-day break

4.

Flexible extended regimen



The pill can be used continuously (no breaks), but breakthrough bleeding may start to occur. Breakthrough bleeding is likely to improve with time, but alternatively...

...if breakthrough bleeding for 4 consecutive days **after at least 21 days** of pill taking, take a 4-day break...

...then restart continuous use for **at least 21 days** (and if no bleeding, continue)...

...if breakthrough bleeding for 4 consecutive days after **at least 21 days** of pill taking, take a 4-day break...

...then restart continuous use for **at least 21 days**... and so on

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MISSED PILLS - what you need to do depends on:

- how many pills you have missed (you have missed a pill when it's more than 24 hours since you should have taken it)
- when you missed your pill (where you are in the pack)
- the type of combined pill you're taking

What if I have missed 1 pill?

If you have missed 1 pill anywhere in the pack or started a new pack 1 day late, you're still protected against pregnancy.

You should:

- take the last pill you missed now, even if this means taking 2 pills in 1 day
- carry on taking the rest of the pack as normal
- take your 7-day pill-free break as normal, or if you're on an everyday (ED) pill, take your dummy (inactive) pills. You do not need to use extra contraception.

What if I have missed 2 or more pills?

If you have missed 2 or more pills anywhere in the pack or started a new pack 2 or more days late (48 hours or more), your protection against pregnancy may be affected. You should:

- take the last pill you missed now, even if this means taking 2 pills in 1 day
- leave any earlier missed pills
- carry on taking the rest of the pack as normal
- use extra contraception, such as [condoms](#), for the next 7 days

When you come to the end of your pill pack, after missing 2 or more pills:

- if there are 7 or more pills left in the pack after the last missed pill – finish the pack, take your 7-day pill-free break as normal, or take your inactive pills before you start your next pack
- if there are less than 7 pills left in the pack after the missed pill – finish the pack and start a new pack the next day; this means missing out the pill-free break or not taking your inactive pills

You may also need [emergency contraception](#) if you have missed 2 or more pills in the first week of a pack and had unprotected sex in the previous 7 days.

What if I'm not sure what to do?

- continue to take your pill
- use another method of contraception, such as condoms
- get advice as soon as possible

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If you are sick

- If you vomit within 2 hours of taking the pill, take another. If vomiting continues or you have severe diarrhoea for more than 72 hours your protection is reduced and you should follow the missed pill rules