West of Scotland Sexual Health Managed Clinical Network

NHS Ayrshire & Arran | NHS Dumfries & Galloway | NHS Forth Valley | NHS Greater Glasgow and Clyde | NHS Lanarkshire

West of Scotland Protocol

PROGESTOGEN ONLY ORAL CONTRACEPTION

What's New

- Updated BNF prices

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 POPsis 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 POP 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 0.15 – 1.55 per 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.

West of Scotland Protocol

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.

Type of progestogen and dose	**Brand name**	**Cost per 3 x 28 tabs***
Desogestrel 75mcg	Aizea Cerazette Cerelle Desomono Desorex Feanolla Zelleta	£2.09 £9.55 £2.09 £2.09 £2.09 £2.09 £3.35
Norethisterone 350mcg	Noriday®	£2.10
Levonorgestrel 30mcg	Norgeston®	£2.76 (3 x 35 days)

*Prices as per BNF Online Accessed Feb 2019
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

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.

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Assessment of Client Suitability

History

Clinical history taking and examination allow an assessment of medical eligibility for POP use NEW 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

- Blood pressure and BMI should be recorded prior to commencement of POP.
- Pelvic examination and cervical cytology only if indicated.

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

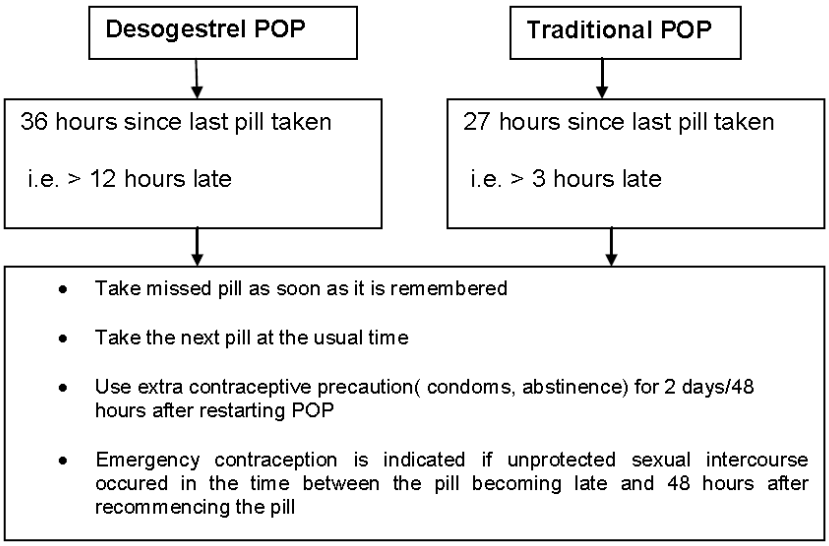
Ensure client understands the method to aid satisfaction and compliance and knows to take one tablet daily at the same time. Discuss methods such as phone reminders to support regular pill taking.

1. **No Extra Precautions required if starting**:
    - Day 1 – 5 of the cycle.
    - Up to 21 days postpartum; lactation is not affected
    - Day 1 to 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. If a woman vomits within 2 hours of taking a POP then she should be advised to take another pill as soon as possible

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

Faculty of Family Planning and Reproductive Health Care. Medical Eligibility Criteria For Contraceptive Use (UKMEC2009 revised May 2010) Faculty of Family Planning and Reproductive Health Care, London 2009 http://www.fsrh.org

Bayer Healthcare, Norgeston, Summary of product characteristics Last updated on eMC: 04 Feb 2019 https://www.medicines.org.uk/emc/product/1133/smpc [accessed Nov 2019]

FSRH CEU Clinical Guidance: Drug Interactions with Hormonal Contraception - November 2017 [accessed Nov 2019]

FSRH Progestogen-only pills. March 2015 accessed on line Feb 2019 www.fsrh.org
UK medical eligibility criteria: https://www.fsrh.org/documents/ukmec-2016/ [accessed Nov 2019]