West of Scotland Protocol ***Approved June 2012***

PROGESTOGEN ONLY ORAL CONTRACEPTION

What's New

A recent FSRH CEU statement suggests hormonal contraception should be avoided for 5 days following the use of ulipristal acetate as the hormones may reduce the efficacy of ulipristal. Hormonal contraception can be started after 5 days as per the Quick starting protocol.
NEW UK medical eligibility criteria: https://www.fsrh.org/documents/ukmec-2016/

Introduction

This method of contraception is suitable for any woman of childbearing age who wishes low dose oral hormonal contraception or who has 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 widely quoted as 0.3-3.0 per hundred women-years.
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.

Brand name	Type of progestogen and dose	Cost per 3x28 tabs
Cerelle	Desogestrel 75mcg	3.17
Cerazette	Desogestrel 75mcg	9.55
Zelleta	Desogestrel 75mcg	3.17
Desomono	Desogestrel 75mcg	3.17
Desorex	Desogestrel 75mcg	3.17
Nacrez	Desogestrel 75mcg	3.17
Aizea	Desogestrel 75 mcg	3.17
Micronor	Norethisterone 350mcg	1.80
Noriday Norgeston	Norethisterone 350mcg Levonorgestrel 30mcg	2.10 2.76 (3x35 tabs)

Prices as BNF July 2016

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.

Please refer to BNF, Medscape, and HIV-druginteractions websites.

Assessment of Client Suitability

History

Clinical history taking and examination allow an assessment of medical eligibility for POP use (see UKMEC criteria https://www.fsrh.org/documents/ukmec-2016/). 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

- The full visit history should be completed or updated as required on NaSH.
- Written method information including contact number is given to client.
- Prescription is recorded and dated.
- Nurse supplying where appropriate under patient group direction.

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.

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 Depo Provera – POP should be started at least 2 days before the next injection is due

- With an IUCD, IUS or implant in situ (and within license limit). Remove the IUS/IUCD/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

Desogestrel

- If greater than 36 hours have elapsed since taking the last pill (i.e. > **12 hours late**) the late pill should be taken as soon as remembered.
- The next pill should be taken at the usual time
- Additional contraceptive precautions should be taken for the next **2** days.
- If unprotected sexual intercourse occurs in the time between the pill becoming late and 48 hours after recommencing the pill then consideration should be given to emergency contraception.

For All Other Progestogen Only Pills:

- If greater than 27 hours have elapsed since taking the last pill (i.e. > **3 hours late**) the late pill should be taken as soon as remembered
- The next pill should be taken at the usual time
- Additional contraceptive precautions should be taken for the next **2** days
- If unprotected sexual intercourse occurs in the time between the pill becoming late and 48 hours after recommencing the pill then consideration should be given to emergency contraception.

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.

UKMEC	DEFINITION OF CATEGORY
CATEGORY 1	A condition for which there is no restriction for the use of the contraceptive method.
CATEGORY 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
CATEGORY 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method.
CATEGORY 4	A condition which represents an unacceptable health risk if the contraceptive method is used.

NEW UK medical eligibility criteria: https://www.fsrh.org/documents/ukmec-2016/

References

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FSRH Drug Interactions with Hormonal Contraception. 2012. Accessed online 2016

FFPRHC Progestogen-only pills. 2015. Accessed online 2016