



West of Scotland Guideline

Approved July 2023

## PROGESTOGEN ONLY ORAL CONTRACEPTION

### What's New

Information on the drospirenone progestogen only pill, which is not yet launched on the UK market but is anticipated soon. The pack contains 24 active pills with 4mg drospirenone and 4 placebo pills. There is a 24-hour window following scheduled active pill taking without loss of contraceptive effectiveness. It takes 7 days to become effective. The 7 day rule applies for all days after day 1 of the cycle.

Updated advice on breast cancer risk

### 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.

Prevention of ovulation is the primary mode of action of desogestrel (DSG) and drospirenone (DRSP) progestogen-only pills.

This guideline will use the terms 'woman', 'she' or 'herself' in accordance with the Women's Health Plan Scotland, and will encompass all those who identify as women who require access to women's health and reproductive services. For example, some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also experience menstrual cycles, pregnancy, endometriosis and the menopause. All healthcare services should be respectful and responsive to individual needs.

### Efficacy

The risk of pregnancy during the first year of use is 9%. With perfect use the failure rate is less than 1%<sup>1</sup>

There is no robust evidence for decreased efficacy in heavier women. Faculty of Sexual and Reproductive Healthcare (FSRH) advice is that women over 70kg should be advised to take only one POP each day (traditional or desogestrel).

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### **Choice of Pill**

Desogestrel is first line choice and should be prescribed generically  
The drospirenone pill is not yet marketed in the UK

Note noriethisterone POP is marketed as Noriday.  
levonorgestrel POP is marketed as Norgeston.

12 months' supply of currently marketed POP costs the NHS between £10 and £40 depending on contract purchase costs. Price for the new drospirenone POP is unknown.

### **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

**Breast cancer.** Use of any progestogen-only method of contraception may be associated with a small increased risk of breast cancer similar to use of the combined pill.

### **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**

Advise women taking an enzyme inducer for >2 months to change to an alternative method. If short-term use (<2 months) is anticipated, the woman may continue POP use 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 using the UK medical eligibility criteria: <https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/> 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.

**Note:** DRSP POP should not be used by individuals with

- severe renal insufficiency,
- acute renal failure,
- hyperkalaemia,
- untreated hypoaldosteronism,
- users of potassium sparing diuretics, aldosterone antagonists, potassium supplements

Use with caution with mild/moderate renal impairment and treated hypoaldosteronism,

### Examination

No routine examinations required in asymptomatic patients except check BP in people over 50 who are being considered for DRSP POP

### Blood tests

Check U&E in people with risk factors for chronic renal disease if considering DRSP

### Documentation

- Complete or update the relevant parts of 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.

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### **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**

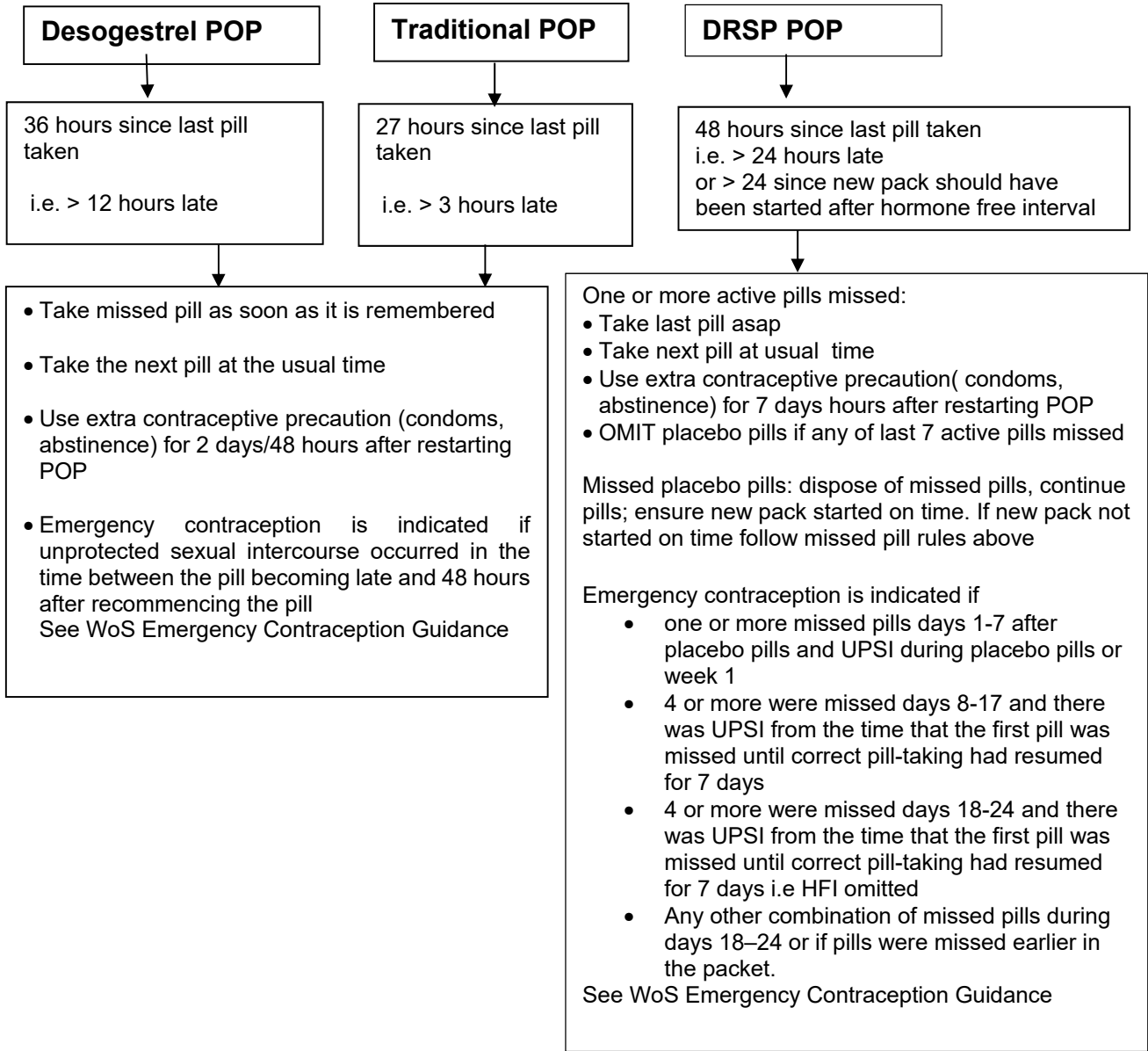
- Day 1 – 5 of the cycle (day 1 for DRSP POP)
  - Up to 21 days postpartum; lactation is not affected
  - Days 1-5 post-termination or miscarriage. (day 1 for DRSP POP)
  - While taking combined pill: change by instant switch (that is, without the COC pill-free interval).
  - While using injectable contraception, POP should be started at least 2 days before the next injection is due at 14 weeks after previous injection. (7 days for DRSP POP).
  - With intrauterine contraception or implant in situ (within licence limit).  
Remove the IUS/IUD/implant at least 48 hours after starting the POP (7 days for DRSP 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 (7 days for DRSP POP).
  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.

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**Missed Pills**





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## **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**

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2. Bayer Healthcare, Norgeston, Summary of product characteristics Last updated on eMC:08 Feb 2021 <https://www.medicines.org.uk/emc/product/1133/smpc> accessed 10/05/2023
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5. Women's Health Plan Scottish Government August 2021. <https://www.gov.scot/publications/womens-health-plan/pages/3/> accessed 16/05/2023

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