

C5.9 - PROGESTIN ONLY ORAL CONTRACEPTIVES

Policy

This policy outlines the use of the progestin only oral contraceptive pill (POP) or drospirenone only to prevent pregnancy.

Procedure

Mode of Action

Primary mechanism of action for norethindrone pills (35mcg) of action is by the thickening of cervical mucus and thus decreased sperm penetration. Given this mechanism, taking the pills at the same time daily is vital for effectiveness.

Drospirenone (4mg) only progestin contraception (DSP 4mg) primarily works by inhibition of ovulation via suppression of gonadotropin levels. Drospirenone also alters cervical mucus making it less penetrable to sperm.

Effectiveness

Typical use, 91% effectiveness over one year for NET 35mcg.

Typical use, 91-96% effectiveness over one year for DSP 4mg.

Contraindications

Absolute Contraindications

- Breast cancer - current.

Strong Relative Contraindications

- History of breast cancer with no evidence of current disease for 5 years.
- Severe cirrhosis of the liver.
- History of a malabsorptive procedure type of bariatric surgery (ie Roux-en-Y), however restrictive procedures are not a contraindication. Other administration methods for estrogen containing contraception (such as the ring or patch) is acceptable for mal-absorptive procedures.
- Ischemic heart disease.
- Liver malignancy or hepatocellular adenoma.
- Unexplained vaginal bleeding
- Stroke.
- Systemic lupus erythematosus, if positive antiphospholipid antibodies.
- See specific drug interaction information for antiretroviral, anti-seizure and antimicrobial medications.

Relative Contraindications

The advantages of using progesterone-only oral contraception generally outweigh the theoretical or proven risk.

Refer to the Appendix for the [CDC Medical Eligibility Criteria Summary Chart](#)

Advantages

- Can be taken by women who cannot take estrogen.

- Does not have the serious but rare complications of estrogen.
- Can be started at any time if it is reasonably certain the individual is not pregnant, including immediately postpartum.
- Client controls when to stop and start the method.
- Clients take the same pill every day (same color and hormone content and no pill free week).
- Decrease in pelvic inflammatory disease because of less penetrable cervical mucus.
- Does not suppress lactation, even when initiated immediately following delivery.

Disadvantages

- Lack of protection against STIs.
- Menstrual cycle disturbances, irregular menstruation and amenorrhea.
- Breast tenderness.
- NET 35mcg is less likely to improve menstrual bleeding than other hormonal contraception due to the very low dose. DSP 4mg does result in improved bleeding.
- NET 35mcg pills are very low-dose and must be taken daily at the same time each day or the effectiveness is decreased. DSP 4mg is more forgiving, but should also be taken at the same time daily
- Some medications decrease effectiveness.

Side Effects

- Severe lower abdominal pain, contact a clinic and/or Clinical Services Provider immediately.
- Delayed period after several months of regular cycles may be a sign of pregnancy.
- Repeated, very severe headaches.
- There may be a delay of return to normal menses after method discontinuation, however return of fertility is typically rapid.

Instructions to the client

Norethindrone 35mcg:

Instruct client that oral contraceptive pills do not protect against acquiring STIs/HIV. A barrier contraceptive should be used in combination with pills to help reduce the risk of STIs.

1. Start the first pill on the day of the visit to the clinic or on the first day of the next period.
2. Take one pill per day until all pills from pack are finished. Try to take pills at the same time every day. Choose a time and take the pill at that time or within three hours after that time. If you take the pill more than three hours late, use condoms or a back-up method or abstain from intercourse for the next 48 hours. Never miss a day.
 - a. NET 35mcg does not have a placebo week and clients should take an active pill daily
 - b. DSP 4mg should be taken once daily for 24 days and then a 4 day pill-free interval should be observed to allow for withdrawal bleeding.
3. When each pill pack is finished, start a new pill pack the next day.
4. Use a back-up method for the first 2 days on POPs unless you have started your pills within the first five days of menstrual bleeding.
5. Use a condom if at risk on STIs/HIV.
6. Instruct on Emergency Contractives and provide a package or prescription (Plan B or Ullipristal (Ella[®])).

Less than 3 hours late (or less than 12 hours for a DSP 4mg)

- Take the missed pill as soon as you can/remember
- Take the next pill at the usual time
- You do not need extra contraception and do not necessarily need emergency contraception

More than 3 hours late (or more than 12 hours for a DSP 4mg)

- Take the missed pill as soon as you can remember. Only take 1 pill.
- Take the next pill at the usual time (which might mean taking two pills in the same day)
- Continue taking remaining pills each day at the usual time.
- Use extra contraception such as condoms for the next two days (48 hours) after remembering to take the missed pill or avoid intercourse.
- If you have unprotected sex during the two days after you miss your pill, consider using emergency contraception.

Discontinuing Pills

- If pills are discontinued, start another method of contraception immediately.
- If the client desires pregnancy, discuss return of normal menses and provide preconception information.
- Fertility returns very quickly after discontinuation.

Fertility Return

Return to fertility after discontinuation reestablishes quickly. Immediate use of an alternative contraceptive is recommended after discontinuation if the client is not seeking pregnancy. Encourage prenatal vitamin initiation at time of discontinuation if not switching to a different highly or moderately effective contraceptive method.

Hormone Contraception and HIV

The CDC has affirmed the safe use of hormone contraception in women who are HIV positive.

Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html
Additional Resources	Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2020 https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf