



POP

Progesterone-Only Pill

The POP is an oral contraceptive pill containing a low dose progestogen, similar to a hormone which is produced by the ovary. It is taken every day to prevent pregnancy. It can be used while breast feeding and is available only on prescription.



Street names Mini pill

Medical names Progestogen Only Pill, POP

Effectiveness 91%

It lasts One day

Fertility Reversible with rapid return to usual fertility when ceased

Who can use it? Females of any age from menarche to menopause

Hormones Contains progestogen hormones

Visibility Discreet but you need to store the packets

STIs No protection

Side effects Allow 6 months to adjust to hormones

Cost Between \$6 – \$40 depending on the brand of pill and whether you have a healthcare card

Where to get it It is available from True clinics, Nurse Practitioners and General Practitioners (GPs)

POP does not protect against STIs

To make sure you are protected against pregnancy and STIs, use the POP plus a condom for every sexual encounter.

What types are there?

Levonorgestrel (brand name Microlut) and norethisterone (brand name Noriday) are sometimes also called the mini pill. These pills have 28 hormone pills with no sugar pills. These will be cheaper if you have a healthcare card.

A newer POP which has the progestogen hormone drospirenone (brand name Slinda) has 24 hormone (active) pills and 4 sugar (inactive) pills. This POP is not covered by the Pharmaceutical Benefits Scheme (PBS).

How does it work?

The main effect is to thicken the mucus of the cervix so that sperm cannot enter the uterus (womb).

It also changes the lining of the uterus, making it unsuitable for pregnancy.

In addition, the POP with drospirenone (Slinda) prevents the ovaries from releasing an egg. Sometimes the other POPs can also prevent the ovaries from releasing an egg.



How effective are POPs?

If used correctly, POPs can be over 99% effective at preventing pregnancy.

The POP may not work if:

- it is taken more than 3 hours late for the pills containing levonorgestrel (Microlut) or norethisterone (Noriday).
- it is taken more than 24 hours late for the pill containing drospirenone (Slinda).
- you vomit within 3 hours of taking it.
- you have very severe diarrhoea.
- you are taking certain medications or natural remedies (check with your doctor, nurse or pharmacist).

What are the advantages of the POP as a method of contraception?

The POP contains a low dose of hormone. It is reversible and there is rapid return to usual fertility.

Side effects are uncommon.

It can be taken by individuals who are unable to take the combined contraceptive pill because of health problems or side effects with oestrogen and it can be used while breastfeeding.

The drospirenone (Slinda) POP can reduce the length and amount of menstrual bleeding, and after 12 months of use, nearly half of users have no bleeding at all.

What are the disadvantages of the POP as a method of contraception?

The levonorgestrel (Microlut) and norethisterone (Noriday) POPs must be taken at the same time every day (or within 3 hours) to be effective and in younger individuals these POPs may be less effective than other hormonal methods.

Side effects are uncommon but may include:

- menstrual irregularities, which are common in POP users and represent the most frequent cause for contraceptive discontinuation.
- follicular ovarian cysts – usually there are no symptoms and do not require treatment.
- sore/ tender breasts.
- headaches.
- changes to your skin.
- mood changes.

These side effects often settle with time. The POP has not been shown to cause weight gain.

The POPs do not protect you from sexually transmissible infections (STIs).

Is the POP suitable for everyone?

Most individuals can safely use the POP.

The POP may be PARTICULARLY SUITABLE for individuals who:

- cannot take oestrogen.
- are breast feeding.
- are over 35 and smoke.
- prefer an oral method of progestogen contraception.

Who cannot take the POP?

Individuals who have:

- severe liver disease.
- severe arterial disease.
- a blood clot in the legs or lungs.
- malabsorption syndrome.
- breast cancer.
- irregular vaginal bleeding which has not been investigated.



What do I need to know about starting the POP?

Starting the POP for the first time requires an assessment by a doctor or a nurse practitioner and a prescription.

When you start the POP for the first time or after a break it can take up to 7 days to start working to prevent pregnancy. This depends on the timing of your menstrual cycle, which POP you are using and if you are already using contraception. Speak with your doctor, nurse or pharmacist for more information.

It may be helpful to take the POP at the same time you do another activity every day (such as cleaning your teeth) or you could enter a reminder into your phone.

What do I need to know about the ongoing use of the POP?

Once you have taken all the pills in a packet, you start a new packet.

To renew your POP prescription you will need to see a doctor or nurse practitioner for review at least once a year.

If you run out of pills and cannot see a doctor or nurse for a new script, speak to a pharmacist. Some pharmacists will give you a small supply of pills without a script if you show them your old pill packet.

If you are late to take or miss a pill, see the Missed Pill charts on the following pages.

Where can I go for more information?

See your General Practitioner, a Nurse Practitioner or True Clinic.

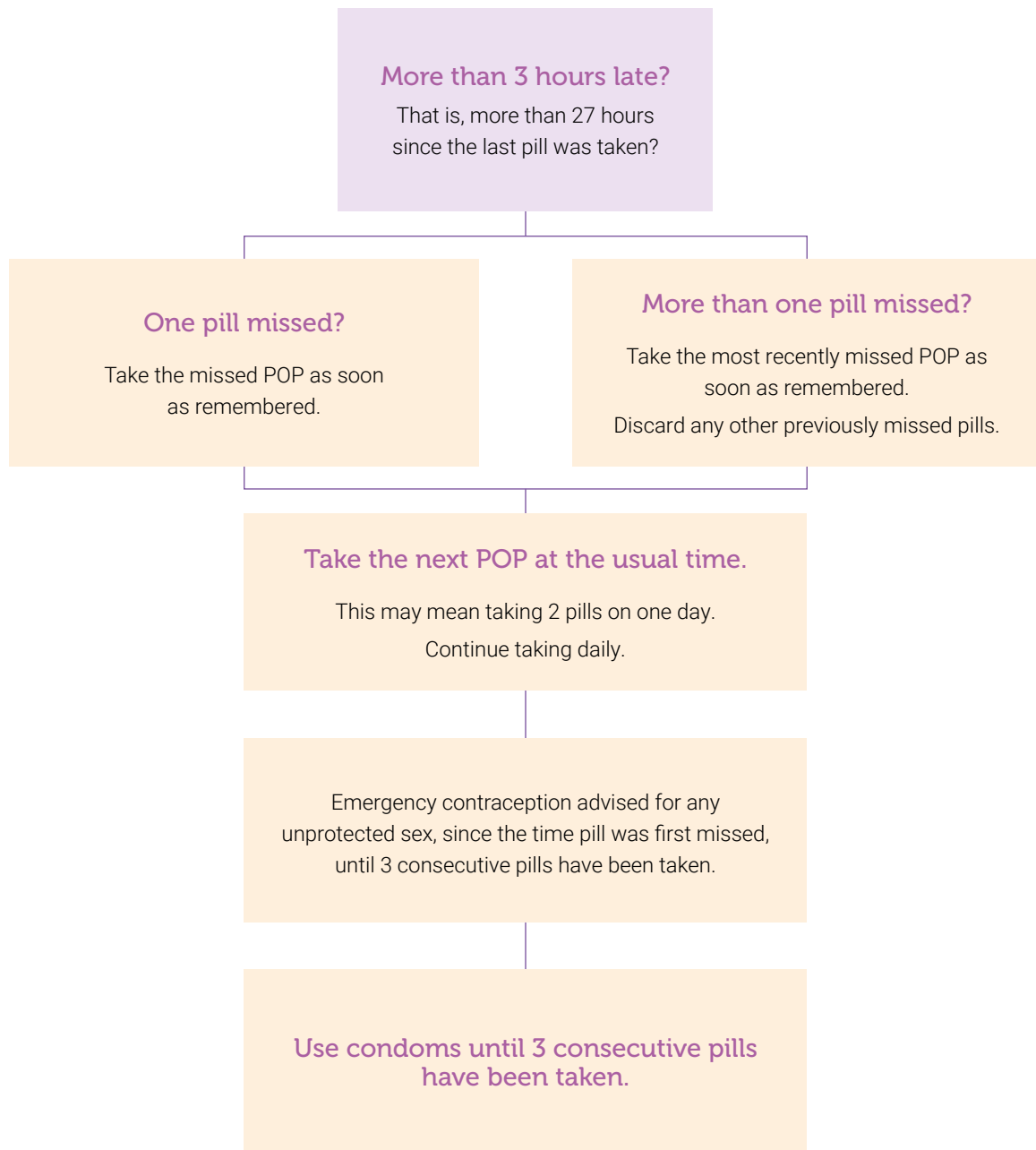
The POP is available from True Clinics, gynaecologists, General Practitioners and Nurse Practitioners.

To make an appointment at a True clinic, visit our website for contact details of a clinic near you.

true.org.au



Missed a levonorgestrel (Microlut) or norethisterone (Noriday) progestogen-only (POP) Pill?: How late are you?





Missed a drospirenone (Slinda) progestogen-only (POP) Pill?: How late are you?

More than 24 hours late?

That is, more than 48 hours since you took an 'active' pill.
For example, you took Monday's pill at 9.00am, forgot your Tuesday pill and it is now 11.00am on Wednesday.

Where in the pill cycle have you missed the pill(s)?

Any of the first 7 'active' hormone pills after the 4 'inactive' pills.

Take the most recently missed pill now.
Take further pills as usual (even if this means 2 pills in a day).
You will not be protected from pregnancy until you've taken 7 consecutive 'active' pills.
Use condoms or no sex until you have taken 7 consecutive 'active' pills.
If you've had unprotected sex in the last 5 days, Emergency Contraception is recommended.

Any from the 8th to the 17th 'active' hormone pills.

Take the most recently missed pill now.
Take further pills as usual (even if this means 2 pills in a day).
You will not be protected from pregnancy until you've taken 7 'active' pills in a row.
Use condoms or no sex until you have taken 7 consecutive 'active' pills.

Any of the last 7 days 'active' pills before 4 'inactive' pills.

Take the most recently missed pill now.
Take further pills as usual (even if this means 2 pills in a day).
You will not be protected from pregnancy until you've taken 7 consecutive 'active' pills.
Use condoms or no sex until you have taken 7 consecutive 'active' pills
AND
Skip 'inactive' pills in this pack. Go straight onto the hormone pills in next pack.

Any of the 'inactive' pills.

No precautions required.
You are still protected from pregnancy as long as you haven't missed any 'active' hormone pills.

Less than 24 hours late?

That is, **less than 48 hours** since you took an 'active' pill.
For example, you took Monday's pill at 9.00 am, forgot your Tuesday pill and **it is now 7.00 am on Wednesday**.

Take the late pill now (even if this means taking 2 pills in one day) and further pills as usual. That's all.