COCP

Combined Oral Contraceptive Pill

The COCP or 'the pill' is an oral pill that contains two hormones: oestrogen and progestogen. It is taken daily to prevent pregnancy.

QUICK FACTS

Common name:
The pill.

Medical names:
Combined oral contraceptive pill, COCP.

Effectiveness:
93% with typical use, 99.5% with perfect use.

Effectiveness duration:
24 hours.

Fertility:
Returns rapidly when stopped.

Who can use it?
Suitable for most people from menarche (start of periods) up to the age of 50.

Hormones:
Contains two hormones: progestogen and oestrogen.

Visibility:
Discreet but you need to store the packets.

STIs:
No protection.

Bleeding pattern:
Irregular bleeding can occur in the first few months of use. Bleeding patterns generally improve with time.

Cost:
Cost depends on your individual situation and the type of pill being prescribed.

How to get it:
Book an appointment at a True clinic or with your GP.

THE COCP DOES NOT PROTECT AGAINST SEXUALLY TRANSMITTED INFECTIONS (STIs). TO MAKE SURE YOU ARE PROTECTED AGAINST PREGNANCY AND STIs, USE THE COCP PLUS A CONDOM FOR EVERY SEXUAL ENCOUNTER.

The COCP contains low doses of 2 hormones, oestrogen and progesterone, that are similar to the hormones naturally produced in the female body. There are many different combined pills available which have different types and doses of the oestrogen and progestogen hormones.

How does the COCP work?

Combined oral contraceptive pills work by:

- preventing ovulation (egg release from the ovary)
- thickening of the mucus of the cervix so that sperm cannot enter the uterus (womb)
- thinning of the lining of the uterus (endometrium).

How effective is the COCP at preventing pregnancy?

Effectiveness of COCP can be over 99% at preventing pregnancy but this relies on correct use. It may not work if:

- it is taken more than 24 hours late (missed pills)
- you vomit within 3 hours of taking the pill
- you have diarrhoea
- you are taking certain medications or natural remedies (check with your doctor, nurse or pharmacist).

Who can use the COCP?

Most people can safely take the COCP. Your GP may ask you about:

- a history of blood clots or conditions that may increase your chance of a blood clot
- certain types of migraines
- a history of stroke or heart problems (including high blood pressure or high cholesterol)
- gall bladder, liver disease or diabetes
- a history of breast cancer
- unexplained or unusual vaginal bleeding
- whether you are currently breastfeeding
- your weight and smoking status.

Who should not use the COCP?

People who have:

- current or past breast cancer or severe liver disease
- a previous history of stroke or significant coronary heart disease
- migraines with aura
- current or past history of blood clots
- given birth in the last 6 weeks, and are breastfeeding
- passed 35 years of age and smoke more than 15 cigarettes per day.

Potential benefits of the COCP

- Allows for individual control over contraception
- Easy to access; easy to start and stop
- Reduction in heavy menstrual bleeding (lighter periods)
- Less bleeding means there is less risk of low iron in the body
- Reduction in period pain
- May improve acne
- Reduced risk of cancer of the uterus, bowel and ovary
- May decrease the chance of developing bacterial vaginosis
- Can be beneficial for people who experience premenstrual syndrome (PMS), who have polycystic ovarian syndrome (PCOS) or people who have endometriosis

What are the possible side effects of the COCP?

Side effects may include:

- sore or tender breasts
- headaches
- mood changes
- nausea.

Other possible side effects that may occur after taking the COCP for some time include:

- chloasma (brown patches to cheeks, forehead, nose or upper lip)
- decreased sex drive
- weight gain (research suggests this is not specifically related to the COCP but other factors occurring in the person's life)

What are the possible risks associated with the COCP?

- A very small increase in your chances of developing a blood clot, heart attack or stroke
- A slight increase in breast cancer risk with current or recent use, this absolute risk remains small and reduces with time after stopping the COCP

Talk to your healthcare provider if you have concerns.

Blood clots and the COCP

While serious risks are extremely rare in healthy people taking the pill, it is important to note thrombosis is a rare but very serious complication which occurs when blood clots form in major blood vessels. This can occur suddenly after an operation, accident or during and after pregnancy while on the COCP.

Warning signs of a thrombosis are severe sudden chest pain, shortness of breath, severe pain or swelling in one leg, sudden blurred vision or loss of sight, or sudden severe headache.

If you have any of these symptoms contact your doctor or go to your nearest emergency department immediately.

The risk of thrombosis (blood clots) depends on your situation. The table below shows the number of women (out of 10,000) who develop thrombosis in one year:

Situation	Number (per 10,000 women per year)
Not pregnant and not using the COCP	2
Using the COCP:	
First-generation pills (levonorgestrel or norethisterone)	5–7
Other types of pills	9–12
During pregnancy	29
Shortly after giving birth	300–400

The lowest risk is in women who are not pregnant and not using hormonal contraception (2 in 10,000).

The highest risk is in women shortly after giving birth – this is 200 times higher than the lowest risk.

Women using the COCP have a higher risk than those not using hormonal contraception, but much lower than during or after pregnancy.

The type of pill matters: Older types (first-generation) have a slightly lower risk than newer ones.

How to start using the COCP

Starting the COCP for the first time requires an assessment by a clinician and a prescription.

When you start the COCP 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, and if you are already using contraception. Speak with your doctor, nurse or pharmacist for more information.

It may be helpful to take the COCP at the same time you do another activity every day (such as cleaning your teeth) or you could enter a reminder into your phone. Most COCP formulations contain 21 days of hormone pills followed by 7 days of hormone-free pills. These inactive pills allow for a withdrawal bleed (similar to a period) to occur.

Some people may wish to skip the inactive pills to avoid the monthly withdrawal bleed. This is safe to do. You may find that after a few months of continuous use breakthrough bleeding or unscheduled bleeding may occur. This is also okay and a sign your body needs to have a short (4–7 day) break from the hormone pills. Speak to your doctor or nurse about how to do this safely to ensure you are still protected against pregnancy.

What happens to periods when the COCP is used for contraception?

The COCP changes bleeding and period patterns. These changes are a result of the hormonal effect to the lining of the uterus. Periods generally become lighter, shorter and more regular. The bleeding that occurs during the hormone-free break is called a withdrawal bleed. This is because ovulation does not occur while taking the COCP, so it is different to a regular period.

When does fertility return when you stop the COCP?

Fertility can return to a person's baseline fertility straight away after COCP but for some people it may take a few months. It is recommended to change to a new form of contraception after stopping the COCP if you are not wanting to fall pregnant.

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

For the COCP to work effectively it is important that it is taken at the same time each day. Taking the COCP does not protect you against STIs.

Some medications and herbal supplements interfere with how the COCP works to prevent pregnancy. Always check with your healthcare provider when taking other medications as you may need to use additional contraception such as condoms to ensure pregnancy is prevented.

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

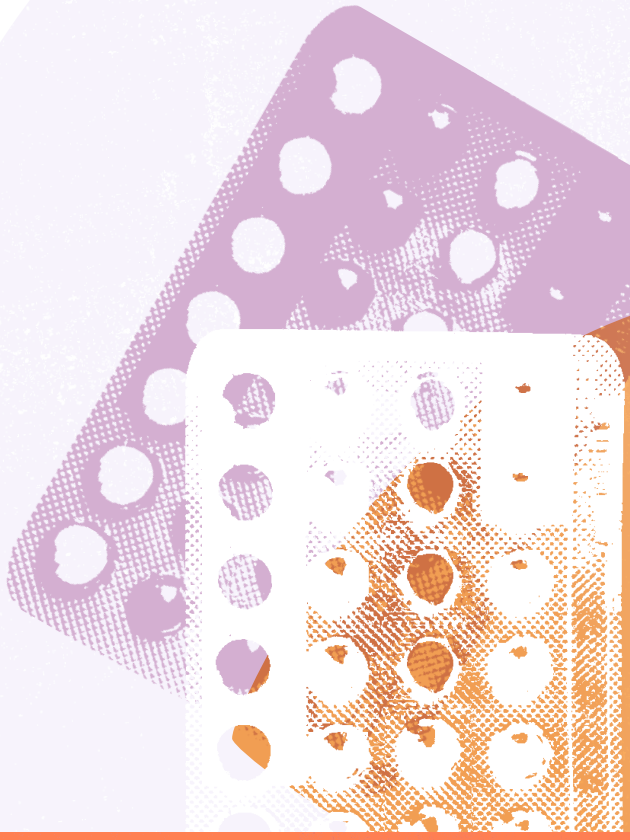
To renew your COCP prescription, you will need to see a doctor or nurse practitioner for review at least once a year.

If you run out of pills and cannot get a new script, speak to your regular pharmacist. Some pharmacists will be able to dispense a small supply of pills without a script. In Queensland, a pharmacist who has an extended practice authority can prescribe the COCP if certain criteria are met.

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

Injectable medications and the COCP

Certain injectable medications used for diabetes and weight loss (GLP-1 medications) can stop the COCP from working properly. Tirzepatide is currently the only GLP-1 medication that has shown potential to reduce the effectiveness of the oral contraception. If you are using tirzepatide, you should use a barrier method of contraception (e.g. condoms) in addition to your pill for four weeks after starting the medication and for four weeks after any increase in dose. Alternatively, you may wish to consider another (non-oral) method of contraception.



Missed a combined hormonal oral contraceptive pill (COCP)?

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 the next pack.

Any of the 'inactive' pills.

No precautions are 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.

For more information visit: true.org.au

true relationships & reproductive health