

POP

Progestogen-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.

QUICK FACTS

Common name:

Mini pill.

Medical names:

Progestogen Only Pill, POP, Noriday®, Microlut®, Slinda®.

Effectiveness:

91% with typical use, 99.5% with perfect use.

Effectiveness duration:

24 hours (daily pill).

Fertility:

Reversible with rapid return to usual fertility when stopped.

Who can use it?

Suitable for most people from menarche (start of periods) up to the age of 55.

Hormones:

Contains progestogen hormone.

Visibility:

Discreet but you need to store the packets.

STIs:

No protection.

Bleeding pattern:

Allow 6 months to adjust to hormones.
Bleeding pattern depends on which type of POP is used.

Cost:

Cost depends on your individual situation.
Available on the PBS (less than \$30).

How to get it:

Book an appointment at a True clinic or with your GP.

THE POP DOES NOT PROTECT AGAINST SEXUALLY TRANSMITTED INFECTIONS (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?

Norethisterone (Noriday®) or levonorgestrel (Microlut®) are the most common traditional progestogens used in POPs and often called the "mini pill". There is also a newer POP called drospirenone (Slinda®).

How does the POP work?

Progestogen-only pill works by:

- thickening of the mucus of the cervix so that sperm can not enter the uterus (womb)
- altering the endometrium (the lining of the uterus), making it unsuitable for pregnancy.

In addition, drospirenone POPs work by preventing ovulation (egg release from the ovary).

How effective is the POP?

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

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

Who can use the POP?

Most people can use the POP, including:

- those who can not take oestrogen
- people who are breastfeeding
- people aged over 35 who smoke and/or vape.



Who should not use the POP?

People who should not use the POP include people with:

- current or past breast cancer or severe liver disease
- unexplained vaginal bleeding that has not been investigated
- previous history of stroke or significant coronary heart disease.

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

The benefits include:

- it's a low dose of hormone
- it starts working quickly (Norethisterone or Levonorgestrel POP starts working in 48 hours)
- it's easily reversible with rapid return to fertility
- possible reduced risk of cancer of the uterus and ovaries
- after 12 months of use of drospirenone nearly half of users have no bleeding
- it's suitable for people who can't take contraceptives that contain oestrogen
- it can be used while breast feeding.

What are the possible side effects of the POP?

Side effects are uncommon but may include:

- irregular vaginal bleeding, which is common in norethisterone or levonorgestrel POP users and represent the most frequent cause for discontinuation of this method
- 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.

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

The POP changes bleeding/period patterns. These changes are a result of the hormonal effect to the lining of the uterus. During the first months of use, episodes of irregular bleeding and spotting are common. The frequency and duration of such bleeding settles with increasing duration of use. With drospirenone POP, up to 3 out of 10 users can have no periods after 12 months of use.

It is not possible to predict which bleeding pattern will occur, but they can include:

- normal regular bleeding (most common)
- irregular bleeding or spotting
- prolonged bleeding (rare)
- heavy bleeding (rare).

When does fertility return when you stop the POP?

Fertility returns rapidly after the POP is stopped and it is recommended to change to a new form of contraception if not wanting to fall pregnant.

What are the possible risks associated with the POP?

POP use may be associated with a slight increase in breast cancer with current or recent use. This absolute risk remains small.

How to start using 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 drospirenone 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, and if you are already using contraception. When you start the norethisterone or levonorgestrel POP it starts working in 48 hours. 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?

For norethisterone or levonorgestrel POP to work effectively it is important it is taken at the exact same time everyday. It is recommended that the drospirenone POP is taken at the same time every day (but this one is not as strict).

The POP does not protect you against STIs.

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 get a new script, speak to your regular pharmacist. Some pharmacists will give you a small supply of pills without a script if you show them your old pill packet until you can get an updated script.

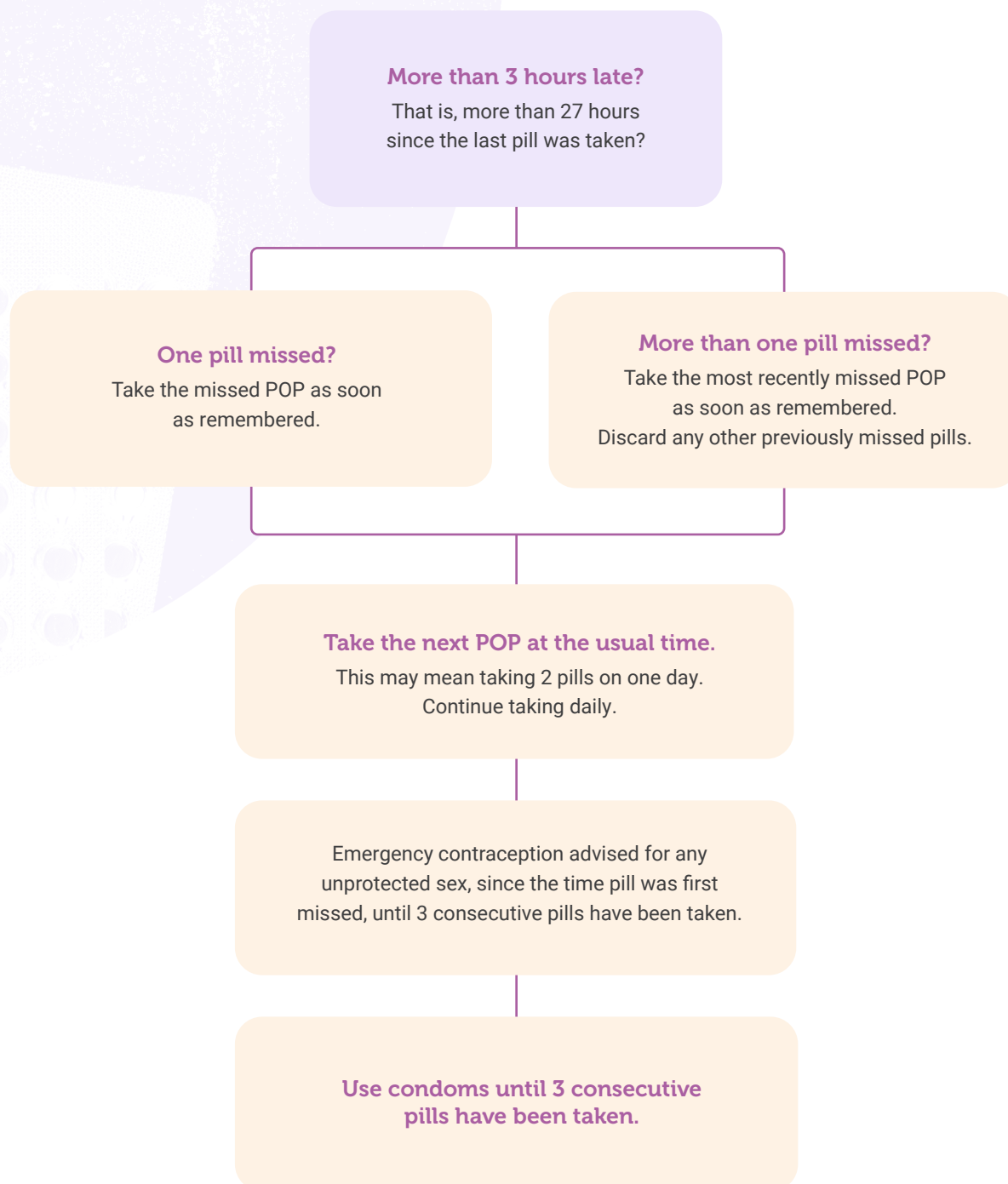
If you are late to take or miss a pill, see the missed pill charts on the following pages.

Injectable medications and the POP

Certain injectable medications used for diabetes and weight loss (GLP-1 medications) can stop the POP 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 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 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.

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