

Patient information leaflet for different ways to take the combined pill



The De Parys Group

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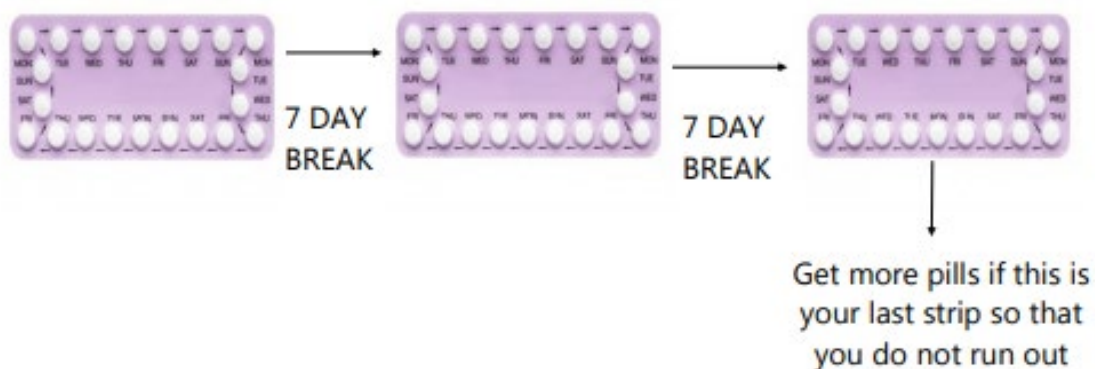
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Traditional regimen

The combined pill was originally designed and licensed to be taken so that women would still have a bleed every four weeks to mimic the natural menstrual cycle. You don't have periods when you take the pill - you have a withdrawal bleed (which doesn't always happen). This is caused by you not taking hormones in the pill-free week. This bleed has no health benefit, but if you prefer to have a regular monthly bleed then you can take the pill in this way:

- Take one pill every day for 21 days (this is the amount of pills in one strip, you will have three strips in each packet). Start on the first or second day of your period, or you may be advised to start straight away by the nurse and use additional precautions (condoms) for the first seven days.
- When you have finished the strip you should have a seven day pill free break. During these seven days you will usually have a bleed that is often shorter and lighter than your natural period.
- On the eighth day you should start your next strip on time even if you are still bleeding. This means you will always start your new strip of pills on the same day of the week.



Disadvantages of traditional regimen:

- Withdrawal bleeding can be heavy, painful and unwanted
- The pill free days may be associated with symptoms such as headache and mood swings
- There is a chance (although small) that towards the end of the 7 day pill free period or if you are late starting your next strip of the ovaries starting to become active and cause contraception failure and risk of pregnancy



Tailored (non-standard) regimens

These regimes either reduce or get rid of the pill free days, and are as safe and effective as the traditional regimen. These are not licenced regimens by the manufacturer, but are recommended in national NICE guidelines and The Faculty of Sexual and Reproductive Healthcare guidelines.

Advantages:

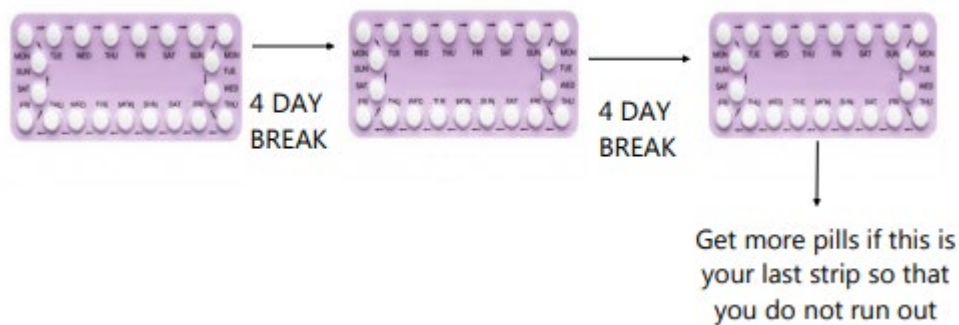
- Can stop or reduce withdrawal bleeding, these are not essential to be healthy. There is no build up of menstrual blood inside a women who does not have a break
- Reduce unwanted symptoms associated with withdrawal bleeding such as heavy, painful bleeding and headaches and mood swings
- Possibly reduce the risk of contraception failure
- As safe and effective as the traditional way of taking
- Using these regimens does not affect the return of fertility when stopping

Disadvantages:

- Bleeding can sometimes be irregular or spotting in the first few months. This usually settles with time
- If having a shorted pill free interval (eg 4 days), the day of the week to start the next strip will differ each time

Shortened hormone (pill free) break

- Take one pill every day for 21 days (this is the amount of pills in one strip, you will have three strips in each packet) - Start on the first or second day of your period, or you may be advised to start straight away by the nurse and use additional precautions (condoms) for the first seven days.
- When you have finished the strip you should have a four day pill free break. During these four days you are likely to have a bleed that is often shorter and lighter than your natural period.
- On the fifth day you should start your next strip on time even if you are still bleeding.



Tricycling

- This means that you take three strips of the pill in a row without taking a break, then have a four or seven day break followed by a further three strips of the pill continuously without a break.
- By taking the pill this way it will reduce the number of bleeds you have. This can help to alleviate some of the bothersome symptoms associated with your pill free week.



Remember to
get more pills
when you start
your last strip
so that you do
not run out



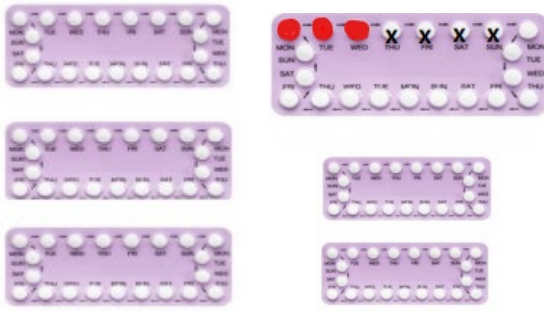
Tailored or continuous pill taking

You can take your pill strips back to back continuously without having a break but you may still have a bleed while taking the pills. For continuous pill taking the following is advised (only after 21 days of continuous pill taking):

1. If you bleed for three-four days in a row while taking your pills continuously you may stop taking them for four days to have a bleed, as long as you have taken at least 21 pills continuously prior to this break. Pop these pills out of the strip and throw them away so that you stay on the correct day of the week when you restart your pills.
2. During these four days you are likely to continue to bleed.
3. On the 5th day you should restart taking your pills continuously again, one every day as before, even if you continue to bleed, this bleeding should then settle.
4. If you start bleeding again for more than three to four days in a row, you may stop for a four day break again as long as you have taken your pill for 21 days continuously, as in point 1.
5. There must always be at least 21 days of continuous pill taking between these four day breaks. It is common for some women to always start bleeding after a certain length of time (for example during the fourth strip of pills). If this happens regularly you can take a planned four day break before the time that you are likely to start bleeding.

If you are getting bleeding or spotting more than once every two weeks or if you have any bleeding after sex you should speak with the GP for further advice. It may be that you need a check-up for infections or to try a different pill. If you have a holiday or special occasion coming up and you would like to avoid having a bleed during this time, you can deliberately take a four day break the week before to get the bleed over with as long as you have taken at least 21 pills continuously.

If you bleed for 3-4 days in a row, miss the next four pills then continue to take



Key indications for medical review

Key symptoms that should prompt women to seek **urgent** medical review

- ▶ Calf pain, swelling and/or redness
- ▶ Chest pain and/or breathlessness and/or coughing up blood
- ▶ Loss of motor or sensory function

Key symptoms that should prompt women to seek medical review

- ▶ Breast lump, unilateral nipple discharge, new nipple inversion, change in breast skin
- ▶ New onset migraine
- ▶ New onset sensory or motor symptoms in the hour preceding onset of migraine
- ▶ Persistent unscheduled vaginal bleeding

New medical diagnoses that should prompt women to seek advice from their contraceptive provider (and review of the suitability)

- ▶ High blood pressure
- ▶ High body mass index (>35 kg/m²)
- ▶ Migraine or migraine with aura
- ▶ Deep vein thrombosis or pulmonary embolism
- ▶ Blood clotting abnormality
- ▶ Antiphospholipid antibodies
- ▶ Angina, heart attack, stroke or peripheral vascular disease



- ▶ Atrial fibrillation
- ▶ Cardiomyopathy
- ▶ Breast cancer or breast cancer gene mutation
- ▶ Liver tumour
- ▶ Symptomatic gallstones

Annual review

With all the ways you can take the combined contraceptive pill as outlined above, it is very important still to have an annual review.

Please ensure that you ask for your review in advance of running out of your last strip of pills. We will send you a link to an online survey to complete, and if no problems are identified we can continue to supply for another year. If any of your answers need to be discussed further, you will be asked to book in for an appointment to discuss.

You can indicate at your annual review if you would like to change how you take your pill to one of the tailored (non-standard) regimes above without the need to have a full review or can ask to discuss this further if you would like.

When completing the review, please ensure you have a current weight and blood pressure to hand as you will be asked for this.