



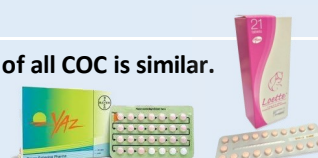



## ORAL CONTRACEPTIVE PILL (OCP)

### Series 1: Time is GOLD!

OCP, also called **birth control pills**, are used to prevent unwanted pregnancy. **Two types of OCP** are available in the market:


-  **Progestogen-only pills (POP)**, sometimes called the “mini-pill”
-  **Combined oral contraceptives (COC)**, contains an estrogen combined with a progestogen

Progestogen-Only Pills (POP)		Combined Oral Contraceptives (COC)
Traditional POP (Levonorgestrel & Norethisterone) and new generation POP (Desogestrel) works by <b>increasing the volume and viscosity of cervical mucus</b> preventing the penetration into the upper reproductive tract. POP can also act to <b>suppress ovulation</b> but effect varies between generations.	<b>Mechanism of action</b>	Primary mechanism of action is <b>prevention of ovulation</b> . It acts to suppress luteinizing hormone (LH) and follicle-stimulating hormone (FSH) and thus inhibit ovulation. Progestogen exposure cause changes to cervical mucus, endometrium and tubal motility thus contributing to the contraceptive effect.
<b>Desogestrel may have potential benefit over traditional POP</b> because ovulation is inhibited up to 97% of cycles compared to 60% in traditional POP.	<b>Efficacy</b>	Contraceptive <b>effectiveness of all COC is similar</b> . 
<b>Taken as 28 daily active pills with no pill-free or hormone-free period.</b> There is no break between packs. Patient will likely experience irregular bleeding patterns or some bleeding between periods. 	<b>Regimens</b>	Majority of COC are designed to be taken as 28-days cycles, with <b>21 consecutive daily active pills followed by 7 days hormone-free interval (HFI) (21/7)</b> . <b>1st seven pills</b> : inhibit ovulation <b>Remaining 14 pills</b> : maintain non-ovulation <b>7 placebo tablets/7 pill-free days (HFI)</b> : patient will have withdrawal bleed due to endometrial shedding (does not represent physiological menstruation and has no health benefit)




### Initiation of Oral Contraceptive Pills

Circumstances	Progestogen-only pills (POP)		Combined oral Contraceptives (COC)	
	Timing of initiation	Need for 2 days additional contraceptions	Timing of initiation	Need for 7 days additional contraceptions
Women with menstrual cycles	Within 5 days of menstrual cycle	No	Within 5 days of menstrual cycle	No
	After Day 5 of menstrual cycle	Yes	After Day 5 of menstrual cycle	Yes
Women who are amenorrheic	At any time if it is reasonably certain she is not pregnant	Yes	At any time if it is reasonably certain she is not pregnant	Yes
After childbirth (breastfeeding)	Less than 6 weeks	No	Less than 6 weeks: not recommended unless other more appropriate method not available.	
	6 weeks-6 months (amenorrheic)	No	6 weeks-6 months : not recommended unless other more appropriate method not available.	
	More than 6 weeks (menstrual cycle returned)	Follow women having menstrual cycle	More that 6 months (amenorrheic)	Yes
			More that 6 months (menstrual cycle returned)	Follow women having menstrual cycle

Circumstances	Progestogen-only pills (POP)		Combined oral Contraceptives (COC)	
	Timing of initiation	Need for 2 days	Timing of initiation	Need for 7 days
 <b>After childbirth (not breastfeeding)</b>	Less than 3 weeks	No	Less than 3 weeks : not recommended unless other more appropriate method not available.	
	More than 3 weeks (amenorrheic)	No	More than 3 weeks without additional risk factors for VTE* (amenorrheic)	Yes
	More than 3 weeks (menstrual cycle returned)	Follow women having menstrual cycle	More than 3 weeks without additional risk factors for VTE* (menstrual cycle returned)	Follow women having menstrual cycle
			More than 6 weeks with additional risk factors for VTE* (amenorrheic)	Yes
<b>Post abortion</b>	Within 5 days	No	Within 5 days	No
	After Day 5	Yes	After Day 5	Yes
<b>After EC</b>	Immediately after LNG	Yes	Immediately after LNG	Yes
	5 days after UPA	Yes	5 days after UPA	Yes

EC: Emergency Contraceptive, LNG: Levonorgestrel, UPA: Ulipristal Acetate


\* other risk factors for VTE : immobility, transfusion at delivery, BMI  $\geq 30$  kg/m<sup>2</sup>, postpartum haemorrhage, immediately post-caesarean delivery, pre-eclampsia or smoking, use of combined hormonal contraception may pose an additional increased risk for VTE.




**Is the Standard Days Method (SDM) sufficient to avoid pregnancy?**


SDM is a type of fertility awareness-based methods that includes Ovulation Method, the TwoDay Method (uses cervical secretions to indicate fertility) and symptom-thermal method.

Generally with SDM, a woman with a regular cycle of 26–32 days in length should avoid unprotected intercourse/ use protection on cycle days 8–19 as ovulation may occur within the period. **SDM method may not be appropriate for women with two or more cycles outside the 26-32 day range within a year due to irregular and unpredictable timing of ovulation.** In this case, OCP may be more appropriate.






**Why it is advised to use additional contraception for only 2 days for POP while 7 days with COC when it is started after 5 days of menstruation?**

 **Progestogen-Only Pills (POP)**

It is advised that **2 days of pill taking is sufficient to achieve volume viscosity of mucus to provide contraceptive protection.** However the protection is short-lived that may last for less than 24 hours and can be maintained by regular pill taking at the same time every day.

 **Combined Oral Contraceptives (COC)**

Evidence suggests that **ovulation is only inhibited after 7 consecutive days of pill taking.**



## Stopping OCP and return to fertility

There is no evidence suggesting a delay in return of fertility following discontinuation of OCP. Therefore if pregnancy is not desired, **other contraceptive methods should be used immediately following discontinuation of the OCP.**

## Refer Edition 20 Issue 2 for OCP Series 2 : Frequently Asked Questions

### References:

1. The Faculty of Sexual & Reproductive Healthcare (FSRH) Guideline—Combined Hormonal Contraception, (UK, July 2019)
2. The Faculty of Sexual & Reproductive Healthcare (FSRH) Guideline—Progestogen-only Pills (UK, April 2019)
3. WHO Selected Practice Recommendations for Contraceptive Use-Third Edition 2016.

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