

ORAL CONTRACEPTIVE PILL

MELBOURNE SEXUAL HEALTH CENTRE TREATMENT GUIDELINES

FEBRUARY 2005

The combined oral contraceptive pill was introduced in the late 1950's. The modern pill contains a low dose oestrogen and a moderate dose of progestogen. The mode of action of the pill is inhibition of hypothalamic and pituitary function leading to anovulation. If used correctly the pill has an annual effectiveness of 99%.

Women may start the pill at any time from menarche to menopause, unless co-existing disorders or risk factors exist.

WHO Absolute(4) and relative(3) contraindications to pill use:

	Absolute(4)	Relative(3)
Breast feeding	<6 weeks postpartum	<6 months postpartum
Age and smoking	>35 years and >15 per day	-
Cardiovascular disease	If known to have multiple risk factors	-
Hypertension	BP >160 systolic or 100 diastolic	BP controlled at 140-159 systolic/90-99 diastolic
Clotting disorders	Current or past eg DVT/ PE, known thrombogenic mutation	-
Ischaemic heart disease	Current or history of	-
Stroke	Current or history of	-
Valvular heart disease	Complicated (atrial fibrillation, bacterial endocarditis, pulmonary hypertension)	-
Migraine	Focal neurological symptoms	>35 with migraine
Breast cancer	Current	History of Br Ca with no recurrence for >5 years
Diabetes	>20 years duration or complicated by end organ disease	-
Liver	Cirrhosis severe and tumours/active viral hepatitis	Mild compensated/ medications that affect liver enzymes e.g. rifampicin/history of COC related cholestasis
Gallbladder disease	-	Current or medically treated
Surgery	With prolonged immobilisation	-

Disclaimer

The content of these treatment guidelines is for information purposes only. The treatment guidelines are generic in character and should be applied to individuals only as deemed appropriate by the treating practitioner on a case by case basis. Bayside Health, through MSHC, does not accept liability to any person for the information or advice (or the use of such information or advice) which is provided through these treatment guidelines. The information contained within these treatment guidelines is provided on the basis that all persons accessing the treatment guidelines undertake responsibility for assessing the relevance and accuracy of the content and its suitability for a particular patient. Responsible use of these guidelines requires that the prescriber is familiar with contraindications and precautions relevant to the various pharmaceutical agents recommended herein.

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When to start in different circumstances (from WHO)

Circumstance	When to start	Additional protection?
Women having menstrual cycles	Start pill up to and including day 1- 5 of cycle	None
	At any other time if woman is not pregnant	For 7 days
Amenorrhoea	At any time if woman is not pregnant	For 7 days

Women should be advised to try to take their pill at the same time every day, and certainly no later than 12 hours after their scheduled time.

Advice regarding use of antibiotics

Despite a lack of clinical evidence of the effects of antibiotics on gut flora, WHO advises additional contraception when starting a new broad-spectrum antibiotic, and for 7 days after discontinuation. Women on established long term antibiotics do not require additional contraception unless they change to a different antibiotic.

Rifampicin: Short term use – advise to use condoms and for 28 days after stopping rifampicin.

Severe vomiting and diarrhoea

Women who vomit within 2 hours of taking the pill should repeat the dose as soon as possible and if vomiting or diarrhoea persists should continue to take their pill. If it continues for more than 2 days, follow the rules for missed pills. Antibiotic-related diarrhoea may be associated with decreased absorption of OCPs and a diminished therapeutic effect.

Hepatic enzyme inducing drugs

For instance anti epileptic drugs lower OCP hormone levels by approximately 40% eg carbamazepine, phenytoin, Phenobarbital.

Missed pill instructions from WHO

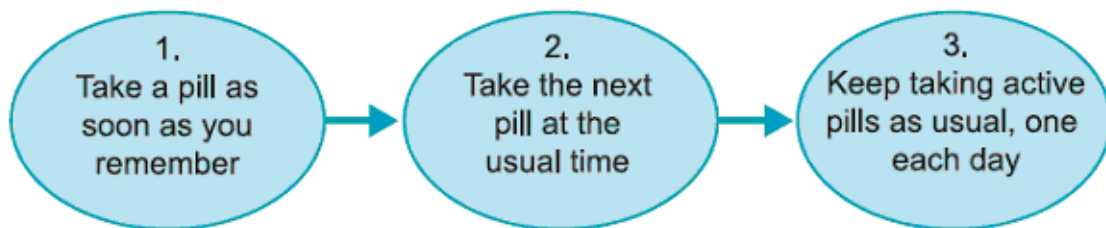
Missed pill circumstances	Instructions for use	Indications for PCI
1 active pill missed (days 1-21).	Take missed pills ASAP and the next pill at the usual time. Continue taking the pill as usual. Condom use not required.	No PCI required.
Started a pill pack 2 or more days late.	Start the new pack that day & continue to take pills as usual. Abstain from sex or use condoms for the next 7 days.	PCI is indicated if women has had UPSI in the pill free week or in the 1st 7 days of the pack.
Missed any 2 to 4 of the first 7 active pills of the pack (days 1-7).	Take the missed pill as soon as possible and the next pill at the usual time. Continue taking pills as usual. Abstain from sex or use condoms for the next 7 days.	PCI is indicated if the woman has had UPSI either in the pill free week or the 1st 7 days of the pack.
Missed any 2 to 4 of the middle 7 active pills (day 8-14).	Take the missed pill as soon as possible and take the next pill at the usual time. Continue taking the pill as usual. Condom usage not required.	No PCI required.
Missed any 2 to 4 of the last 7 pills (days 15-21).	Take the missed pills as soon as possible and take the next pill at the usual time. Continue taking the pill as usual and go straight onto the new packet. Condoms not required.	No PCI required.
Missed 5 or more pills in a row in a week (days 1-21).	Take the missed pill as soon as possible and the next pill at the usual time. Continue taking the pills as usual and go straight onto the next packet. Abstain from sex or use condoms for 7 days.	PCI is indicated if UPSI has occurred in the 7 days since missing the 4th pill.
Missed 1 or more inactive pills in everyday packaging.	Discard the missed inactive pills. Continue taking pill as usual. Start a new packet as usual. Condoms not required.	No PCI required.

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Every time you miss one or more active pills (days 1–21):



In these special cases, **ALSO** follow these special rules:

