CLINICAL GUIDELINE

Progesterone Only Oral Contraception

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

West of Scotland Sexual Health Managed Clinical Network

NHS Ayrshire & Arran | NHS Dumfries & Galloway | NHS Forth Valley | NHS Greater Glasgow and Clyde | NHS Lanarkshire

PROGESTOGEN ONLY ORAL CONTRACEPTION

What's New

Information on the drospirenone progestogen only pill (Slynd) [which is not yet available for routine use in NHS Scotland]. The pack contains 24 active pills with 4mg drospirenone and 4 placebo pills. There is a 24-hour window following scheduled active pill taking without loss of contraceptive effectiveness. It takes 7 days to become effective. The 7 day rule applies for all days after day 1 of the cycle.

Include routine enquiry about over the counter medication including GLP1 agonists. Tirzepatide (known as Mounjaro) may reduce efficacy of ORAL contraception.

Introduction

The progestogen-only pill (POP) is suitable for women of childbearing age who wish low dose oral hormonal contraception or who have contraindications to the use of oestrogens.

Prevention of ovulation is the primary mode of action of Desogestrel (DSG) and Drospirenone (DRSP) progestogen-only pills.

'Traditional' POPs containing Levonogestrel or Norethisterone alter the cervical mucus making it inhospitable to sperm. There is also an effect on ovulation with anovulatory cycles reported in many women. These pills are less commonly prescribed owing to their smaller 'missed pill' window of 12 hours.

This guideline will use the terms 'woman' , 'she' or 'herself' in accordance with the Women's Health Plan Scotland, and will encompass all those who identify as women who require access to women's health and reproductive services. For example, some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also experience menstrual cycles, pregnancy, endometriosis and the menopause. All healthcare services should be respectful and responsive to individual needs

Efficacy

The risk of pregnancy during the first year of use is 9%. With perfect use the failure rate is less than 1%.

There is no robust evidence base for decreased efficacy in heavier women. Faculty of sexual and reproductive health care advice is that women over 70kg should be advised to take only one POP each day (traditional or Desogestrel).

Choice of Pill

Desogestrel is first line choice and should be prescribed generically.

The drospirenone pill is not yet routinely available in NHS Scotland. Individual Patient Treatment Request or other medicines access policies may be utilised in individual patient scenarios.

Note: Norethisterone POP is marketed as Noriday. Levonorgestrel POP is marketed as Norgeston.

For those with nut / soya allergy, Cerazette should be supplied rather than generics.

Common Side Effects (>1/100)

- Menstrual irregularities
- Skin disorders
- Breast tenderness
- Nausea

Less Common Side Effects (<1/100)

- Dizziness
- Mood disturbance
- Appetite disturbance
- Changes in libido

Breast cancer

Use of any progestogen-only method of contraception may be associated with a small increased risk of breast cancer similar to use of the combined pill.

Drug Interactions

Women taking an enzyme inducer for >2 months should be advised to change to an alternative method. If short-term use (<2 months) is anticipated, the woman may continue use of POP and take additional precautions e.g. condoms whilst taking and for 28 days after discontinuing the enzyme inducer. Alternatively, she could be prescribed a one-off dose of progestogen-only injection to cover the period of risk if there is no current risk of pregnancy.

GLP1 Agonists

This depends on the type of GLP-1 agonist that you are using. Tirzepatide users should use a barrier method of contraception (e.g. condoms) in addition to POP for four weeks after starting the medication, and for four weeks after any increase in dose. This is because tirzepatide works slightly differently to the other GLP-1 agonists. Alternatively consider another (non-oral) method of contraception whilst using tirzepatide. There is currently no evidence that semaglutide, exenatide, liraglutide, dulaglutide or lixisenatide reduce the effectiveness of oral contraception (i.e. the combined pill, or the progestogen only pill/ “mini-pill”).

Diarrhoea and vomiting are common side effects of the GLP-1 agonists and can reduce the effectiveness of the pill. If vomiting occurs within three hours of taking the contraceptive pill, or severe diarrhoea occurs for more than 24 hours, missed pill guidance should be followed. You should consider an alternative non-oral method of contraception or the addition of condoms if diarrhoea or vomiting persists.

Assessment of Client Suitability

History

Clinical history taking and examination allow an assessment of medical eligibility for POP use UK medical eligibility criteria: https://www.fsrh.org/standards-and-guidance/external/ukmec-2016-digital-version

In this context the history should include: relevant social and sexual history (to assess risk of sexually transmitted infections – STIs), medical, family and drug history as well as details of reproductive health and previous contraceptive use.

Note

DRSP POP should not be used by individuals with

- Severe renal insufficiency.
- Acute renal failure.
- Hyperkalaemia.
- Untreated hypoaldosteronism.
- Users of potassium sparing diuretics, aldosterone antagonists, potassium supplements.

Use with caution with mild/moderate renal impairment and treated hypoaldosteronism,

Examination

- No routine examinations required in asymptomatic patients except check BP in people over 50 who are being considered for DRSP POP

Blood tests

- Check U&E in people with risk factors for chronic renal disease if considering DRSP

Documentation

- Complete or update the relevant parts in NaSH.
- Give written or SMS method information including contact number to client.
- Record and date the prescription in NaSH.
- If supply is under patient group direction complete relevant documentation as local protocol.
- For new starts, notify the GP if permission has been given for correspondence.

Starting Regimens for POP

Ensure client understands the method to aid satisfaction and compliance and knows to take one tablet daily at the same time. Discuss methods such as phone reminders to support regular pill taking.

No Extra Precautions required if starting:

- Day 1 – 5 of the cycle.
- Up to 21 days postpartum; lactation is not affected.
- Day 1-5 post-termination or miscarriage. (Day 1 for DRSP POP)
- While taking combined pill: change by instant switch (without the COC pill-free interval).
- While using injectable contraception, POP should be started at least 2 days before the next injection is due at 14 weeks after previous injection. (7 days for DRSP POP).
- With intrauterine contraception or implant in situ (within licence limit). Remove the IUS/IUD/implant at least 48 hours after starting the POP (7 days for DRSP POP).

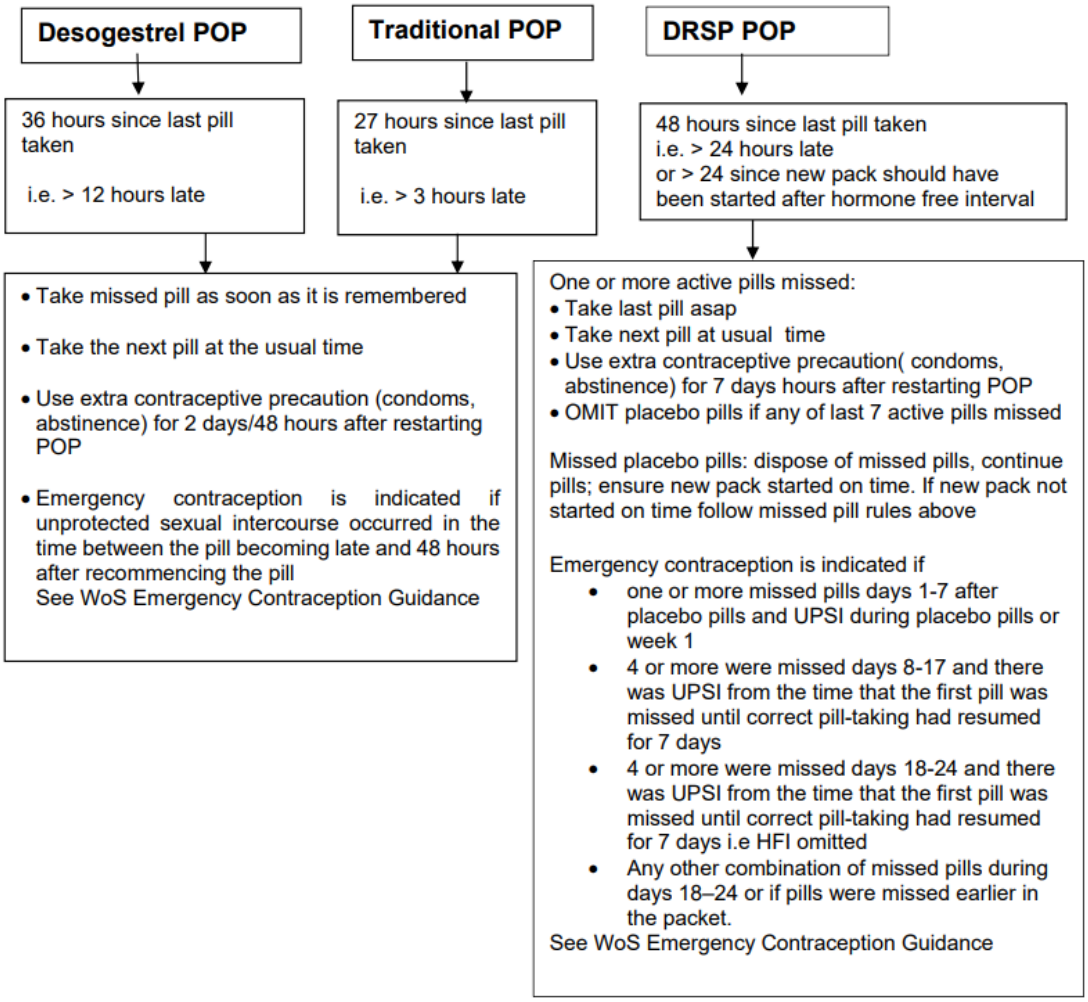
2. POP may be started at any time in the cycle if it is reasonably certain that the client is not pregnant, using additional contraceptive precautions for 2 days (7 days for DRSP-POP).

3. A POP started immediately after ulipristal emergency contraception (UPA-EC) could potentially reduce the effectiveness of the UPA-EC. The POP should be started 5 days after UPA-EC is taken .See Emergency Contraception guideline.

Vomiting

If a woman vomits within 2 hours of taking a POP then she should be advised to take another pill as soon as possible.

Missed Pills



Follow Up Arrangements

Return Visit

Women may be offered up to 12 months of POP at her first and subsequent visit, with follow up yearly to ensure satisfaction and concordance with the method. Thereafter, there should be a flexible approach to contraceptive supply with ease of access should problems arise.

Pharmacy Supply

Since 2021, it has been possible to buy POP under pharmacist supervision either from a pharmacy or online pharmacy due to desogestrel being designated a Pharmacy Medicine (PM) (previously Prescription Only Medicine POM). Following an online or in pharmacy screen, suitable women can be supplied a 3 month supply (12 months if current / recent user age 18 upwards).

References

Faculty of Family Planning and Reproductive Health Care. Medical Eligibility Criteria for Contraceptive Use (UKMEC2009 revised May 2010) Faculty of Family Planning and Reproductive Health Care, London 2009 http://www.fsrh.org

FSRH Progestogen-only pills. March 2022, amended Nov 2022. 2015 accessed on line Dec 2025
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Women's Health Plan Scottish Government August 2021.https://www.gov.scot/publications/womens-health-plan/pages/3/ (accessed Dec 2025)