



# Blackrock Medical Clinic

## Combined Oral Contraceptive Pill (COCP)

The combined oral contraceptive pill is often just called "the pill". It contains artificial versions of female hormones oestrogen and progesterone, which are produced naturally in the ovaries.

## Medical assessment

You will be assessed for your suitability for the COCP prior to a prescription. This will include:

- Blood pressure and weight
- Assessment of lifestyle and family history
- Assessment of medical history that may increase the risk of COCP such as
  - Bleeding or clotting disorders
  - Cardiovascular disease or risk factors (smoking, immobility, obesity, diabetes, blood pressure etc)
  - Breast cancer
  - Liver disease
  - Recent childbirth or breast feeding
- Medications that might affect or be affected by COCP such as antiepileptics or antibiotics.

You should inform us if you have any of these conditions, a strong family history, or you develop them when on the COCP.

## Effectiveness

The COCP is over 99% effective with perfect use but it is estimated to be about 91% effective with typical use. Long acting reversible contraceptives (LARC) such as the implant or coil are the most effective contraception and should be considered especially if you may have difficulty sticking to the pill taking regime.

## Advantages and disadvantages

### Advantages

- it does not interrupt sex
- it usually makes your bleeds regular, lighter and less painful
- it reduces your risk of cancer of the ovaries, womb and colon
- it can reduce symptoms of PMS
- it can sometimes reduce acne
- it may protect against pelvic inflammatory disease
- it may reduce the risk of fibroids, ovarian cysts and non-cancerous breast disease

### Disadvantages

- it may cause temporary side effects at first, such as headaches, nausea, breast tenderness and mood swings – if these do not go after a few months, it may help to change to a different pill
- it does not protect you against [sexually transmitted infections](#)

- breakthrough bleeding and spotting is common in the first few months of using the pill
- Risk of clots is increased although overall risk remains very small
- Increased risk of stroke or heart attack although overall risk remains very small
- Breast and cervical cancer, small increased risk with reduces once pill stopped

There is no evidence that COCP causes weight gain and it does not have any long term effect on fertility.

## Taking the Pill

### Starting the Pill

If you start on the first day of your period (or any day up to day 5) you will be protected immediately. At any other time in your cycle you will need to take additional precautions for 7 days and be sure that you have not become pregnant since your last period.

You should take the pill at the same time each day and if you miss a pill you should take it as soon as possible and take the next pill when it is due even if that means taking 2 pills. You should consult the patient information leaflet that comes with your pill to make sure you do not need to take any emergency contraception.

You should be aware that severe vomiting or diarrhoea may also affect the effectiveness of the pill. Some antibiotics (rifampicin, rifabutin), epilepsy and HIV treatments and herbal remedies such as St John's Wort can interfere with the pill.

### Standard Regime

The traditional method of taking the pill is a 21/7 cycle. This means that you take the hormones for 21 days followed by an interval of 7 days when a bleed will be expected to occur. You should take the pill at the same time every day. The patient information leaflet that comes with your pill will give complete instructions.

### Tailored Regimes

The evidence from studies is that combined hormonal contraception is as safe and at least as effective for contraception if it is taken as an extended or continuous regimen as it is when it is taken in a traditional 21/7 cycle.

Type of regime	Period of COCP use	Hormone-free interval (HFI)
<b>Standard</b>	21 days	7
<b>Shortened HFI</b>	21 days	4
<b>Extended Use</b>	3x21 days	4 or 7
<b>Flexible Extended Use</b>	>21 days	4
<b>Continuous Use</b>	continuous	none

## Medical Review

You will be reviewed for a renewal of your prescription at least every 6 months. You should seek attention if you develop any of the following:

- Calf pain, swelling and/or tenderness
- Chest pain and/or breathlessness and/or coughing up blood

- Loss of motor or sensory function
- Breast lump, unilateral nipple discharge, new nipple inversion, change in breast skin
- New onset migraine or change to existing migraine
- Persistent unscheduled vaginal bleeding

## More information

This guide is not exhaustive, more information can be found in the patient information leaflet that accompanies your pill or at this website <https://www.sexualwellbeing.ie/sexual-health/contraception>