

OTHER PROGESTIN-ONLY CONTRACEPTION

Margaret Roberson, M.D.
Associate Professor of Medicine
Betty Anne Johnson, M.D., Ph.D.
Professor of Medicine
Director, University Student Health Services
August, 2003

A. Introduction

- This handout will discuss the use of two other types of progestin-only contraception: Norplant and progestin-only oral contraceptives (“mini-pills”)
- Whereas Depo-Provera is gaining in popularity among women in the reproductive age group, Norplant is waning in popularity after initially experiencing some success after entry into the marketplace in the early 90’s.

B. Progestin-Only Oral Contraceptives (“Mini-pills”)

- There are numerous progestin-only pills on the market.

Progestin-Only Pills

Progestin	Dose (mcg)	# of tablets/pkg	Brand Names
Norethindrone (Norethisterone)	350	28 (Micronor) or 42 (NOR-QD)	Micronor ¹ , NOR- QD ¹ , Noriday, Norod
Norethindrone (Norethisterone)	75	35	Micro-Novum
Norgestrel	75	28	Ovrette ^{1,2} , Neogest
Levonorgestrel	30	35	Microval, Noregeston, Microlut
Ethinodiol diacetate	500	28	Femulen
Lynestrenol	500	35	Exluton

¹Available in USA.

²On MCV formulary; USHS can special order but cost is approx \$30/pkg

- Progestin-only pills are taken daily with no pill-free interval; products come in a 28 d or 42 d pack.
- Mechanism of action is similar to other progestin-only methods except that suppression of ovulation is diminished.

- The failure rate is higher than other progestin-only methods or combined oral contraceptives (0.5% in perfect users; can be as high as 13%; 2.5% in typical users).
- Effectiveness is lowered when taken as little as a few hours late; effectiveness is greatest when the normal menstrual cycle is most disturbed (when patient is amenorrheic or has prolonged periods of time between menstrual bleeding).
- Noncontraceptive benefits
 - Scanty menses or no menses
 - Decreased incidence of iron-deficiency anemia
 - Decreased menstrual cramps and pain
 - Suppression of pain associated with ovulation
 - Decreased risk of developing endometrial or ovarian cancer
 - Decreased risk of PID
- Advantages
 - Can be used in lactating women as pills do not alter the quantity of milk
 - Can be used in women with estrogen related side-effects (thromboembolism, HTN, headache)
 - Immediately reversible
 - No surgical procedure required to reverse
 - May be easier to remember as the same type of pill is taken every day
- Disadvantages
 - Obsessive regularity in pill-taking is essential; not the best choice for the disorganized woman
 - Cost may be greater for combined OC's
 - Less protective against ectopic pregnancies than combined pills, Norplant or Depo-Provera; if a pregnancy occurs, it is more likely to be ectopic than for women using no method at all.
 - Users experience an increased risk of functional ovarian cysts.
 - Menstrual cycle disturbance (amenorrhea, unpredictable bleeding)
 - Cannot be used in women taking seizure medications (dilantin, phenobarbital, primidone, carbamazepine) or women taking rifampin
- Absolute Contraindications
 - Breast cancer
 - Seizure medications or rifampin
 - Symptomatic functional ovarian cysts
- Managing Side-Effects
 - Cycle disturbances: Manage in the same way as other progestin-only methods by switching to combined OC's, use supplemental estrogen, NSAIDs, rule out pregnancy.
- Management of Patients on progestin-only pills
 - Patients should be counseled to always have on hand a back-up method such as foam, suppositories, or condoms.
 - A pill should be taken every day at precisely the same time.
 - Condoms should be used to decrease the risk of STD's.
 - If one pill is missed, it should be taken as soon as remembered. The next pill must be taken at the regularly scheduled time. If more than 3 hours late taking the pill, use a back-up birth control method for the next 48 hours.

- If two pills in a row are missed, there is an increased chance of pregnancy. Immediately start a back-up method. Restart minipills right away and double up for 2 days. If no menses within 4-6 weeks, have a pregnancy test done.
- Keep track of menses while on minipills. If no menses for 45 days or more, do a pregnancy test
- If the patient wishes to become pregnant, stop minipill and use condoms for 2-3 cycles until regular menstrual cycle resumes.
- Minipill may be stopped at any time, including in the middle of a pack. Protection stops immediately as well, so use another method.
- See health care provider if severe lower abdominal pain (could mean an ovarian cyst or an ectopic pregnancy).

References

Hatcher, R. and others. *Contraceptive Technology*, 17th edition; Irvington Publishers, New York, 1998.