**Contraceptive pill repeat prescription checklist**

**Bilbrook Medical Centre**

Which pill am I using?

The **mini-pill** is a daily pill which contains only 1 hormone:

Desogestrel **OR** Levonorgestrel **OR** Noresthisterone

(The pack may be branded as Aizea, Cerazette, Cerelle, Desomono, Desorex, Norgeston, Noriday or Zelleta)

Otherwise you’re using the **combined pill**

How to use this checklist

* Please complete **PART 1 only** if you’re using the mini-pill
* Please complete **PART 1 & PART 2** if you’re using the combined pill
* Click the boxes which apply to you, leave them blank if they don’t
* Once complete, please return the form to us via email to bilbrookmedical@nhs.net

**PART 1- for everyone to complete**

**Name** Click or tap here to enter text.

**Date of birth** Click or tap to enter a date.

Since your last review, have you developed:

heart disease, a stroke, breast cancer or liver problems? [ ]

**I confirm that I have read the Frequently Asked Questions (FAQ) below and understand how to use my method of contraception** [ ]

**PART 2- only complete this part if you take the combined pill**

We need to check your height, weight and blood pressure annually.

You may wish to purchase a home blood pressure monitor or have your blood pressure checked at a local pharmacy. Alternatively you can book an appointment with our health care assistant for a blood pressure check.

**Height (cm)** Click or tap here to enter text.

**Weight (kg)** Click or tap here to enter text.

**Blood pressure** Click or tap here to enter text.

Are you a smoker ? [ ]  How many do you smoke/day? Click here to enter text.

**If so, book an appointment with our health care assistant if you would like to give up**

Are you over 35 years old ? [ ]

Do you suffer from migraine ? [ ]

Have you been diagnosed with any of the following:

Heart disease [ ]  Diabetes [ ]  Liver disease [ ]

Stroke [ ]  Breast cancer [ ]  Gallstones [ ]

Have you started medication for high cholesterol, seizures, HIV or tuberculosis (TB)? [ ]

Have you or a first degree relative (such as mother or father) been diagnosed with a blood clot (thrombosis) in the lungs or leg, or a blood clotting disorder(thrombophilia)? [ ]

Are you aware of the long acting methods of contraception available? [ ]

If you would like more information about alternative methods of contraception click [here](https://www.brook.org.uk/topics/contraception/)

You can find more information about how the combined pill works/what to do if you miss a pill and different ways to take the combined pill [here](https://www.brook.org.uk/your-life/combined-pill/)

**Please remember to keep up to date with your cervical smear testing**

**FAQ’s – Combined Oral Contraceptive**

(Source - <https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/?tabname=questions-about-the-pill>)

**How do I start taking this pill?**

Take the first pill from the section of the packet marked "start". This will be an active pill.

Continue to take a pill every day, in the correct order and at the same time each day (this is important) until the pack is finished. During the seven days of taking the inactive pills, you will have a bleed similar to a period.

You can start your next pack of pills after you have finished the first, whether you are still bleeding or not.

Most women can start the pill at any time in their menstrual cycle. There is special guidance if you have just had a baby, abortion or miscarriage. If you want to miss the pill free week, and run 2 or more packs together, please see further guidance below.

You may need to use additional contraception during your first days on the pill – this depends on when in your menstrual cycle you start taking it.

If you start the combined pill on the first day of your period (day one of your menstrual cycle) you will be protected from pregnancy straight away. You will not need additional contraception.

If you start the pill on the fifth day of your period or before, you will still be protected from pregnancy straight away, unless you have a short menstrual cycle (your period is every 23 days or less). If you have a short menstrual cycle, you will need additional contraception, such as condoms, until you have taken the pill for seven days.

If you start after the fifth day of your cycle you will need additional contraception until you have taken the pill for seven days.

If you start the pill after the fifth day of your cycle, make sure you have not put yourself at risk of pregnancy since your last period. If you're worried you're pregnant when you start the pill, you can take a pregnancy test three weeks after the last time you had unprotected sex.

**How effective is this method of contraception?**

It is over 99% effective if is it used properly and taken at the same time every day. This means that in 100 people who use this method of contraception, less than one woman may get pregnant.

**What are the main side effects of taking this?**

Minor side effects include mood swings, nausea, breast tenderness and headaches. There is also a very low risk of serious side effects such as blood clots, cervical & breast cancer.

**Will it make me gain weight?**

Most forms of contraception will not make you put on weight.

**Will it protect me against sexually transmitted infections (STIs)?**

No, only condoms will protect you against STIs.

**What if I forget to take a pill?**

If you miss a pill this it make this method of contraception less effective at preventing pregnancy.

If you have only missed one pill in the last 24 hours you should take one as soon as you remember even if it means taking 2 pills at once. You can carry on with the rest of the pills in your pack as normal.

If you have missed 2 or more pills you should take one as soon as you remember even if it means taking 2 pills at once and then contact us for further advice. You should also use condoms for the next 7 days to prevent pregnancy.

**What if I have vomiting & diarrhoea?**

If you vomit within 2 hours of taking the pill, it might not have been absorbed into your bloodstream. Take another pill straight away and the next pill at your usual time.

If you continue to be sick, use another form of contraception such as condoms until you’ve taken the pill again for 7 days without vomiting.

Very severe diarrhoea (more than 6 watery stools in 24 hours) may also mean the pill doesn’t work properly so you should use condoms as mentioned above.

**Can I have the pill if I am under 16 years old?**

If you’re under 16 and you want contraception the doctor or nurse won’t tell your parents or carer as long as they feel you fully understand the information you’re given to make your decisions. They will, however, encourage you to consider telling your parents.

Doctors and nurses work under strict guidelines so if they feel you’re at risk of harm such as abuse, then they may need to tell someone else and share this information but they will discuss this with you if that is the case.

**What are the advantages of being on the pill?**

* 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 premenstrual tension
* 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

**What are disadvantages of being on the pill?**

* it can 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 can increase your blood pressure so this will need to checked regularly whilst on this medication
* it does not protect you against STIs
* breakthrough bleeding and spotting is common in the first few months of using the pill
* it has been linked to an increased risk of some serious health conditions, such as thrombosis (blood clots) and breast cancer

**Will taking the pill interact with my other medications?**

Some medicines listed interact with the combined pill and it doesn't work properly. If you are unsure, please check with us or read the patient information leaflet that comes with your medicine

The antibiotics Rifampicin and Rifabutin (which can be used to treat illnesses including tuberculosis and meningitis) can reduce the effectiveness of the combined pill. Other antibiotics do not have this effect.

If you are prescribed Rifampicin or Rifabutin, you may need additional contraception (such as condoms) while taking the antibiotic. Speak to us for advice.

The combined pill can interact with medicines called ‘enzyme inducers’. These speed up the breakdown of hormones by your liver, reducing the effectiveness of the pill.

Examples of enzyme inducers are:

* The epilepsy drugs Carbamazepine, Oxcarbazepine, Phenytoin, Phenobarbital, Primidone and Topiramate
* St John's wort (a herbal remedy)
* Antiretroviral medicines used to treat HIV

We may advise you to use an alternative or additional form of contraception while taking any of these medicines.

**Can I take more than one pack together without the ‘pill free week’?**

New research has shown that shortening the ‘pill free week’ or ‘hormone free interval’ can reduce the risk of the contraception failing. This means it is more effective. There is no health benefit to having a bleed every month and some patients may find that in this 7 day period they may have heavy bleeding, headaches or mood changes.

In this case ‘tricycling’ of the pill may be used. This means taking the pill continuously for 9 weeks (or 3 strips consecutively) and then having a bleed, rather than having a bleed every month.

If you are unsure about this please speak to us & we can advise you further.

**Do I need to come and have regular appointments with you?**

No, only if you are having problems taking the pill or side effects. Usually reviews are done on a yearly basis and can be done over the phone as long as you can provide your blood pressure and weight readings.

\*I confirm that I have read the information provided and understand how to use this method of contraception [ ]

**FAQ’s – Progesterone Only Pill, ‘Mini-pill’**

(Source - <https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/>)

**How do I start taking this pill?**

There are 2 different types of progestogen-only pill:

**3-hour progestogen-only pill** (traditional progestogen-only pill) – must be taken within 3 hours of the same time each day **12-hour progestogen-only pill** (Desogestrel progestogen-only pill) – must be taken within 12 hours of the same time each day

You need to take 1 pill every day within either 3 or 12 hours of the same time each day, depending on which type you're taking.

Follow the instructions that come with your pill packet, they will explain which pill you have. There are 28 pills in a pack of progestogen-only pills. There's no break between packs of pills – when you finish a pack, you start the next one the next day.

**How effective is this method of contraception?**

It is over 99% effective if is it used properly and taken at the same time every day. This means that in 100 people who use this method of contraception, less than one woman may get pregnant.

**What are the main side effects of taking this?**

The progestogen-only pill is generally well tolerated and side effects are rare. Some side effects include: acne, breast tenderness and breast enlargement, an increased or decreased sex drive, mood changes, headache, migraines, nausea, vomiting or small fluid-filled sacs (cysts) on your ovaries – these are usually harmless and disappear without treatment

These side effects are most likely to occur during the first few months of taking the progestogen-only pill, but they generally improve over time and should stop within a few months.

**Will it make me gain weight?**

Most contraception will not make you put on weight.

**Will it protect me against sexually transmitted infections (STIs)?**

No, only condoms will protect you against STIs.

**What if I forget to take a pill?**

If you're taking a 3-hour progestogen-only pill and are less than 3 hours late taking it, or if you're taking the 12-hour progestogen-only pill and are less than 12 hours late:

Take the late pill as soon as you remember, and take the remaining pills as normal, even if that means taking 2 pills on the same day.

The pill will still work, and you'll be protected against pregnancy – you don't need to use additional contraception.

Don't worry if you've had sex without using another form of contraception. You don't need emergency contraception.

If you're taking a 3-hour progestogen-only pill and are more than 3 hours late taking it, or you're taking the 12-hour progestogen-only pill and are more than 12 hours late, **you won't be protected against pregnancy**.

You should take a pill as soon as you remember – only take 1, even if you've missed more than 1 pill.

Take the next pill at the usual time – this may mean taking 2 pills on the same day, carry on taking your remaining pills each day at the usual time. Use extra contraception such as condoms for the next 2 days (48 hours) after you remember to take your missed pill, or don't have sex.

If you are unsure please contact us for more advice.

**What if I have vomiting & diarrhoea?**

If you vomit within 2 hours of taking the pill, it might not have been absorbed into your bloodstream. Take another pill straight away and the next pill at your usual time.

If you continue to be sick, use another form of contraception such as condoms until you’ve taken the pill again for 7 days without vomiting.

Very severe diarrhoea (more than 6 watery stools in 24 hours) may also mean the pill doesn’t work properly so you should use condoms as mentioned above.

**Can I have the pill if I am under 16 years old?**

If you’re under 16 and you want contraception the doctor or nurse won’t tell your parents or carer as long as they feel you fully understand the information you’re given to make your decisions. They will, however, encourage you to consider telling your parents.

Doctors and nurses work under strict guidelines so if they feel you’re at risk of harm such as abuse, then they may need to tell someone else and share this information but they will discuss this with you if that is the case.

**What are the advantages of being on the pill?**

* it doesn't interrupt sex
* you can use it when breastfeeding
* it's useful if you can't take the hormone oestrogen, which is in the combined pill, contraceptive patch and vaginal ring
* you can use it at any age – even if you smoke and are over 35

**What are disadvantages of being on the pill?**

* you may not have regular periods while taking it – your periods may be lighter, more frequent, or may stop altogether, and you may get spotting between periods
* it doesn't protect you against STIs
* you need to remember to take it at or around the same time every day
* some medicines, including some (uncommon) antibiotics, can make it less effective

**Will taking the pill interact with my other medications?**

Some medicines listed interact with the mini-pill and it doesn't work properly. If you are unsure, please check with us or read the patient information leaflet that comes with your medicine

The antibiotics Rifampicin and rifabutin (which can be used to treat illnesses including tuberculosis and meningitis) can reduce the effectiveness of the combined pill. Other antibiotics do not have this effect.

If you are prescribed Rifampicin or Rifabutin, you may need additional contraception (such as condoms) while taking the antibiotic. Speak to us for advice.

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