your guide to
the combined pill

Helping you choose the method of contraception that is best for you
The combined pill

The combined pill is usually just called the pill. It contains two hormones – estrogen and progestogen.
These are similar to the natural hormones women produce in their ovaries.

Questions & Answers

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There are a number of different combined pills (see page 8).

**How effective is the pill?**

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don't use any contraception, 80 to 90 will become pregnant in a year.

If the pill is taken according to instructions it is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year.

If the pill is not taken according to instructions, more women will become pregnant.

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How does the pill work?
The main way the pill works is to stop the ovaries from releasing an egg each month (ovulation). It also:
• thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
• makes the lining of your womb thinner so it is less likely to accept a fertilised egg.

Where can I get the pill?
You can go to a family planning clinic, your GP or practice nurse. If you prefer not to go to your own general practice, or they don’t provide contraceptive services, they will give you information about another practice or clinic. All treatment is confidential and free (see page 18).

Can anyone use the pill?
Not everyone can use the combined pill so your doctor or nurse will need to ask you about your own and your family’s medical history. Do mention any illness or operations you have had. Some of the conditions which may mean you should not use the combined pill are:
• you think you might already be pregnant,
• you smoke and are 35 or older
• you take certain medicines
You have now or have had in the past:
• thrombosis (blood clots) in any vein or artery
• a heart abnormality or circulatory disease, including raised blood pressure
• very severe migraines or migraines with aura
• breast cancer
• active disease of the liver or gall bladder
- diabetes with complications.

If you cannot use the combined pill you may be able to use the progestogen-only pill, or another progestogen-only method of contraception.

If you are healthy, don’t smoke and there are no medical reasons for you not to take the pill, you can take it until your menopause. At the age of 50, if you are still having periods, you may be advised to change your method.

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

Some of the advantages of the pill are:
- doesn’t interrupt sex
- usually makes your bleeds regular, lighter and less painful
- may help with pre-menstrual symptoms
- reduces the risk of cancer of the ovary, womb and colon
- may protect against pelvic inflammatory disease
- may reduce the risk of fibroids, ovarian cysts and breast disease that is not cancer.

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

- There are some serious side-effects (see below).
- You may get temporary side-effects at first including headaches, nausea, breast tenderness and mood changes. If these do not stop within a few months, changing type of pill may help.
- The pill may increase your blood pressure.
- The pill does not protect you against sexually transmitted infections, so you may need to use condoms as well.
- Breakthrough bleeding (unexpected bleeding on pill taking days) and spotting is common in the
first few months of pill use (see page 15).

Will I put on weight if I take the pill?
Research has not shown evidence of weight gain in women using the combined pill. Some women may find that their weight changes throughout their cycle due to retention of fluid.

Are there any risks?
The pill can have some serious side-effects, but these are not common. For most women the benefits of the pill outweigh the possible risks. All risks and benefits should be discussed with your doctor or nurse.

- A very small number of women may develop a blood clot which can block a vein (venous thrombosis) or an artery (arterial thrombosis or heart attack or stroke). If you have ever had a thrombosis, you should not use the pill. Some types of pill appear to be associated with a slightly higher risk of venous thrombosis.

- The risk of venous thrombosis is greatest during the first year that you take the pill and if any of the following apply to you: you are very overweight, are immobile for a long period of time or use a wheelchair; have severe varicose veins or a member of your immediate family had a venous thrombosis before they were 45.

- The risk of arterial thrombosis is greatest if any of the following apply to you: you smoke, are diabetic, have high blood pressure, are very overweight, have migraine with aura, or a member of your immediate family had a heart attack or stroke before they were 45.

- Research into the risk of breast cancer and hormonal contraception is complex and contradictory. Current research suggests that
users of all hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to non-users of hormonal contraception. Further research is ongoing.

- Research suggests that there is a small increase in risk of developing cervical cancer if the pill is used continuously for more than five years.
- Some research suggests a link between using the combined pill and developing a very rare liver cancer.

See a doctor straightaway if you have any of the following:
- pain in the chest, including any sharp pain which is worse when you breathe in
- breathlessness
- you cough up blood
- painful swelling in your leg(s)
- weakness, numbness, or bad "pins and needles" of an arm or leg
- severe stomach pains
- a bad fainting attack or you collapse
- unusual headaches or migraines that are worse than usual
- sudden problems with your speech or eyesight
- jaundice (yellowing skin or yellowing eyes).

If you need to go into hospital for an operation or you have an accident which affects the movement of your legs, you should tell the doctor that you are taking the combined pill. The doctor will decide if you need to stop taking the pill or need other treatment to reduce the risk of developing a blood clot.