

Combined pill

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The combined pill is usually just called the pill. It contains two hormones – estrogen and progestogen. These are similar to the natural hormones produced by the ovaries.

If you're taking a combined pill called Qlaira, some of this information may not apply to you. Seek advice.

Effectiveness

- Perfect use: If the pill is **always** taken according to instructions it's over 99% effective. This means that less than 1 pill user in 100 will get pregnant in 1 year.
- Typical use: If the pill is **not always** taken according to instructions, about 9 in 100 pill users will get pregnant in 1 year.

Who can use it?

Not everyone can use the combined pill. A doctor or nurse will need to check your weight and blood pressure and ask about your own and your family's medical history. Do mention any illness or operations you've had.

You **may** not be able to use the combined pill if:

- you smoke (or stopped smoking less than 1 year ago) and are over 35 years old
- you're very overweight
- you're immobile for a long period of time or use a wheelchair
- you're at high altitude (more than 4,500m) for more than a week.

Some conditions that **may** mean you can't use the combined pill are if you have now, or had in the past:

- thrombosis (a blood clot) in any vein or artery or a member of your immediate family had thrombosis before they were 45 years old
- heart disease or a stroke
- systemic lupus erythematosus with positive antiphospholipid antibodies
- high blood pressure
- migraines with aura
- active disease of the liver or gall bladder
- breast cancer or you have a gene that's associated with breast cancer
- diabetes with complications.

If you're healthy, don't smoke and there are no medical reasons for you not to take the pill, you can use it until you're 50 years old.

After having a baby: You can start the pill from 21 days after you give birth. If you're breastfeeding a baby under 6 weeks old, the pill may affect your milk production so a different method of contraception is usually recommended.

How it works

The main way it works is to stop you ovulating (releasing an egg). It also thickens cervical mucus so it's more difficult for sperm to reach an egg, and thins the lining of the uterus (womb) to help stop a fertilised egg implanting.

Advantages

- Usually makes your bleeds regular, lighter and less painful.
- May help with premenstrual symptoms.
- Reduces the risk of cancer of the ovary, uterus and colon.
- Improves acne in some pill users.
- May reduce menopausal symptoms.

Disadvantages

- A risk of serious side-effects (see Risks).
- Can be temporary side-effects such as headaches, nausea, breast tenderness and mood changes.
- May increase your blood pressure.
- Doesn't help protect you from sexually transmitted infections.

Risks

The combined pill can have some serious side effects, but these aren't common. All risks and benefits should be discussed with your doctor or nurse.

A very small number of pill users may develop venous thrombosis (a blood clot in a vein, often in the leg), arterial thrombosis (a blood clot in an artery), pulmonary embolism (a blood clot that travels to the lung), heart attack or stroke.

Research suggests that combined pill users appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception, which reduces with time after stopping the pill.

Research suggests that there's a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception.

See a doctor straight away 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
- calf pain or painful swelling in your leg(s)
- weakness, numbness, or bad 'pins and needles' in 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).

Different types of combined pill

There are three main types of pills and many different brands. They are taken differently.

- **Monophasic 21 day pills** This is the most common type of pill. Each pill has the same amount of hormone in it. You take 1 a day for 21 days then no pills for the next 7 days.
- **Phasic 21 day pills** These pills contain different amounts of hormone so you must take them in the right order. There are 2 or 3 sections of different coloured pills in the pack. You take 1 pill a day for 21 days then no pills for the next 7 days.
- **EveryDay (ED) pills** There are 21 active pills and 7 inactive pills (placebos) which don't contain any hormones. These look different to the active pills. You take 1 pill a day for 28 days with no break between packs. There are different types of EveryDay pills. Daylette, Eloine and Zoely are monophasic pills taken every day with 24 active pills and 4 inactive pills. Qlaira is a phasic pill taken every day with 26 active pills that contain different amounts of hormones and 2 inactive pills. Whichever type you take, you must take EveryDay pills in the right order.

Missed pill rules

Missing pills or starting the pack late may make the pill less effective. The chance of pregnancy after missing pills depends on **when** pills are missed and **how many** pills are missed.

- Missing 1 pill anywhere in your pack or starting the new pack 1 day late isn't a problem. You'll still have contraceptive cover.
- Missing 2 or more pills or starting the pack 2 or more days late may affect your contraceptive cover.
- It's more risky to start a pack late and miss more than 1 pill. This is because during the 7 day break or placebo week your ovaries aren't getting any effects from the pill. If you make the break or placebo week longer, you may ovulate (release an egg).
- If you're not sure what to do, continue to take your pill, use additional contraception, such as condoms, and seek advice.

Download our easy to follow missed pill chart (PDF)

<https://sexwise.fpa.org.uk/sites/default/files/resource/2017-11/how-many...>

Periods and fertility

- When you take the pill you don't have periods, you have a withdrawal bleed (which doesn't always happen). This is caused by you not taking hormones in the pill-free or placebo week.
- Bleeding is very common when you first start taking the pill and isn't usually anything to worry about. It may take up to 3 months to settle down.
- It's very important to keep taking the pills to the end of the pack, even if the bleeding is as heavy as your withdrawal bleed.
- If bleeding between withdrawal bleeds carries on or starts after you have used the pill for some time, seek advice.
- When you stop using the pill, your fertility will return to normal and it's possible to get pregnant before your first period. It can sometimes take a few months after stopping the pill before your normal periods start again.

Other things to know

- Vomiting within 2 hours of taking a pill or severe, long-lasting diarrhoea can make the pill less effective.
- Some medicines can make the pill less effective. Always mention you're using the pill when being prescribed medication.
- If you go into hospital for an operation or have an accident which affects the movement of your legs tell the doctor you're using the combined pill.

For lots more information about the combined pill go to www.sexwise.org.uk/coc

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

This is general information based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare and the World Health Organization.

Remember - contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.

Useful information

- Get information about contraception and sexual health at www.fpa.org.uk or www.sexwise.org.uk
- Get information for young people under 25 at www.brook.org.uk
- Find your closest contraception or sexual health clinic at www.fpa.org.uk/clinics
- Find a GP or pharmacy at www.nhs.uk (England), www.nhsdirect.wales.nhs.uk (Wales), www.nhsinform.scot (Scotland) and www.hscni.net (Northern Ireland).

Emergency contraception

If you've had sex without contraception, or think your method might've failed, there are different types of emergency contraception you can use.

An IUD is the most effective option. It can be fitted up to 5 days after sex, or up to 5 days after the earliest time you could've ovulated (released an egg).

An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to 5 days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.

An emergency contraceptive pill with the hormone levonorgestrel can be taken up to 3 days (72 hours) after sex. It's available with a prescription or to buy from a pharmacy. There are different brands.

Try and get emergency contraception as soon as possible after unprotected sex.

Emergency pills are available for free at some pharmacies. Age restrictions may apply.

Sexually transmitted infections

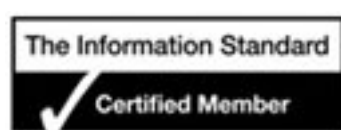
Most methods of contraception don't protect you from sexually transmitted infections.

Male (external) or female (internal) condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

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More information about the combined pill at www.sexwise.org.uk/coc

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