

COMBINED ORAL CONTRACEPTIVE PILLS

The most widely used CHCs are COCs, which are commonly referred to as “pills.”

The readily available preparations are as follows:

- **Monophasic low-dose COCs**

contain 20 µg to 35 µg ethinyl estradiol (EE) and progestogen-like levonorgestrel (LNG) in all 21 “active tablets.” (“High-dose” COCs that contain 50 µg EE or more plus a high dose of progestogen are only used for special indications.)



- **Biphasic low-dose COCs**

contain two combinations of estrogen and progestogen, e.g., 7 tablets of 40 µg EE plus 25 µg desogestrel and 15 tablets of 30 µg EE plus 125 µg desogestrel.

- **Triphasic low-dose COCs**

contain the same hormones but in three dose ratios, e.g., 6 tablets of 30 mcg EE plus 50 mcg LNG, 5 tablets of 40 mcg EE plus 75 mcg LNG, and 10 tablets of 30 mcg EE plus 125 mcg LNG.

- **Quadruphasic preparations**

include four different combinations of estradiol valerate (EV) and dienogest.

The following significant changes have been made over the past decades to improve the combined oral contraceptives:

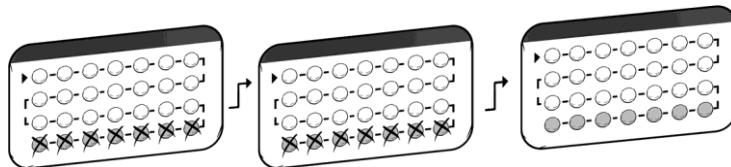
- Gradual reduction in the estrogen component from the original 175 mcg mestranol to the present-day pills that contain 30 mcg to 35 mcg EE and the “very low-dose” pills with only 20 mcg EE
- Use of different estrogens (estradiol [E2] and EV) and progestones (drospirenone, dienogest, and nomegestrol)
- Extended or continuous contraceptive cycles

Table 7 lists the low-dose COCs available in the Philippines.

Table 7. Low-dose COCs available in the Philippines	
Content	Brand Names
Monophasic Preparations	
EE 30 mcg, Norgestrel 150 mcg	Logentrol
EE 30 mcg, Levonorgestrel 150 mcg	Lady
EE 30 mcg, Gestodene 75 mcg	Gynera
EE 30 mcg, Desogestrel 150 mcg	Marvelon
EE 20 mcg, Gestodene 75 mcg	Meliame
EE 30 mcg, Norethisterone 400 mcg	Micropil
EE 30 mcg, Levonorgestrel 150 mcg	Microgynon
EE 30 mcg, Gestodene 75 mcg	Minulet
EE 20 mcg, Desogestrel 150 mcg	Mercilon
EE 30 mcg, Levonorgestrel 150 mcg	Nordette
EE 30 mcg, Levonorgestrel 150 mcg	Rigevidon 21 +7
EE 30 mcg, Levonorgestrel 125 mcg	Trust Pill
EE 30 mcg, Drospirenone 3 mcg	Yasmin
EE 20 mcg, Drospirenone 3 mcg	Yaz
Biphasic Preparations	
EE 40 mcg, Desogestrel 25 mcg (7 tabs)	Gracial
EE 30 mcg, Desogestrel 125 mcg (15 tabs)	
Triphasic Preparations	
EE 30 mcg, LNG 50 mcg (6 tabs)	
EE 40 mcg, LNG 75 mcg (5 tabs)	Trinordiol, Triquilar, Logynon
EE 30 mcg, LNG 125 mcg (10 tabs)	
Quadriphasic Preparations	
EV 3 mg (2 tabs)	
EV 2 mg Dienoest 2 mg (5 tabs)	
EV 2 mg Dienoest 3 mg (17 tabs)	Qlaira
EV 1 mg (2 tabs)	

HOW ARE COC PILLS USED?

- Pills should be taken once daily even if the client is not having sex daily.
- If monthly menstruation/withdrawal bleeding is desired, a pack with 21 active pills that contain the “active” hormones estrogen and progestogen should be taken with a seven-day rest period before starting a new pack.
- A 28-day pack including seven placebo or non-hormone tablets should be taken continuously. The client should start a new pack immediately the day after the last pill of the current pack. A rest period is not required.
- If menstruation/withdrawal bleeding is not desired (continuous or extended use of pills may be resorted to):
 - A monophasic pack with 21 active pills that contain the hormones estrogen and progestogen should be taken continuously, and a new pack should be started immediately the day after the last pill of the current pack.
 - A 28-day monophasic pack may be used similarly and continuously (taking only the 21 “active pills”) after discarding the seven additional placebo or non-hormone tablets.
 - A seven-day rest period may be ideal every after three continuous cycles (menstruates every three months or four times a year).



In other countries, these three continuous cycle preparations are already available prepacked as continuous birth control pills in extended cycles for convenience. They are commercially known as Seasonale and Seasonique. Seasonale has 84 pills each containing 0.03 mg EE/0.15 mg LNG and 7 placebo pills.

Seasonique has 84 pills each containing 0.03 mg EE/0.15 mg LNG and 7 pills each containing 0.01 mg EE.

- With multiphasic preparations, skipping the placebo week may result in a sudden change in hormone levels. As this change may cause irregular bleeding, multiphasic preparations are not recommended for continuous use.
- Pill users should have a backup contraceptive method, such as condoms, in case of missed pills.
- The client's clinical history should be taken to determine her medical eligibility.
 - Get her blood pressure.
 - No other examination is necessary for use of the method, but it does not rule out the need for other reproductive health procedures, such as physical and pelvic examinations, cervical smears for cancer screening, or some routine laboratory examinations as part of standard operating procedures and good medical practice.



WHEN SHOULD USE OF COCs BEGIN?

- COCs are best taken within the first five days of the menstrual period because pregnancy is not possible at this time.
- Women who start COCs after the fifth day of the onset of their menstruation should practice abstinence or use a backup contraceptive for the next seven days.
- Women who have not recently given birth can start taking COCs any time as long they are certain that they are not pregnant.
- Postpartum/post-abortion women
 - Breastfeeding women may begin COCs at six months postpartum or when they quit breastfeeding. COCs contain estrogen, which may decrease breast milk production.
 - Postpartum women who are not breastfeeding may begin taking COCs three weeks after delivery.
 - Following an abortion, women may begin taking oral contraceptives immediately. No backup contraception is needed if the method is started within the first five days following an abortion.

WHAT SHOULD BE DONE WHEN COC PILLS ARE MISSED?

For pills containing 30 mcg to 35 mcg EE

- Women who miss one to two active (hormone-containing) pills should take one pill as soon as possible and then take the next pill at the regular time even if this means taking two pills in one day (see Figure 3). A backup contraceptive method is not necessary.
- Women who miss three or more active COC pills in a row or those who start a pack three or more days late should take an active pill as soon as possible and then continue taking one pill each day. These women should abstain from sex or use a backup contraceptive for seven days in a row.
- Women who miss three or more pills on the third week should take one pill as soon as possible, if possible from a new pack; alternatively, these women can take the active pills in the current pack until they get a new pack (and throw away the inactive pills). These women might miss a period or get their period late.

For pills containing 20 mcg or less EE

- Women who miss one or two active (hormone-containing) pills should take one pill as soon as possible and then take the next pill at the regular time even if this means taking two pills in one day (see Figure 3). A backup contraceptive method is necessary.
- Women who miss two or more active pills or start the pack two or more days late should take one pill as soon as possible, if possible from a new pack; alternatively, these women can take the active pills in the current pack until they get a new pack (and throw away the inactive pills). These women might miss a period.

In case of severe vomiting (for any reason) or diarrhea

- If vomiting occurs within two hours after taking an active (hormonal) pill, the client should take another active pill.
- If severe vomiting or diarrhea occurs for more than 24 hours, the client should continue taking the pills (if she can) despite the discomfort.
- If severe vomiting or diarrhea continues for two or more days, the client should follow the procedures for missed pills.

Figure 3. Procedure to follow when a woman misses her pills

