Continuous pill taking – the 21st century way to take the pill

This leaflet should be read together with the latest FPA Leaflet Your guide to the Combined pill
[BUT, please disregard anything there about stopping the pill for 7 days, and omit/delete all text and the 2-page diagram coming after How do I take the pill? on page 10, starting again on page 14 with the question If I take other medicines will it affect my pill? Then continue through to the end]

What is continuous pill taking?
- This is a way of taking the pill leaving out the regular pill free break – i.e. not in the usual 21 tablets then stopping for 7 days way (21/7 for short).
- This is an “off licence” prescription. Yet it is supported by medical authorities in the UK and by WHO: there’s lots of evidence for it making your pill much safer, contraceptively. We have known for some time that the routine of not taking tablets for 7 days weakens the pill’s main effect of stopping your ovaries from releasing an egg: so it makes egg-release more likely when pills are missed. Since it’s quite common to forget 1 or 2 pills, ordinary women find the method lets them down about 10 times more often than if “over 99% effective” was true, in the real world.
- It also means you don’t have to have regular monthly bleeds, which have no known benefits.
- A non-phasic 20 mcg oestrogen pill is used - your healthcare provider will be able to tell you this.

What are the benefits for me?
- As just said, it makes the pill more effective as a contraceptive.
- It reduces problems such as period pain, PMT, migraine and other headaches, and more.
- It’s convenient for when you want to avoid bleeding e.g. for holidays and special occasions.

How do I take the pill continuously?
- Start your pill on the correct day of the week (as shown on the strip).
- Take one pill at about the same time each day, at a time that is easy for you to remember.
- Take all the pills in that strip, and then start the next strip without a break.
- Keep taking the strips without a break

How long can I take the pill continuously?
Indefinitely – until either you choose another method or your surgery/clinic advises this.

Isn’t it better for me to have “periods” every month?
- Modern contraception is very safe and women do not need to bleed every month to know that they are not pregnant.
- The “period” on the pill is completely artificial and is just your womb’s response to stopping the pill (and therefore the hormones) for a few days. It is called a “hormone withdrawal bleed”.
- Continuous pill-taking just stops you having that completely unnecessary regular bleed.

What happens if I get bleeding while taking the pill continuously?
- Irregular bleeding and/or ‘spotting’ during the first months of continuous pill-taking can occur, but most women find this becomes acceptable as it lessens over time.
- If the bleeding becomes troublesome to you, e.g. by continuing for more than a few days, stop the pill for 4 days. No need to contact the surgery or clinic first. Also:
  o Unless you also missed other tablets for any reason in the previous week, no need to take extra precautions.
  o Then restart your pill taking the correct pill for that day, leaving out the 4 unused pills.
  o Continue as before.
    Having this 4-day break usually works to stop or improve the bleeding, but if it carries on and does not resolve, you should seek advice from your surgery/clinic in case you need a check up to exclude other causes of bleeding e.g. Chlamydia.
**What is an “off licence” prescription?**

- All medicines have a product licence. The licence tells us under which conditions the medicine can be prescribed for patients.
- If expert medical opinion is that a medicine can be used also in different ways or under different conditions, this is called prescribing “off-licence”.
- Prescribing off-licence is as safe as taking the pill in the standard way because we still follow medical guidelines.

**OTHER POINTS ABOUT CONTINUOUS PILL TAKING**

**How do I start this pill?**

Just like the 21/7 version. Do as described on page 9, or the first paragraph of page 10, of the FPA’s *Your guide to the combined pill*. Also:

- You can start any pill straight away if you are already on a safe method such as the Implant, Injection or the IUD or IUS.

**Managing missed or late pills during continuous use**

- You can miss up to seven pills and still be protected against pregnancy**, even if you had sex in that week.
  - Restart your strip of pills straight away.
  - Extra precautions for 7 days? Not required – except, unusually, if you had NOT taken at least 7 pills in a row ahead of the first missed one.
  - No need for emergency contraception.
  - Continue with the next strip without any more breaks in pill taking.
- If you miss seven or more pills you might need to discuss emergency contraception.
  - Please contact or attend the surgery/clinic.
  - You should then restart the pill and use condoms or abstain from sex for seven days.
  - You should do a pregnancy test after 3 weeks.

**What if I have vomiting and/or severe diarrhoea?**

These might affect your absorbing pills properly, but no worse than missing tablets.

- No extra precautions unless either or both last for 7 days.
- If they do (or earlier), contact or attend your surgery/clinic.
- Mean time continue pill-taking.

**If I take other medicines will it affect my pill?**

See the answer to this question on page 14 of the FPA’s *Your guide to the combined pill*.

- Continue pill-taking.
- Contact your surgery/clinic without delay, for advice about your future contraception.

**How often should I come back for follow up?**

- Once you are settled on the pill you usually only need an annual check for any changes to your medical history, family history, drug history or allergies. You will also have your blood pressure and may also have your weight and height checked.
- If at any other time you have any questions, have a problem or want to switch methods, make an appointment with your surgery/clinic for review.

**How can it be so long, that I can miss out pills?** That’s because the old-style way of taking the pill nearly always worked OK when everyone was told to (and did) regularly omit 7 tablets: one week in four. The problem was if someone missed out a couple or more pills on top, which is so easy to do.

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[This leaflet was adapted by John Guillebaud and Anne MacGregor from a version developed by Punam Rubenstein, Ulrike Sauer and Jill Zelin: with thanks. September 2017]