



Progestin-Only Hormonal Birth Control Methods

Pills and Injections

Progestosterone is a **hormone** that plays a role in the menstrual cycle and pregnancy. **Progestin** is a form of progesterone. It is used in combination with another hormone called **estrogen** in birth control pills, the vaginal ring, and the skin patch. It also can be used by itself in progestin-only pills, the birth control injection, the birth control implant, and the hormonal **intrauterine device (IUD)**. This pamphlet discusses progestin-only birth control pills and the injection.

This pamphlet explains

- *effectiveness of progestin-only birth control methods*
- *how progestin-only pills and the injection work*
- *how to use each method*
- *benefits, risks, and possible side effects of each method*

Effectiveness

Progestin-only pills and the injection have about the same effectiveness as combination estrogen and progestin pills, rings, and patches. With typical use—meaning that the method may not be used consistently or correctly every time—9 women out of 100 (9%) will become pregnant during the first year of using progestin-only pills. The injection is slightly more effective than progestin-only pills. With typical use,

6 women out of 100 (6%) will become pregnant during the first year of using the injection. With perfect use—meaning that the method is used consistently and correctly each time—fewer than 1 woman out of 100 will become pregnant during the first year of using either progestin-only pills or the injection.

These methods do not protect against **sexually transmitted infections (STIs)**, including **human immunodeficiency virus (HIV)**. If you use one of

these methods and are at risk of getting an STI, you also should use a male or female condom to provide STI protection.

Progestin-Only Pills

Progestin-only pills sometimes are called “mini-pills.” They contain less progestin than combination pills. They must be taken at the same time each day to be effective.

How Progestin-Only Pills Work

The progestin in progestin-only birth control pills has several effects in the body. Together, these actions help prevent pregnancy:

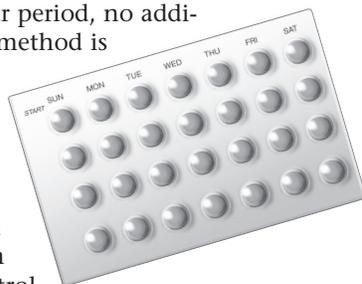
- The mucus in the *cervix* thickens, making it difficult for *sperm* to enter the *uterus* and fertilize an *egg*.
- It stops *ovulation*, but it does not do so consistently. About 40% of women who use progestin-only pills will continue to ovulate.
- It thins the lining of the uterus.

How to Use It

You can start using this method for the first time at any point during your menstrual cycle as long as you and your health care professional are reasonably sure you are not pregnant and you follow these directions:

- If you start taking the pills within the first 5 days after the start of your period, no additional birth control method is needed.
- If you start taking the pills more than 5 days after the start of your period, you need to avoid sexual intercourse or use an additional birth control method for the next 2 days.
- If you are switching from another form of birth control, simply stop using the other method at the same time you start the progestin-only pills. If it has been more than 5 days since your period started, use an additional birth control method or avoid sexual intercourse for the next 2 days.
- If you are switching from an IUD, you can 1) wait until you have been taking the pills for at least 2 days to have the IUD removed, 2) use another form of birth control or avoid sexual intercourse for the 2 days before removing the IUD and starting the pills, or 3) use emergency contraception at the time of IUD removal.

The progestin-only pill comes in packs of 28 pills. All the pills in the pack contain progestin. Take one pill each day for 28 days. It is important to take the progestin-only pill at the exact same time each day for



Progestin-only birth control pills

maximum effectiveness. For this reason, it may not be a good method for you if you have trouble staying on a schedule. It may be helpful to link taking your pill with something you do at the same time each day, such as brushing your teeth. Smart phone apps with alarms that remind you to take your pills are available. Do not skip pills for any reason—even if you bleed between periods or feel sick.

If a pill is missed by more than 3 hours, you should take a pill as soon as possible and use a backup method of contraception (such as condoms) for the next 2 days. If vomiting or severe diarrhea occurs within 3 hours after taking a pill, the progestin may not be absorbed completely by your body. Keep taking your pills, but use a backup method until 2 days after your vomiting or diarrhea stops.

Certain drugs may interfere with the effectiveness of the pill. These include rifampin, a drug used to treat certain infections; some drugs used to prevent seizures; and some drugs used to treat HIV. Your health care professional will ask you about the medications you are taking before prescribing progestin-only pills. When taking certain medications, you may need to use a backup method or switch to another form of birth control.

Benefits

Progestin-only pills offer some health benefits in addition to preventing pregnancy. Some women may not have a period or may have reduced bleeding while taking the progestin-only pill. This side effect can be beneficial if you have heavy menstrual periods or pain during your menstrual periods.

Unlike combined hormonal birth control pills, progestin-only pills are not associated with an increased risk of high blood pressure or *cardiovascular disease*. You can take progestin-only pills even if you have certain health conditions that prevent you from taking combination pills, such as a history of *deep vein thrombosis* or uncontrolled high blood pressure.

Progestin-only pills can be used immediately after childbirth, even if you are breastfeeding. If you want to become pregnant, simply stop taking the pills. You can start trying to get pregnant right away. Your chances of getting pregnant are the same as for other women the same age as you who have not used progestin pills.

Risks

Progestin-only pills may not be a good choice for women who have certain medical conditions, such as some forms of *lupus*. Women who have breast cancer or who have a history of breast cancer should not take progestin-only pills.

Possible Side Effects

Bleeding changes are the most common side effects of progestin-only pills. Bleeding may be unpredictable. You may have short cycles of bleeding, spotting, or, less commonly, heavy bleeding or no bleeding at all. It is not clear whether these changes get better with

time. Other side effects include headaches, nausea, and breast tenderness.

Birth Control Injection (DMPA)

An injection of the hormone depot medroxyprogesterone acetate (DMPA) provides protection against pregnancy for 3 months. You need only four injections each year. During the time that the injection is effective, you do not have to do anything else to prevent pregnancy.



How DMPA Works

DMPA has several effects that work together to prevent pregnancy:

- It stops ovulation.
- It thickens and decreases the amount of cervical mucus. This makes it difficult for sperm to enter the uterus and fertilize an egg.
- It thins the lining of the uterus.

How to Use It

A health care professional must give the injection. The first shot can be given at any time during your menstrual cycle as long as you and your health care professional are reasonably sure you are not pregnant and you follow these directions:

- If you get your first shot within the first 7 days after the start of your period, no additional birth control method is needed.
- If you get your first shot more than 7 days after the start of your period, you need to avoid sexual intercourse or use an additional birth control method for the next 7 days.
- If you are switching from another form of birth control, simply stop using the other method at the same time you get your first shot. If it has been more than 7 days since your period started, use an additional birth control method or avoid sexual intercourse for the next 7 days.
- If you are switching from an IUD, you can 1) keep your IUD until at least 7 days after your first injection and then have the IUD removed, 2) avoid sexual intercourse or use a barrier method (such as condoms) for 7 days before removing the IUD and getting the first shot, or 3) use emergency contraception at the time of IUD removal and when you get the first shot.

You must return to your health care professional every 13 weeks for repeated injections. The repeat DMPA injection can be given up to 2 weeks late (15 weeks from the last injection). If you are more than 2 weeks late for a repeat shot, you can have the shot as long as you and your health care professional are reasonably

sure that you are not pregnant. You must avoid sexual intercourse or use an additional birth control method for the next 7 days. You also can consider using emergency contraception.

Benefits

DMPA may be good for women who find daily birth control methods inconvenient. Many women like the fact that this method does not need to be taken daily or put in place before having sex. Injections also offer privacy to the user (there is no physical evidence that you are using birth control).

DMPA also has benefits that are not related to birth control. These benefits include the following:

- Reduced risk of cancer of the uterus if used long term
- Possible protection against pelvic inflammatory disease
- Reduced pelvic pain caused by *endometriosis*
- Possible absence of periods

DMPA may relieve certain symptoms of sickle cell disease and seizure disorders and decrease the bleeding associated with uterine *fibroids*.

Risks

Bone loss may occur while using the birth control injection. When the injections are stopped, at least some and sometimes all of the bone that is lost is gained back. Any bone loss that occurs is not likely to increase the risk of fracture either while you are using DMPA or later in life.

Women who have multiple risk factors for cardiovascular disease, like smoking, older age, or diabetes, may be at increased risk of cardiovascular disease while using DMPA. This increased risk may last for some time after the method is stopped. Women with a history of stroke, vascular disease, or poorly controlled high blood pressure also may be at increased risk of cardiovascular disease while using this method.

Possible Side Effects

DMPA may cause irregular bleeding. During the first year of use, it is common to have infrequent but prolonged episodes of bleeding or spotting. Irregular bleeding usually decreases with each injection. After the first year, only about 1 in 10 women continue to have irregular bleeding. Many women have only light bleeding or even stop having any bleeding after 1 year of use.

Some women report weight gain while using progestin-only birth control methods. Among women who gained weight, the average amount of weight gained was less than 5 pounds. Some women report not gaining any weight while using these methods.

You may not be able to get pregnant right away after stopping injections. It takes an average of 10 months for pregnancy to occur after stopping the injection. For some women, it takes longer.

Finally...

Progestin-only pills and DMPA injections are effective methods of birth control. Progestin-only methods can be used by women with a history of certain health conditions who cannot take estrogen. DMPA requires only four injections a year and also offers non-contraceptive benefits. Talk with your health care professional if you are interested in using a progestin-only birth control method.

Glossary

Bone Loss: The gradual loss of calcium and protein from bone, making it brittle and more likely to fracture.

Cardiovascular Disease: Disease of the heart and blood vessels.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Deep Vein Thrombosis: A condition in which a blood clot forms in veins in the leg or other areas of the body.

Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Benign growths that form in the muscle of the uterus.

Hormone: A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Lupus: An autoimmune disorder that causes changes in the joints, skin, kidneys, lungs, heart, or brain.

Ovulation: The release of an egg from one of the ovaries.

Progesterone: A female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sperm: A cell produced in the male testes that can fertilize a female egg.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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ISSN 1074-8601

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