

Progesterone Only Pills – The Minipill

How does the minipill work?

The minipill consists of a small amount of progesterone that taken daily, with no break for menstruation. Most birth control pills combine two hormones, estrogen and progesterone, and are known as “combination pills.” Some people have medical conditions which preclude the use of estrogen, or simply prefer to avoid their use. For these people, progesterone only pills (POPs) or minipills may be an acceptable alternative.

The minipill works by making cervical mucus too thick for sperm to penetrate and by suppressing ovulation. When taken correctly it is slightly less effective than combination pills, but more effective than barrier methods. Rigid adherence to the pill taking schedule is crucial. Taking the pill more than three hours off schedule can increase the risk of pregnancy, and cause breakthrough bleeding.

How do I use the minipill?

- You can start your pack one of two ways: 1) the first day of your period with no back-up contraceptive method needed or 2) start any day of your cycle and use a backup contraceptive method for 48 hours.
- Take the pill every day, as close to the same time of the day as possible.
- If you miss a pill or are more than three hours late in taking it, take it as soon as you can, and use a backup method (condoms, diaphragms, spermicide) for any intercourse in the next 48 hours. Continue subsequent pill use at your regular time.
- If you have been ill with vomiting or diarrhea, and are unsure if your medicine was absorbed, you should also use a backup method for 48 hours.
- Continue to take your pill every day without regard to bleeding.
- Keep a menstrual calendar, and bring it with you to see your clinician if you are having problems.
- Do get a pregnancy test done if you go six weeks without a period.
- Use protection against sexually transmitted diseases if you are at risk. Please discuss this issue with your clinician if you have questions.

How effective is the pill?

The efficacy of the minipill is highly dependent on the ability to use it perfectly. Over the course of a year, taken correctly, every day, only 1 in 100 people will have an unplanned pregnancy. If they are not always used correctly, then this increases to as much as 1 in 10 (studies vary).

Side Effects

Changes in menstrual cycle are common, and although not a problem, are the most frequent cause of pill discontinuation. Periods may come late or early, and spotting and missed periods may occur.

Other side effects are rare, and usually are not serious: breast tenderness, nausea, headaches, dizziness, increased appetite and weight gain, acne, and increased facial or body hair growth. See your clinician if you are troubled by these problems.

People on the minipill have a slightly increased risk of developing ovarian cysts than people on combination birth control pills. If a pregnancy should occur then there is a slight increase in chance of it being an ectopic (being outside the uterus) but this risk is still lower than in the general population. Severe lower abdominal pain on one side with or without menstrual changes should signal a visit to the Student Health Center to rule out these conditions.

Possible Contraindications to Minipills

- Concurrent use of Dilantin, Tegretol, or Phenobarbital (and other seizure meds), or Rifampin (TB medication).
- Cancer of the breast or reproductive organs
- History of liver tumors
- Inability to follow a tight schedule of daily pill taking

Have questions?

For complete information about this contraceptive, read your package insert. For more information or if you have more questions, talk to one of our nurses. Nurse Advice Line is 831-459-2951.

Oral contraceptives do not protect you against sexually transmitted infections. You must still use a condom, practice safer sex and get regular STI testing to reduce your risk of an STI and identify problems early.