

Combined Hormonal Contraception: Tailored Regimens



What is combined hormonal contraception?

Combined hormonal contraception (CHC) is commonly prescribed for contraception; there are different types and it is important you consider which is the most appropriate for you. CHC can be taken as a pill, applied as a patch or as a vaginal ring. All CHC contains a version of the hormones oestrogen and progesterone, hence they are called 'combined' forms of contraception. You should discuss with your clinician which of the options suits you best.

How does CHC prevent pregnancy?

The hormones within the pill, patch or ring stop ovulation (egg release), thicken cervical mucus to block sperm, and thin the womb lining to prevent implantation. It's over 99% effective if you use it correctly. If you use your pill, patch or ring incorrectly, for example, accidentally missing it or delaying administration, you should immediately review the patient information leaflet in the packet of your medicine for appropriate steps to take. Seek advice if you are unsure of what to do. Incorrect use can lead to unwanted pregnancy.

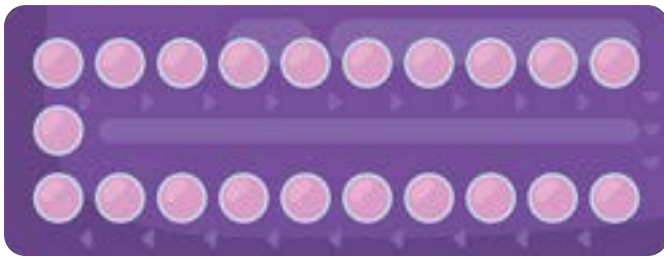
Are there other benefits of using CHC?

Yes. One of the most common benefits is how it affects your bleeding. Most women bleed less and CHC also allows you to control when you bleed. Some find it helps with premenstrual syndrome, endometriosis and acne. This can depend on how you use your CHC.

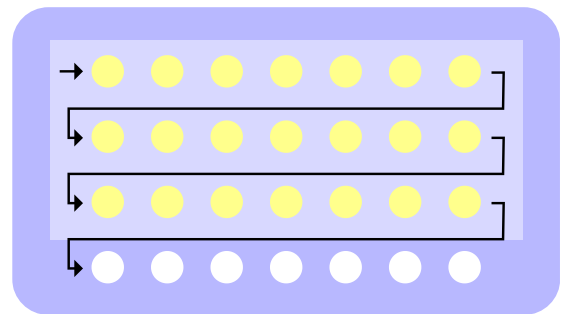


How do I use CHC?

The traditional way, as described in the manufacturer's patient information leaflet is to use CHC for 3 weeks followed by a 7-day break. When using the CHC pill, there are different types. You will either have 21 days of active pills and then no pills for 7 days, or you may have chosen a pill where you have 21 days of active pills, followed by 7 days of inactive pills ('every day' preparations). You will have a bleed when you are not taking any pills or are taking inactive pills. Restart your CHC after this hormone free interval. The 'every day' preparations may be preferred by those who like to take a pill daily.



21-day pills:
21 active pills only



Every day (ED) pills:
21 active (yellow) pills and 7
inactive (white) pills

However, as time has gone on, expert opinion has led to recommendation of **tailored regimens**, which follow a different pattern.

What are the 'Tailored' CHC Regimens?

The different regimens for pills, patches or rings ('your CHC') are described overleaf. You should discuss these options with your healthcare professional to agree on which is most suitable for you.



Tailored Regimen	Directions
Shortened Break	Use your CHC for 21 days, followed by a 4-day break. Then restart your CHC straight away and repeat the cycle.
Fixed Extended Use (Tricycling)	Use three consecutive cycles of your CHC without a break (63 days), followed by a 4-day or 7-day break. Then restart your CHC straight away and repeat the cycle.
Flexible Extended Use	Use your CHC for at least 21 days and continue until breakthrough bleeding occurs for 3-4 days, then take a 4-day break. Then restart the CHC straight away and repeat the cycle.
Continuous Use	Use your CHC every day.




These tailored regimens often **do not match** the directions provided in the patient information leaflets supplied by the manufacturer with CHC. This is because these recommendations did not exist when the products were originally approved for use. If you decide on a tailored regimen, ‘every day’ (ED) pill preparations will **not be suitable** for you.

What are the benefits of Tailored Regimens?

- Extended and continuous regimens reduce the number of bleeds you have. This is helpful if you bleed heavily, tend to become anaemic or have pain or other symptoms associated with your bleeds.
- Increased control of your menstrual bleeds – you don’t have to have a bleed if it’s not a convenient time for you.
- Potentially reduced risk of escape ovulation (where your body releases an egg) which can result in contraceptive failure.
- Continuous use can be useful for those who find breaks from their CHC disruptive i.e. can contribute to forgetting to take the pill.



What are the 'Tailored' CHC Regimens?

	Pill, patch or ring days		Pill, patch or ring FREE days
STANDARD	21	7	21 7
<p>Choose this if:</p> <ul style="list-style-type: none"> You are new to CHC and want to establish a routine first. You want a regular bleed every 4 weeks. Your bleeds don't bother you AND You are a very reliable pill, patch or ring user. 			
FIXED EXTENDED	63	4 or 7	63 4 or 7
FLEXIBLE EXTENDED	Any number, but at least 21 	4	Any number, but at least 21 
CONTINUOUS	Use CHC daily with no breaks even if you bleed 		
<p>Choose one of these if:</p> <ul style="list-style-type: none"> You worry about remembering to start new packs after a break. You want to reduce your bleeding and associated symptoms. You have previously become pregnant using the combined pill, patch or vaginal ring. 			

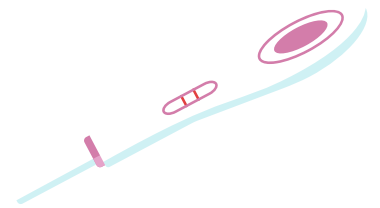


Are the 'extended' and 'continuous' ways of using CHC safe?

Yes. Your clinician will have checked that the method of CHC you have agreed on is appropriate. The traditional way of taking CHC gives you a regular bleed every 4 weeks during your hormone-free interval. This mimics the monthly bleed most women have naturally without CHC. However, there is no medical reason why women need a monthly bleed. The latest evidence and expert guidance tell us that the extended and continuous ways of using CHC are just as safe, even though you will use more pills, patches, or rings than with the standard way.

Can I get pregnant during the planned 'breaks' in using CHC?

No. It's perfectly safe to have unprotected sex during the CHC-free breaks so long as you've used your CHC correctly and restart it at the right time. Forgetting to restart your CHC at the right time can result in unwanted pregnancy. If this happens, refer to the patient information leaflet in the packet of your medicine for appropriate steps to take. Seek advice if you are unsure of what to do.



Does CHC protect me from Sexually Transmitted Infections (STIs)?



No. Whilst CHC can help prevent pregnancies, it does not provide any protection against STIs, such as chlamydia, gonorrhoea and herpes. Nor does it protect against transmission of HIV. Using condoms is an effective method of reducing risk of obtaining an STI from unprotected sex. Speak to your sexual health clinic, GP or local pharmacist for further advice.

Where can I find further information on CHC?

- iCaSH website (<https://www.icash.nhs.uk/>)
- NHS website (www.nhs.uk)
- Contraception Choices (www.contraceptionchoices.org)

If you are unable to find the answer to your question online, please do not hesitate to contact your local iCaSH clinic to speak to one of our specialists.

For further information about this service, contact:

Call us: 0300 300 3030

Visit our website: www.icash.nhs.uk

If you require this information in a different format such as in large print or on audio tape, or in a different language, please contact the service on the details above.

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For free, confidential health advice and information 24 hours a day, 365 days a year, please contact NHS 111.