

Your Combined Pill

Congratulations, you have chosen an excellent method of contraception. Not only is it very effective at preventing pregnancy but it can also provide some non-contraceptive benefits.

This leaflet explains how to get the most out of your pill.



Phone: 0300 323 1300

Web: www.axess.clinic

Firstly

How does the pill prevent pregnancy?

The hormones in the pill stop the ovaries releasing an egg each month.

No egg – no pregnancy!

What about other benefits?

There are many! One of the most common is how it effects your bleeding. Most women bleed less and very importantly, the pill allows you to control when you bleed.

And next...

How do I take it?

The **standard way** is to take one pill each day for 21 days followed by a 7 day break. You will have a bleed in the week off. Then start a new pack on the 8th day. That will be the same day of the week on which you started your first packet

But...

Can't I get pregnant in the week off?

No. It's perfectly safe to have unprotected sex in your week off so long as you've **taken your pills correctly** and remember to **start your new pack on time**. Forgetting to restart **makes your break more than 7 days and is risky**.

So...

How can I make sure my pill is as effective as possible?

The simple answer is to have fewer and shorter breaks! You could try the **fixed extended way**: take 3 packs in a row (63 days or 9 weeks) followed by a 4 day break, then another 3 packs followed by a 4 day break and so on. You will bleed every 9 weeks. Discard the unused pills so the pill you take on any day is marked with that day of the week.

OR, even easier, you could try the **flexible extended way**: simply take your pill daily and take your breaks when you start to bleed. When you have 3 days of bleeding (not just spotting) in a row, stop taking your pill for 4 days (remember to discard them). Then restart and simply continue until your next bleed. Just make sure that you take at least 21 pills in between your breaks.

OR, easiest of all: just take your pill **continuously** – no breaks whether or not you bleed

But... Are the extended and continuous ways safe?

Yes, your doctor or nurse will have checked that the pill is right for you. When the pill was developed, manufacturers recommended the standard way so that users would have a regular monthly bleed as they would if not using the pill. In fact, there is no medical reason why women need a monthly bleed. The latest evidence and expert guidance tells us that **the extended and continuous ways of taking the pill are just as safe** even though you will take more pills than with the standard way

And finally What are the extra benefits?

Using the extended or continuous ways reduces the number of bleeds you have. This is really helpful if you bleed heavily, have a tendency to become anaemic or have pain or other symptoms associated with your bleeds. These alternative ways also put you in control – you don't have to have a bleed if it's not a convenient time for you.

Which way will you choose?

	Pill days		Pill FREE days	
STANDARD	21	7	21	7
Choose this if:	You are new to the pill 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 taker			
FIXED EXTENDED	63	4	63	4
FLEXIBLE EXTENDED	Any number – at least 21	4	Any number – at least 21	4
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CONTINUOUS	Take a pill every day with no breaks even if you bleed			
Choose one of these methods if:	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 patch, combined pill or ring			

For further information about this service contact:

0300 323 1300

Or visit our website at **www.axess.clinic**

Whichever way you use your pill, **if you make a mistake**

- ✓ Don't stop – carry on taking it even if you start to bleed
- ✓ Use condoms or don't have sex for seven days
- ✓ Seek advice – read the leaflet or contact us on: 0300 323 1300
- ✓ If you often miss pills, **consider changing to a Long acting method**
(injection, implant or 'coil')