

# Managing missed doses of oral contraceptives

The counselling recommendations provided in this section are in accordance with the recommendations of Family Planning NSW, the *Australian Medicines Handbook* and *Therapeutic Guidelines*. Recommendations from other sources may differ and may be more, or less, conservative. Pharmacists should use this information as a general guide only, and should treat each case on an individual basis, using their clinical knowledge and professional judgement to suggest the most appropriate course of action.

## Combined oral contraceptive pill

Combined oral contraceptives (active pills) should be taken at approximately the same time each day. The sugar tablet or hormone-free phase of the contraceptive cycle should not exceed seven days.<sup>1</sup>

Contraceptive efficacy is affected if<sup>2,3</sup>:

- Two or more active pills are missed (i.e. the period between active pills is greater than 48 hours).
- Medications are taken that interfere with the pill's effectiveness.
- Severe vomiting and/or diarrhoea persist for more than 24 hours.

The risk of pregnancy depends not only on how many pills were missed, but also on when those pills were missed. The risk is greatest when active pills are missed at the beginning or at the end of the active pills (i.e. when the hormone-free interval is extended beyond seven days). The rationale for this is summarised in the 'seven-day rule'<sup>1,4</sup>:

- Seven consecutive days of active pills are necessary to reliably prevent ovulation.
- Seven active pills may be omitted without ovulation (as happens in the pill-free or inactive pill week).
- Missing more than seven consecutive active pills risks ovulation occurring.

See [Table D.13](#).

## Progestogen-only pill

The progestogen-only pill (POP; minipill) is taken continuously without a break. Its efficacy depends largely on its effect on thickening of cervical mucus. This is maximal between three and 21 hours after ingestion, therefore POPs should be taken at the same time each day, preferably some hours prior to sexual intercourse.<sup>5</sup>

Counselling recommendations if the POP is more than **three hours** overdue; **or** vomiting occurs within two hour after taking a pill; **or** severe vomiting or diarrhoea persists for more than 24 hours<sup>2,3</sup>:

- Take one pill as soon as possible.
- Take the next pill at the usual time.
- Continue taking pills regularly at the same time each day.
- Use extra contraception or abstain from sexual intercourse for the next 48 hours.
- Consider using emergency contraception if sexual intercourse has occurred after the three-hour delay in taking a pill and before two consecutive pills have been taken to restore contraceptive effect.