

Initiation of the Drospirenone 4mg Progestogen only Pill

Each 28-day cycle of the 4 mg drospirenone (DRSP) progestogen only pill (POP) consists of administration of one active tablet for 24 consecutive days followed by the administration of one inert tablet for 4 consecutive days.

Traditional initiation

The DRSP 4mg POP is immediately effective if:

- started on day 1 to 5 of a regular menstrual cycle*
- started less than 21 days postpartum
- started within 5 days of an abortion, miscarriage or treated ectopic pregnancy.

*This recommendation is based on the Faculty of Sexual & Reproductive Healthcare guidance for all progestogen-only methods. ⁽¹⁾

Quick Start

The DRSP 4mg POP can be initiated using Quick Start at any stage of the menstrual cycle starting with an active hormone pill with the additional use of condoms or abstinence for the first 7 days of active pill taking. If pregnancy cannot be excluded, a pregnancy test is recommended 4 weeks after initiation.

Switching to DRSP 4mg POP from other contraceptive methods

Table 1 provides advice on switching from other methods of contraception.

Table 1. Initiating or switching to the DRSP 4mg POP from another contraceptive method		
Situation	Begin drospirenone 4mg	Effective
No contraception or barrier	Day 1 to 5 of normal cycle	Immediately
	Any other time ¹	In 7 days
Postpartum Includes stillbirths and abortions >24 weeks	≤21 days post delivery	Immediately
	>21 days post-delivery ¹	In 7 days
Post abortion, miscarriage or ectopic pregnancy	Within 5 days of a surgical abortion, miscarriage or treated ectopic pregnancy, or within 5 days of taking mifepristone (Step 1 of medical abortion)	Immediately
	Any other time ¹	In 7 days
LNG IUD ^{1,2}	Any time	In 7 days
Cu-IUD ^{1,2}	Day 1 to 5 of cycle	Immediately
	Other times	In 7 days
DMPA injection	In date	Immediately
	>14 weeks since last injection	Any time ¹
Combined pill or vaginal ring	If 7 or more consecutive days of active pill or ring use.	Immediately
	Start DRSP pill the next day	
	Any other time	In 7 days

Traditional Progestogen only pills ³	Any time ¹	In 7 days
Levonorgestrel emergency contraception	Straight away ⁴	In 7 days
Ulipristal emergency contraception	At least 5 days later ⁴	In 7 days

1. Consider existing pregnancy, e.g., if current method expired. If pregnancy not excluded perform pregnancy test 3 weeks after last unprotected sexual intercourse

2. There is a risk of pregnancy from previous intercourse if an IUD is removed within 7 days of unprotected sex. Retain IUD for 7 days unless there has been no unprotected sex in the previous 7 days

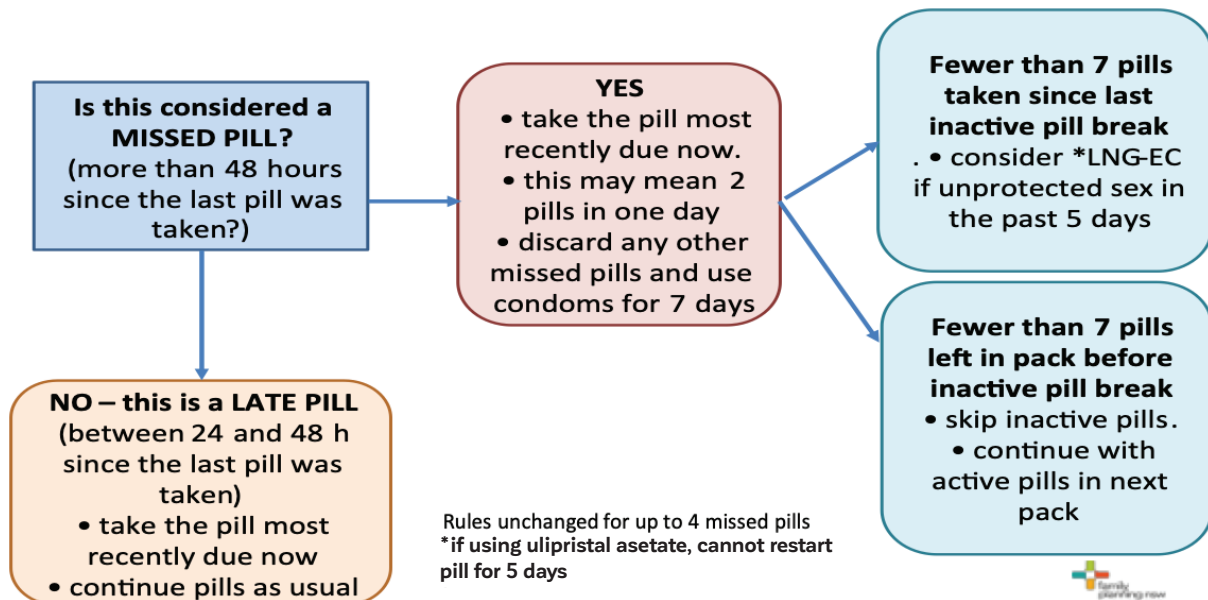
3. Norethisterone 350mcg and levonorgestrel 30 mcg

4. Pregnancy test recommended 4 weeks after initiation

Missed pill advice

A study which involved four fixed scheduled delayed intakes of 24 hours each on day 3, 6, 11 and 22 of the 24 active pills over 2 cycles followed by a double dose the following day found that inhibition of ovulation was maintained.⁽²⁾ As a result the missed pill advice is the same as for the combined oral contraceptive pills.⁽³⁾

Managing missed DRSP 4mg POPs



References

1. Progestogen-only Pills: Faculty of Sexual & Reproductive Healthcare. Clinical Effectiveness Unit; 2019 [updated January 2016; cited 2019 12 September]. Available from: <https://www.fsrh.org/standards-and-guidance//documents/cec-ceu-guidance-pop-mar-2015/>.
2. Duijkers IJM, Heger-Mahn D, Drouin D, Colli E, Skouby S. Maintenance of ovulation inhibition with a new progestogen-only pill containing drospirenone after scheduled 24-h delays in pill intake. *Contraception*. 2016;93(4):303-9.
3. eTG. Contraception [published 2020 Dec]. In: eTG complete [digital]. Melbourne: Therapeutic Guidelines Limited; [cited 2021 29 October]. Available from: <https://www.tg.org.au>.



familyplanningallianceaustralia.org.au

The Medical Advisory Committee of Family Planning Alliance Australia is comprised of senior medical educators, senior medical officers and medical directors of the member family planning organisations. The Clinical Reference Group of the Medical Advisory Committee exists as a means to review current clinical practice and provide evidence based recommendations for use by sexual and reproductive health practitioners where clinical guidance is lacking.

© Family Planning Alliance Australia. March 2022

Family Planning Alliance Australia has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to confirm that the information complies with present research, legislation and policy guidelines. FPAA accepts no responsibility for difficulties that may arise as a result of an individual acting on this information and any recommendations it contains.

State / Territory sexual health and family planning organisations



Western Australia
SHQ (Sexual Health Quarters)
shq.org.au



Northern Territory
Family Planning Welfare
Association of NT
fpwnt.com.au



South Australia
SHINE SA
shinesa.org.au



Queensland
True
true.org.au



ACT
Sexual Health and Family
Planning ACT
shfpact.org.au



New South Wales
Family Planning NSW
fpnsw.org.au



Victoria
Sexual Health Victoria
shvic.org.au



Tasmania
Family Planning Tasmania
fpt.asn.au