

POP-SLINDA®

Progestogen-Only Pill

The POP is an oral contraceptive pill containing a low dose progestogen, similar to a hormone which is produced by the ovary. It is taken every day to prevent pregnancy. It can be used while breast feeding and is available only on prescription.

This fact sheet has information on Slinda® (drospirenone) only. For information on other POPs please refer to our general POP fact sheet.



QUICK FACTS

Common name:
Slinda®.

Medical names:
Progestogen Only Pill, POP, Drospirenone.

Effectiveness:
91% with typical use, 99.5% with perfect use.

Effectiveness duration:
24 hours (daily pill).

Fertility:
Reversible with rapid return to usual fertility when stopped.

Who can use it?
Suitable for most people from menarche (start of periods) up to the age of 55.

Hormones:
Contains progestogen hormone.

Visibility:
Discreet but you need to store the packets.

STIs:
No protection.

Bleeding pattern:
May cause irregular bleeding. Bleeding usually reduces over time. Nearly half of users have no periods (amenorrhoea) by 12 months of continuous use.

Cost:
Cost depends on your individual situation. Less than \$40 per prescription.

How to get it:
Book an appointment at a True clinic or with your GP.

THE POP DOES NOT PROTECT AGAINST SEXUALLY TRANSMITTED INFECTIONS (STIs). TO MAKE SURE YOU ARE PROTECTED AGAINST PREGNANCY AND STIs, USE THE POP PLUS A CONDOM FOR EVERY SEXUAL ENCOUNTER.

How is Slinda® different from the other POPs?

Slinda® packs contain sheets of 24 hormone tablets and 4 sugar tablets which should give you regular bleeding. The other POPs have a daily hormone pill that usually causes irregular bleeding. You also have 24 hours to catchup on a missed pill compared to 3 hours.

How does Slinda® work?

Drospirenone works by:

- thickening of the mucus of the cervix so that sperm can not enter the uterus (womb)
- altering the endometrium (the lining of the uterus), making it unsuitable for pregnancy
- preventing ovulation (egg release from the ovary).

How effective is it at preventing pregnancy?

Effectiveness can be over 99% at preventing pregnancy but this relies on correct use. They may not work if:

- the pill is taken more than 24 hours late
- you vomit within 3 hours of taking it
- you have severe diarrhoea
- you are taking certain medications or natural remedies (check with your doctor, nurse or pharmacist).

Who can use Slinda®

- Most people, including those who can not take oestrogen
- People who are breastfeeding
- People aged over 35 who smoke and/or vape

Who should not use Slinda®

People with:

- current or past breast cancer or severe liver disease
- unexplained vaginal bleeding that has not been investigated
- a previous history of stroke or significant coronary heart disease.

What are the benefits of Slinda® as a method of contraception?

The benefits include:

- it's a low dose of hormone
- it's easily reversible with rapid return to fertility
- possible reduced risk of cancer of the uterus and ovaries
- after 12 months of use of drospirenone nearly half of users have no bleeding
- it's suitable for people who can't take contraceptives that contain oestrogen
- it can be used while breast feeding.

What are the possible side effects of Slinda®?

Side effects are uncommon but may include:

- irregular vaginal bleeding
- follicular ovarian cysts – usually there are no symptoms and do not require treatment
- sore/tender breasts
- headaches
- changes to your skin
- mood changes.

These side effects often settle with time. Slinda® has not been shown to cause weight gain.

What happens to periods when Slinda® is used for contraception?

Slinda® changes bleeding/period patterns. These changes are a result of the hormonal effect to the lining of the uterus.

During the first months of use, episodes of irregular bleeding and spotting are common. The frequency and duration of such bleeding settles with increasing duration of use. With drospirenone POP, almost half of users can have no periods after 12 months of use.

When does fertility return when you stop Slinda®?

Fertility returns rapidly after Slinda® is stopped and it is recommended to change to a new form of contraception if not wanting to fall pregnant.

What are the possible risks?

Slinda® use may be associated with a slight increase in breast cancer with current or recent use. This absolute risk remains small.

How to start using Slinda®

Starting Slinda® for the first time requires an assessment by a doctor or a nurse practitioner and a prescription.

When you start Slinda® for the first time or after a break it can take up to 7 days to start working to prevent pregnancy. This depends on the timing of your menstrual cycle, and if you are already using contraception. Speak with your doctor, nurse or pharmacist for more information.

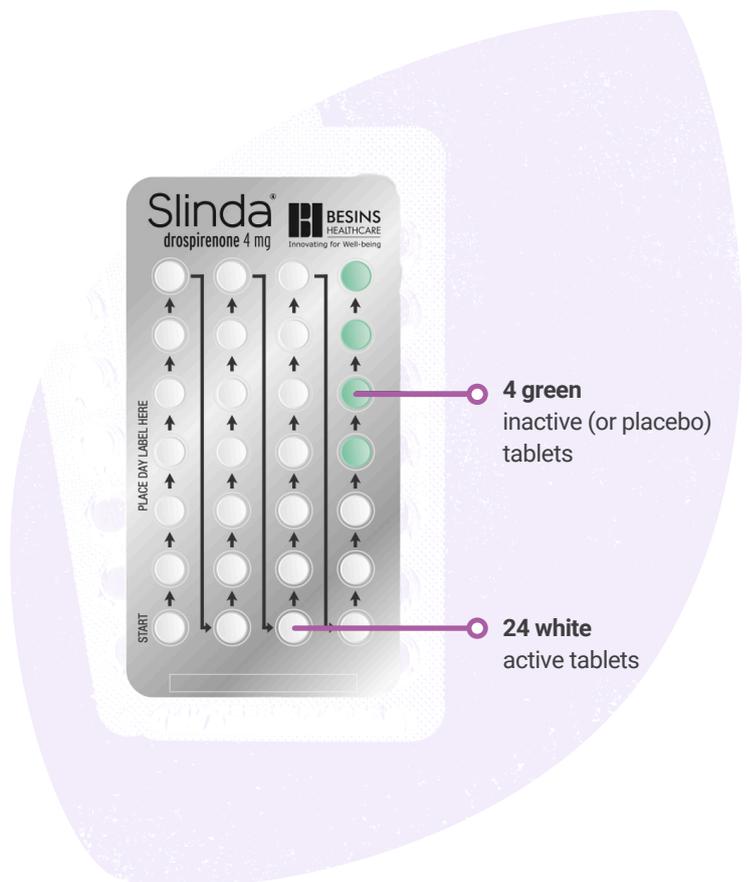
It may be helpful to take the pill at the same time you do another activity every day (such as cleaning your teeth) or you could enter a reminder into your phone.

What do I need to know about ongoing use?

Slinda® does not protect you against STIs. Once you have taken all the pills in a packet, you start a new packet. Skipping the sugar pills may increase the likelihood of irregular bleeding.

To renew your prescription, you will need to see a doctor or nurse practitioner for review at least once a year. If you run out of pills and cannot get a new script, speak to your regular pharmacist. Some pharmacists will give you a small supply of pills without a script if you show them your old pill packet until you can get an updated script.

If you are late to take or miss a pill, see the Missed Pill chart.



Missed a drospirenone (Slinda®) progestogen-only (POP) Pill? How late are you?

More than 24 hours late?

That is, more than 48 hours since you took an 'active' pill.
For example, you took Monday's pill at 9.00am,
forgot your Tuesday pill and it is now 11.00am on Wednesday.
Where in the pill cycle have you missed the pill(s)?

Any of the first 7 'active' hormone pills after the 4 'inactive' pills.

Take the most recently missed pill now.

Take further pills as usual (even if this means 2 pills in a day).

You will not be protected from pregnancy until you've taken 7 consecutive 'active' pills.

Use condoms or no sex until you have taken 7 consecutive 'active' pills.

If you've had unprotected sex in the last 5 days, emergency contraception is recommended.

Any from the 8th to the 17th 'active' hormone pills.

Take the most recently missed pill now.
Take further pills as usual (even if this means 2 pills in a day).

You will not be protected from pregnancy until you've taken 7 'active' pills in a row.

Use condoms or no sex until you have taken 7 consecutive 'active' pills.

Any of the last 7 days 'active' pills before 4 'inactive' pills.

Take the most recently missed pill now.

Take further pills as usual (even if this means 2 pills in a day).

You will not be protected from pregnancy until you've taken 7 consecutive 'active' pills.

Use condoms or no sex until you have taken 7 consecutive 'active' pills
AND

skip 'inactive' pills in this pack. Go straight onto the hormone pills in next pack.

Any of the 'inactive' pills.

No precautions are required.

You are still protected from pregnancy as long as you haven't missed any 'active' hormone pills.

Less than 24 hours late?

That is, less than 48 hours since you took an 'active' pill.
For example, you took Monday's pill at 9.00 am, forgot your Tuesday pill and it is now 7.00 am on Wednesday.

Take the late pill now (even if this means taking 2 pills in one day) and further pills as usual. That's all.