

Female contraceptive:

→ ORAL CONTRACEPTIVES

- Combined Pills
 - Phased Pills
 - Post-coital Pills
 - Mini Pills
- Injectable
- Implants

MOA of OCP - combined Pill

- Inhibition of ovary Release from pituitary by negative feedback Inhibition.
Progesterone Reduces LH, Estrogen Reduces FSH, Both upregulate Inhibit mid cycle LH surge

- Progesterin make cervical mucus thick → prevent sperm entry.
- thinning of tubal connection
- endometrium unsuitable for implantation
- can delay blastocyst

COMBINED PILLS:

Estrogen + Progesterin is given due to be taken on all days of the cycle (monophasic)
E → Ethinylestadiol - 20 µg
P → Levonorgestrel - 60 µg

What are

Administration: 1 tab for 21 days, starting from 5th day of menstruation, Next started from 7 days after

Phased Pill

- Aim at Reducing total ~~estrogen~~ contraceptive dose without affecting ~~efficiency~~ efficiency.
- Mimics normal cycle
- Estrogen dose is kept ~~high~~ constant all days while Progesterone is low 1st or higher in 2nd and 3rd phase
- Women Above 35y

Progestin only pill (mini pill)

- contain a low dose of Progestin only
- Estrogen is eliminated because most long term Risk of OCP are due to estrogen.
- Administered daily without gap.
- Dis → Less efficacy chances of ovulation
- Disrupts cycle

Emergency / Postcoital pill

- For preventing unwanted pregnancy

Common Regimens:

- Levonorgestrel 0.75mg 2 tabs 12hr apart within 72hrs of intercourse.

20th Nov 09

→ Elliptical. 30mg sigle dose within 120hrs

→ Half life stone 600mg sigle dose within 7 hrs.

APR
→ N, V, Headache, swelling, Bone discomfort
→ Anorexia, weight gain, Pruritus vulvae, blood swarms
→ DVT, pulmonary embolism, thromboses, ↑ BP

Contraindications:

Absolute:

- H/O thromboembolic, bleeding, cerebrovascular disease.
- Acute liver disease, hepatitis.
- Porphyria.

Relative → DM, obesity, smoking.

Ad of contraceptives:

- Reduced menstrual blood loss of haemorrhage.
- Endometriosis, Pelvic inflammatory disease.
- Regulation of irregular cycle.