



Oral Contraceptives and Blood Clots

Before prescribing a contraceptive, your doctor is required to discuss the options with you and to explain the risks and benefits. Your doctor will also need to check whether you have any risk factors that would prevent you from using an oral contraceptive ('the Pill') or increase your risk of having a blood clot or other side effect. All benefits and risks need to be considered when deciding which contraceptive is best for the individual woman.

This leaflet is designed to give you information about blood clots that may occur with some oral contraceptives.

What is a blood clot?

The blood clots associated with oral contraceptives occur in the veins of the legs and cause a blockage. They may cause death when pieces of the clot dislodge and travel to the lungs, but this happens rarely. (These blood clots are not those that may occur with your period.)

How often do blood clots occur with oral contraceptives?

Blood clots occur rarely with oral contraceptives, and deaths from blood clots are even more rare.

The risk of a normal healthy woman developing a blood clot in one year is 1 in 30,000. The risk of blood clots is increased by pregnancy. Taking oral contraceptives containing oestrogens also increases the risk of blood clots, but not as much as being pregnant. The risk depends on the type of oral contraceptive (see table).

Type of oral contraceptive	Brands	Risk of blood clots per year
Progestogen-only pill	Femulen, Microlut, Microval, Noriday	1 in 30,000 women (No increase in risk)
Combined oral contraceptives with low-dose oestrogen and progestogen or anti-androgen		
<i>Second generation</i> Pills containing the progestogens levonorgestrel or norethisterone	Brevinor, Loette, Microgynon 30, Monofeme, Nordette, Norimin, Synphasic, Trifeme, Triphasil, Triquilar	1 in 10,000 women (3 times the normal risk)
<i>Other</i> Pills containing the anti-androgen cyproterone	Diane-35	1 in 10,000 women (3 times the normal risk)
<i>Third generation</i> Pills containing the progestogens desogestrel or gestodene	Femodene, Marvelon, Mercilon, Minulet	2 in 10,000 women (6 times the normal risk)
Combined oral contraceptives containing high-dose oestrogen and progestogen		
Pills containing 50mcg oestrogen	Biphasil, Microgynon 50, Nordiol, Norinyl-1, Ovral, Ovulen	More than 2 in 10,000 (Actual risk uncertain)

How often are blood clots fatal?

Of those who get a blood clot, 1–2% will die. One death in about two years would be expected in New Zealand women using oral contraceptives.

Up to the end of 1998, at least seven women using oral contraceptives died in New Zealand of a blood clot on the lungs. Five of these deaths occurred in 1997 and 1998. All of those who died were using third generation pills, the first of which became available in 1982. The reason for the higher than expected number of deaths in the recent years is unclear. Sometimes natural fluctuations can cause unexpectedly high or low numbers of events.

What increases the risk of blood clots?

Some of the risk factors for blood clots are a previous blood clot, a close family member who has had a blood clot, bad varicose veins, being overweight, cancer, recent surgery and being immobilised. Women who have had a previous blood clot should not take a contraceptive pill containing oestrogen. You should tell your doctor if any of these risk factors apply to you.

Your risk of having a blood clot can be increased temporarily, for example by a long flight, being immobilised by injury or illness, or by having surgery.

What are the symptoms and what should I do about them?

The symptoms of a blood clot in the leg are swelling, tenderness and pain, but a blood clot may occur without symptoms. Breathlessness occurs with a blood clot on the lungs. These symptoms can also occur for other reasons.

If you are taking an oral contraceptive pill and you develop any of these symptoms you should see a doctor immediately. You should be particularly alert to these symptoms if you have a risk factor for blood clots.

Treatment for blood clots in the legs or lungs is straightforward.

Who can I discuss this information with?

You should discuss your risk of blood clots with your doctor. You have a right to expect your doctor to explain the risks and symptoms to you in a way that you can understand.

Remember that blood clots are rare events in healthy women taking the contraceptive pill. Serious consequences are even more unlikely to occur. Your risk will be reduced even further if you see a doctor immediately if you get any symptom of a possible blood clot.