



The American College of  
Obstetricians and Gynecologists

WOMEN'S HEALTH CARE PHYSICIANS

# COMMITTEE OPINION

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## Committee on Gynecologic Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

## Comparison of Venous Thromboembolism among Users of Drospirenone-Containing Oral Contraceptive Pills

**ABSTRACT:** Although the risk of venous thromboembolism is increased among oral contraceptive users compared with nonusers who are not pregnant and not taking hormones, and some data have suggested that use of drospirenone-containing pills has a higher risk of venous thromboembolism, this risk is still very low and is much lower than the risk of venous thromboembolism during pregnancy and the immediate postpartum period. When prescribing any oral contraceptive, clinicians should consider a woman's risk factors for venous thromboembolism and refer to the **U.S. Medical Eligibility Criteria for Contraceptive Use** issued by the Centers for Disease Control and Prevention. Patient education materials, including product labeling, should place information regarding oral contraceptive use and venous thromboembolism risks in context by also providing information about overall venous thromboembolism risks and venous thromboembolism risks during pregnancy and the postpartum period. Decisions regarding choice of oral contraceptive should be left to clinicians and their patients, taking into account the possible minimally increased risk of venous thromboembolism, patient preference, and available alternatives.

Comparison of oral contraceptive users, compared with nonusers who are not pregnant and not taking hormones, and some data have suggested that use of drospirenone-containing pills has a higher risk of venous thromboembolism, this risk is still very low and is much lower than the risk of venous thromboembolism during pregnancy and the immediate postpartum period. When prescribing any oral contraceptive, clinicians should consider a woman's risk factors for venous thromboembolism and refer to the **U.S. Medical Eligibility Criteria for Contraceptive Use** issued by the Centers for Disease Control and Prevention. Patient education materials, including product labeling, should place information regarding oral contraceptive use and venous thromboembolism risks in context by also providing information about overall venous thromboembolism risks and venous thromboembolism risks during pregnancy and the postpartum period. Decisions regarding choice of oral contraceptive should be left to clinicians and their patients, taking into account the possible minimally increased risk of venous thromboembolism, patient preference, and available alternatives.

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Committee on Contraception, National Commission on Obstetrics and Gynecology

- **Decisions regarding the choice of OC should be left** to patients and their patients, taking into account their own factors

• **When possible, patients should be offered** the option of non-oral contraceptives, such as intrauterine devices (IUDs), implants, or injectables, as an alternative to oral contraceptives. For patients who are unable to take oral contraceptives, non-oral options should be offered.

- **Women should have a wide range of contraceptive options**, including non-oral contraceptives.
- **If a patient is using a drospirenone-containing OC**, clinicians should consider the risk of hyperkalemia, especially in patients with renal impairment or those taking medications that increase potassium levels.
- **When prescribing any OC, clinicians should consider** the patient's medical history and current medications. Clinicians should refer to the **U.S. Medical Eligibility Criteria for Contraceptive Use**.
- **Patient education materials** should be provided to help patients understand their options and risks.



