

INFORMATION ON HORMONAL CONTRACEPTION

University of Miami Student Health Service

(305) 284-9100

studenthealth@miami.edu

www.miami.edu/student-health

Appointments/results: myuhealthchart.com

BIRTH CONTROL PILLS:

When used correctly and consistently, birth control pills are one of the most effective means available for prevention of pregnancy. Although no method is 100% effective, with proper use the pregnancy rate is considerably less than 1%. The information below is intended as a supplement to the package insert that accompanies your birth control pills, and serves to answer the most frequently asked questions. Be sure to also read the package insert, which contains more complete information, and to discuss additional concerns and special situations with your health care provider. **Please read this information completely and save for future reference.**

WARNING: Smoking and the use of hormonal contraceptives are not recommended, especially in women over age 35. If you smoke you should stop. Talk to your health care provider if you need help quitting.

Birth control pills do not protect you from getting sexually transmitted infections. We advise you to use CONDOMS as additional protection against unintended pregnancy and as protection against sexually transmitted infections. Although condoms do not provide complete protection, if used properly, they can decrease the likelihood of contracting an STD.

Options for starting the pill:

Most Common Method:

Quick Start: If you are absolutely certain you're not pregnant, you can start the pill now and use back-up contraception (i.e. condoms) for at least 7 days.

Alternative Methods:

Day 1 Start: Start pills on first day of a normal menstrual cycle. No back-up method needed (though condoms are still recommended to decrease the likelihood of STDs).

Sunday Start: Begin taking your pills the first Sunday once your period begins.

Example: If your period begins on Sunday, start your pills on that same day; if your period begins on Wednesday, start your pills on Sunday. No matter what day of the week your period begins, start your pills on the first Sunday which occurs after you have begun your period. Do not wait to start the pills on the Sunday after your menses ends.

Use a back-up method for 7 days.

When you finish a pill pack, always start a new pack the very next day following the last pill in the pack. If you decide to stop taking birth control pills for some reason, please complete your current package of pills. Do not stop during a cycle unless advised by your medical provider.

IMPORTANT: As discussed above, if you are using the Sunday or the Quick start method, use another form of birth control for the first 7 days that you take the pill, in order to prevent pregnancy. If you've been using a diaphragm, continue its use through the first 7 days of the first pill month. Use condoms for maximum protection against STD's. Also, remember to take the pill at the same time every day for maximum efficacy.

MISSED PILLS:

If you are regularly skipping and missing pills, you are greatly increasing your chance of pregnancy and should discuss other forms of contraception with your health care provider.

If you miss one or more pills, Emergency Contraception (formerly known as “the morning after pill”) may be an option for you. Emergency contraception is available at our pharmacy and other pharmacies without a prescription for those 17 years and older. This option is most effective if taken within 72 hours of unprotected sexual activity, but it can also be offered up to 120 hours afterwards.

Although you should always refer to the package insert in your pill pack for specific instructions on missed pills, some general directions are listed below.

If you miss 1 pill:

Take the pill you missed immediately, and then take today’s pill when you usually take it. You may spot. Use a back-up method of protection for 7 days (condom). **If you miss the pill in the first week you will need Emergency Contraception and a 7 day back-up method (condom) to reduce your chance of pregnancy.** If you miss one pill in weeks 2, 3 or 4, you will not need a back-up method or Emergency Contraception.

If you miss 2-4 pills:

If you miss 2-4 pills in week 1 of your pill pack, take 2 pills ASAP, and finish the pack by taking 1 pill daily. You will need Emergency Contraception and a 7 day back-up method (condom) to reduce your chance of pregnancy.

If you miss 2-4 pills in week 2 of your pill pack, take 2 pills ASAP, and finish the pack by taking 1 pill daily. You will not need Emergency Contraception OR a 7 day back-up method (condom).

If you miss 2-4 pills in week 3 of your pill pack, **START A NEW PILL PACK.** You will not need Emergency Contraception OR a 7 day back-up method (condom). If you miss 2-4 pills in week 4 (placebo) of your pill pack, finish the pack by taking 1 pill daily. You will not need Emergency Contraception OR a 7 day back-up method (condom).

If you miss MORE than 4 pills in any week of the pill pack, take 2 pills ASAP, and START A NEW PILL PACK. You will need Emergency Contraception and a 7 day back-up method (condom) to reduce your chance of pregnancy.

PILLS AND YOUR PERIODS:

Missed period:

If you have been taking your pills correctly, have no signs of pregnancy, and miss one period, this is not alarming and occurs in many women. Continue to take your pills as scheduled. If you don’t get a period the next month, or are worried about pregnancy, come into the Health Center or check a home pregnancy test.

If you have not taken your pills correctly, come into the Health Center or check a home pregnancy test.

If you miss two periods, visit the Health Center. You may need further evaluation.

Some women taking the pills have very light, short periods. This is not a problem.

SIDE EFFECTS of COMBINED HORMONAL CONTRACEPTIVES:

Many women have no significant problems with hormonal contraception; however some will experience side effects. Fortunately, most of these side effects are minor, usually subside in a few months, and often respond to changes in pill formulation. **Hormonal contraception will not lead to long term infertility.**

Although there is a slight increased risk for breast cancer, this risk is small and for most women the benefits of hormonal contraception are believed to outweigh this risk. Among the benefits of hormonal contraception are a decreased risk of ovarian and endometrial (uterine) cancer, and decreased incidence of menstrual disorders, benign breast disease, uterine fibroids and ovarian cysts.

MINOR SIDE EFFECTS:

Spotting or breakthrough bleeding:

Spotting or bleeding between periods is common in the first 3 months of hormonal contraceptive use. Although inconvenient, it is not harmful and usually resolves by 3 months. Continue to take the birth control as directed and keep track of the days and amount of spotting or bleeding. Do not stop the pills or take more pills (double-up) to try and stop the bleeding, unless so instructed. Missing a pill or two, or taking the pill a few hours late, is one of the most frequent causes of this type of bleeding.

Should spotting or bleeding begin after being on the pills for several months, or persist beyond 3 months, this may be due to some other problem and you should consult the Health Center for evaluation.

Nausea:

This decreases with time...usually in one to three months. If nausea is a problem, it may help to take the pill at night with a glass of water, milk, or with food. Also increase your fluid intake and eat plenty of fruits and vegetables. If regular vomiting occurs, consult the Health Center, as this may interfere with proper absorption of the pill.

Breast Tenderness:

Usually subsides in 1-2 months, but some enlargement and tenderness may persist as long as one uses the pill. A properly fitted bra is recommended. If symptoms are bothersome, consult the Health Service.

Fluid Retention:

This sometimes occurs in the ankles, legs, fingers, or face, and goes away abruptly (via the urine) with the onset of your period. **Clinical trials have not shown any increase in weight in pill users compared to non-pill users.** Any increase in weight over a four to five month interval is usually due to a decrease in one's activity level, so a healthy diet and regular exercise are recommended.

Facial Pigmentation:

Increased pigmentation or a "mask of pregnancy" (melasma) can develop, and darker skinned women are more at risk for this problem. Protecting your face with hats and sunscreen may help prevent this problem.

Acne, increased hair growth, darkening of body hair:

Acne is usually improved with oral contraceptives. Although, worsening of acne, oily skin, or hair growth can occur very rarely. If this happens, consult the Health Service. Either the pills can be stopped or switched to a different formulation.

Decreased Libido:

Occurs very infrequently. If this is a problem for you, speak with your medical provider. Further evaluation can be done and a different pill formulation can be tried. Because the risk from pregnancy is reduced when taking OCP's, many women actually note an increase in their enjoyment from sex.

Medication Interactions:

Some medications can decrease the effectiveness of the pill, and the pill can increase or reduce circulating levels of some medications (such as some anti-seizure medications). Broad spectrum antibiotics, like amoxicillin and tetracycline do *not* reduce the efficacy of OCP's. Anti-tuberculosis drugs, anti-HIV drugs and some systemic anti-fungals can decrease OCP efficacy. Discuss ALL your medications, including over the counter and herbal remedies (like St. John's wort) with your provider if you are taking birth control pills.

SERIOUS SIDE EFFECTS:

Major or serious side effects are rare, but you must watch for them and consult the Health Center, your physician, or an emergency clinic should any suggestion of them occur.

Heart Attack and Stroke:

Oral contraceptives do not significantly increase the risk of heart attack or stroke in healthy, non-smoking women. However, it is important to know that women who SMOKE and those with risk factors like high blood pressure, high cholesterol, and certain kinds of migraines, do have an increased risk of these problems.

Blood clots:

The rates of blood clots (which can occur in different organ systems like the legs and lungs) are:

4 to 5 for every 100,000 reproductive-age women per year for those not using hormonal contraception

12-20 per 100,000 reproductive-age women per year for oral contraceptive users

48 to 60 per 100,000 reproductive-age women per year for pregnant women

Symptoms that might suggest blood clot formation include but are not limited to: 1) persistently painful tender spots on calf or a swollen, painful calf/ leg 2) sudden onset of shortness of breath and /or chest pains 3) sudden loss of vision in one eye. If any of these symptoms occur, you should seek medical attention immediately. Women who have had a history of blood clots (in legs, lungs, or brain) or are otherwise at high risk for blood clots should not use estrogen containing oral contraceptives.

Severe Headaches, sensory changes, weakness or visual disturbances:

Seek evaluation by a health care provider as soon as possible. Also, headaches that worsen after starting the pill should be evaluated by a physician.

Yellowing of skin or eyes:

Should be evaluated by health care provider as soon as possible.

High blood pressure (Hypertension):

Your blood pressure should be taken at least once a year while on birth control pills, unless otherwise specified by your practitioner.

Depression and mood swings:

May occur in some women. Either you can have your pill changed or it can be stopped. Discuss this with your practitioner.

If you should have any of the following symptoms, do not ignore them. It may or may not be related to pill use, so it's best to be evaluated. Call or come into the Student Health Center; or if severe go to an emergency room:

A - abdominal pain

C - chest pain or shortness of breath

H - headaches (frequent or severe, or associated with blurred vision, spots, zigzag lines)

E - eye problems (blurred or doubled vision, loss of vision)

S - severe leg pain

OTHER FORMS OF HORMONAL CONTRACEPTIVES:

NuvaRing

The NuvaRing is a thin, flexible vinyl ring that contains estrogen and progesterone, similar to the pill. The patient inserts it herself in the vagina, where it remains for 3 weeks, and then it is removed for 1 week to allow for the withdrawal bleed. Side effects are similar to the pill. If the NuvaRing is ever out of your vagina for more than 3 hours during the 21-day period, reinsert it and use a back-up method for the next 7 days. If you had unprotected intercourse you will need Emergency Contraception to reduce your chance of pregnancy.

The NuvaRing should not be inserted any later than 5 days after the START of a normal period. If you have not used a hormonal form of contraception the cycle before starting the ring, you should use back-up for the first 7 days (condoms).

Ortho Evra Patch

The patch is worn on the skin and contains both estrogen and progesterone, similar to the pill. It is applied weekly for three weeks, and then removed for 1 week to allow a withdrawal bleed. Although side effects are similar to the pill, the latest studies show an increase in blood clots in Patch users. For this reason, the patch is prescribed much less frequently than in the past. Start on the first day of your period. No back-up method needed. If you are switching from the pill, apply the first patch as soon as your withdrawal period starts, but no later than 4-5 days after the last active pill.

Depo Provera

Given intramuscularly every 3 months, the injection contains progesterone only, making it a good option for women who can't take estrogen and a very effective form of birth control for women who can't remember to take a pill every day. Start day #1-5 of menstrual cycle. No back-up needed. Then return every 11-12 weeks for subsequent injections.

Side effects include menstrual cycle irregularities, breast tenderness, increased appetite/ weight gain and decrease in bone density. You may get a monthly period while on Depo-Provera or may have only light bleeding or spotting, or may miss your period completely. Missed periods are more common the longer that you are on Depo-Provera. Heavier bleeding can also occur and may require a switch to another form of contraception. Please discuss these potential side effects with your provider.

Progestin-Only Pills (Minipills)

These contain only progesterone and no estrogen. They are slightly less effective than combined OCP's, but are still a very good alternative to estrogen-containing pills for women who cannot take estrogen. Minipills also have less serious side effects compared to combination OCP's. Like Depo Provera, these mini-pills can cause very light periods or an absence of menstrual bleeding.

In order for them to be efficacious these pills have to be taken with an obsessive regularity: same time each day. It's the same dose every day, with no pill free interval. You will need back-up contraception for the first 7 to 28 days on the minipill. Since these pills have a very narrow margin of error, if you are ever more than 3 hours late taking a minipill, you will need a back-up birth control method and if you had intercourse you will need Emergency Contraception to reduce your chance of pregnancy. You may be able to start taking the mini-pill today or on the first day of your period. Talk to your clinician about which way they would like you to take it.

MISSED PERIODS AFTER STOPPING THE PILL:

On average, women start ovulating (and hence have a chance of pregnancy) 2 weeks after stopping oral contraceptives. Some women may take longer to get their periods, up to even 6 months. Because the return to fertility can be unpredictable, it is important that a back-up method of contraception be used (i.e. condoms) as soon as you stop the pill, if you do not desire pregnancy.

SAFETY:

Despite the possible hazards associated with hormonal birth control methods, in most situations, they are still safer than pregnancy which can have complications due to miscarriage, abortion, or pre-term delivery. **If you experience any undesirable adverse effects, and wish to discontinue your birth control, please discuss other options with your health care provider first.**

EMERGENCY CONTRACEPTION:

If you have not used your method of contraception correctly, or if you are only using a condom and it breaks or slips or you didn't use one, you may consider the use of Emergency Contraception.

It is best to take it within the first 72 hours after unprotected intercourse, although it can be used up to 120 hours afterwards. Emergency contraception can be purchased in advance for those who use condoms or less reliable forms of contraception or for anyone who thinks they would like to have it just in case. It is available at our pharmacy and other pharmacies without a prescription for those 17 years and older.