

Contraception Handout

General Information about Contraceptive Options:

Non-hormonal Options:

- Natural Family Planning:** “the Rhythm Method” or the Withdrawal / Pull Out Method (aka Pull and Pray)
- Condoms:** female and male
- Phexxi:** contraceptive gel; inserted right before sex and with every individual act of sex

Hormonal, Reversible Options:

- Oral contraceptive Pills (OCPs):** Taken Daily. Estrogen/Progesterone combination or Progesterone alone.
- Patch:** Changed weekly. Ortho-Evra, Twirla. Not a great option for someone who sweats a lot since adhesive provides contraceptive.
- Vaginal Ring:** Used Monthly. Leave ring in for 3 weeks; remove for one week (this will cause a period).
- Depo Provera:** Administered every 3 months. Expect the munchies. Avoid eating the wrong foods, or you WILL gain weight.
- Nexplanon:** Lasts 3 years. Expect unpredictable bleeding. Most effective long acting reversible contraceptive.
- IUD:**
 - Progesterone IUDs: not uncommon to see no bleeding or irregular bleeding.
 - Kyleena IUD: lasts 5 years
 - Liletta IUD: lasts 6-7 years
 - Mirena IUD: lasts 7 years
 - Non-hormonal IUD: expect heavier and midcycle bleeding
 - Paragard IUD: lasts 10 years

Permanent (ie. NON-Reversible) Options:

- Sterilization:**
 - Female: Tubal Ligation
 - Male: Vasectomy

Disadvantages of NON-Condom Choices:

- NOT protective against sexually transmitted diseases. If in a higher risk relationship (ie non-mutually monogamous relationship), use condoms as your first line of protection against STDs and pregnancy, and hormonal contraception as your back up.

Advantages of hormonal contraception choices:

- helps prevent pregnancy by blocking ovulation
- regular, lighter, and less painful periods (especially in the cases of endometriosis or fibroids)
- may help with moodiness and menstrual headaches
- decreases development of ovarian cysts, ovarian cancer, endometrial cancer, pelvic infection by thickening the cervical mucus.

Known Possible Serious Risks of Systemic Hormonal Contraception (ie: synthetic estrogens and progestins):

- Blood clots, stroke, heart attacks, breast and uterine cancers.

Contra-indications of Hormonal Contraception:

- woman greater than 35 **and** smoke
- hypertension (relative contra-indication)
- history of deep vein clots (Factor V Leiden mutation, prothrombin mutation)
- strong family history of strokes, heart attacks, pulmonary embolus before age 50, clots during pregnancy or on hormones.

FAQs regarding Hormonal Contraception Methods:

When do I start my prescription?

The Pill:

- Day 1 Starter: take the first pill within the first 24 hours of onset of your period.
- Sunday Starter: take the first pill on the Sunday after your period starts. If your period starts on Sunday, take the first pill on that day.
- In monogamous/ low risk relationships, use condoms as your back up for at least 3 months before not using condoms.

NuvaRing (disposable) / Annovera Ring (annual non-disposable):

- Place ring vaginally within first week of your period. Remove ring at the end of 3 weeks. Period should come within 2- 3 days of removal.
- Replace with new NuvaRing or Annovera Ring at the end of the 4th week. Start the cycle of ring insertion over again.

The Patch:

- Place patch on arm, shoulder, lower belly, buttock within first week of your period. Never place patch on breast. Make sure skin is clean and free of substance that will not allow adhesion of patch. If patch is not sticking well, you are not protected.
- Change patch weekly for 3 weeks. During 4th patch-free week, you will have your period.

Can I use my pills/ring/ patch “back to back”? Do not go more than 3 months without having a withdrawal bleed.

- Certain instances where taking hormonal contraceptives back to back might help: menstrual migraines, heavy periods, painful periods, social situations where you would like to skip your period.
- This **cannot** be done with the Tri-Phasic Pills. These are pills that have an increasing amount of progesterone per week, ie. each week of pills is a different color.
- This **can** be done with Mono-Phasic Pills (all first 3 weeks of pills look the same), Nuvaring, and the Patch.

How do I take the pill? Take one pill at the same time every day.

- Night time dosing helps decrease the feeling of nausea during the day.
- Do not skip any pills. If you skip, you will likely see some bleeding, and are NOT protected against pregnancy.
- Continue taking the pill every day despite nausea or breakthrough bleeding. These symptoms will improve the longer you take them.

What do I do if I miss any pills? Use BACK UP (Condoms) if you miss any pills and want to avoid pregnancy!

- If you miss one “active” pill, take it as soon as you remember. Then take the next pill at your regular time, ie take 2 pills in one day.
- If you miss two “active” pills in a row during Week 1 or Week 2, take two pills on the day you remember, then two pills the next day, then one pill a day until you finish the pack.
- If you miss two “active” pills in a row during Week 3 OR if you miss 3 or more active pills in a row anywhere in the first 3 weeks of your pack, then throw out rest of pills and start a new pack.
- If you miss your period or are concerned about pregnancy, take a home pregnancy test to confirm you are not pregnant before starting your new pill pack.

Should I be worried if I have little to no bleeding on the week of my placebo pills?

With low dose hormonal contraceptives, it is not uncommon to have minimal to no bleeding. This is not abnormal and should not cause any worry unless you are not taking your pills correctly.

What are the most common side effects with the pill?

Expect a time of adjustment when you start any new medication.

The most common side effects occur during the first 3 months of starting the pill. These include:

- irregular bleeding (use back up method and keep a journal of when you are bleeding during the pill pack)
- upset stomach or nausea (try taking pill at night)
- weight gain due to increased appetite / munchies
- mood swings , breast tenderness or swelling, headaches

If these symptoms continue beyond 3 months, please make an appointment to discuss changing your hormonal contraception method. Please keep a journal of all your side effects and note when in the pill pack you are symptomatic.

What Medications can make my birth control less effective?

Medications that can decrease the efficacy of hormonal contraception (ie. USE BACKUP METHOD / condoms!)

- Antibiotics, seizure medications, sedatives and hypnotics (benzodiazepines like Xanax or Valium)

Future Fertility:

Allow 1-3 normal cycles to pass before actively trying to conceive.

Start prenatal vitamins containing at least 400 mcg of Folic Acid about 3 months before coming off your contraceptive method.