Oral Contraceptives
"The Pill"

Combined Hormonal Contraceptives (CHC) such as "the pill" are contraceptive methods that contain two synthetic hormones - estrogen and progesterone - which are similar to those normally produced by a woman.

CHC are very effective means of birth control. Research shows that out of 100 women using CHC correctly only one will become pregnant during a given year (99% effective). CHC is prescribed for many women in treatment of medical problems, such as painful, irregular or heavy periods, endometriosis, and ovarian cysts.

CHC help to prevent pregnancy, but will not prevent sexually transmitted diseases (STIs). Condoms may be used as a "back-up method" of birth control and may help to decrease the risk for transmission of STIs.

How do combined hormonal contraceptives work to prevent pregnancy?

CHC prevent pregnancy by:
- regulating hormone levels to inhibit ovulation
- producing thick cervical secretions which act as a physical barrier to sperm
- making the lining of the uterus less receptive to a fertilized egg

If you are sexually active, you may not be fully protected from pregnancy by CHC during the first seven days of use. Therefore, use a second method of birth control, such as foam and condoms, during the first seven days of your CHC method. Keep a second method of birth control (such as condoms) available at all times and learn to use it well. These measures are to avoid pregnancy. It is a good idea to always use a condom even when on a CHC method if you are at risk for sexually transmitted diseases.

Starting the Pill

There are three ways to start your first cycle of oral contraceptives.

First Day Start - Take your first pill during the first 24 hours of your menstrual cycle. No back-up contraceptive method is needed when the pill is started the first day of your menses.

Sunday Start - Wait until the first Sunday after your menstrual cycle begins to take your first pill. With this option use another method of birth control for the first 7 days of the first cycle only.

Today Start - Start the pill today. If you have had unprotected sexual intercourse since your last period, perform a pregnancy test prior to starting the pill. If it is negative, start the pill today. Use another method of birth control such as condoms or spermicide the first seven days of the first cycle of use.

When you finish the last pill in a pack, start a new package the very next day, whether or not you are bleeding. You should be taking a pill every day.

Taking Pills

Try to associate taking the Pill with some regularly scheduled activity, like going to bed or eating a meal. This may make it easier to remember. Pills work best if taken at the same time every day. (Try not to vary it more than one hour). This is done to keep a constant level of the drug in your system. Check your pack each morning to make sure that you have taken your pill the day before.

Missed Pills

Missed pills can increase the risk of pregnancy. Missed pills that extend the inactive or placebo week of pills create the greatest increase risk of pregnancy. Use back-up birth control, such as condoms with any missed or late pills until you have taken 7 consecutive active pills. Consider Plan B (emergency contraception) within the first 5 days after any missed pills if a back-up method was not used or if it failed (i.e. broken condom).

If you miss one pill: Take the forgotten pill as soon as you remember. Take your next pill at the regular time. You may experience some spotting.

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Two pills:  Take 2 pills as soon as you remember and 2 pills the next day. Example: you forgot to take your pill on Saturday and Sunday, but remembered on Monday morning. You take 2 pills on Monday and 2 pills on Tuesday. You may experience some spotting. Use a back-up method of birth control such as condoms or foam for the next 7 consecutive days of active pills.

Three or more pills: Discontinue use of your current pill pack. Start using another method of birth control immediately. Start a new pack of pills the Sunday after you realize you have missed three (3) or more pills, even if you are bleeding. Use your second method of birth control while you are off of the pills and for the first 7 days of your new package of pills.

Missing Periods
If you miss a period, but have not missed pills this month, not taken any antibiotics, anticonvulsants, or St. John's Wort this month, and had no illness this month, it is unlikely that you are pregnant. It is common for women taking oral contraceptives to miss periods occasionally. Start a new pack of pills on your usual start date. If you are worried, call the student health service.

If you miss a period and have skipped one or more pills, did take any of the medications listed above, or did have an illness, you may do a home pregnancy test or call the student health service. If you have missed two consecutive periods, call the clinic to speak to an advice nurse or to make an appointment.

When to Use Back-up Birth Control
There are other times you may need to use your second or back-up method of birth control along with taking your pill daily.

When you take Tetracycline, Penicillin, or any other antibiotics, certain anticonvulsant medications, or St. John's Wort that interact with the Pill, a back-up method of birth control (e.g. condoms, diaphragm, spermicidal creams) will ensure maximum protection. It is best to do this while you are taking the other medication and for the 7 consecutive active pills once the medication is completed in the pill packet cycle. If you're not sure about a certain medication, ask your health care provider if the medication will change or interfere with the effectiveness of your oral contraceptive.

If you become ill and have severe diarrhea and/or vomiting, use a back-up method of birth control while you are ill and for at least 7 consecutive active pills after the diarrhea and/or vomiting have stopped.

When you begin taking your last two packages of pills, you will need to return to the student health service for a refill and/or annual exam. Call in advance for an appointment with a clinician for your annual exam.

Modifying Pill Regimens
Skipping the inactive week of pills by starting a new cycle of active pills is an acceptable way to avoid having your period at an inconvenient time. This can also decrease the number of periods you have in a year.

Use your oral contraceptives according to package directions for at least the first 3 cycles of use (unless advised otherwise by your health care provider).

Here are some important tips to help prevent breakthrough bleeding (bleeding during active pills), which is a potential risk when you skip the inactive pill week:

- Make sure you are using a monophasic birth control pill - one that does not change dosing from week to week. If your active pills are all the same color, you are on a monophasic pill.

- If menses-like breakthrough bleeding occurs following a regimen of at least 21 active pill days, stop the active pills to allow the period, and restart a new pill pack on your usual pill start day (providing your start day is at least 5 days from onset of bleeding).

- If light spotting occurs, you can continue the active pills in order to see if the spotting self-resolves. A
back-up method of birth control is advised until 7 active pill days after spotting resolves.

If you are at risk for a sexually transmitted infection, it is a good idea to always use a condom even when on the pill.

Medications and CHC
The following medications and supplements may interfere with the effectiveness of CHC:
- some antibiotics
- anticonvulsants
- St. John's Wort
- Provigil

We recommend that if you take the above medications and supplements and are sexually active with a male partner, you use a back-up method of birth control while using the medication and for 7 consecutive days once the medication is completed.

Other Medical Considerations
If a minor problem develops and you are considering stopping your CHC, call the student health services first. If you are unable to do this, use another method of birth control until you can get to the clinic. It is usually a good idea to complete the cycle unless the problem you are experiencing is serious.

When you are seeing a clinician for another problem, be sure and mention that you are using a combined hormonal contraceptive. This is particularly important if you have your leg in a cast, will be having surgery, or will be having medication prescribed. CHC may affect other medications.

If you decide you want to become pregnant, discontinue the use of the CHC at the end of a cycle. Use another method of contraception until you have had two or three normal menstrual periods. During this time, a multiple vitamin with folic acid is recommended to help prevent certain birth defects.

Smoking cigarettes while using CHC can increase a woman's risk for heart attack, stroke and formation of blood clots. If you currently smoke you should consider quitting. Talk with your clinician about resources available to help you quit.

Benefits of CHC
Some benefits of CHC (besides effective birth control) include:
- improved menstrual regularity
- reduced blood flow during menstruation
- less iron-deficiency anemia
- reduced risk of ovarian cancer and endometrial cancer (cancer of the lining of the uterus)
- fewer functional ovarian cysts
- fewer ectopic pregnancies (pregnancies outside the uterus, in fallopian tubes)
- less fibrocystic breast disease (benign breast disease)
- less dysmenorrhea (painful periods)
- fewer fibroadenomas (benign fibrous-tissue tumors of the breasts)

Side Effects of CHC
Minor Side Effects
- spotting (light bleeding) between periods (will usually stop after 1 to 2 months)
- decreased menstrual flow, missed periods.
- depression, mood changes, fatigue (return to clinic if severe)
- decreased sex drive (rare)
- acne (most women notice a decrease, however)
- breast tenderness, fluid retention, weight gain
- chloasma - skin darkens on upper lip, under eyes or on forehead; sun may make it worse and it may
become permanent
• more problems with yeast infections, vaginal discharge or itching

Serious Side Effects
• hypertension (high blood pressure), often reversible once CHC are discontinued
• gallbladder disease, with upper abdominal indigestion, gall stones

Possible Life-Threatening Side Effects
• blood clots
• heart attacks
• strokes

Please Read
Call the student health services or your health care provider if any of the following happens. If the student health service is closed, go to the nearest hospital emergency department or call 911 for an ambulance. Do not wait for these symptoms to get better.
• severe abdominal pain or tenderness in the lower abdomen
• chest pain, sharp, sudden shortness of breath or coughing up blood
• headache, severe and sudden, or vomiting, dizziness or faintness
• eyesight problems, such as sudden blurred or doubled vision or flashes of light
• severe pain or swelling in calf or groin