



ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS)

Oral contraceptives are a common form of birth control. More than 175 million women have used them worldwide. Despite their widespread use, many people have developed a number of misconceptions about their use and their safety. For example, many people believe that oral contraceptives cause cancer or are unsafe. This simply is not true and represents a lack of knowledge about this form of birth control.

Q. HOW EFFECTIVE ARE ORAL CONTRACEPTIVES?

A. Oral contraceptives are one of the most effective, yet reversible methods of contraception. The theoretical failure rate (failure rate if used correctly) of oral contraceptives is less than 1%. The use failure rate (failure rate when used by women in real life) is also low at about 2% to 3%. Failures, when they occur, are usually related to missed pills or pills taken incorrectly.

Q. HOW DO ORAL CONTRACEPTIVES WORK?

A. Oral contraceptives work by preventing ovulation, which means that the egg is not released and, therefore, cannot be fertilized by sperm. The pill also causes thickening of the cervical mucus, which makes it more difficult for sperm to enter the uterus.

Q. ARE THERE OTHER BENEFITS OF USING ORAL CONTRACEPTIVES?

A. Besides providing an effective method of birth control, women who use oral contraceptives receive other benefits. Women who use oral contraceptives have fewer hospitalizations, have a lower incidence of endometrial and ovarian cancer, benign breast and ovarian disease, and pelvic infections. Menstrual periods are shorter, which reduces the incidence of anemia. Oral contraceptives also cause a women's periods to be more regular and reduce the amount of pain women experience. Birth control pills also reduce the incidence of tubal pregnancy.

Q. ARE THERE WOMEN WHO CANNOT TAKE ORAL CONTRACEPTIVES?

A. Although very safe, oral contraceptives can and do have potential side effects, such as breakthrough vaginal bleeding, nausea, breast tenderness, bloating, and weight gain. Serious complications such as venous thrombosis, pulmonary embolism, gallbladder disease, stroke, and heart attack are about twice as common in pill users, but they are still rare.

Because of potential complications, not all women should use oral contraceptives. Women who should not use oral contraceptives include those who have a history of:

- Blood clots in their legs or a blood clot in your lung (pulmonary embolus)
- Cerebral vascular (stroke) or coronary (heart) disease
- Impaired liver function
- Known or suspected breast cancer
- Undiagnosed abnormal vaginal bleeding
- Known or suspected pregnancy
- Smokers over the age of 35
- Liver tumor (hepatoma)

Q. CAN OTHER DRUGS INTERFERE WITH THE EFFECTIVENESS OF BIRTH CONTROL PILLS?

A. Some drugs can reduce the effectiveness of oral contraceptives, such as penicillin-type antibiotics, tetracycline, barbiturates, ibuprofen, epilepsy-type medications, as well as other drugs. Thus, it is important to let your doctor know if you are taking any medications, so that you can use a backup form of contraception if necessary.

STARTING YOUR PILLS

There are two ways to begin taking oral contraceptives. Once your period starts, you can begin your pills on the first day of your menstrual cycle, or you may begin them on the Sunday following the start of your cycle.

It is important that you take your pill at about the same time each day. The time that you choose should be a time that is easy for you to remember. For example, just prior to going to bed, at the time you brush your teeth in the evening, etc. It is important not to miss a pill. Missed pills increase the risk of pregnancy and increase the possibility of breakthrough bleeding.

WHAT TO DO IF YOU MISS PILLS

If you miss one pill, take it as soon as you remember. Take the next pill at your regular time. Thus, you will take two pills in the same day. If you miss two pills, take two pills on the day you remember and two pills the next day. Then take one pill a day until you finish your pack. If you miss a pill, you should use a backup method of contraception until you have your next menses, and then begin a new pack of pills.

Q. HOW LONG CAN I TAKE ORAL CONTRACEPTIVES?

A. As long as you are healthy and do not smoke, you may continue taking the pill until menopause. How long you stay on the pill is something that you need to decide and discuss with your doctor. There is also no need to "take a break" from using oral contraceptives unless you are planning a pregnancy.

Q. ARE THERE DIFFERENT TYPES OF ORAL CONTRACEPTIVES?

A. There are two major types of oral contraceptives, the mini-pill and the combination pill. The combination pill contains both synthetic estrogens and progesterones and is the most frequently used pill in use today.

The second type of contraceptive is called the mini-pill and contains very small amounts of progesterone-like agents only. It is less effective than the combined pill because it does not always prevent ovulation, but acts by preventing the lining of the uterus from being able to accept a fertilized egg. The combined pill has a failure rate of approximately 2% per year. That means that 2 of 100 women will get pregnant every year using the combination pill. With the mini-pill, the effectiveness rate is about 3%. In other words, 3 out of every 100 women will have a pregnancy per year. Another complication with the mini-pill is the possibility of spotting or bleeding that can occur during the cycle.

EFFECTS OF BIRTH CONTROL PILLS ON YOUR MENSTRUAL CYCLE

Most women will notice that their periods are actually shorter with less bleeding. Some women will also notice spotting or small amounts of bleeding throughout the use of the pill, particularly when the pill is first started. In most cases the reactions go away after the first 3 to 4 months of use. About 10% of women will have complete stoppage of their menstrual cycle. As long as you continue your pills, there is no problem with not having your period.

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