



Birth Control

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Hormonal Methods



The oral contraceptive pill, the contraceptive patch, the vaginal contraceptive ring, the contraceptive injection and the IUD are effective hormonal methods of contraception that may be a good option for some women.

Oral Contraceptive



What is it?

The oral contraceptive pill (OC) is one of the most researched (and often most misunderstood) drugs in the world. It is also one of the world's most prescribed medications - about 100 million women across the globe rely on it. The Pill is a contraceptive suitable for most healthy women, regardless of age, and can be used long-term. Some women only want to take the Pill when they are in a stable relationship and stop taking it when the relationship ends. However, doing so can put people at risk of unintended pregnancy while adjusting back to a new contraceptive method. With proper use, the Pill is 99.9% effective, making it the most reliable contraception available. However, there is a 3% user failure rate.

How it works

Just take the Pill on a daily basis, and try to take it at the same time each day so that it becomes a habit. Some women find it helpful to set an alarm clock, pager or beeper as a reminder. There are two kinds of oral contraceptives, the combined oral contraceptive (COC) and the progestin-only contraceptive (POP).

The Combined Oral Contraceptive (COC)

The combined oral contraceptive contains two types of hormones: estrogen and progestin. This pill works by preventing the ovary from releasing an egg, thickening the cervical mucus making it difficult for the sperm to reach the egg, and changing the lining of the uterus making implantation difficult.

Advantages

- Effective and reversible
- Does not interfere with intercourse
- Regulates menstrual cycle and reduces menstrual cramps
- Decreases acne and hirsutism
- Reduces the risks of endometrial and ovarian cancers
- May reduce perimenopausal symptoms
- Decreases premenstrual symptoms

Types of Birth Control (Contraceptive Methods)

Natural Methods

Non-Hormonal Methods

Hormonal Methods

Which Birth Control Method is the Best Choice for me?

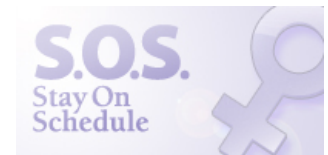
Talking to your partner about birth control

Emergency Contraception (Morning after Pill)

Controlling your period with birth control

Birth Control Myths

S.O.S (Stay on Schedule)



In today's fast-paced society, most people's schedules are jammed full of meetings, events, commitments, and responsibilities. It's not surprising that we sometimes get "off-track" with missed appointments or meetings that take longer than expected. When it comes to contraception, timing and consistency are key to effectiveness. Missing a dose or extending the use of a particular contraceptive method can have serious repercussions. Don't panic! There may be measure you can take to reduce your risk of an unwanted pregnancy.

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Disadvantages

- Must be taken every day, at the same time
- May cause irregular bleeding or spotting
- May cause breast tenderness, nausea, or headaches
- May increase the risk of blood clots, particularly in women who have certain blood disorders or a family history of blood clots
- Effectiveness may be reduced by other medications
- Should not be used by women over the age of 35 who smoke
- Does not protect against STIs

The Progestin-Only Oral Contraceptive (POP)

The progestin-only oral contraceptive contains no estrogen. This pill works by thickening the cervical mucus making it difficult for the sperm to reach the egg, changing the lining of the uterus making implantation difficult, and may sometimes inhibit the release of an egg.

Advantages

- Effective and reversible
- Does not interfere with intercourse
- May reduce menstrual flow and cramps
- May decrease premenstrual symptoms
- May be suitable for women who cannot take estrogen
- May be suitable for women over the age of 35 who smoke
- May be suitable for breastfeeding women

Disadvantages

- Must be taken every day, at the same time
- May cause irregular bleeding or spotting
- May cause breast tenderness, abdominal bloating, acne or headaches
- Effectiveness may be reduced by other medications
- Does not protect against STIs

Myths

A common myth is that women who stop taking the Pill may not be able to get pregnant. Rest assured that taking the Pill will not cause you to be infertile. Most women who use a method of contraception, including the Pill, can later get pregnant if they wish. Another common myth is that the Pill causes cancer. Again, false. In fact, the Pill actually reduces the risk of getting certain cancers such as endometrial and ovarian. Note: The Pill should be used with condoms to prevent both pregnancy and STIs.

Troubleshooting

- If you miss one pill or more go to the SOS "Stay on Schedule" application found in the Games and Applications section on this website.

Where to find it

You can get a prescription by visiting your doctor or a clinic. The cost of the Pill varies from place to place; various health plans cover the cost. The Pill can be obtained at most public health clinics and Planned Parenthood Affiliates for free or at low cost.

Contraceptive Patch**What is it?**

The contraceptive patch (Evra®) is a new method of birth control that has been available in Canada since January 2004. It is a 4 x 4 cm beige patch that sticks to a woman's skin and continuously releases estrogen and a progestin (two female hormones) into the bloodstream.

How it works

The patch prevents pregnancy primarily by stopping the ovaries from releasing an egg, but it may also thicken the cervical mucus (making it harder for sperm to get into the uterus) and make the uterine lining thin. Its method of action is very similar to the Pill.

How to use it

Unlike the Pill, which has to be taken every day, each patch is worn on the skin for seven days. One patch is worn each week for 3 weeks. The patch should be changed on the same day each week (called the "Patch Change Day"). The fourth week is patch-free, allowing a period to occur. The patch should never be off for more than seven days. Following the seven patch-free days, a new cycle is started when you apply a new patch on your Patch Change Day.

Effectiveness

Like the Pill, the patch is also more than 99% effective at preventing pregnancy when used perfectly, with about a 3% failure rate for typical users. For women who have trouble remembering to take a pill every day, the patch may work better than the Pill. It may be a bit less effective in women who weigh more than 90 kg (198 pounds).

Where to wear the patch

The patch can be worn on the buttocks, stomach, back or upper arms, but not on the breasts. It may help to change the location a bit each week. The patch should be applied to clean, dry skin. You should not use any creams or lotions near a patch you're already wearing, or where you'll be applying a new one. The patch is very "sticky". You can exercise, shower, swim or go in a sauna or hot tub and it still sticks 98% of the time! (Read below for what to do if it comes off.)

**Benefits**

Benefits to being on the patch include a regular, lighter period, often with less PMS and cramping. It is believed to reduce the risk of endometrial and ovarian cancers and help prevent benign ovarian cysts like the birth control pill because it works in a similar way. It is completely reversible. Once you stop the patch, your body resumes its natural cycle.

Disadvantages

- The patch does not protect against sexually transmitted infections.
- When starting the patch, you may notice side effects such as breakthrough bleeding (between periods), breast tenderness, headaches, or nausea as your body gets used to the hormones. These symptoms usually go away in the first three months.
- You may also notice some skin irritation.
- Women who cannot take estrogen due to a medical condition cannot use the patch or the Pill. See your doctor to decide if the patch is a good choice for you.
- It may not be covered by all drug plans.

Troubleshooting

- Check each day to make sure the patch is still well applied. If the edges come loose try to smooth it back on by pressing with your hand for 10 seconds. If it does not stick back on, or comes off completely, apply a new patch. You would still change it on your same Patch Change Day and you are still protected against pregnancy.
- If the patch falls off for more than 24 hours put a new patch right away, and start a new four-week cycle. You will need to use a back up method of birth control for the next week and you will have a new Patch Change Day.
- If you forget to change your patch for 1 or 2 days, remove the patch when you remember and apply a new patch. You will still change it on your next Patch Change Day - you are still protected against pregnancy. If you are more than 2 days late changing the patch, you start a new four-week cycle with the new patch. You will need to use a back up method of birth control (like condoms) for the next week.
- If you forget to take off your patch at the start of the Patch-free week, take it off when you remember and start the next cycle at the usual time. Your period may be shorter, or you may still be bleeding when you put on the next patch.
- If you forget to put on your patch after your patch-free week (so you have had more than 7 days with no patch) put it on as soon as you remember. You need to use back up birth control for the first week of the new cycle, and your Patch Change Day will be different.
- If you are not sure, talk to your doctor or pharmacist.

How to start

You'll need to visit your doctor or health clinic to see if this is a good choice for you, and to get a prescription. Ideally, you should apply the first patch on the first day of your period. If you apply the patch more than 24 hours after the start of your period, you will not be protected from pregnancy for the first week. Women switching from a birth control pill should also start the patch on their

first day of bleeding (not when you would have started the next pack of pills).

Vaginal Ring (NuvaRing)



What is it?

The vaginal ring (NuvaRing™) is a new birth control method that is now available in Canada. This soft, flexible, clear plastic ring measures 54mm in diameter and is inserted into a woman's vagina where it slowly releases two female hormones (estrogen and a progestin) for three weeks.

How does it work?

These hormones enter into the woman's bloodstream and prevent pregnancy mainly by stopping the ovaries from releasing an egg. It may also thicken the cervical mucous and make the uterine lining thin. The ring's method of action is very similar to the combined oral contraceptive pill. The ring does not provide a physical barrier to sperm and it does not prevent sexually transmitted infections.

The ring comes in only one size, and does not need to be in a particular position in the vagina to be effective. It is held in place by the walls of the vagina and a woman usually cannot feel the ring once it is in. The woman inserts and removes the ring herself and most women find this easy to do. Remember, the vagina is a closed space and there is no way for the ring to get "lost" or go anywhere else.

The ring is worn inside the vagina for three weeks, followed by a one-week (seven day) ring-free interval. When the ring is removed, a woman usually has a period within a few days. At the end of the ring-free week, the woman inserts another ring to begin a new cycle.

The ring should be left in place during sex. Most men and women do not notice it during intercourse, and even for those who do, it is not usually bothersome.

Effectiveness

The ring is at least as effective as the birth control pill, and it may be more effective if a woman has trouble remembering to take her pill every day.

Who shouldn't use it

Women who cannot take the birth control pill for medical reasons cannot use the ring either. This includes women who have had a blood clot, heart attack, stroke or breast cancer, as well as women with active liver disease or women over 35 years old who smoke. See your doctor to decide if the ring is right for you.

Benefits

In addition to preventing pregnancy, the ring has the added benefit of making a woman's periods more regular, lighter, and may reduce cramping. It is also believed to have similar benefits as the birth control pill in treating PMS, endometriosis and acne, and preventing ovarian and endometrial cancers, but this has not yet been proven. It is completely reversible. When a woman stops using the ring, her body resumes its normal cycle and fertility returns quickly. The ring does NOT cause weight gain, nor does it increase vaginal infections.

Disadvantages

- Uncommonly reported side-effects include headaches, vaginal irritation, discomfort or discharge, nausea, and breast tenderness.
- Breakthrough bleeding (bleeding between periods) occurred in about five percent of women, especially during the first few months.

Troubleshooting

- *What to do if the ring falls out?*

If the ring falls out, it should be rinsed off and replaced as soon as possible. If it has been out for less than three hours, you should still be protected against pregnancy. If it has been out for more than 3 hours, a back-up method of birth control is needed for the next seven days. The ring must stay in for at least 7 more days after being out for longer than 3 hours; this

may mean that you wear it for more than 21 days in total that month. Following this, a one-week ring-free interval can occur and the next ring inserted.

- *What to do if you forget to take the ring out?*

If it has been in for less than 28 days (that is, up to one week too long) remove it, have a seven-day ring-free interval, then insert the next ring. You are still protected against pregnancy. If the ring has been in for more than 28 days, immediately remove it, insert a new ring and use a back-up method of birth control for the next 7 days. You may have irregular bleeding, or no period that month.

- *What to do if you forget to insert the ring after the week off?*

Insert the ring as soon as you remember and use a back-up birth control method for 7 days. If you have unprotected sex after the ring has been out for more than one week, consider using emergency contraception. You should not have more than 7 days without wearing a ring or you risk getting pregnant. Talk to your doctor or pharmacist if in doubt.

How to get it

You will need a prescription from your doctor and you pick it up at a pharmacy.

Injection (Depo-Provera®)



What is it?

Depo-Provera® is a hormonal birth control method that contains a progestin. It does not contain estrogen. It is administered by a needle in the muscle of the arm or buttocks every 12-13 weeks. It is 99.7% effective in preventing pregnancy, but causes loss of bone density. Because of this, Depo-Provera® is usually only recommended for people who are unable to take other contraceptive methods. The injection should be used with condoms to prevent sexually transmitted infections (STIs).

How it works

It stops your ovaries from releasing an egg every month (ovulation). It also thins the lining of the uterus.

Benefits

With this method of birth control, you only have to think about it 4 times a year! You do not have to remember to take it every day. It is reversible. Fifty percent of women will stop having periods all together (amenorrhea) within the first year of starting Depo-Provera®. This is not unhealthy and, for women who have heavy or painful periods, this may be a positive side effect. Depo-Provera® can be used by breastfeeding mothers. It has no effect on breast milk production. It also decreases the risk of endometrial cancer.

Disadvantages

- Depo-Provera® is associated with a decrease in bone mineral density. For this reason, it is recommended when other birth control methods are not a good option.
- Depo-Provera® does not protect against sexually transmitted infections (STIs) or HIV. Condoms should still be used to protect against STIs or HIV.
- Women must return to their health care provider every 12-13 weeks to receive their next injection.

Side-effects

The most common side effects are irregular bleeding and weight gain, although they do not happen to every user. Some hormonal side effects have been reported but only occur in a small number of users.

Irregular bleeding

Irregular bleeding is common in the first few months of use. Some women have no bleeding, some women have spotting, and some women experience heavier bleeding. The bleeding usually decreases with time. By one year, 50% of women will stop having periods altogether.

Weight gain

The average weight gain in the first year of use is approximately 5 pounds. This may be due to increased appetite and an increased food intake.

Decreased bone density

There is a decrease in bone density in women who use the injection, similar to that seen in women who have breastfed for 6 months. Bone density improves when the injections are stopped. This bone density loss is of particular concern for young women in their teens, whose bones are still hardening. The impact of this decrease in bone density is unknown for perimenopausal or postmenopausal women. Women using Depo-Provera® should make sure that they get enough Calcium and Vitamin D, either in their diet or in vitamin supplements, in order to help protect their bones.

Return to fertility

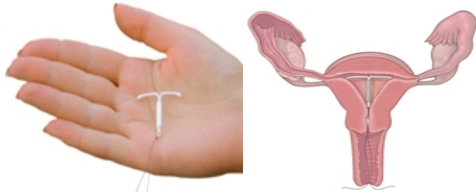
A woman's return to fertility with this method can be longer than with the oral contraceptive pill. It takes an average of 9 months after your last injection to return to your regular menstrual cycle pattern.

Troubleshooting

What if you are late for your next injection? It is important to get your next injection within 12 weeks of your last injection. Late for your next appointment? If you wait longer than 14 weeks, a pregnancy test should be done before you receive your next injection. A non-hormonal method of birth control (eg. condoms, diaphragm, cervical cap) should be used until you receive your injection and for two weeks after your injection.

How to take it

The first injection should be given during the first 5 days of the menstrual cycle. It becomes fully effective 24 hours after the injection. Your next injection is given within 12-13 weeks of your last injection. Your health care provider or nurse will administer the injection to you. A prescription is required. The cost is about \$40.00 for each injection that lasts about 3 months.

Intra-uterine System**What is it?**

The intra-uterine system (IUS) provides reliable, reversible contraception for up to five years. This method of hormonal contraception is more than 99% effective in preventing pregnancy.

How does it work?

The IUS is made up of a small T-shaped frame with a small cylinder containing the hormone levonorgestrel. It does not contain estrogen. This cylinder slowly releases the hormone that acts on the lining of the uterus. The lining of the uterus becomes thinner and the cervical mucus becomes thicker which makes it harder for sperm to enter the uterus.

Benefits

The IUS does not contain estrogen so it can be used in women who cannot take or have a sensitivity to estrogen. The IUS is effective for up to five years. Unlike the copper intra-uterine device (IUD), the IUS decreases the amount of menstrual bleeding and may decrease menstrual cramping.

Disadvantages

- The hormonal IUS does not protect against sexually transmitted infections (STIs) or HIV. Condoms should be used to protect against STIs or HIV.
- Complications associated with the IUS are rare but may occur. Possible complications of inserting an IUS include irregular bleeding or spotting, perforating the uterus (making a small hole in the uterus), infection, or expulsion (the IUS falls out).

Side-Effects

- Irregular bleeding or spotting. This is most common within the first 3 months following insertion. It usually improves with time.
- Most women that use the IUS notice that their periods are less heavy.
- No periods (amenorrhea). Of women that are using the IUS, 20-30% of women will stop having periods (amenorrhea). Not having a period does not necessarily mean that you are pregnant but it may just be a side-effect of the IUS.

Myths and Facts

MYTH: The IUS cannot be used by someone who hasn't had a baby before.

FACT: The IUS can be used by women who have not had a baby.

MYTH: *The IUS increases the risk of infertility.*

FACT: IUSs do not increase the risk of infertility. Women who have their IUS taken out because they want to get pregnant will get pregnant at the same rate as women who have never used an IUS.

MYTH: *IUSs increase the long-term risk of infection (pelvic inflammatory disease).*

FACT: After the first month of use, the risk of infection is not significantly higher than in women without IUSs.

MYTH: *The IUS increases the risk of having an ectopic pregnancy (a pregnancy in the fallopian tubes)*

FACT: The IUS does not increase the risk of ectopic pregnancy.

How to use the IUS

You will need a prescription to get the IUS from the pharmacy. A health care provider must insert the IUS, usually in the office. Your health care provider will insert the IUS into the uterus through the cervix (opening of the uterus). The IUS can be inserted at any time during the menstrual cycle as long as pregnancy can be ruled out. If you have already an IUS inserted, it can be removed and a new one inserted on the same day. It takes only a few minutes to insert an IUS. You may feel some cramping pain when the IUS is being inserted. You may be given a local anesthetic or pain medicine to help control discomfort during insertion.

You should check for the IUS strings from time to time to make sure that the IUS is still in the uterus. You can do this by putting a finger inside the vagina and feeling for the strings near the cervix.

You should contact your health care provider if any of the following occur:

- You cannot feel the IUS threads
- You or your partner can feel the lower end of the IUS
- You think that you are pregnant
- You experience persistent abdominal pain, fever, or unusual vaginal discharge
- You or your partner feel pain or discomfort during intercourse
- You experience a sudden change in her menstrual periods
- You wish to have the device removed or you want to get pregnant.


Subdermal contraceptive implants - are currently not available in Canada

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Other SOGC Education Websites

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