What are some things to consider in deciding if BCPs will be the best contraceptive method for me?
- Can you remember to take the pill at the same time every day?
- Can you assume the cost of buying BCPs on a regular basis?
- If you smoke, can you stop?
- Do you have a family history or medical condition that would make it unsafe to use BCPs?
- Are you willing to use condoms as protection against sexually transmitted diseases?

What are the advantages and disadvantages to BCPs?
Like any method of contraception, there are a variety of pros and cons associated with BCP use. **Benefits:** Effective contraception, can be used for several years, relief of menstrual cramps, decreased risk of ovarian and uterine cancer, regular periods—often shorter and lighter, reduced pre-menstrual tension, decreased incidence of ovarian cysts, reduced risk of developing PID (pelvic inflammatory disease), decreased risk of iron deficiency anemia, protection against benign cystic breast disease, can be easily discontinued (with quick return to fertility).

**Risks:** Developing blood clots, increased risk of heart attack and stroke in smokers, benign liver tumors, high blood pressure, no protection against STDs.

What are the possible side effects of BCPs?
Approximately 40% of women who use oral contraceptives may experience one or more minor side effects. If you are experiencing uncomfortable side effects, please tell your health care provider—often switching to another brand of BCP can relieve these symptoms. Other side effects often improve within the first few months. **Possible side effects include:** Increased sun sensitivity, effect on acne condition (usually positive) and skin pigment changes, missed periods, mood changes (rare), nausea (in first two weeks), spotting (during the first 3 months), breast enlargement and tenderness, vision problems or change in contact lens fit.

Are there any serious problems I should be concerned about while taking BCP’s?
With the current generation of low dose BCPs, the risk of the problems listed below is very small. However, it is important for you to be aware of danger signs that could indicate a serious problem. See your health care provider right away if you have any of these problems, or if you develop depression, yellowing of your skin or eyes, or a breast lump.

**BCP-early danger signs**
- Abdominal pain (severe)
- Chest pain (severe), cough, shortness of breath
- Headache (severe), dizziness, weakness, or numbness
- Eye problems (vision loss or blurring), speech problems
- Severe leg or arm pain or severe swelling

Who should not take the pill?
Women who have had any circulatory disorders such as blood clots (or any problems due to blood clots), stroke, heart attack, coronary artery disease or angina (heart pain) should not take the pill. Also, women with impaired liver function or a liver tumor, known or suspected breast, uterine, ovarian, cervical, or vaginal cancer; and those who are currently pregnant, or who have abnormal vaginal bleeding of unknown origin should not under any circumstances take BCPs.

**Women who smoke should not use the pill,** especially those over the age of 35, since a greater risk of cardiovascular disease has been firmly linked to smoking while on BCPs, and the risk increases markedly with age. Ask your doctor if you need help to quit smoking.

Is it safe for me to take BCPs if close family members (mother, grandmother, aunt) have had breast cancer?
Several studies of high risk women (women with a family history of breast cancer or with the breast cancer susceptibility genes) have shown no increased risk of breast cancer if they use BCPs. (From Contraceptive Technology 20th edition 2011).

How do BCPs work?
BCPs prevent pregnancy by suppressing ovulation through the combined actions of the hormones estrogen and progestin. The pill also causes your cervical mucus to thicken, making it more difficult for sperm to enter the uterus.

What is the difference between the different types of pills?
“Monophasic” pills contain the same daily dose of hormones for each of the active pills in the pack. Some formulations of monophasic pills have higher doses than others. Monophasics can help control cycle length and/or timing and decrease PMS symptoms. Examples of monophasic pills are Sprintec, Levite, Levora, Portia, Seasonale, etc.

“Triphasic” pills contain three different doses of hormones for each week of the 3-week cycle of active pills. Examples of triphasic pills are Tri-Levlen, Orthotcyclen, Trivora, TriSprintec, etc.
"Mini-pills" (progesterin-only pills) may be appropriate for women with certain risk factors (i.e. personal history of cardiovascular disease, breast cancer, liver disease, etc.).

How effective are BCPs?
BCPs are 99% effective in preventing pregnancy if they are taken, as directed, every day at the same time of day.

What are the most important things to remember about taking BCPs?
- Be sure to read the directions that come with your specific BCP package. Keep the directions so you can refer to them later, if necessary. Call to speak with a nurse at the SHC 804-289-8700, if you have questions or concerns.
- Take the pill at the same time every day, preferably at dinner or bedtime, so that pill-taking becomes a habit, like brushing your teeth. Keep your pack in a place where you’ll notice it easily, but it won’t be tampered with.
- Always have your next pack on hand, so you’ll never run short of pills. If you miss pills you could become pregnant. This includes starting the pack late. The more pills you miss, the more likely you are to get pregnant.
- Some women have spotting or light bleeding, breast tenderness, or may feel nauseous during the first 1-3 packs of BCPs. If you do feel nauseous, do not stop taking your pills. Nausea may often be prevented by taking your pill with a meal or by eating a small amount of carbohydrate like crackers or toast.
- If you have vomiting within 2 hours of taking your pill, replace it with exactly the same pill from another pack. Repeated vomiting or severe diarrhea can decrease the absorption of the hormones in pills. Use a backup method for 7 days after vomiting and/or diarrhea has stopped.
- Some medications, including certain antibiotics, anti-seizure medications, and systemic anti-fungals may decrease the efficacy of birth control pills. St. John’s Wort and Orlistat, both over the counter medications, may decrease the therapeutic effect of BCP’s. A back-up method of birth control (like condoms) is recommended while taking certain medications.
- Do not skip pills, even if you are spotting between monthly periods or feel nauseous. Do not skip pills even if you do not have sex very often. If you miss pills for any reason, you could become pregnant.

What should I do if I miss a pill?
If you miss one pill, take it as soon as you remember that you forgot it. If more than 12 hours have elapsed since you were supposed to take your pill, take it but use a back-up method like condoms for the next seven days. If you miss two pills in a row, take 2 pills on the day you remember and 2 pills the next day. Use a back-up birth control method like condoms for the next seven days. Finish your pack of pills. If you miss 3 pills in a row, call the SHC (or another health care provider) as soon as possible for directions. Suggested back-up methods of birth control: condoms, diaphragm with contraceptive gel, abstinence.

What does it mean if I miss a period?
Usually nothing, and rarely does it mean that you may be pregnant—as long as you have been taking your pills as directed. If you have taken the pills exactly as directed and miss one period, continue as usual into the next cycle. If you miss two periods, stop taking the pill until a physician has determined whether you are pregnant. If you have not taken the pills correctly and miss a menstrual period, you may be pregnant and should stop taking your pills until your physician has determined whether you are pregnant. Until you can see your health care provider, use another form of contraception.

What if I bleed between periods?
Spotting (slight staining) or breakthrough bleeding (a flow similar to that experienced during your regular menstrual period) may occur between periods, particularly during the first few cycles on BCPs. If you are taking your pills routinely and the irregular bleeding continues for more than a few days, you should talk to your health care professional.

Will I gain weight when I start taking BCPs?
Clinical trials have demonstrated that on average, women do not gain weight on low dose BCP’s. If for some reason, a woman feels she is gaining weight on a BCP, she should see her health care provider. A change in her pill might be all that is necessary.

Do I need to take a break from the pill?
No. Unless otherwise advised by your physician, there is not reason for you to take a break from the pill as long as you desire birth control.

When should I go for my next check-up?
If you are starting BCPs for the first time, you should see your health care provider 8-10 weeks after starting on the pill (about 2 cycles/packs of pills). Call sooner if you have questions or problems.

Our office recommends a yearly check-up, appropriate STD screening, contraceptive management, and a review of any other women’s health concerns. Beginning at age 21, it is also recommended to have a pap smear every 3 years (or more often, if your doctor advises). Monthly self-breast exams should be an important part of your health maintenance routine.