

## Starting on Combined Hormonal Contraceptives

### How do they work?

Combined hormonal contraceptives, contain both estrogen and progestin, and work in several ways:

- by blocking ovulation
- by making the uterine lining unreceptive to implantation of a fertilized egg
- by producing a thickened cervical mucus, thus making it difficult for sperm to get into the uterus and fallopian tubes

### How effective are they?

If taken properly, as directed by your clinician, hormonal contraceptives are over 99% effective at preventing pregnancy. Failures can occur if they are not taken properly.

### What are the benefits of taking a hormonal contraceptive?

- Pregnancy prevention
- Sexual spontaneity
- Reduction in menstrual cramps or pain
- Lighter periods
- Regulation of menstrual cycle
- Reduction in endometrial (uterine) and ovarian cancers
- Reduction in pelvic inflammatory disease
- Reduction in iron-deficiency anemia

### What are the side effects?

*Minor side effects* usually subside after the first 3 months of use. If they continue after this time, you may want to discuss with your clinician changing to an alternate hormonal contraceptive. They include:

- Nausea (if you are using a pill, try taking it with food or milk)
- Spotting (if using a pill, make sure you are taking it at the same time each day)
- Decreased menstrual blood flow and sometimes missed periods
- Mood changes
- Mild headaches

*Major side effects* are rare. Your risk of these is higher if you are over 35 and smoke. They include:

- Blood clots in the legs (deep vein thrombosis or DVT) or lungs (pulmonary embolus or PE)
- Heart attack
- Stroke
- Elevation in blood pressure
- Gall bladder disease

You should call your health care provider if you experience **ACHES**: Abdominal pain, Chest pain or shortness of breath, severe Headaches, Eye problems (blurred vision or loss of vision), or Severe leg pain or swelling.

## Who should not take a hormonal contraceptive?

Women with a history of any of the following should not take a combined hormonal contraceptive because of an increased risk of complications:

- Aged 35 or over who smoke cigarettes
- Are pregnant (because of concerns for the health of the fetus)
- Have had blood clots or a stroke in the past
- Have a history of an estrogen-dependent tumor (eg, breast or uterine cancer)
- Have abnormal, or unexplained menstrual bleeding (the cause of the bleeding should be investigated before starting the pill)
- Have active liver disease
- Have abnormally high blood levels of triglycerides
- Have migraine headaches associated with visual symptoms or other neurological symptoms

## Are there special concerns for some women?

Some women can take combined hormonal contraceptives, but need some extra monitoring:

- Women with high blood pressure might experience a further increase in blood pressure.
- Women who take medication for seizures (epilepsy) might not get the same contraceptive benefit as other women.
- Women with diabetes mellitus might need a slightly higher dose of diabetes medication.
- The patch may be less effective in preventing pregnancy in women weighing over > 90kg (198lb).
- If you need to take antibiotics while on hormonal contraception, use back up precautions.

## When will a hormonal contraceptive be prescribed for me?

You may see your clinician for a gynecologic exam, which includes a brief physical examination, blood pressure, weight, Pap smear and pelvic examination. This must be done once per year.

## What are the options for hormonal contraceptive and how do I use it?

You may be prescribed a pill, a patch or a vaginal ring. Always use it as directed by your clinician. Some medications can interfere with the effectiveness of your hormonal contraception, or cause spotting. Use a back up method of contraception if you have any doubts about the possibility of a drug interaction. Breakthrough bleeding (spotting) is common during the first few months of use, so do not be alarmed if you experience this.

- On your first month, start taking the pill, put on the patch, or insert the vaginal ring on the first Sunday of the week when your period starts, even if you are still bleeding.
- Use a second form of contraception for the first 7 days after starting hormonal contraceptive, unless specified differently.
- For pill users, take one pill at the same time each day. Do not skip pills. For patch users, put on a new patch every week at the same time for 3 weeks. For vaginal ring users, insert a ring, leave it in for 3 weeks, then remove it for 1 week, then insert a new ring.
- During the 4<sup>th</sup> week of your method, you can expect to have a period (known as a withdrawal bleed).
- If you miss one pill, take it as soon as you remember (this may mean you take two pills in one day).
- Check your package insert for further information on missed pills/patches and the use of back-up contraception in these cases. Contact your clinician if you are unsure about what to do, but in the meantime continue taking your pill and use a back-up method.

## Who do I contact with questions?

Schedule an appointment with your clinician or call in an emergency to 212-305-3400.