



The Pill

Over 100 million women worldwide currently use an oral contraceptive, "the pill," to prevent pregnancy. The pill is also widely used to regulate menstrual periods, reduce menstrual cramps, and treat hormonal imbalances and ovarian cysts. The pill is a combination of estrogen and progesterin. These are the same hormones that are naturally produced in the ovaries and are responsible for ovulation and the menstrual cycle. There are a number of different brands available, manufactured by several different companies.

The questions and answers outlined below provide important information to assist you in using the pill in the safest and most effective manner. Be sure to read this information before you start taking birth control pills and refer to it any time that you have a question about them. Please feel free to discuss with your provider any questions or concerns that you may have about taking the pill.

How does the Pill work?

- It prevents ovulation
- It alters the cervical mucus, making it less penetrable to sperm
- It alters the endometrial lining, inhibiting implantation of a fertilized egg, if ovulation has occurred

How effective is the Pill?

The pill is 97-99% effective when taken correctly. If you stop taking the pill, you may become pregnant very soon. Start using an alternative method of birth control immediately if birth control pills are discontinued (to avoid an undesired pregnancy).

What are the benefits of the Pill?

- Decreased blood loss and iron deficiency anemia, due to lighter periods
- Decreased menstrual cramps
- Regulation of menstrual periods
- Reduced risk of fibrocystic breast
- Reduced risk of ovarian and endometrial cancers and ovarian cysts
- Protection against PID (pelvic inflammatory disease), a major cause of infertility. But, birth control pills DO NOT provide any protection against sexually transmitted diseases.
- Reversibility - ovulation is reestablished quickly and side effects quickly diminish when the pill is discontinued. Loss of fertility is NOT caused by birth control pills.
- Acne improvement

Who should or should not take the Pill?

Each person is evaluated on an individual basis. Determining factors include past medical history, family history and findings of a physical exam.

You should NOT take the pill if you have any of the following medical conditions:

- History of heart attack or stroke, unevaluated chest pain, heart valve or heart rhythm disorders that may be associated with the formation of blood clots
- Known or suspected breast cancer or cancer of the cervix, uterus or vagina
- Blood clots in the legs, lungs or eyes
- Uncontrolled high blood pressure
- Unexplained vaginal bleeding
- Liver tumors, active liver disease with abnormal liver function
- Diabetes accompanied by changes in circulation
- Uncontrolled high blood pressure
- Prolonged bed rest after major surgery
- Allergy to any of the components in the pill
- Smoke and are 35 years of age or older
- Known or suspected pregnancy

Other considerations to discuss with your health care provider before taking oral contraceptives:

- Breast nodules, fibrocystic breast condition, an abnormal breast x-ray or mammogram
- Diabetes
- Elevated lipids
- High blood pressure controlled by medication
- Epilepsy/seizure disorder or use of anti-seizure medications for other conditions
- Mental depression
- Gall bladder, liver, heart or kidney disease
- History of scant or irregular menstrual periods
- Migraine headaches - have been associated with an increased risk of stroke. Users of oral contraceptives with a history of migraine headaches are 2-4 times more likely to have a stroke. Other factors that increase the risk of blood clot formation include: smoking, high cholesterol, high blood pressure, diabetes, and being overweight.

What are the risks?

The risks of using birth control pills are low, when compared to the risks of pregnancy and childbirth. Nearly all the risks are associated with the development of blood clots and blockage of blood vessels, which can cause decreased blood flow to vital organs including the brain, lungs, heart or eyes.

Please read the package insert that is included in each pill pack for additional risks associated with oral contraceptive use.

If you experience any of the following symptoms, you should seek medical care right away:

- A** - Abdominal pain (severe)
- C** - Chest pain, shortness of breath, coughing up blood
- H** - Headache (severe), numbness or weakness in arms or legs
- E** - Eye problems (vision loss, blurring, flashing lights)
- S** - Severe leg pain in calf or thigh

After starting birth control pills, if you experience new onset headaches or you notice a change in the frequency or severity of the headaches, especially if you begin to experience light sensitivity, visual disturbances or nausea you should contact your health care provider immediately.

What about cancer and the Pill?

Since 1960, when birth control pills first became available, important information about pills and cancer has been learned:

- Pills reduce the risk of ovarian cancer: three years of use reduces the risk of ovarian cancer by 40%; ten years of use reduces the risk by 80%.
- Pills reduce the risk for endometrial (uterine lining) cancer.
- Most studies suggest that pills neither reduce nor increase the risk of breast cancer; however, research continues. Women are encouraged to do monthly self-breast exams and report any changes or problems to their health care provider.
- Some studies indicate an increased incidence of cervical cancer. However, this may be related to factors such as numbers of sexual partners, STD exposure, etc., than to birth control pill use. Annual pap smears provide the best screening for cervical cancer.

What are the side effects?

There is a wide range of common side effects that can be annoying, but usually not harmful. Most people will experience only a few and by the end of the third package of pills, the side effects will have resolved spontaneously. If you continue to experience unpleasant side effects, you should contact the McKinley Dial-a-Nurse or come to the Women's Health Clinic during Walk-In hours. Usually, a switch to a different pill will resolve the problem. Some of the common side effects and suggestions for coping with them are:

- **Spotting/bleeding while on active pills:** very common in the first cycle of pills or if pills are missed or taken late. Bleeding may be very light or as heavy as a period and may occur anytime in the cycle of active pills. Be sure to take your pill at the same time every day. Spotting will usually improve as you continue additional cycles of pills and should not be occurring by the end of the third cycle.
- **Nausea:** usually not severe enough to cause vomiting. Try taking your pills with a meal or with food at bedtime. Eat small, frequent meals and snacks. Vitamin B-6, 50-100 mg. daily, often helps and is available at McKinley.

- **Breast tenderness:** decrease caffeine and salt intake. A few women will experience increased breast size. Contact your provider if you notice a lump or other changes involving only one breast.
- **Weight changes:** in most instances, weight gain is only 3-4 pounds. Women may also lose weight when starting the pill.
- **Skin changes:** initially, acne may seem to increase - but, with continued use, usually will improve. Infrequently, darkening of skin pigment, especially on the upper lip, under the eyes, or on the forehead, may occur. A few women will also notice increased hair growth on the face - but, more commonly, facial and body hair growth decreases.
- **Mood swings:** irritability or depression may occur, especially pre-menstrually. Regular exercise and adequate sleep decrease these symptoms and Vitamin B-6, 50-100 mg. daily, helps relieve symptoms.
- **Fatigue:** usually tapers off quickly during the first 4-6 weeks of use.
- **Scant/absent menses:** it is normal for a woman to occasionally experience an exceptionally light or absent menses during her week of reminder pills. This seems to occur more frequently during increased stress, illness, schedule changes, travel, or changes in exercise patterns. You may wish to do a home pregnancy test for reassurance. Home pregnancy test kits are available in the Health Resource Center at McKinley or in the Illini Union. You should restart your pills as scheduled (unless you have a positive pregnancy test which is unlikely as long as you took your pills as instructed). If you miss two periods in a row, contact your provider.

These are a list of the most common side effects. There are other side effects which you, as an individual, may experience. If any symptom is severe or persistent after completing three pill cycles, contact the Dial-A-Nurse or come to the Women's Health Department during Walk-In hours and talk with a provider BEFORE discontinuing your birth control pills. We can often change the type of pill you are taking and resolve the problem.

How do I get a prescription for the Pill?

All women taking the pill are encouraged to have an annual health evaluation. This can be done by the providers in Women's Health or by your home doctor or nurse practitioner.

Women seeing a McKinley provider and starting pills for the first time are required to complete an online birth control education class. If you have taken the pill from another provider previously, you are not required to complete the class, but it is available to all University of Illinois students. Through the class you will have the opportunity to learn about all of the methods of birth control available.

Women seeing their home provider may bring a written prescription to the McKinley Pharmacy or may have it faxed to the pharmacy from the doctor's office. There is a list of available birth control pills in the McKinley Health Center handout, [*Transferring Outside Contraceptive Prescriptions to McKinley*](#). You may want to take that handout with you so your provider knows what pills are available at McKinley.

How do I take the Pill?

Taking your birth control pill at the same time every day is important. This provides a steady dose of medication to your body, increasing its effectiveness and reducing the risk of breakthrough bleeding. Missing pills increases the risk of pregnancy and often causes spotting or breakthrough bleeding. Starting a new pill cycle LATE also increases the risk of pregnancy. If you do not start your new pill cycle on the day you are scheduled to do so you must use backup birth control until you have been back on active birth control pills for seven days.

Your pill pack contains 21 active pills and 7 reminder pills. Begin with the first active pill in the cycle, and take an active pill every day. When the active pills are gone, begin the reminder pills. Your period should start and end while taking the reminder pills. When all the pills are gone, open a new package of pills and begin the active pills again. You do not take any days "off." If you notice that your periods start persistently before you finish the active pills, or that the period lasts into the active pills of the next cycle, notify your provider.

Continuous dosing (taking 2 or 3 months of active pills consecutively, while omitting the "reminder" or inactive pills) is an option to lengthen your period-free weeks and decrease the number of menstrual periods you have per year. It is not recommended that you take more than three cycles of active pills consecutively before having a period. Continuous dosing does increase the incidence of spotting or irregular bleeding and usually works the best if the pills are all one dose throughout the month (referred to as "monophasic" pills). Pill packs that contain different colors or shapes of active pills (triphasic pills) should not be used for continuous dosing. Talk with your provider if you are interested in this method of taking pills.

If you have vomiting or diarrhea, or take antibiotics, your pills may not work as well. Use a backup method of birth control during the illness, or while on the antibiotic, and for seven days afterward. Taking laxatives or the preparations required for

certain types of x-rays or diagnostic tests may also interfere with the absorption of the pill. Again, use backup birth control for seven days, after the tests are finished.

Birth control pills may interact with other medications, also. You should inform any health care provider you see, for any reason, that you take birth control pills. Also, review the handout [Pill Interactions with Other Drugs](#).

How do I start the first cycle of Pills?

You have a choice of which day to start your first cycle of pills. Review these instructions and decide which is best for you. Pick a time of day that will be easy to remember.

Day 1 Start

- Take the first active pill of the package during the **first 24 hours of your menstrual period**.
- You will not need to use a backup method of birth control, since you are starting the pill at the beginning of your period.

Sunday Start

- Take the first **active** pill of the package on the **FIRST SUNDAY after your period STARTS**, even if you are still bleeding. If your period starts on Sunday, you may start your pills the same day.
- Use a backup method of birth control if you have intercourse, until you have taken the next "Sunday" pill of the cycle (seven days after starting the package).

Quick Start

- Take your first pill the day of your appointment with your provider, regardless of where you are in your menstrual cycle. This allows you to start your pills immediately, without waiting until you get your period.
- When using the Quick Start method, it is necessary to use condoms or another back-up method of birth control until you have taken seven active pills.
- Women concerned about a possible pregnancy before starting the pill should wait until they get their period and choose either the first day start or Sunday start method.
- If using the Quick Start method, your period may be delayed until you take your placebo pills. If you do not get a period during the placebo week, take a urine pregnancy test. You may experience break-through bleeding; continue taking your pills even if unscheduled bleeding occurs.

What do I do if I miss Pills?

See the instructions below for your oral contraceptive dosing schedule. If, for any reason, you are not sure what to do about missed pills or interactions with other medications, continue taking a pill every day, AND use a backup method of birth control, until you can call your provider.

MISSED PILL INSTRUCTIONS: Combined Oral Contraceptives (28 day pill cycle)

Missed 1 ACTIVE PILL and less than 24 hours late — Take 1 Active Pill ASAP and continue as usual.

If you miss taking ONE ACTIVE PILL (in ANY WEEK) at the regular time and less than 24 hours have passed, take the 1 missed active pill ASAP* (as soon as possible) and continue pack as usual.

Missed 1 or more ACTIVE PILL(s) more than 24 hours late

During Week 1:

- Take 1 active pill ASAP and continue pack as usual.
- Use back-up contraception or abstain for 7 days.
- Consider EC (emergency contraception if unprotected intercourse occurred with 5 days prior to missing pill).

During Week 2 or 3 and missed 1 or 2 pills:

- Take 1 active pill ASAP and continue active pills until the end of week 3, then discard placebo pills (week 4) and start a new pack. This would mean that you would not have a hormone free week. You may experience bleeding but continue to take all of the active pills.

During Week 2 or 3 and missed 3 or more pills:

- Take 1 active pill ASAP and continue active pills until the end of week 3, then discard placebo pills (week 4) and start a new pack. This would mean that you do not have a hormone free week. You may experience bleeding but continue to take all of the active pills.
- Use back up method (example: condoms and spermicide) or abstain from intercourse for 7 days.

- Consider emergency contraception if repeated or extended missed pills, or if unprotected intercourse occurred during the time the pills were missed and up until seven active pills have been taken.

During Week 4:

If you forget any of the REMINDER pills (week 4) of your pill pack, you may throw the missed pills away. In fact, providing that you remember to restart a new package of pills on schedule, it is not necessary to take any of the reminder pills. However, you **MUST** always restart your new pill pack no later than seven days after taking your last active pill.

MISSED PILL INSTRUCTIONS: Extended Cycling or Continuous Hormonal Contraceptives (For example, 9 weeks of ACTIVE pills)

Missed pills day 1 through 21: Follow the instructions above

Missed pills after day 21:

- Up to 7 pills can be missed after day 21. **Hormone free interval should not exceed 7 days.**
- If more than 7 pills are missed:
 - Take 1 Active Pill ASAP and continue pack as usual.
 - Use back-up contraception or abstain for 7 days.
 - Consider emergency contraception if unprotected intercourse occurred within 5 days prior to missing pill(s).

When backup birth control is recommended

Condoms and spermicide are effective and easily obtained birth control options. Condoms are also recommended to decrease exposure to sexually transmitted diseases. Condoms and spermicide are available to Illinois students at the Health Resource Centers:

Main Health Resource Center (HRC) Locations:

McKinley Health Center
 Information/HRC Counter (in main lobby)
 1109 S Lincoln Ave
 Phone: 333-6000

Illini Union/OASIS
 Room 40 (lower level)
 1401 W Green St
 Phone: 244-5994

Satellite HRC Locations: (limited hours, only during fall and spring semesters)

African American Cultural Center
 708 S Mathews
 Phone: 333-2092

La Casa Cultural Latina
 1203 W Nevada, 2nd Floor Library
 Phone: 333-4950

References

Missed Doses of Hormonal Contraceptive. Pharmacist’s Letter/Prescriber’s Letter 2009; 25(1):250120.
Hatcher, Robert A., et al. Contraceptive Technology. 19th ed. New York: Ardent Media, 2007.
Patient Instruction Sheets enclosed in each package of birth control pills.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.illinois.edu>