



1. How do oral contraceptive pills work?

Oral contraceptive pills contain hormones (Oestrogen & Progesterone). They prevent pregnancy in 3 ways: by suppressing ovulation, by thickening cervical mucus, and thinning the endometrial lining.

2. How effective are oral contraceptive pills in preventing pregnancy?

With typical use, about 8 in 100 women (8%) will become pregnant during the first year of using this method. When used perfectly, 1 in 100 women will become pregnant during the first year. To be effective at preventing pregnancy, the pill must be taken every day at the same time each day.

3. What are the different types of oral contraceptive pills?

There are two basic types of oral contraceptive pills: 1) combination pills, which contain the hormones estrogen and progestin, and 2) progestin-only pills.

4. What are continuous-dose pills?

Continuous-dose pills are a type of combination pill. They also are called extended-cycle pills. These pills reduce the number of menstrual periods a woman has or stop them altogether.

5. What are the prerequisite to start OCPs?

- Women with a blood pressure consistently over 140 mm Hg systolic or 90 mm Hg diastolic should be advised against use of COCPs (contra-indicated if above 160/100 mm Hg).
- If a woman has a family history of VT in a first-degree relative under the age of 45 years, a thrombophilia screen should be performed.
- Consider testing for STI (including chlamydia) in women with a high risk of STI:
- Cervical smear should be negative
- Screening for DM should be done.
- Contraindicated in obese patients if BMI more than 39.

6. How to start Combination pills?

It should be started on day 1 of the menstrual cycle, but can be started up to and including day 5 of the cycle without the need for additional contraception. If started outside this time period, exclude pregnancy and advise additional contraception for seven days.

7. Missed Pills - What to do when you miss a pill?

Emphasize the need to take the pill at the same time each day but ensure that the woman knows what to do if a pill is missed, or if diarrhoea, vomiting or any other situation occurs which can reduce the effectiveness of the pill.

If 1 pill is missed:

- The last pill missed should be taken now, even if it means taking two pills in one day.
- The rest of the pack should be taken as usual.
- No additional contraception is needed.
- The seven-day break is taken as normal.

If two or more pills are missed (i.e. more than 48 hours late) anywhere in the pack:

- The last pill missed should be taken now, even if it means taking two pills in one day.
- Any earlier missed pills should be left.
- The rest of the pack should be taken as usual and additional precautions (e.g., condom or abstinence) should be taken for the next seven days.
- Emergency contraception may be required if the patient had unprotected sex in the previous seven days and they have missed two or more pills (i.e. more than 48 hours late) in the first week of a pack.

8. Can other medications change the effectiveness of the combination pill?

Certain drugs may interfere with the effectiveness of the pill. These include two antibiotics (rifampicin and griseofulvin), some seizure medications, and ART drugs.

9. What are the advantages and Disadvantages of taking OCP's?

Advantages:

- Shorter, Lighter, More Regular and Less painful Menstrual Periods.
- Can improve bleeding and pain associated with Endometriosis and Fibroids.
- Can lower the risk of Pelvic Inflammatory Disease.
- May reduce the severity and frequency of Menstrual Migraines.
- Possible protection against osteoporosis by improving the bone density before Menopause.
- Ovarian cancer: reduction in the risk of ovarian cancer and ovarian cysts.
- Endometrial cancer: reduction in the risk of endometrial cancer.
- Colorectal cancer: the risk of colorectal cancer may be reduced but this is uncertain.

Disadvantages:

- No protection against sexually transmitted infections (STIs).
- Adverse effects include breakthrough bleeding, breast tenderness, mood changes, headache, nausea, missed periods, acne.
- Weight gain: no large effect on weight has yet been proven.
- Venous thromboembolism (VTE): The risk of venous thrombosis (VT) is increased with obesity and greatest in the first year of COCP use. Risk increases if smoker and age >35.
- Myocardial infarction (MI) and Stroke: very small increase in the absolute
- Breast cancer and Liver cancer: the risk increases with duration of use.
- Cervical cancer: the use of oral contraceptives for less than 5 years does not increase the risk of cervical cancer, but the risk increases when used for more than 5 years.

10. How do Mini Pills (Progestin only pills) act?

They prevent pregnancy by thickening cervical mucus and thinning the endometrial lining of uterus.

11. How can Progestin Only Pills (POP) be taken?

The POP comes in packs of 28 pills. All the pills in the pack contain hormones. One pill is taken per day at the same time each day. If a pill is missed by more than 3 hours or if vomiting occurs after taking a pill, one should take another pill as soon as possible and use a backup method of contraception for the next 48 hours.

12. What are the benefits of Progestin-Only Pills?

POP can be used soon after childbirth by women who are breastfeeding. They are safe for women who are at risk of heart disease and stroke.

13. What are the adverse effects and risks of progestin only pills?

- Amenorrhoea.
- Breakthrough bleeding.
- Breast tenderness.
- Mood changes.
- There is a small increased absolute risk of ovarian cysts.
- There is a possible increased risk of breast cancer.

14. What happens if one stop taking the OCP's but the Menstrual Period (MP) doesn't resume?

If there is no MP for several months, it is known as Post-Pill Amenorrhea because there is decrease production of Oestrogen and Progesterone. The MP may start again within three months.

15. Can OCP's be used to delay or eliminate menstrual cycles?

Yes, OCPs can be used to reduce or eliminate monthly menstrual period.

16. Is it normal to miss menstrual period when using "The Pill"?

When taking OCP's, it is common to miss a period every once in a while, or have a period that is very light.

If one hasn't missed taking any pills and one may miss one period without any symptoms of pregnancy, it is unlikely that one can become pregnant. Keep taking pills as usual but also get a urine pregnancy test done.

17. Do OCPs affect fertility?

No, OCPs don't affect the fertility.

18. If pregnancy is to be planned, how soon after stopping the OCP's can one conceive?

After the pill is stopped, there is a delay of two-weeks for ovulation. So Menstrual Cycle resumes about 4 to 6 weeks after the last pill. Once ovulation resumes, one can become pregnant. If ovulation resumes after the first cycle of the pill, one may not have menstrual period at all.

19. Will a pregnancy test be accurate if one is taking the OCP's?

One can get accurate results from a pregnancy test while taking OCP's because Pregnancy tests work by measuring a specific pregnancy-related hormone — human chorionic gonadotropin (HCG) — in blood or urine.

20. What happens if one takes OCP's while one is pregnant?

There is no need to be alarmed; there is very little evidence that OCP's cause birth defects. Once Pregnancy test is positive, stop taking the OCPs.

21. Is it necessary to "go off" the pill to give rest to the body?

No, most pills are low dose pills. It is not required to "go off" the pill unless certain side effects are there.

22. Should the pill be stopped in all women over 35 years of age?

Healthy, non-smoking women may continue the pill until menopause.

23. What is Emergency contraception?

Emergency contraception (EC), or emergency postcoital contraception, is birth control measures that, if taken after unprotected sexual intercourse, may prevent pregnancy. ECPs or the "Morning- After Pill"—are drugs intended to disrupt or delay ovulation or fertilization.

24. What are the types of ECPs?

Three types of emergency contraceptive pills are available: combined estrogen and progestin pills, progestin-only (levonorgestrel) pills, and antiprogestin (ulipristal acetate or mifepristone) pills.

Progestin-only ECPs contain 1.5 mg of levonorgestrel, either as a single 1.5 mg tablet or as a split dose of two 0.75 mg tablets taken 12 hours apart, effective up to 72 hours after intercourse.

25. What are the New No-Period, No-PMS Birth Control Pills?

Today “the pill” has been finessed even more, with lighter- period or no-period birth control pills as well as No-PMS, no-acne pills. They contain mini doses of estrogen (as low as 15 to 20 mcg) and Progestin (different types such as Levonorgestrel, Drospirenone, Gestodene etc.).

- **Lybrel** is a no-period birth control pill. It is the first low dose birth control pill designed to be taken 365 days, without a placebo or pill-free interval.
- **Seasonale** has 12 weeks of estrogen/progestin pills, followed by 7 days of no-hormone pills - which means 4 menstrual periods a year.
- **Yasmin** is a less-PMS, less-acne pill. It has 28-pill monthly packs -- 21 active pills and 7 inactive pills. The monthly period is lighter and more regular.

The progestin in this pill has a diuretic effect, so there is no bloating, no fluid retention and no weight gain.

26. What is a Male Contraceptive Pill?

A male contraceptive pill could be possible in next 10 years, after researchers have discovered that blocking of two proteins that trigger sperm transportation can achieve male infertility without negative long-term effects.

Thus ultra low dose combined OCP's stand out as a viable option suitable in most patients and are gaining popularity as safe and effective means of birth control.