

THE BIRTH CONTROL PILLS – IN A NUTSHELL

Why choose the birth control pills?

The birth control pills (BCP) were first released in 1957, or 60 years ago. They have been refined and improved over the years, and are a very popular method to prevent a pregnancy. It is estimated that over 100 million women worldwide are taking it. They are safe and effective for most women, but not entirely without side effects.

They contain 2 hormones (with some exceptions): estrogen and progesterone. There is only one estrogen in the pills (called ethynilestradiol), the only difference between the pills is the amount of it (10, 20, 25 or 30 mgs). There are many types progesterone though, and some are better at improving acne, others at decreasing bleeding, and so on. I always say that ‘there are pills, and there are people’, meaning that the secret is to match a woman with a pill that is most likely to match her and cause minimal or no side effects. Unfortunately, it often takes a few trials to figure out which is the right one.

How do they work?

As the saying goes ‘it takes 2 to tango’, for conception to take place, an egg and a sperm are supposed to meet. The BCP work primarily by preventing the release of an egg. They can also thicken the cervical mucus making it more difficult for the sperm to move upwards.

How good are they at preventing a pregnancy?

In a perfect world, where the woman takes it at the same time, and no illnesses or medications intervene, the chance of pregnancy is about 1-2% for the first year. However, in the real world, the typical pregnancy rate is more like 9%. A common situation is a woman who gets an infection, takes antibiotics which interact with the BCP, which then doesn’t work properly, and an egg is released. An unplanned pregnancy may occur.

Would I be a ‘good pill taker’?

The BCP should be taken every day, ideally at the same time, for a minimum of 21 days, followed by 7 days without taking any (or 7 placebo pills to keep the routine). Newer BCP may contain 24 or even 26 of the hormone pills, to minimize the change of pregnancy, hormone fluctuations and side effects (often with a lower amount of estrogen per pill).

They all require that you remember to take them at the same time, or not more than a 2-3 hours difference. **Consistency** is the key. There are phone apps that will help you remember. Some women prefer a physical method, for example, tying the pack of pills to their toothbrush. It is also important to know that most of the side effects are noticed in the first 2-3 months, so **perseverance** is also another vital factor to success.

What are the good things that the pill can offer me?

Apart for decreasing the chance of pregnancy significantly, the BCP may help reduce the amount of bleeding and cramps with your periods, and the iron deficiency anemia that sometimes follow the heavy periods. The correct BCP can also decrease acne and facial hair

growth, improve premenstrual and menopausal symptoms, and reduce the risks of endometriosis, ovarian cysts, endometrial, ovarian and colon cancer.

What are the potential side effects and the risks of taking the pill?

Some women develop 'hormone' side effects, such as breast tenderness, mood issues, weight gain, headaches or bloating. It is common to feel nauseated, or have irregular bleeding or spotting, especially while taking the first 2-3 packs.

It is important to remember that the BCP does not protect against sexually transmitted infections. If a woman gets pregnant accidentally, she should stop taking the pill immediately, although there is no increased risk of birth defects caused by the BCP.

The BCP can increase the risk of blood clots in the legs, and the clots can shoot into the lungs. This could happen in young health women. It is more common in women who have a clotting disorder, or a family history of blood clots. Any swelling and or pain in the calves, especially if it only on one side, should be evaluated urgently and consider a clot until proven otherwise.

The risk of a blood clot in any women not taking the pill is 4 per 10,000 (0.04%). If you take Lolo or Alesse (low dose estrogen, older progesterone) it would go up to 10 in 10,000, and with Yaz or Marvelon (medium dose estrogen, newer progesterone), to 18 in 10,000 (0.18%). In pregnancy, the risk is increased up to 20-30 in 10,000, and after the baby is born, in the first 6 weeks, the risk is increased further up to 300 in 10,000.

Not all women can take the BCP. It is not recommended in women who had breast cancer, or smokers over 35 years, or if they have a clotting disorder or migraines with aura. Certain medical conditions such as high blood pressure can be made worse by the pill.

Why so many different types of pills?

We are all unique individuals, and as such, may respond differently to the same pills. There are no blood tests or any tests, that will predict the agreement between a person and a pill. It is a matter of trial and error I am afraid. However, and based on each person, the chance of success may be better with certain pills. For example, Tricyclen or Marvelon may be better on acne than Alesse or Lolo, but they increase the risk of the blood clots more than the latter.

What about the contraceptive patch (Evra) or the contraceptive ring (NuvaRing)

They contain the same hormones that the OCPs. It is just that the delivery method is different. Some women find it more convenient to apply a patch in the skin once a week, or insert a ring in the vagina every 3 weeks, than to take a pill every day. The risks and benefits (and failure) are the virtually the same than with the birth control pills.

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