



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ021

CONTRACEPTION

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How do birth control pills work?

Birth control pills contain **hormones** that prevent **ovulation**. These hormones also cause other changes in the body that help prevent pregnancy. The mucus in the **cervix** thickens, which makes it hard for sperm to enter the **uterus**. The lining of the uterus thins, making it less likely that a fertilized egg can attach to it.

How effective are birth control 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.

What are the different types of birth control pills?

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

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.

How do I start combination pills?

There are different options for starting the combination pill. You can start taking the pill on the first day of your menstrual period. Another option is to start taking the pill on the Sunday after your menstrual period starts. With this method, you need to use a backup birth control method for the next 7 days of the first cycle. No matter which day you choose to start taking the pill, you will start each new pack of pills on the same day of the week as you started the first pack.

How do I take 21-day combination pills?

Take one pill at the same time each day for 21 days. Wait 7 days before starting a new pack. During the week you are not taking the pill, you will have bleeding.

How do I take 28-day combination pills?

Take one pill at the same time each day for 28 days. Depending on the brand, the first 21 pills or 24 pills contain estrogen and progestin. The remaining pills may be estrogen-only pills, pills that contain a dietary supplement but no hormones, or “inactive” (containing no hormones or supplements) pills. During the days you are taking the hormone-free pills, you will have bleeding.

How do I take 3-month combination pills?

Take one pill at the same time each day for 84 days. Depending on the brand, the last seven pills either contain no hormones or contain estrogen. With both brands, you will have bleeding on these days every 3 months.

How do I take 1-year combination pills?

Take one pill at the same time each day for a year. In time, bleeding will be less and may even stop.

Can other medications change the effectiveness of the combination pill?

Certain drugs may interfere with the effectiveness of the pill. These include certain **antibiotics**, some seizure medications, and some drugs used to treat **human immunodeficiency virus (HIV)**.

Are there benefits to taking the combination birth control pill?

The combination birth control pill has health benefits in addition to preventing pregnancy. The pill helps to keep bleeding cycles regular, lighter, and shorter and reduces cramps. It can be used in the treatment of certain disorders that cause heavy bleeding and menstrual pain, such as **fibroids** and **endometriosis**, as well as conditions caused by imbalances in hormones. Some pills may help control acne. Combination pills also may decrease the risk of cancer of the uterus and ovary and improve bone density during **perimenopause**.

What are the risks of combination pill use?

Birth control pills are safe for most women. However, they are associated with a small increased risk of **deep vein thrombosis**, heart attack, and stroke. The risk is higher in some women, including women older than 35 years who smoke more than 15 cigarettes a day or women who have multiple risk factors for **cardiovascular disease**, such as high cholesterol, high blood pressure, and diabetes. Discuss your individual risks for these complications with your health care provider before deciding to use combination birth control pills.

How do I take progestin-only pills?

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

What are the benefits of progestin-only pills?

The progestin-only pill may be a better choice for women who have certain health problems, such as blood clots, and cannot take pills with estrogen. Progestin-only pills usually can be used soon after childbirth by women who are breastfeeding.

Who should not take progestin-only pills?

Progestin-only pills may not be a good choice for women who have certain medical conditions, such as liver tumors or lupus. Women who have breast cancer should not take progestin-only pills.

What should I do if I miss a pill?

You should know what to do if you miss a pill. The procedure differs with each type. Read the directions that come with your pills carefully. You also may want to call your health care provider. With some types of pills and depending on how many pills are missed, you may need to use a backup method of birth control or consider **emergency contraception**.

What side effects are associated with taking birth control pills?

When beginning any birth control pill, there is a high likelihood of **breakthrough bleeding** during the first few months of use. Breakthrough bleeding is a normal and usually temporary side effect as the body adjusts to a change in hormone levels. It may last longer than a few months with continuous-dose pills.

Most side effects are minor and often go away after a few months of use. There will likely be fewer side effects if the pill is taken at the same time every day. The most common side effects of using birth control pills include the following:

- Headache
- Breast tenderness
- Nausea
- Irregular bleeding
- Missed periods
- Weight gain (progestin-only pills)
- Anxiety or depression (progestin-only pills)
- Excessive body hair growth (progestin-only pills)
- Acne (progestin-only pills)

Glossary

Antibiotics: Drugs that treat infections.

Breakthrough Bleeding: Vaginal bleeding at a time other than the menstrual period.

Cardiovascular Disease: Disease of the heart and blood vessels.

Cervix: The opening of the uterus at the top of the vagina.

Deep Vein Thrombosis: A condition in which a blood clot forms in veins in the leg or other areas of the body.

Emergency Contraception: Methods that are used to prevent pregnancy after a woman has had sex without birth control or after the method she used has failed. Emergency contraception methods include progestin-only pills, birth control pills taken in specific amounts, ulipristal, or a copper intrauterine device. The pills must be taken within 120 hours to reduce the risk of pregnancy.

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Benign growths that form in the muscle of the uterus.

Hormones: Substances produced by the body to control the functions of various organs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Ovulation: The release of an egg from one of the ovaries.

Perimenopause: The period around menopause that usually extends from age 45 years to 55 years.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ021: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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