



## Freyja Medical Clinic

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### **Oral Contraceptive handout**

Oral contraceptives have been used for more than 30 years and experience has demonstrated their effectiveness and safety. Most types contain estrogen and progesterone (similar to those produced naturally) in amounts that prevent ovulation and therefore fertilization. Coincidentally, they decrease menstrual cramps and allow for predictable, light periods. Pills also offer protection against ovarian and endometrial cancer. They may decrease the incidence of functional ovarian cysts. Pill users are less likely to get some types of pelvic inflammatory disease and ectopic (tubal) pregnancies. In addition, patients on pills are generally less fearful of unexpected pregnancies and more able to enjoy spontaneity of sexual relations. Often, women can take birth control pills into their 40's with no adverse effect.

As with any medication, the pill has the potential for side effects. Although risks are generally less than those of an unwanted pregnancy, users should be aware of possible problems.

Minor side effects from oral contraceptives are often temporary and usually do not necessitate changing prescriptions or stopping the pill. These include nausea, mild headaches, spotting, lack of periods, breast tenderness, weight gain (usually 5 lbs. or less), more frequent vaginal yeast infections and change in sex drive. Nausea can sometimes be controlled by changing when you take the pill or taking it with food. Women's response to the pill differs; while some find relief from premenstrual mood swings, other notice irritability. Some enjoy improved complexion while others experience more blemishes. Most women complain of no adverse side effects at all. An occasional user will develop a darkening of the cheeks or forehead called Chloasma. This occurs equally with pregnancy and is sometimes permanent.

Side effects should resolve within three to four cycles. If they persist or are extremely bothersome, see your Physician. It is helpful to keep track of your symptoms on a calendar and review this at your visit. Unless your symptoms are severe, continue taking pills as directed.

Major side effects of oral contraceptives exist, though they are distinctly uncommon. They include stroke, high blood pressure, blood clots, gallstones and liver disease. Women using the pill should promptly report these symptoms: Shortness of breath, severe headaches, coughing up blood, visual changes, weakness of an extremity or one side of the face or body, or pain in the calves or chest. Your health care provider will likely suggest an alternate form of contraception if you have high blood pressure, severe varicose veins, very high cholesterol, liver problems, severe headaches or a family history of stroke at young age. Smoking is known to increase the likelihood of major adverse side effects from the pill.

#### **Instructions for use of birth control pills**

Begin your first pack on the Sunday after your period begins regardless of whether or not your bleeding continues. If your menses begins on Sunday, take your first pill that day. Take one pill daily thereafter. It is often easier to remember if taken in the morning when you brush your teeth. Use a back-up method of birth control for the first two weeks after starting the pill.

Bleeding should generally occur during part of the last seven days of our 28-day cycle. Not infrequently, spotting may occur at other times during the first several cycle you take the pill. If this unscheduled bleeding is not heavy, continue to take the pill daily. Spotting generally stops after two to three cycles. If spotting is heavy, discuss this with your physician.

Certain medicine, such as antibiotics, may decrease the pills effectiveness. while you are taking antibiotics and until your next period, it is advisable to use a back-up method (condoms) while continuing to take your daily birth control pill. Consult your physician if long-term antibiotics therapy is necessary.



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There is no indication or medical advantage of “taking a break” from the pill. Infertility is no more common in pill users than in non-pill users. If you want to become pregnant, it is advisable that you stop taking pill 2-3 months prior to attempting conception. Barrier methods can be used in the interim.

Remember, oral contraceptives are medication. Advise doctors, dentists, etc., that you are taking the pill.

### **What to do if you miss the pill**

Single missed pills should be taken when noticed or with the next day’s pill. If two pills are missed, take two daily of the following two days. More than two pills taken at once often causes nausea. If two or more pills are missed, you may no longer be protected. Always use a additional form of birth control for the remainder of the month, as ovulation may occur. Unexplained bleeding often occurs after missed pills. this generally resolves in the following cycle. Request a pregnancy test if you fail to menstruate or suspect pregnancy.

Lack of menstrual flow or very light menses is sometimes normal for oral contraceptives users. However, always request a pregnancy test if this is a change for your or you have missed taking some pills.