



Birth Control Pills (BCPs) contain hormones that prevent ovulation. BCPs also prevent pregnancy by thickening the mucus secretions of the cervix, thus making it more difficult for sperm to penetrate the uterus. The pill must be taken every day to be most effective.

Most pill packs have 28 pills, with the first 21 being active (hormone) pills and the last 7 being inactive (non-hormone) pills. You will see withdrawal bleeding when on the inactive week. The inactive pills are there to keep you in the habit of continuing with a pill a day.

What are some of the health benefits of the pill?

1. Decreased cramping and flow
2. Predictable, regular bleeding schedule
3. Reduced acne
4. Decreased risk of breast cysts or lumps and anemia
5. Lower risk for uterine cancer and ovarian cancer
6. Lower risk for Pelvic Inflammation Disease (PID).
7. Safe to take with antibiotics
8. Decrease in unwanted facial and body hair

What are some of the limitations?

1. Does not protect against sexually transmitted diseases (STDs)
2. Less effective if taken with certain medications: St. John's Wort, certain seizure medications, rifampin, and griseofulvin

How do I take the pill?

The most effective way to start your BCPs is to start your first pack on the first day of your natural period. The advantage of doing this is that you are protected from pregnancy for that cycle. If you start your BCPs on the first Sunday after your period begins or your provider recommends an "immediate" start, then use condoms for the first two weeks if you have sex. To make it easier to remember to take your BCPs, try taking it with some daily activity, like going to bed, brushing your teeth or taking your multivitamin. BCPs are most effective if you take them at the same time every day. It is a good idea to check your pack daily to make sure that you took your last BCP the day before.

A new and safe way to take some BCPs allows you to have only four hormone withdrawal bleeds, or periods, a year. Talk to your OB/GYN health care professional if you are interested in this option.

If you do not miss any BCPs but do not

have bleeding during your expected hormone withdrawal bleed on the inactive pills, you are unlikely to be pregnant. You can start a new package of BCPs after you have taken all in the previous pack. If you miss two withdrawal bleeds in a row, you should take a pregnancy test.

What happens if I miss my pills?

If you do miss taking any of your BCPs and miss a period, you may be pregnant.

If you miss one active pill, you do not need to use a backup birth control method if you have sex. If you miss more than one active pill, use an additional form of birth control (condoms) and have a pregnancy test. If you are pregnant, contact OB/GYN to schedule an appointment.

The placebo pills (week 4) do not have active ingredients and are intended to mark the days when most women have their withdrawal bleeding. You can either take these pills to stay on a schedule, or discard them, but make sure to restart the active pills after the 7 days.

If you have intercourse and you missed one or more of your BCPs and you do not want to become pregnant, contact your health care professional for emergency contraception as soon as possible after intercourse. If you have unprotected sex and use emergency contraception, you should restart a new package of your BCPs the

Missed BCPs	
Consecutive "active" ¹ pills missed	Instructions
1	Take the missed pill as soon as you remember and the next pill at the regular time. This means you may take 2 pills in a day.*
2	Take 2 pills on the day you remember and 2 pills the next day. Then take 1 pill a day until you finish the pack.**
3	Throw out the rest of the pill pack and start a new pack that same day. Then take 1 pill a day until you finish the pack. You may start bleeding earlier than expected or you may not have your period this month. This is normal.**

* If you miss one active pill, you do not need to use a backup birth control method if you have sex.

** You may become pregnant if you have sex after you miss pills. You must use another birth control method (such as condoms) as backup for the remainder of the cycle (pack of pills).

day after you take the emergency contraception, and you should use condoms for two weeks.

If your partner is interfering with your use of the BCPs, talk to your doctor about using another method, like an IUD.

After a pregnancy

If you had a baby and plan to breastfeed, speak to your OB/GYN health care professional about progestin-only BCPs. If you plan not to breastfeed, speak to your OB/GYN health care professional about when to restart BCPs. It is safe to restart BCPs right after an abortion or miscarriage.

What are some common side effects?

The risks associated with taking BCPs are less than the risks associated with an unplanned pregnancy, unless you are over 35 years of age and smoke. Smoking raises your risk of strokes and heart attacks. Most side effects caused by BCPs are temporary (lasting about two to three months) while your body is getting used to the new pill. These may include:

1. Nausea and vomiting. (It helps to take your BCPs at bedtime or with a meal.)
2. Appetite changes that could result in slight weight gain or weight loss.
3. Breast tenderness and enlargement.
4. Spotting or slight bleeding at times other than when you expect your menstrual period. (Taking your BCPs at the same time everyday helps prevent spotting.)
5. Chloasma (skin pigmentation changes). Skin darkens on upper lip, under eyes or on forehead. Sun protection prevents it from worsening.

6. Slight changes in vaginal discharge.
7. Slight headaches that go away with over-the-counter medication and/or bed rest.
8. Fluid retention.

What are some of the less common side effects?

1. Mood changes and fatigue.
2. Decreased sex drive.

What are some of the rarer, more serious side effects?

1. Hypertension. High blood pressure caused by BCPs is usually reversible very quickly, but if left untreated, it can lead to permanent complications.
2. Gallbladder disease.
3. Blood clots developing in the legs, lungs, brain, heart, or elsewhere. Remember you are at more risk for developing blood clots, strokes, and heart attacks if you smoke and are over the age of 35.
4. Liver tumors or liver problems.
5. Yellowing of skin (jaundice).

What danger signals should I look for when I first start the pill?

Some of the following may be signs of a serious medical condition. Be alert for danger signals so that side effects can be treated.

1. Severe abdominal pain.
2. Severe chest pain, arm pain, shortness of breath, coughing up blood.
3. Severe headaches, vomiting, dizziness, faintness, muscle weakness or numbness, or speech disturbance.
4. Vision change – blurred, flashing lights or visual loss.
5. Severe leg pain.

If you have any of the above signs, call 911 or go to the nearest hospital.*

If you are interested in taking BCPs,

talk to your health care professional about a prescription. You and your health care professional will determine if BCPs are right for you.

What are other alternatives to the pill?

- intrauterine device (IUD)
- injection (Depo-Provera)
- patch
- vaginal ring
- condom
- diaphragm and cream/jelly
- cervical cap
- spermicidal foam
- sterilization
- abstinence
- emergency contraception

For more information on BCPs and other birth control methods, contact your Kaiser Permanente Health Education Department.

Other resources

- Connect to our Web site at kp.org to access health and drug encyclopedias, interactive programs, health classes, and much more.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.

Web sites

- Association of Reproductive Health Professionals: arhp.org
- American College of Obstetricians and Gynecologists: acog.org
- Planned Parenthood: plannedparenthood.org

If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

* If you have an emergency medical condition, call 911 or go to the nearest hospital. An emergency medical condition is (1) a medical or psychiatric condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or serious impairment or dysfunction of your bodily functions or organs; or, (2) when you are in active labor and there isn't enough time for safe transfer to a Plan hospital before delivery, or if transfer poses a threat to your or your unborn child's health and safety.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.