The Pill
Combined Oral Contraceptive

**What are the disadvantages?**

You must remember to take it
The pill must be taken every day whether you have sexual intercourse on that day or not.

**Bleeding**
Some irregular bleeding may occur for a month or two after starting the pill. This does not mean that the pill is less effective as long as you have not missed pills. If the bleeding continues, keep taking your pill but check with your health care provider.

**Skin changes**
Dark patches on the face may occur.

**Other side effects**
The research does NOT show that the pill causes weight gain, headaches, breast tenderness, nausea or change in libido.

**Serious side effects are rare**
A large study has shown that pill users followed for 39 years were less likely to die than women who did not use the pill.

Smoking greatly increases your risk of stroke or heart attack. If you don’t smoke you are unlikely to get these serious diseases.

Pill use can increase the risk of blood clots in the leg from 5 to 10 in 100,000 women per year to possibly more than 8 times that rate with some pills. The following may suggest serious disease, so contact your doctor if you:

- Get sudden chest pain (may be a heart attack)
- Cough up blood (may be a blood clot in the lung)
- Become breathless (may be a blood clot in the lung)
- Have pain in the lower leg (may be a blood clot)
- Have a severe headache (may be a migraine, stroke)

**The pill and cancer**
Cancer of the breast – research suggests that even if there is any risk it is small. If you have someone in your family who has had breast cancer, discuss this with your healthcare provider.

Cancer of the cervix - certain types of wart virus are the main cause of cervical cancer. Women who have been on the pill for 5 or more years and who carry these types of wart virus have a slight increase in the risk of cervical cancer.

All women on the pill should have cervical smears as recommended by the New Zealand Cervical Screening Programme.

Cancer of the ovary is reduced by 50% and there is still a lower risk more than 30 years after stopping the pill. Cancer of the endometrium (lining of the womb) is reduced by 50% and there is still a lower risk more than 15 years after stopping the pill.

**Does this pill protect you from sexually transmissible infections (STIs)?**

No. You need to use condoms (and lubricant) as well to protect against STIs.
What is it?
It is a pill women take every day to prevent pregnancy.
The combined pill contains the hormones oestrogen and progestogen. These are like the hormones naturally produced by women’s ovaries.

How does it work?
The oestrogen and progestogen stop the eggs developing, so there is no egg released from the ovary.

How well does it work?
Typically 92% effective in preventing pregnancy (this means that 8 out of 100 women will get pregnant each year). If taken correctly, especially if the pill is taken continuously (“no-period option”), it can be more than 99% effective.

When do I take it?
There are several ways of taking the pill. Some women take 21 hormone pills and then 7 inactive non-hormone pills. This is the “period option”.
Other women take hormone pills continuously, every day. This is the “no-period option”. Some women take 3 packets of hormone pills together and then inactive pills so they have a period every 10 weeks.

It is best to take this pill at the same time every day. With the “period option” you will not be safe against becoming pregnant if you forget more than ONE pill. With the “no-period option” you are still safe against getting pregnant unless you forget more than EIGHT pills. For full instructions see Family Planning instruction sheet.

What will I notice?
It depends which way you choose to take the pill.
With the “period option” you will have a monthly bleed that is usually lighter and less crampy than your usual period.
With the “no-period option” you will not have any periods if you take a hormone pill every day. However some women get bleeding and spotting at first. This usually settles with time, or you may need to have a 7 day break (see Family Planning instruction sheet).

Becoming pregnant after stopping
Your natural fertility will return as soon as you stop taking the pill.
If you get pregnant while taking the pill, and decide to continue with your pregnancy, the chance of having an abnormal baby is not increased.

Who should not use it?
- Women who have had a heart attack, stroke, or blood clot in their legs or lungs
- Women whose parents or brothers or sisters have had a blood clot in their legs or lungs
- Women over 35 who smoke
- Women who are overweight
- Some women who have migraines
- Women who are taking some medications, over-the-counter preparations or herbal remedies. Check with your doctor if you are taking regular medication
- There are other reasons why this pill may not be suitable for you, such as if you have your leg in plaster, or use a wheelchair.

What are the advantages?
- It works
- It can be 99% effective.
- It is convenient
- It is simple to take and doesn’t interfere with sexual intercourse.
- Periods
- You can choose to have periods (that are usually lighter and less crampy than your usual period) or to have no periods. Tell the doctor or nurse who is teaching you to take the pill the option you prefer.
- It is not permanent
- As soon as you stop taking the pill you can get pregnant.
- Protection
- The pill reduces your risk of cancer of the ovary and endometrium (lining of the womb) by 50%.
- Acne
- Some pills can improve acne.