

## **Combined Oral Contraceptive Pills Fact Sheet**

**Combined oral contraceptive pills (COCs/OCPs)** are a form of daily birth control. These pills contain two hormones, an estrogen and a progestin. These two hormones are similar to hormones that are made naturally by a woman's body. There are many different types of OCPs available, each with slightly different types of hormones and hormone concentrations. OCPs work to prevent pregnancy by preventing the egg from being released from the ovary, and also by changing the cervical mucus to prevent sperm from reaching an egg.

OCPs must be taken every day, near the same time each day, to work properly. If they are taken correctly, they are 99% effective at preventing pregnancy. However, most women do not take their pills perfectly. For the typical woman using OCPs, they are 91% effective at preventing pregnancy (9 pregnancies in 100 women using OCPs for a year). For young women using OCPs, they are 80% effective at preventing pregnancy (20 pregnancies in 100 young women using OCPs for a year).

**OCPs do not protect against sexually transmitted infections (STIs).** Condoms are the best way for sexually active people to reduce the risk of infection. Always use a condom if you or your partner has other sex partners or if you are otherwise at risk for STIs.

### **Advantages of OCPs:**

- Nothing to do right before sex to prevent pregnancy
- Decreased pain with periods and/or lighter menstrual periods
- May improve PMS (premenstrual syndrome) symptoms
- May improve acne
- Can decrease risk of uterine (endometrial), ovarian, colon, and other cancers
- Ability to become pregnant returns quickly when you stop taking OCPs

### **Disadvantages of OCPs:**

- Must take a pill every day, near the same time each day
- Much less effective (higher risk of pregnancy) if not taken properly
- Can be associated with some risks (see below)
- Side effects – OCPs are generally well-tolerated, but some women experience side effects such as breast tenderness, nausea, or change in mood or libido. Most of these symptoms improve with time.
- OCPs may interact with certain epilepsy (anti-seizure), anti-retroviral, and other medications.

### **Risks of using OCPs:**

- **Venous thromboembolism** – Very rarely, a blood clot can develop in the veins of the legs (DVT) or in the lungs (PE). These conditions can be life-threatening. Use of OCPs increases the chance of developing a DVT or PE slightly. The risk of having a DVT or PE while using OCPs is approximately 1 in 5,000-10,000 women. This is lower than the risk of DVT or PE in pregnancy.
- **Stroke or heart attack** – Very rarely, young women can have a stroke or heart attack. Use of OCPs can increase the chance of this happening slightly, especially if you also have other risk factors (such as high blood pressure, smoking or a certain type of migraine headaches).
- **High blood pressure** – OCPs can slightly increase your blood pressure. For most women, this increase is small and does not affect your health.

### **Contraindications – OCPs are generally not recommended for women who:**

- Smoke (or use other tobacco products) and are older than 35
- Have uncontrolled high blood pressure (hypertension)

- Have certain types of migraine headaches
- Have a history of blood clot (DVT or PE) or certain blood disorders which can increase the risk for blood clots (personally or in a close family member)
- Have a recent history of breast cancer
- Have a history of stroke or heart disease
- Have severe diabetes (or complications of diabetes)
- Have recently given birth (within 6 weeks)
- Are taking other medications that may interact with the OCPs.

Tell your clinician if you have any of these risk factors or conditions.

**Warning signs – Call your healthcare provider if you:**

- Think you are pregnant
- Have unusual pain or swelling in the legs, unusual pain in your chest, or difficulty breathing (go directly to an emergency room)
- Have sudden change in vision, severe headache, weakness, numbness or difficulty speaking (go directly to an emergency room)
- Have new or worsening headaches
- Have new symptoms you think might be related to using OCPs

**Problem-solving during use:**

- If you are late taking 1 pill, take it as soon as possible and take the next pill as scheduled (even if it means taking 2 pills at once).
- If you miss 2 or more pills, take 1 pill as soon as possible and continue taking a pill daily as directed. You will need to use a back-up method for the next 7 days (wait to have sex or use condoms). If you had sex without a condom during this time, you should take emergency contraceptive pills (Plan B® or Ella®) as soon as possible and call your clinician’s office.
- If you are 2 days or more late in starting a new pill pack, you are at risk for pregnancy. You should start the new pack as soon as possible and use a back-up method for the next 7 days (wait to have sex or use condoms). If you had sex without a condom during this period, you should take emergency contraceptive pills (Plan B® or Ella®) as soon as possible and call your clinician’s office.
- If you vomit (throw up) within an hour of taking an OCP, you should try to settle your stomach and take the next pill. If you vomit within an hour of taking the second pill, or if you feel like you can’t keep down a second pill, use a back-up method (wait to have sex or use condoms) throughout the time you have vomiting and for 7 days after.
- If you have severe diarrhea, keep taking your pills daily as directed, use a back-up method (wait to have sex or use condoms) throughout the time you have diarrhea and for 7 days after.
- If you lose a pill and can’t find it, take the next pill in the package and continue taking daily as directed.

Regular visits for routine healthcare, STI and cancer screening are strongly recommended.