

The Birth Control Pill and Pregnancy!?

What's with that!

Despite the fact that oral contraceptives (OCs) are highly effective and that the women taking them do not want to become pregnant, an overwhelming number discontinue use increasing the risk of pregnancy. Most women **new users** and **switchers** discontinue within the first 2 months of use: 11% and 4% in the first and second month respectively.

A Short History of a Major Medical Achievement

The birth control pill has been around for 48 years and was first introduced in 1960. In 1950 Dr. Gregory Pincus, an American biologist was invited by the Planned Parenthood Association of America to develop an ideal contraceptive – one that would be “harmless, entirely reliable, simple, practical, universally applicable and aesthetically satisfactory to both husband and wife.”

In 1960, the first commercially produced birth control pill, Enovid-10, was marketed in the United States. This major medical achievement rewrote the future of women by giving women the means to effectively control pregnancy and childbearing by taking a pill. The effectiveness of the oral contraceptive pill against pregnancy has been well-documented.

Then why a 35% Unintended Pregnancy Rate in Canada?

All combined oral contraceptives are effective and are a combination of 2 components; a synthetic estrogen and a progestin. Both act together to inhibit pituitary activity and, thereby, prevent ovulation providing their contraceptive effect.

Yet unintended pregnancy remains a major problem in Canada with a rate of 35% among all women. (Statistic based on women aged 15-50 years of age who participated in the 2006 Contraception Awareness Project funded by the Society of Obstetricians and Gynaecologist of Canada (SOGC).

The risk of having an unintended pregnancy is highest in teenagers. This risk declines markedly with age, but increases again for women in their 40s.

The cost of unintended pregnancy in Canada is a burden to the healthcare system with \$30 million being spent on providing abortion services in 1998 (CARAC 2000).

Numerous studies have identified the **greatest challenges** in pill users are **incorrect** or **inconsistent use** leading to **discontinuation** of the oral contraceptive, thereby increasing the risk of an unintended pregnancy.

Reasons for Stopping OC Use

1. The most common reason given is side effects, especially **breakthrough bleeding**. Other side effects include an **increased appetite** and **weight gain, breast tenderness** and **headaches**. It is possible that adolescents and women perceive unscheduled bleeding or other side effects as an indication of a serious consequence such as cancer. **Incorrect beliefs** that these effects are long-term, can lead to sterility, or affect the health of future offspring are not uncommon among young adults.

The key here is access to **accurate information!** Side effects may occur, but if they do, it is usually **transient**.

2. **Perfect adherence** to the daily routine of pill taking is still a concern. Research shows that self-reporting of missed pills is under estimated as electronic pill devices show that 66% of women miss taking the pill. Women reporting missing 3 or more pills

according to the electronic data was triple that reported by women's self records. Inconsistent use of oral contraceptives (OCs) exposes women to risks of unintended pregnancy.

Research to investigate discontinuation rates indicated 60% of new users stopped within the first year. In fact, 50% of adolescents stop OCs within 3 months with the majority of them stopping their pill use within the first 2 months. Beyond this **2-month** threshold women were **much less likely** to discontinue use.

The role of counselling and consistent OC use is of vital importance

Take the time to talk to your health care provider. Before you start taking the birth control pill, ask about any side effects. You can be reassured that side effects are usually short lived and go away with continued use. Feel free to ask about non-contraceptive benefits of the 'pill' and any concerns about some of the myths you have heard from friends and family. Discuss what to do if you miss any pills. Your health care provider will provide complete confidentiality and support your decision making in a non-judgmental manner.

Management of side effects is crucial!

If you experience any side effects - discuss the best approach with your doctor. If they do not subside over time you can discuss options and decide if the pill formulation (i.e. dose of estrogen and/or type of progestin) you are using is the cause. Remember that all oral contraceptive pills are effective and there are many **different ones to choose from**.

FYI: Side effects may be related to either the estrogen or progestin component.

Potential side effects of Synthetic **Estrogen**:

- Nausea
- Breast tenderness
- Secondary weight gain (due to water retention)
- Headache
- Skin discolouration
- Vaginal discharge
- Decreased libido

Potential side effects of **Progestin**:

- Acne or oily skin
- Hirsutism
- Increased appetite and weight gain
- Bloating
- Increased appetite and weight gain
- Bloating
- Low mood
- Fatigue
- Constipation

Talk to your health care provider to see if any of these side effects can be eliminated.