

Late or Missed Pills

If you forget to take one "active" pill:

1. Take one missed pill as soon as possible, **and**
2. Take the next pill at the usual time (this may mean taking 2 pills on the same day) **and**
3. Continue taking all "active" pills as usual, one each day, until you complete that pack. It is okay to start your next pack a few days early, if you prefer to keep your same pill start day.

You may also choose to use your back-up contraception (condoms, withdrawal, spermicide) for the next 7 days.

IF you forget to take two or more "active" pills, then follow the above instructions: Steps 1-3, and

4. Use your back-up method for the next 7 days **and**
5. Consider using Emergency Contraception *** **and**
6. **IF** the pills missed were during the last week of your pill cycle (days 15-21), then you need to discard the 7 "inactive" pills and start a new pack (you will then be taking the pill continuously for 6 weeks).

*** IF you have missed 3 or more active pills OR 2 or more "low dose" (= 20 or 25 mcg EE pills), and you have had unprotected intercourse in the past 120 hours (5 days), consider using Emergency Contraception asap...the sooner, the better.

"Just Keep Going!"

If you miss your period, continue using your pills, patch, or ring. It is not unusual for hormonal contraception to cause your period to be very light or absent. If in doubt, seek a pregnancy test.

Always start your next cycle (of pills, patches, or ring), within 7 days of completing the previous cycle, even though you may still be having your period.

Late or missed Patch or Ring

IF you are late restarting or replacing your patch or your ring:

1. Restart immediately with a new patch or ring **and**
2. Continue weekly use for 3 weeks (as a new 21 day cycle) without interruption, **and**
3. Use your back-up method for the next 7 days, **and**
4. Consider using Emergency Contraception***



*** IF:
your patch has been off for > 24 hours,
or
your ring has been out > 3 hours,
and you have had unprotected intercourse in the past 120 hours (5 days), then consider using Emergency Contraception asap... the sooner, the better!

If you decide that you want to become pregnant, or you wish to stop hormonal contraception, complete the current cycle before stopping, unless you are having significant side effects. Your period will likely return in 4-6 weeks. There is no continued protection, so it is possible to get pregnant immediately after discontinuing your method. Please call us if you have questions about discontinuing your method.



Hormonal contraception

Possible benefits

- | | |
|------------------------|---|
| -less menstrual cramps | -reduced risk of endometrial, ovarian cancers |
| -decreased blood loss | - improvement of acne, |
| -less iron loss/anemia | PMS, and endometriosis |
| -regular menses | |
| -fewer ovarian cysts | |

Possible side effects

- | | | |
|---------------------------------------|---------------------------------------|---------------------------|
| -fluid retention | -spotting or bleeding between periods | -dark patches on face |
| -nausea | -missed periods | - mood swings, depression |
| -breast tenderness and/or enlargement | -slight weight gain | |

WARNING Signs

- | | |
|--|--|
| Blood clot symptoms:
legs-pain, redness, swelling
lungs- cough, bloody sputum, shortness of breath
heart-chest pain, arm or shoulder pain
shortness of breath | Head/brain- headache, weakness/ numbness, visual problem, sudden intellectual impairment
eye-complete or partial loss of vision, pain
abdominal- pain, vomiting, weakness, severe cramps |
|--|--|

Risk for blood clot: heart (attack): 1/100,000;
stroke: 3/100,000; others 11/100,000.

Greatest risk is in women who are: smokers, obese, >35 years old, have diabetes, and/or have elevated cholesterol or a high LDL/HDL ratio.

Additional possible side effects include benign liver tumor: the risk is estimated to be 1 per million in women under 30 taking hormonal contraception. Rarely, high blood pressure is caused by hormonal contraception.

Western Washington University Student Health Center (SHC)
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(8/06)

Hormonal



Contraceptives

***** Guidelines for taking hormonal contraceptives *****

Hormonal contraceptives (the pill, patch, and ring) contain synthetic hormones that are similar to those produced naturally by your body. These contraceptives usually contain estrogen and progestin (progesterone-like drug). Brands of pills differ in the type of progestin, their estrogen content and the dosing pattern of each cycle. There are also "progestin only" pills which are usually prescribed for women who should not use the estrogen containing methods.

How does hormonal contraception work?

- Ovulation (release of an egg from the ovary) is suppressed, **and/or**
- If an egg is released, it is quickly moved through the fallopian tubes, **and/or**
- The cell layer lining the uterus is thinned, which discourages implantation of an egg, **and/or**
- The cervical mucus is thickened, which inhibits the passage of sperm

Hormonal contraception does not protect you from STIs. To help reduce your STI risk, insist that your partner/s use a latex condom every time you have sex.

How effective are pills, patches and rings?

If used perfectly (pills taken the same time every day, and patches and rings used consistently and correctly), fewer than 1 % of women who use hormonal contraception will become pregnant each year.

Drug Interactions

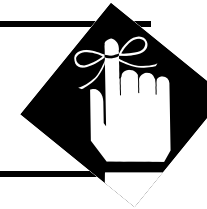
Certain medications may reduce the effectiveness of your hormonal contraception. If you take **any** medications, be sure to discuss these with your provider. Drugs may interact with hormonal contraception in other ways, so if you are placed on a new medication, always tell your health care provider(s) that you use hormonal contraception.

Starting your method

During the first 3 weeks that you use your pills, patch, or ring, you are using hormones. During the 4th week you will **not** be using hormones (the last 7 pills in your pack are reminder pills and do not contain hormones).

- Start your method on the first Sunday after your next period begins (on Sunday, if your period starts that day), **OR** start your pills on the first day of your period, whichever you discussed with your prescriber.
- If you are taking pills, take them at the same hour daily to maintain an adequate hormone level. You may wish to take your pill in the afternoon or evening so that if you sleep late on the weekend you will not be late taking your pills.
- Use an additional method of contraception (condoms and/or spermicide, withdrawal method, or abstain from sex) during the first 2 weeks that you are using your new method.
- Your next period will usually begin during the 7 days that you are not taking hormones (the 4th week).
- Always start your next cycle (of pills, patch, or ring), within 7 days of completing the previous cycle, even though you may still be having your period.
- During the first few months of hormonal contraceptive use, your body is adjusting to the hormones and it is not unusual to have irregular, period-like bleeding or spotting. If you are more than an hour late taking your pills, you may begin to have spotting in the next few days. You should continue taking your pills.

take your pills at the same hour every day



Who shouldn't take hormonal contraception?

In general, women with the following health concerns or histories should not take combined hormonal contraception (containing estrogen):

- uncontrolled high blood pressure
- clot/s or family history of clotting problems
- stroke or heart attack
- smokers over age 35 yrs
- certain migraine headaches
- insulin dependent diabetes with vascular disease
- active liver disease, impaired liver function, or tumor
- breast cancer or estrogen dependent tumors
- actively breast feeding women

Obtaining refills

If you are starting hormonal contraception for the first time, you must have your blood pressure (B/P) checked about 3 months after starting your method. Before you complete your third cycle, return to the SHC and a nurse will check your B/P and refill your contraceptive method. You may purchase up to a one year supply. If you wish to continue hormonal contraception, you need to have an annual Gyn exam, which includes a Pap smear.

The SHC is closed between quarters and after summer quarter. Check your supply before the end of each quarter.