

# GUIDE TO HORMONAL CONTRACEPTIVES

University Student Health Services & Wellness Resource Center

## Combined Hormonal Contraceptives

Combined hormonal contraceptives refer to birth control methods that contain both estrogen and progestin hormones. These include oral contraceptive pills (the pill), NuvaRing (the vaginal ring), and the contraceptive patch. These popular reversible methods of birth control work by preventing ovulation (the release of an egg from the ovary), thickening cervical mucus (to prevent sperm from entering the uterus), and altering the lining of the uterus (making it less suitable for implantation).

- ❖ **Oral contraceptive pills** are taken by mouth once a day. Most contain the same dose of estrogen and progesterone throughout the month, while some contain doses that change throughout the month. The pill is one of the most popular forms of birth control due to its accessibility and ease of use. A variety of birth control pills are available at affordable prices through the Student Health Pharmacy.
- ❖ **The NuvaRing** works like the pill except that it has a different delivery mechanism. The ring contains low doses of synthetic estrogen and progesterone that are absorbed through the vaginal mucosa, providing a steady hormone level in the bloodstream. It is replaced once a month, so it may be an ideal option for patients who have difficulty remembering to take the pill. The NuvaRing is available by prescription through the Student Health Pharmacy.
- ❖ **The contraceptive patch** is a medicated patch that is changed on a weekly basis. The patch contains low doses of synthetic estrogen and progesterone that are absorbed through the skin. Research suggests that the average estrogen concentration is 60% higher in patients on the patch compared to those on the pill. This increase in estrogen exposure may increase the risk of life-threatening blood clots. Talk to your medical provider to see if the patch is a safe option for you.

## Progestin-Only Contraceptives

These methods include the mini pill, Depo Provera, Nexplanon, and progestin IUDs (intrauterine devices). Because they contain only the progestin hormone, they are good contraceptive options for women who cannot use estrogen due to health risks or intolerable side effects. Progestin works by thickening the cervical mucus, decreasing fallopian tube motility, thinning the lining of the uterus, and preventing ovulation.

- ❖ **The mini pill (progestin-only pill)** is an effective form of birth control that must be taken at the same time every day. It is often used in women who are not able to take estrogen. A common side effect is irregular menstrual bleeding. It is available by prescription from the Student Health pharmacy.
- ❖ **Depo Provera** is a highly effective contraceptive given as an injection every 11-13 weeks. Irregular bleeding is a common side effect. Some patients stop getting their periods while on Depo. It is available by prescription through the Student Health pharmacy.
- ❖ **Nexplanon** is a small rod inserted under the skin of the arm. It is one of the most effective contraceptives available and protects against pregnancy for up to 3 years. This method is not available at Student Health, but we can assist with referrals to providers who offer Nexplanon as a birth control option.
- ❖ **A progestin-containing IUD** is a small plastic device that is inserted into the uterus by a healthcare provider. A variety of options are now available and offer very effective pregnancy protection for 3 to 6 years (depending on the type of IUD inserted). An IUD can be easily removed at an earlier time if desired; however, this would make it a less cost-effective method. IUDs are not available through Student Health, but we can assist with referrals to providers who offer IUD insertions.

## Frequently Asked Questions

- ❖ **Do I need a Pap smear before starting hormonal contraception?**  
No. You can start hormonal contraception without a Pap smear. However, it is important to get your first Pap smear at age 21 and regularly thereafter to screen for cervical cancer.
- ❖ **Will medications affect my birth control?**  
Always check with your healthcare provider before starting new medications. Certain anti-seizure and anti-tuberculosis medications may decrease the effectiveness of hormonal contraception. These medications do not decrease the effectiveness of Depo Provera.
- ❖ **Are brand name birth control pills more effective than generic ones?**  
No. There is no evidence that generic birth control pills are less effective than brand name ones.
- ❖ **Does hormonal contraception cause infertility?**  
No. There are no long-term effects on fertility, although the return of normal periods can be delayed. If you have regular periods before starting a hormonal contraceptive, you will probably resume your periods within 3 months of stopping the method. The exception is Depo Provera, where it can take 10 to 18 months for normal periods to resume.
- ❖ **Does hormonal contraception cause cancer?**  
Oral contraceptives are not associated with an overall increased risk of cancer. In fact, oral contraceptives are known to decrease the risk of ovarian and uterine cancers. Most studies do not show an association between the pill and breast cancer. However, data on breast cancer risk in those with a family history of breast cancer are conflicting.
- ❖ **Can I smoke and use hormonal contraception?**  
Smoking with contraceptives containing estrogen is discouraged due to an increased risk of cardiovascular side effects. If you smoke and are 35 years of age or older, the risks are too high and you will not be eligible for birth control containing estrogen (ie. combined pills, NuvaRing, contraceptive patch). You are also not a candidate for methods containing estrogen if you smoke and have other risk factors for heart disease (such as high cholesterol, diabetes, etc.) or if you have a family history of life-threatening blood clots in the veins.

There do not appear to be serious side effects with smoking and progestin-only methods; however, Student Health encourages all students to avoid smoking. If you need help quitting, please consult a Student Health provider. We will be happy to assist!

## How effective are these methods?

(Based on first year of use)

Contraceptive Method	Perfect Use Failure Rate	Typical Use Failure Rate
<b>Combined pill</b>	<b>0.3%</b>	<b>7%</b>
<b>Mini pill</b>	<b>0.3%</b>	<b>7%</b>
<b>NuvaRing</b>	<b>0.3%</b>	<b>7%</b>
<b>Ortho Evra patch</b>	<b>0.3%</b>	<b>7%</b>
<b>Depo Provera injection</b>	<b>0.2%</b>	<b>4%</b>
<b>Nexplanon</b>	<b>0.1%</b>	<b>0.1%</b>
<b>Mirena IUD</b>	<b>0.1%</b>	<b>0.1%</b>

Source: Hatcher, Robert A., et al. *Contraceptive Technology 21<sup>st</sup> ed.* New York: Ayer Company Publishers, 2018.

## Recommended Websites

- ❖ [www.plannedparenthood.org](http://www.plannedparenthood.org)
- ❖ [www.familydoctor.org](http://www.familydoctor.org)
- ❖ [bedsider.org](http://bedsider.org)

## Is a combined hormonal method a good choice for me?

### (Oral Contraceptive Pills, NuvaRing, or the Contraceptive Patch)

If any of the following apply to you, you may be at risk for serious side effects from combined hormonal contraceptives. Talk to your healthcare provider to see which options are best for you.

- ❖ **Are you aged 35 or older and smoke?**  
If the answer is yes, you are at high risk for cardiovascular complications when combining estrogen use with smoking. Your medical provider can assist you with smoking cessation or choosing a safer birth control method.
- ❖ **Are you pregnant or breastfeeding a baby less than six months old?**  
You should not use combined hormonal contraceptives if you are pregnant. If you suspect pregnancy, continue your birth control but come into clinic for a pregnancy test. If you are breastfeeding, consult your healthcare provider because estrogen can decrease breastmilk production.
- ❖ **Do you get migraine headaches?**  
If you get migraine headaches with changes in vision (such as blurred vision, loss of vision, flashing lights or zigzag lines), difficulty speaking, or difficulty moving your arms or legs, you should not take combined hormonal contraceptives due to an increased risk of a life-threatening blood clot.
- ❖ **Do you have high blood pressure?**  
If your blood pressure is below 140/90, it is probably safe to use combined hormonal contraceptives. If your blood pressure is over 140/90, taking estrogen may worsen your blood pressure. Consult your healthcare provider for more information.
- ❖ **Do you have, or have you ever had: serious problems with your heart or blood vessels, including heart attack or heart disease from blocked arteries, stroke, and blood clots; severe chest pain with unusual shortness of breath; or a long-term diabetic history (>20 years) resulting in damage to your vision, kidneys, or nervous system?**  
If yes, you should not take combined hormonal contraceptives due to the increased risk of cardiovascular complications.
- ❖ **Do you have any unusual vaginal bleeding?**  
If yes, see your healthcare provider for further evaluation before starting a combined hormonal contraceptive.
- ❖ **Do you have, or have you ever had, breast cancer?**  
If yes, it is generally not recommended to use combined hormonal contraceptives.
- ❖ **Do you have jaundice or a liver disorder?**  
If so, you should not take combined hormonal contraceptives. If you develop a liver problem while taking one of these methods, you should stop the medication and consult your healthcare provider regarding other options.
- ❖ **Do you have gallbladder disease?**  
If you currently have gallbladder disease or take medication for gallbladder disease, talk to your healthcare provider prior to starting or continuing combined hormonal contraceptives.
- ❖ **Are you planning surgery that will keep you from walking for a week or more?**  
If so, you should consult your healthcare provider and stop your combined hormonal contraceptive prior to surgery because you are at greater risk for developing a life-threatening blood clot in the legs. You can return to your contraceptive method after recovery and resumption of your normal activities.

## POTENTIAL BENEFITS OF COMBINED HORMONAL CONTRACEPTIVES

- ❖ Decrease in menstrual cramps and blood flow.
- ❖ Improved cycle control.
- ❖ Prevention of menstrual migraines.
- ❖ Improvement in acne and excessive hair growth.
- ❖ Decrease in symptoms from fibroids and endometriosis.
- ❖ Protection against ovarian, uterine, and colon cancers.
- ❖ Decreased fibrocystic breast symptoms.

## POTENTIAL HEALTH RISKS OF COMBINED HORMONAL CONTRACEPTIVES

- ❖ Small risk of cardiovascular disease, which can be serious. This risk is much higher in older patients who smoke.
- ❖ Small risk of developing life-threatening blood clots. Estrogen appears to be responsible for activating blood-clotting mechanisms. It is very important to let your healthcare provider know if you or any family members have a history of blood clots or stroke.
  - Studies have shown up to a three-fold higher risk of blood clots with these pills (compared to other birth control pills): Yaz (Gianvi, Loryna, Vestura) and Yasmin (Ocella, Syeda, Zarah).
  - Studies suggest that patients using a contraceptive patch are exposed to 60% more estrogen than those taking the pill. This may increase the risk of blood clots, especially in diabetic individuals.
- ❖ Hypertension, which can infrequently develop after starting combined hormonal contraceptives. For this reason, your blood pressure is always checked before starting contraception containing estrogen.
- ❖ Gallbladder disease, particularly in women who are already susceptible.

## POTENTIAL SIDE EFFECTS OF COMBINED HORMONAL CONTRACEPTIVES

### Serious side effects:

If any of these symptoms occur, seek medical help immediately! Hormonal contraceptives are very safe but, as with all medications, can have undesired and potentially dangerous side effects. Complications may include:

- ❖ Sharp or crushing chest pain or sudden shortness of breath (which may indicate a blood clot in the heart or lungs).
- ❖ Severe pain in the arms or legs with redness, swelling, or warmth (which may indicate a blood clot in the arm or leg).
- ❖ Sudden severe headache with visual disturbance or difficulty with speech (which may indicate a blood clot in the brain).
- ❖ Severe abdominal pain.

### Other side effects:

The majority of patients have no adverse effects from hormonal contraception; however, if side effects do occur, they usually resolve after your body becomes adjusted to the hormones. This adjustment can take up to 3 months. We prefer not to change methods during the first 3 months if side effects are mild and not significantly affecting quality of life. Side effects may include:

- ❖ Breakthrough bleeding or spotting between periods (which does not decrease the efficacy of your birth control).
- ❖ Lack of a period (more common with lower dose pills; not a sign of a problem but can be alarming).
- ❖ Breast tenderness and/or enlargement.
- ❖ Nausea.
- ❖ Moodiness or irritability.
- ❖ Weight gain (if present, is typically around 1 lb). Studies suggest that oral contraceptives do not play a significant role in weight gain.
- ❖ Headaches (usually improve despite continued oral contraceptive use).

# Directions For Using Combined Hormonal Contraceptives

Remember to use a back-up contraceptive method (like condoms) during the first 7 days following the start of any hormonal method because it may not be protecting you from pregnancy yet. In addition, condoms are recommended because hormonal methods do not protect against sexually transmitted infections. A back-up method is also a good idea in case you:

- Run out of your contraceptive method.
- Forget to take 2 or more pills in a row (or forget to replace the patch or the ring).
- Have significant vomiting or diarrhea (which can affect the effectiveness of pills).

## ORAL CONTRACEPTIVE PILLS

Please refer to our handout "[The Birth Control Pill](#)" or the package insert for detailed instructions.

Most pill packs last for 4 weeks. Typically the first 3 weeks contain active pills (pills with hormonal medications). The last or fourth week has placebo pills (pills with no hormones in them). It is during this "placebo week" that you will have your period; you are still protected from pregnancy during the placebo week if you have taken your pills correctly.

### ❖ How do I start the pill?

You may start the pill at any time as long as you are certain you are not pregnant. Many women choose to start the pill on the first day or first Sunday of their period. If you start the pill on the first day of your period, back-up contraception for the first 7 days is not required.

### ❖ How do I take the pill?

Take one pill at the same time (within 2 hours of your normal time) daily. Check your pill pack every morning to be sure that you took your pill the day before. Begin a new pack immediately after finishing your current pack. If you are late starting the new pill pack, you will need to use back-up birth control for the next 7 days.

### ❖ What if I miss one or more pills?

If you miss one active pill, take it as soon as you remember. Take the next pill at your regular time; sometimes you may have to take 2 pills at the same time to catch up. You will not need back-up birth control if you have only missed one active pill.

If you miss 2 or more active pills in a row, it gets more complicated. Refer to our "birth control" handout or read the package insert for detailed instructions. You will need to use back-up birth control for the next 7 days.

If you miss a placebo pill during the fourth week, throw away the one you missed, and keep taking one pill a day until the pack is empty. Missing a placebo pill does not affect contraceptive effectiveness.

## THE NUVARING

[www.nuvaring.com](http://www.nuvaring.com)

Please refer to the package insert for detailed instructions.

### ❖ How do I start the ring?

You may insert the NuvaRing at any time during the menstrual cycle, as long as you are not pregnant. Ideally, the ring should be inserted during the first 5 days of your period. If the ring is inserted on the first day of your period, you do not need to use a back-up method of birth control. Otherwise you will need back-up protection for the first 7 days.

**Note:** The diaphragm and sponge are not good back-up methods for the NuvaRing because the ring may prevent proper placement of these devices in the vagina.

### ❖ How do I use the ring?

After inserting the ring, leave it in place for 21 days. Remove for 7 days. Then reinsert a new ring. (In other words, 3 weeks in and 1 week out.)

### ❖ What if I forget to take out my ring?

If the NuvaRing has been left in the vagina for more than 3 weeks but no longer than 5 weeks, remove it, and insert a new ring after a 7-day break. You do not need a back-up method of birth control.

If the NuvaRing has been left in place for more than 5 weeks, replace it with a new ring and use back-up contraception for the next 7 days. Check a pregnancy test, especially if you had any unprotected sex more than 5 weeks after you inserted the ring.

### ❖ What if my ring slips out?

It is rare for the NuvaRing to slip out of the vagina. If it does, you can wash the ring off with cool or warm (not hot) water and re-insert it into the vagina.

If it has been out of the vagina for less than 3 hours, you do not have to worry about loss of pregnancy protection.

If the ring has been out of the vagina for more than 3 hours, refer to the package insert for specific instructions (which are based on which week of the ring you are on).

## THE CONTRACEPTIVE PATCH

[www.xulane.com](http://www.xulane.com)

Please refer to the package insert for detailed instructions.

### ❖ How do I start the patch?

You may start the patch at any time as long as you are not pregnant. The manufacturer recommends starting the patch on the first day of your period or the first Sunday after your period begins. If you start the patch more than 5 days after the beginning of your period, you will need back-up birth control for the next 7 days.

### ❖ How do I use the patch?

- Choose a place on your body to apply the patch. This can be your buttock, abdomen, upper outer arm, or upper torso. Never place the patch on your breast.
- Check your patch every day to make sure that all the edges are sticking well to your skin. Avoid using lotions or occlusive dressings where the patch will be applied.
- Wear the patch for 7 days, and change your patch on day 8, which will be your Patch Change Day. Your Patch Change Day should be the same day of the week.
- A different site of the body should be used each time a new patch is applied.
- Change the patch once a week for 3 weeks, followed by 1 week without a patch.
- When removing your old patch, fold it in half so that it sticks to itself before throwing it away in a trashcan.
- Keep the patch out of reach of animals and children.

### ❖ What if I forget to change my patch?

#### Week one

- If you are late applying a new patch, apply it as soon as you remember. This will be your new Patch Change Day.
- Use back-up birth control for at least 7 days.

#### Week two or three

- Remove the old patch as soon as you remember, and apply a new patch.
- If you are 1 or 2 days late changing the patch, your Patch Change Day stays the same, and no back-up contraception is needed.
- If you are more than 2 days late changing your patch, the day that you change your patch will be your new Patch Change Day. You will also need to use back-up birth control for the next 7 days. In some cases, emergency contraception may be needed.

#### Week four

- If you forget to remove your patch during week four, remove it as soon as you remember.
- Apply a new patch on your normal Patch Change Day.

### ❖ What if my patch becomes loose or falls off?

If the patch has been loose or off for less than 24 hours, reapply the patch to the same location. If it does not stick well, apply a new patch. Never use tape, wraps, or band-aids to keep a patch in place. Your Patch Change Day will stay the same, and back-up birth control is not needed.

If it has been more than 24 hours, apply a new patch. You will have a new Patch Change Day, and back-up contraception will be needed for the next 7 days.

## Is the mini pill a good choice for me?

The mini pill is an effective form of birth control that works primarily by thickening cervical mucus and thinning the uterine lining. Because it is less consistent in preventing ovulation, it must be taken at the same time every day of the month.

The mini pill may be preferred in patients who:

- Cannot take estrogen due to health risks (such as migraine with aura or a blood clotting disorder) or intolerable side effects.
- Are breastfeeding.

Consider the following:

### ❖ Will you be able to take a pill consistently every day?

The mini pill does not suppress ovulation consistently and only thickens cervical mucus for 20 hours. For these reasons, the mini pill **must be taken at the same time every day**. If you are more than 3 hours late, take the pill as soon as you remember, and you must use back-up contraception for the next 48 hours.

When taken correctly, the mini pill is as effective as a combined hormonal pill. However the typical use failure rate is probably higher than that of a combined hormonal pill because there is less margin for error.

### ❖ Does the possibility of irregular bleeding (especially when first starting the mini pill) bother you?

Some users of the mini pill will ovulate every month and have regular menses, while others may ovulate only some months and not others. It is this change in ovulation that leads to irregular bleeding.

### ❖ Do you have breast cancer, active liver disease, or undiagnosed abnormal vaginal bleeding?

If so, the mini pill is not recommended. Other contraceptive options should be considered.

## POTENTIAL BENEFITS OF THE MINI PILL

- ❖ Protection against uterine cancer.
- ❖ May reduce the risk of pelvic inflammatory disease.

## POTENTIAL HEALTH RISKS OF THE MINI PILL

- ❖ Ectopic (or tubal) pregnancies. The mini pill actually lowers the overall risk of an ectopic pregnancy. However, if a pregnancy occurs while using the mini pill, it is more likely to be ectopic (than if you were not taking any birth control). If you develop severe lower abdominal pain, it is important to seek urgent medical care.

## POTENTIAL SIDE EFFECTS OF THE MINI PILL

- ❖ Irregular menstrual bleeding is common. However up to half of users continue to have regular periods. Prolonged bleeding or cessation of menses can occur but is more likely with Depo.
- ❖ May increase ovarian cysts (usually asymptomatic).
- ❖ May increase acne flares.

## DIRECTIONS FOR USING THE MINI PILL

### ❖ How do I start the mini pill?

You may begin the mini pill at any time if there is no chance of pregnancy. However, it is best to start the mini pill on the first day of your period. If it has been more than 5 days since the start of your period, you will need to use back-up contraception for at least 48 hours.

### ❖ How do I take the mini pill?

- It is critical that the mini pill is taken at the same time each day. Each pill contains progestin, and there are no placebo (or sugar) pills.
- If you are more than three hours late, take one as soon as you remember, and use back-up birth control for the next 2 days.
- If you vomit or have severe diarrhea within 3 hours of taking the mini pill, use back-up contraception until 2 days after the vomiting or diarrhea has resolved.

### ❖ What if I forget to take the mini pill?

If you miss one mini pill, take it as soon as you remember. Take the next pill at your regular time. This means you may take 2 pills in one day (or sometimes 2 pills at the same time). You will need back-up contraception for the next 48 hours.

If you miss 2 mini pills in a row, take 2 pills on the day you remember and 2 the next day. Then take one pill a day for the remainder of the pill pack. Use back-up birth control until you have taken the mini pill correctly for 2 days.

## Is Nexplanon a good choice for me?

[www.nexplanon.com](http://www.nexplanon.com)

Nexplanon is a progestin-only contraceptive that is inserted as a rod in the upper arm and is effective for 3 years. It is among the most effective contraceptives available. Its main mechanisms of action are thickening cervical mucus and decreasing tubal motility.

Nexplanon may be preferred in patients who:

- Cannot remember to take a pill every day.
- Cannot take estrogen due to health risks (such as migraine with aura or a blood clotting disorder) or intolerable side effects.
- Are breastfeeding.

Consider the following:

### ❖ Does the possibility of having irregular periods or spotting between periods bother you?

Menstrual changes, which are reversible, are common when using Nexplanon. Irregular bleeding is highest during the first 3 months of use but is likely to continue throughout the duration of use. Up to 20% of individuals will have no periods.

### ❖ Do you have breast cancer, active liver disease, or undiagnosed abnormal vaginal bleeding?

Nexplanon is not recommended if you have any of these medical conditions. Talk to your medical provider about other contraceptive options.

## POTENTIAL SIDE EFFECTS OF NEXPLANON

- ❖ Irregular menstrual bleeding.
- ❖ Headache.
- ❖ Weight gain.
- ❖ Acne flares.
- ❖ Breast tenderness.
- ❖ Mood changes.
- ❖ Abdominal pain.
- ❖ Complications related to insertion are rare (eg. infection, bleeding, local skin reactions, expulsion).

## DIRECTIONS FOR USING NEXPLANON

Nexplanon can be inserted at any time as long as you are certain you are not pregnant. Insertion is a brief office procedure.

- ❖ Ideally the rod is inserted within the first 5 days of your period because back-up birth control will not be required.
- ❖ If Nexplanon is inserted after the 5th day of your period, you will need back-up contraception (ie. condoms) for the next 7 days.
- ❖ Most patients do not experience pain after insertion. However, if pain is present, over-the-counter pain medications (eg. ibuprofen, naproxen, acetaminophen) usually provide adequate relief.

## REMOVAL OF NEXPLANON

Nexplanon can be removed at any time but should be removed at the end of 3 years. If the rod is not removed after 3 years, contraceptive effects may persist for as long as 2 years.

- ❖ Removal is an office procedure that uses local anesthesia.
- ❖ Hormonal levels are undetectable within a week of removal. Most patients ovulate within 3-4 weeks of removal.

If the patient wants to continue Nexplanon at the time of removal, a new rod can be inserted through the same incision that was used to remove the old rod or in the other arm.

## Is Depo Provera a good choice for me?

Depo Provera is a highly effective contraceptive given as an injection every 11-13 weeks. It works primarily by preventing ovulation.

Depo is available in two formulations: intramuscular (IM) and subcutaneous (SC). The benefits and risks of both are similar. The SC form is newer and more expensive but tends to be a less painful injection.

Depo may be a preferred method of birth control in patients who:

- ❖ Have a hard time remembering to take a pill every day.
- ❖ Cannot take estrogen due to health risks (such as migraine with aura or a blood clotting disorder) or intolerable side effects.
- ❖ Are breastfeeding.

Depo is generally NOT recommended if you answer yes to any of the following questions:

- ❖ **Is there any possibility that you are pregnant?**  
Since there is nothing that can counter the effects of Depo Provera once it has been injected, it is best to avoid Depo if there is any chance you may be pregnant. However, there is no evidence that Depo use during pregnancy increases the risk of congenital anomalies in the fetus; birth outcome data are incomplete.
- ❖ **Do you plan to become pregnant in the next 1 to 2 years?**  
If yes, you should discuss alternative birth control methods with your healthcare provider. It takes an average of 10 months for fertility to return following a Depo injection.
- ❖ **Do you have any unusual vaginal bleeding?**  
If yes, the vaginal bleeding should be evaluated before starting any hormonal form of birth control.
- ❖ **Have you been diagnosed with breast cancer?**  
If so, you should not use Depo Provera because the impact on the risk for breast cancer recurrence is not known.
- ❖ **Do you have, or have you ever had: serious problems with your heart or blood vessels, including heart attack, heart disease from blocked arteries, or stroke; high blood pressure; diabetes with kidney disease or vascular complications; lupus (some forms); severe cirrhosis; or hepatocellular adenoma?**  
If yes, it is best to avoid Depo in favor of other contraceptive options.
- ❖ **Do you have risk factors for or a history of nontraumatic fractures?**  
If yes AND you have been on long-term corticosteroid therapy, you will not be a candidate for Depo due to the increased risk of bone loss. If you have not been on long-term steroid therapy, talk to your provider to see if the benefits of Depo outweigh the risks.

Other factors to consider:

- ❖ **Does the possibility of having irregular periods or no periods bother you?**  
Menstrual changes, which are reversible, occur in all women on Depo. Irregular bleeding occurs more during the first year of use. About half of women will stop having periods after the first year.
- ❖ **Will it be difficult to return to clinic every 3 months for an injection?**  
If returning to clinic 4 times a year will be an issue, you may want to consider a different contraceptive option.
- ❖ **Are you depressed, or have you ever been depressed?**  
Some women experience depression when using Depo Provera. If you have a history of depression, be sure to inform your healthcare provider.

## POTENTIAL BENEFITS OF DEPO PROVERA

- ❖ Decreased (or cessation of) menstrual bleeding and cramping.
- ❖ Decreased bleeding in women with uterine fibroids.
- ❖ Decreased pelvic pain in women with endometriosis.
- ❖ Decreased risk of an ectopic (tubal) pregnancy.
- ❖ Decreased risk of pelvic inflammatory disease.

- ❖ Protection against certain types of uterine cancers (and possibly ovarian cancers).
- ❖ Reduction in sickle cell crisis.
- ❖ Possible reduction in seizures.

## POTENTIAL HEALTH RISKS OF DEPO PROVERA

- ❖ **Bone loss.** There is an association between Depo use and decreased bone density, which can lead to osteoporosis. However, studies show substantial reversal of bone loss once Depo is discontinued. Studies in young women also suggest no increased risk of osteoporotic fractures later in life. Nevertheless, adequate calcium intake, vitamin D, and regular exercise are recommended to protect against bone loss. Please refer to our "[Calcium & Bone Health](#)" handout for more information. If you have risk factors for bone loss or osteoporosis, it is important to discuss these issues with your medical provider.
- ❖ **Weight gain.** Studies have shown inconsistent results on the effect of Depo on weight gain. Individuals who have a tendency to gain weight may struggle with weight gain while on Depo.
- ❖ **Severe depression,** which is rare. Depo may cause or worsen depressive symptoms in some individuals, especially those with a history of mood disorders or premenstrual syndrome (PMS). Notify your healthcare provider if you develop depression or have thoughts of hurting yourself or others.
- ❖ **Small risk of a severe allergic reaction,** which is rare.

## POTENTIAL SIDE EFFECTS OF DEPO PROVERA

Side effects from Depo Provera can cause mild to severe disruption of a woman's day-to-day life. Unfortunately, there is no way to predict how you will respond to an injection. Possible side effects include:

- ❖ Irregular or prolonged vaginal bleeding, which is common during the first year of use. About half of women will stop having periods after the first year.
- ❖ A delay in the return of fertility for up to 18 months after the last injection.
- ❖ Possible headache, dizziness, bloating, or decreased libido.

## DIRECTIONS FOR USING DEPO PROVERA

### Getting your first injection:

Depo can be started at any time as long as you are not pregnant. A negative pregnancy test is required before receiving Depo at Student Health.

- ❖ Ideally Depo is started within 7 days of the onset of your period because back-up birth control will not be required.
- ❖ If you receive your first injection after the seventh day of your period, you will need back-up contraception (ie. condoms) for the next 7 days.

If you had unprotected sex during the cycle and a negative pregnancy test:

- ❖ We strongly recommend taking Plan B if it has been less than 5 days since you had unprotected sex.
- ❖ If it is determined that the risk of pregnancy is low (eg. Plan B was taken), you may be able to receive Depo with the recommendation to repeat a pregnancy test in 2-3 weeks.
- ❖ If there is a concern for pregnancy, you may be asked to abstain from sex for 2 weeks, then return for a repeat pregnancy test before Depo is given.

### Returning for repeat injections:

Depo Provera is given every 13 weeks with a 2-week grace period.

- ❖ You can receive an injection earlier than 12 weeks if necessary.
- ❖ You are at increased risk for pregnancy if you wait longer than 15 weeks between injections.
- ❖ If you are more than 2 weeks late (more than 15 weeks since the last injection), you will be treated as if you are receiving your first injection. After receiving Depo, you will need to use back-up contraception for the next 7 days.