

# Oral Contraceptive Instructions

## HOW DO I TAKE THE PILL?

1. There are three ways to start your first cycle of oral contraceptives.

**First Day Start** - Take your first pill during the first 24 hours of your menstrual cycle. *No back-up contraceptive method is needed when the pill is started the first day of your menses.*

**Sunday Start** - Wait until the first Sunday after your menstrual cycle begins to take your first pill. *With this option use another method of birth control for the first 7 days of the first cycle only.*

**Today Start** - Start the pill today. If you have had unprotected sexual intercourse since your last period, perform a pregnancy test prior to starting the pill. If it is negative, start the pill today. Use another method of birth control such as condoms or spermicide the first seven days of the first cycle of use.

2. A 28-pill pack has 21 hormone pills. The additional seven pills are placebo pills (containing sugar or iron) to help the user stay in the habit of taking a pill every day. You take all 28 pills and then start a new pack right away. During the last seven days of the pack, the days of placebo pills, you should menstruate. The flow usually starts the second or third placebo pill and lasts from two to five days.

3. Take your birth control pill at the same time every day. This ensures that a constant hormone level is maintained at all times.

4. Should you experience nausea or vomiting, try taking your pill after a meal or at bedtime.

5. Irregular vaginal bleeding or spotting may occur while you are taking the pills, especially during the first few months of oral contraceptive use. If you experience spotting or break-through bleeding, (bleeding that occurs outside of the placebo week) that occurs after the first 3 cycles, or lasts for more than a few days, see your health care provider.

6. Birth control pills do not protect you from sexually transmitted infections.

## INSTRUCTIONS FOR MISSED PILLS:

1 active pill < 24 hours late in any week:

Take 1 active pill ASAP\* and continue pack as usual.

Missed 1 or more active pills (i.e., >24 hours late):

**If during week 1:**

Take 1 active pill ASAP\* and continue pack as usual.

Back-up contraception for 7 days.

Consider Emergency Contraception (EC) if unprotected intercourse occurred within the 5 days prior to missing pill.

**If during week 2 or 3 and missed < 3 pills:**

Take 1 active pill ASAP\* and continue active pills as usual, but discard placebo pills and start a new pack

**If during week 2 or 3 and ≥ 3 pills missed:**

Take 1 active pill ASAP\* and continue active pills as usual, but discard placebo pills and start a new pack

Back-up contraception for 7 days.

Consider EC if repeated or prolonged omission, or if unprotected intercourse occurred during the time the pills were missed and up until seven active pills have been taken

Instructions for missed extended or continuous hormonal contraceptives:

Missed pill after 21 consecutive days of extended or continuous use, up to 7 days can be missed.

If > 7 days missed, instructions would be the same as for cyclic users who have missed/delayed combined hormonal contraceptive in the first week of use.

When the extended/continuous regimen is resumed, recommendations for cyclic users for missed/delayed combined hormonal contraceptive during the first 21 consecutive days of use should be followed.

**\*\*If you still are not sure what to do about the pills you have missed, use a back-up method anytime you have sex. Keep taking one pill each day until you can reach your doctor or clinic.**

MODIFYING PILL REGIMENS:

Skipping the inactive week of pills by starting a new cycle of active pills is an acceptable way to avoid having your period at an inconvenient time. This can also decrease the number of periods you have in a year.

Use your oral contraceptives according to package directions for at least the first 3 cycles of use (unless advised otherwise by your health care provider).

Here are some important tips to help prevent breakthrough bleeding (bleeding during active pills), which is a potential risk when you skip the inactive pill week:

- Make sure you are using a monophasic birth control pill - one that does not change dosing from week to week. If your active pills are all the same color, you are on a monophasic pill.
- If menses-like breakthrough bleeding occurs following a regimen of at least 21 active pill days, stop the active pills to allow the period, and restart a new pill pack on your usual pill start day (providing your start day is at least 5 days from onset of bleeding).
- If light spotting occurs, you can continue the active pills in order to see if the spotting self-resolves. A back-up method of birth control is advised until 7 active pill days after spotting resolves.

MEDICATIONS AND BIRTH CONTROL PILLS:

The following medications and supplements may interfere with the effectiveness of CHC:

- some antibiotics
- anticonvulsants
- St. John's Wort
- Provigil

We recommend that if you take the above medications and supplements and are sexually active with a male partner, you use a back-up method of birth control while using the medication and for 7 consecutive days once the medication is completed.

**Call the student health services or your health care provider if any of the following happens. If the student health service is closed, go to the nearest hospital emergency department or call 911 for an ambulance. Do not wait for these symptoms to get better.**

- severe **abdominal pain** or tenderness in the lower abdomen
- chest pain**, sharp, sudden shortness of breath or coughing up blood
- headache**, severe and sudden, or vomiting, dizziness or faintness
- eyesight problems**, such as sudden blurred or doubled vision or flashes of light
- severe **pain or swelling in calf or groin**