
HORMONAL CONTRACEPTIVE TEACHING SHEET

Noncontraceptive Benefits

- Reduction in ovarian cancer
- Reduction in endometrial cancer
- Decreased pain with menstruation
- Decreased hair growth
- Reduction of acne
- Decreased blood loss during menses, leading to decreased anemia and increased iron stores
- Decreased benign breast disease, ie. Fibrocystic breasts
- Protection against and treatment for endometriosis
- Treatment for polycystic ovarian disease

Absolute Contraindications:

Please tell one of the midwives if you currently have or have ever had one of these conditions:

- Current known or suspected pregnancy
- Blood clots
- Vein infections
- Stroke or cerebrovascular disease
- Coronary occlusion or heart attack
- Liver damage, impaired liver function, or acute hepatitis
- Benign or malignant liver tumor
- Estrogen dependent cancer/tumors
- Undiagnosed abnormal genital bleeding
- Cancer of reproductive system
- Classic migraine headaches with aura

Relative contraindications (should be discussed with your midwife):

- Smoking over age 35
- High blood pressure (greater than 140/90)
- Diabetes mellitus
- Asthma
- Heart, kidney, or gallbladder disease
- History of severe depression

REMINDERS:

- Condoms should be used along with hormonal methods for any situations where sexually transmitted infection is a possible risk.
- Hormonal contraception should be used with a back-up method, like condoms, in the first month.
- Antibiotics may decrease the effectiveness of hormonal contraception.

Possible side effects:

- It is not at all unusual to have irregular spotting in the first three to four cycles after initiating hormonal contraceptives. If this is occurring beyond the third cycle/pill pack, please call us so that we may discuss other alternatives for you.
- Nausea
- Headaches
- Dizziness
- Breast tenderness
- Skin changes

Warning Signs to Report to Midwife:

- Headaches- severe, persistent, of sudden onset, or different than the headaches you normally experience
- Visual disturbances- blurring of vision, flashing lights, double vision, floaters, periods of temporary blindness
- Unexplained severe chest pain or shortness of breath
- Unexplained severe abdominal pain
- Severe calf or thigh pain
- Temporary numbness or paralysis of any part of the face or body
- Slurring of speech
- Coughing up blood tinged sputum
- Marked increase in blood pressure

How to start taking oral contraceptives (you have two options):

- Start your new pill pack/patch/nuvairing on the first day of your next menstrual period (You are likely to have better cycle control with this method)
- OR Start your new pill pack/patch/nuvairing on the Sunday following the start of your next menstrual period

What do I do if I miss a pill?:

- If you miss any of the 7 reminder pills/placebo pills in your 28 day pill pack, you are not at increased risk of pregnancy. You should discard the reminder pills you missed and finish the rest of the pack. Start your next pack on your usual day.
- **If you miss any of the 21 hormonal pills:**
 - **Back up contraception.** Completely missing a pill or even taking a pill as much as 12 hours late, may decrease your protection against pregnancy. Use a back up method such as condoms or abstinence for the next seven days
 - **How late are you in taking your pill?**
 - Less than 24 hours: take the missed pill right away, return to your daily pill taking routine, take your next pill at the usual time
 - 24 hours: take both the missed pill and today's pill at the same time
 - More than 24 hours (you completely missed one pill and are late for or completely missed a second pill, too): Take the last pill you missed right away, take the next pill on time, throw out the other missed pills, take the rest of the pills in the package right on schedule.

If you have not taken your pills on schedule and have had unprotected sex in the last 72 hours, you may want to use emergency contraception to reduce the risk of pregnancy. Please call us to discuss this option.