



# ***CONTRACEPTION FAQ GUIDE***

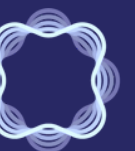
your frequently asked questions, answered



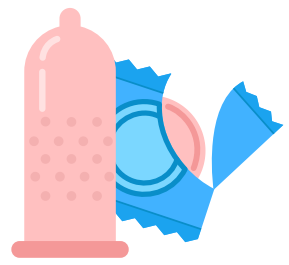
Note: this guide is not directed medical advice. The FAQs are based on what our clinicians frequently get asked by their patients. All recommendations are based on current clinical knowledge and research. These recommendations are subject to change the more we learn.

We've built this FAQ guide from common questions and concerns people have voiced around contraception. We've compiled scientifically- and clinically-backed answers to these questions but it's important to remember that these are not personalised answers.

It's not yet possible to predict who will develop side effects or understand which specific side effects they will develop. This is why Dama Health is conducting further research.

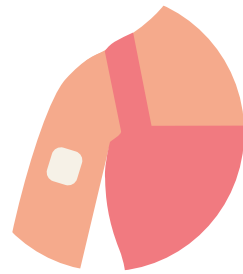


# HOW LONG DO MY CONTRACEPTION OPTIONS LAST?



## Condoms, caps and diaphragms

"on demand methods" lasting the duration of sex with diaphragm/cap left in for minimum six hours after sex



## Patch

weekly



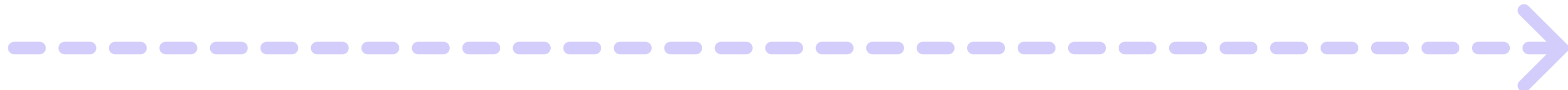
## Injection

every 8-15 weeks

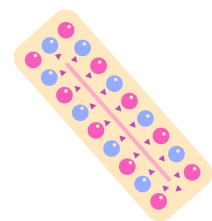


## IUS

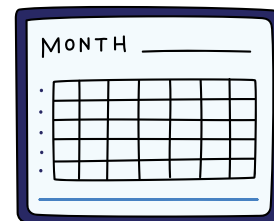
3-8 years



## Pill and Natural Family Planning Method



daily



## Ring

every 4 weeks



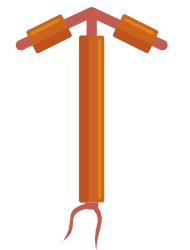
## Implant

up to 3-5 years



## IUD

up to 12 years



# IS CONTRACEPTION ALL ABOUT BIRTH CONTROL?

*The two words are often used interchangeably with "birth control" originating from the fact that it prevents or "controls" pregnancy and birth.*



In reality...

- People have different reasons for starting and using birth control, only one of which may be to prevent pregnancy
- Hormonal contraception can be used to manage dysmenorrhea (painful periods) or heavy menstrual bleeding or even to reduce risk of ovarian and endometrial cancer
- Some types of contraceptives are used as treatments for conditions such as PCOS, endometriosis and acne
- People who experience flare-ups of chronic medical conditions (e.g., arthritis, skin conditions) with their periods may use hormonal contraception to stop having regular periods

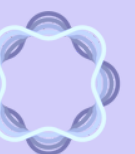


# WHAT ABOUT WEIGHT GAIN AND CONTRACEPTION?

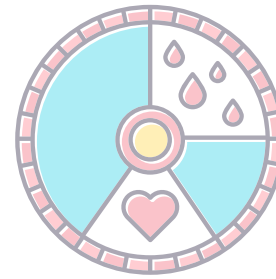
The current clinical evidence shows that contraception does **not consistently** cause weight gain. Compared to other forms of hormonal contraception, there is greater evidence that the **injection might be linked with weight gain** (especially for those who already have a higher Body Mass Index or BMI\*).

For all other forms of hormonal contraception, the evidence suggests that, on average, the use of those methods **does not cause weight gain**. However, **we know that some users will experience weight gain or even weight loss** when using hormonal contraception. Our early research is showing that individual characteristics, like BMI and genetics, may cause some women to be at higher risk of gaining weight with hormonal contraception.

*\* we understand that BMI is by no means a comprehensive measure of overall health however this is still the most common measure used in current research and we aim to conduct research that expands this term into one that is more holistic*



# WHAT ABOUT WEIGHT GAIN AND CONTRACEPTION?



Putting on weight is usually due to one of the following changes:

- 1) fluid retention**
- 2) an increase in muscle tissue (because muscle is heavier than other tissues)**
- 3) an increase in body fat.**

The oestrogen component of the pill might make you retain a bit more water and may also increase your appetite, which could result in weight fluctuations.

Weight naturally fluctuates throughout your cycle and changes with time and age, as well as other life factors such as stress.



# WHAT ABOUT OTHER PEOPLE'S EXPERIENCE WITH CONTRACEPTIVE METHODS?

It's common for us to speak to friends and family members about how they found a contraceptive method. **Finding this community** to share experiences with is incredibly important. Just be careful when making assumptions about your health and body based on someone else's experience. Every one of us is different - something that was not suitable for your friend, may be great for you and vice versa.

Same applies when reading **reviews online** - these usually represent a cohort of women that decided to leave the review (which takes time and efforts) so usually represents those who either had a really positive or very negative experience. This means they may not be representative on a population level and may not apply to you.



# *IN WHAT WAYS CAN COMING OFF THE PILL AFFECT ME?*

Everyone reacts slightly differently to coming off the pill. Coming off the hormonal pill means that your **hormones will start to fluctuate**. Some people experience **mood changes** once they come off of the pill for this reason (e.g. decreased or increased anxious or depressive symptoms)

If you started the pill for symptom management it's possible that the **symptom will return** when you discontinue. For example, some people are prescribed the pill for acne control, so their skin problems may become more severe once they go off of it but this doesn't mean that they can't regulate their skin conditions through nutrition, lifestyle changes or other forms of medication.

Typically, your hormone levels will self-regulate over the course of a few weeks or months and, for those who menstruated prior to going on the pill, their menstruation (and bleeding patterns) should return back to "their usual".





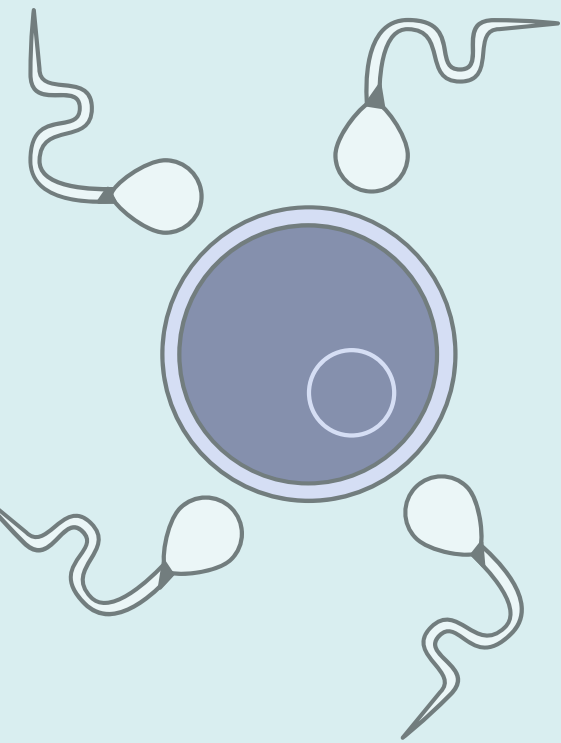
# DO CONTRACEPTIVES AFFECT MY CHANCES OF GETTING PREGNANT AFTER I STOP USING THEM?

There are **no long-term effects on your fertility** according to the current evidence.

How quickly you will be able to get pregnant once off the hormonal pill will vary, and will depend on when ovulation (releasing an egg) starts up again. For some people, it may be a matter of days or weeks, for others, it may take up to three months. Fertility levels can come back quite rapidly in some women.

The **injection** is the only method to avoid if you want to get pregnant straight after using it as fertility can take some time to return (for some it will be a month or two, for others, it can take **up to 10 months to 2 years**).

There is also no current evidence that not having periods ("amenorrhea") will have a long-term effect on fertility.



# ***WHAT ARE THE CHANCES OF DEVELOPING BLOOD CLOTS WHILE I'M TAKING CONTRACEPTIVES?***

People taking an **oestrogen-containing contraceptive method** have a **3- to 4-fold increased risk** of developing a blood clot (thrombosis). Blood clots can cause blockages in veins (causing deep vein thrombosis or pulmonary embolism) or in arteries (which can cause heart attacks or strokes). This risk is more present **in the first year of taking a method** containing oestrogen. This is why people with a higher risk of blood clots cannot take the combined pill, patch, or ring.

Studies to date have consistently found **no connection between any currently used progestins and risk for blood clots**. This is why progestin-only methods are safe for women at higher risk for blood clots (e.g., people with blood conditions, people who smoke, and people with a history of prior blood clots).



# ***DO CONTRACEPTIVES INFLUENCE THE RISK OF DEVELOPING CANCER?***

Some studies suggest a link between the pill and a slightly increased risk of cancer of the cervix if the pill is taken for **more than eight years**. Oral contraceptives can lead to an 7% increased relative risk of **breast cancer** but they can also **protect against ovarian, bowel and endometrial cancer** and reduce the relative risks of these cancers by 30-50%. These three are responsible for 29% of all female cancer diagnoses, and 18% of female cancer deaths annually.

It is estimated that people who use oral contraceptives have a **30% decreased chance of developing endometrial cancer** and a **30 - 50% decreased chance of ovarian cancer**. The data also showed that this protection lasted up to **35 years** after stopping taking the pill.



*Continued on the next page*



# ***DO CONTRACEPTIVES INFLUENCE THE RISK OF DEVELOPING CANCER? CONTINUED.***

Many researchers have investigated the breast cancer risks and hormonal contraceptives, but study results are varied and may be affected by variables such as **hormone type, an individual's age, and the duration of combined oral contraceptive pill (COCP) use.**

There are many risk factors that may contribute to breast cancer, the strongest one we currently know is a genetic risk factor- specifically the **BRCA genes**. It is therefore crucial to have the knowledge about your health, family history, and these studies to make a decision that aligns with you.



*To make an informed decision, it's important to take into consideration a lot of factors that are personal to you - for example, do you have a family history of breast cancer? What do you consider a tolerable risk? You can always discuss these concerns with your doctor before making the decision.*



# DO CONTRACEPTIVES CAUSE DEPRESSION?

**Hormonal contraception can affect mood** - sometimes it makes mood worse, but in some situations (for people with PMS) it can help improve it. Some people may feel tearful or moody on hormonal contraception or have lower libido.

So does the pill cause depression? We need more research around this link! Environmental and societal factors affect the risk for depression as well. A family history of mood or psychiatric disorders, adversities in childhood, stressful life events, and social isolation all make it more likely that someone will be diagnosed with major depression.

Studies on hormonal contraception and mood effects have had **inconsistent results**. Some of this inconsistency is likely because studies are designed and carried out differently and have different ways of measuring mood and mental health outcomes.

*Continued on the next page*



# *DO CONTRACEPTIVES CAUSE DEPRESSION? CONTINUED.*

There were some concerns that teenagers on hormonal contraception were at higher risk of developing depression based on one Danish study from 2016 - statistics showed that 1 in 200 women who used hormonal contraception developed depression and might not have developed it otherwise.

Another study of almost a million Swedish women found only the progestin-only pill **POP**, not the COCP to be **associated with depression. Other studies showed contrary results or no association at all.** Some demonstrated that people who use contraception for other purposes than birth control were the ones at higher risk because, for example, they could have an underlying condition like **endometriosis which contributes to depressive symptoms.**

The most consistent finding is the suggestion that women + people assigned female at birth with a history of depression and mental health problems are **most likely to experience negative effects from the pill.**



# DO CONTRACEPTIVES CAUSE DEPRESSION? CONTINUED.

What's important to understand is that there's some **interplay between our hormones and mental health** but we are not sure yet how it affects contraception users on an individual level.

Choosing contraception requires a **tailored approach** and you **shouldn't be afraid to talk about mood symptoms with your healthcare provider**. In fact, we highly encourage that you do bring this topic up if you are sensitive or fundamentally concerned about it (and have a history or low mood, anxiety or depression).



# ***CAN CONTRACEPTIVES CAUSE ME TO HAVE IRREGULAR BLEEDING?***

**Non-cyclical (or unpredictable) bleeding or spotting** is common with the hormonal IUD, implant, injection, or mini-pill. This type of bleeding typically decreases over time for people using the hormonal IUD and injection.

From research, we know approximately **40% of implant users with bothersome irregular bleeding** will see improvement in their bleeding pattern with continued use of the implant. **Amenorrhea** (the absence of menstrual bleeding), is also a possible side effect from all progestin-only methods.

However, we don't know yet who is most likely to react in what way and if it's possible to predict when the irregular bleeding may settle.

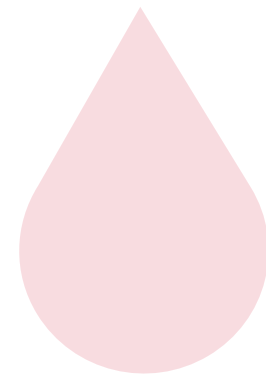




# WHAT IS THE "BREAK WEEK" OR THE WEEK WHEN I BLEED ON THE PILL?

This is the week when you stop taking the pill and it's often called the "break week" or "stop week". It is important to understand that while some people may refer to the bleeding this week as their "period" it is not technically a period. It's a **withdrawal bleed!**

What actually is a withdrawal bleed? Withdrawal bleed refers to the fact that the **sudden drop in hormones** from the pill causes your body to produce blood and mucus from your uterus. This is why it's usually less blood (or lighter) than your periods were when you were NOT on the hormonal pill. Your period occurs when you are not taking the hormonal pill and are going through the phases of the menstrual cycle naturally such that you ovulate.



# ***DO I REALLY NEED THIS "BREAK WEEK" ON THE HORMONAL PILL?***

New guidance issued in 2020 states that **taking a combined oral contraceptive pill back to back is perfectly safe** and the latest scientific literature suggests that it may actually be more effective to do so (birth control effectiveness) than taking it for 21 days at a time with seven-day breaks in between.

The Family Planning Association now explicitly states that **withdrawal bleeds hold no known benefits** and that there are no risks associated with missing them altogether.



# ***THANK YOU!***

We hope you have enjoyed this FAQ guide and found the contents helpful! We would love to hear from you, your feedback and if you have any other follow-up questions or topics you would like us to discuss and write about in a follow-up series.

Get in touch!

[info@damahealth.com](mailto:info@damahealth.com)



# RESOURCES

Verified by Dr.Aaron Larowitz and Dr.Paulina Cecula

Fsrh-ceu-statement-contraception-and-weight-gain-august-2019

<https://www.fsrh.org/news/fsrh-release-updated-guidance-combined-hormonal-contraception/>

<https://www.medsafe.govt.nz/consumers/leaflets/oralcontraceptives.asp#:~:text=Taking%20a%20combined%20oral%20contraceptive,those%20on%20pills%20containing%20cyproterone.>

[https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-](https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet#:~:text=Breast%20cancer%3A%20An%20analysis%20of, had%20never%20used%20oral%20contraceptives.)

[sheet#:~:text=Breast%20cancer%3A%20An%20analysis%20of, had%20never%20used%20oral%20contraceptives.](https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet#:~:text=Breast%20cancer%3A%20An%20analysis%20of, had%20never%20used%20oral%20contraceptives.)

<https://pubmed.ncbi.nlm.nih.gov/32407811/>

<https://pubmed.ncbi.nlm.nih.gov/35134383/>

<https://pubmed.ncbi.nlm.nih.gov/31176688/>

<https://pubmed.ncbi.nlm.nih.gov/27680324/>

<https://pubmed.ncbi.nlm.nih.gov/20136568/>

Dr Anita Mitra, The Gynae Geek, 2019 p. 106

<https://patient.info/sexual-health/hormone-pills-patches-and-rings/combined-oral-contraceptive-coc-pill>

<https://helloclue.com/articles/sex/progestins-101>

<https://www.brook.org.uk>

<https://www.contraceptionchoices.org/did-you-know/mood>

