

Hormonal contraception – debunking common myths

The Pill

The combined hormonal contraceptive pill, also known as the Pill, has been used since the 1950s. It contains two hormones (oestrogen and progesterone) that are similar to the ones produced by the body to regulate the menstrual cycle. Studies on the effects of the Pill have information from hundreds of millions of people who have used it over the last 60 years, making it one of the best-studied medications available. Despite this, there are many misconceptions. Below are some of the common myths about the Pill and its use.

MYTH: The main reason to use the Pill is for birth control

FACT: The Pill is prescribed for many different reasons. There are many medical benefits to being on the Pill, other than for the purpose of contraception. Some of these include:

- reduction of bleeding from periods, which can help to improve iron deficiency, anaemia, pelvic pain and painful period cramping
- improvement of acne and unwanted hair
- improvement of bone density, as oestrogen is an important hormone for bone health
- reduction of monthly ovulation cyst formation and pain from these types of cysts because the Pill suppresses ovulation
- gaining protection from heart disease.

There are many other symptoms that can follow the menstrual cycle, and the Pill may be used to control these symptoms as well.

MYTH: Taking the Pill reduces future fertility

FACT: There is no long-term effect on fertility. As soon as the Pill is stopped, fertility very quickly returns to what it would have been if the Pill had never been used.

MYTH: You should have a period at least every few months when you are on the Pill

FACT: It is completely safe to skip periods while on the Pill. In fact, the Pill can be used to skip all periods and is often used for this purpose. Some people worry that the lining of the uterus or period blood will build up inside them if they skip a period, but this is a myth. The reason it is safe to not have periods on the Pill is because the

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lining of the uterus remains thin while on the Pill and does not need to be shed each month. It is often useful to 'switch off' periods with the Pill, particularly if they are interfering with daily life due to bleeding, pain, mood changes, or other symptoms that come with periods.

MYTH: The Pill increases the risk of cancer

FACT: Many people are surprised to hear that in reality, it is actually the opposite - the Pill is very protective against certain types of cancer. Because the lining of the uterus remains thin while taking the Pill (regardless of whether you are having withdrawal bleeds or skipping all periods), the risk of uterine cancer is significantly reduced in people who have used the Pill. Other types of cancers that are significantly reduced by the Pill are ovarian and bowel cancer. In young patients who are on the Pill, there is no evidence of increased risk of breast cancer.

MYTH: You shouldn't be on the Pill for a long period of time

FACT: It is very safe to be on the Pill for a long time. In fact, many of the benefits including cancer reduction are improved with use over time.

MYTH: The Pill causes side effects such as acne and weight gain.

FACT: Acne improves in most people on the Pill, and some people use it just for this purpose. Many people are worried about putting on weight with the Pill. Although everyone is different in the way in which they respond to the Pill, studies on large groups of people show that there is no association between taking the Pill and weight gain.

MYTH: The Pill should only be used after a certain age

FACT: The Pill can be safely used in people of any age once they have had their first period. By the time adolescents have their first period, they have done almost all of their growth in height - so it does not have any negative effect on height. Some people have specific medical problems that would make the Pill an unsuitable choice and the doctor would discuss other options with them.

MYTH: The Pill should not be used if you get migraines **FACT:** Migraines often occur with periods and these migraines may actually be improved by the continuous

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use of the Pill. In the early days of the Pill, the hormone doses were quite a lot higher. The only migraines that require careful consideration are those where there is loss of nerve function - such as loss of vision or numbness in an arm or leg. If these types of migraines occur, other options may need to be considered, such as progesterone only contraception.

MYTH: Using the pill increases promiscuous sexual behaviour in adolescents

FACT: There is no evidence to support concerns of increased sexual risk-taking behaviour after starting the pill, or any other form of contraception. There are studies to show that in countries that provide sexual education, the age of first sexual intercourse is later.

Intra-uterine device (IUD)

The intra-uterine device, or IUD, is a small device that is inserted in your uterus by a doctor. The most common type used at the RCH releases a small dose of hormone, but there are other types that contain copper. The IUD is a very effective method of contraception, but just like the Pill, many people use it for other reasons. The hormone releasing IUD can help with heavy and painful periods, and often can help to stop periods completely or make them very light. Below are some of the common myths about IUDs.

MYTH: The IUD causes infections and infertility

FACT: The rate of pelvic infections in people who use the IUD is the same as the general population. IUDs do not cause infertility. People who have used the IUD are able to get pregnant at the same rate as people who have never used the IUD.

MYTH: The IUD can't be used in young people, or people who have not had a baby.

FACT: This is not true. At the RCH, we have put in many hormonal IUDs in adolescents. This can be done shortly after they have had their first period, whatever age they are. There are no increased safety concerns in using the IUD in young people, and this is supported by the World Health Organization. People who have not been using tampons or are not sexually active usually require their IUD to be inserted under a brief general anaesthetic.

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MYTH: Using the IUD increases promiscuous sexual behaviour in adolescents

FACT: Just like using the pill, there is no evidence to support concerns of increased sexual risk-taking behaviour after starting the IUD. In fact, there are studies to show that in countries that provide sexual education, the age of first sexual intercourse is actually later.