

Frequently Asked Questions About Extended and Continuous Hormonal Contraception

Source: Association of Reproductive Health Professionals (ARHP) *Clinical Proceedings. Choosing when to menstruate: the role of extended contraception.* Electronic edition, April 2003.
(<http://www.arhp.org/healthcareproviders/cme/onlinecme/extendedregimencp>)

1. Is it safe to use extended or continuous hormonal contraception?

- Studies on the extended OC regimen demonstrated that side effects were comparable with the conventional 21/7 regimen. Extended-use OCs were also found to be safe with respect to the uterus (womb and its lining).
- Seasonale® is the only product approved by the FDA for extended use.
- For continuous use, hormone dose should be considered to reduce total hormone exposure. Low-dose (20 mcg EE) pills have been demonstrated effective in continuous regimens.
- Taking the pill continuously is not any riskier than taking monthly birth control pills, which are safe for most women. However, it is not yet known if skipping the pill-free week (getting nine extra weeks of hormones with Seasonale, 13 extra weeks with continuous regimen) might not increase or change some side effects.
- Today's low-dose OCs contain much less estrogen than they did years ago. They now cause fewer side effects, such as nausea and fluid retention. They also remain very effective in preventing pregnancy.
- Some women should not take the pill, for example, those with liver disease, severe high blood pressure, previous problems with blood clots in the legs or lungs, and women older than 35 years who smoke.

2. Is it safe not to have a period every month?

- Health care providers have stopped women's periods — through the continuous use of contraceptives — to treat a condition called endometriosis for years. No significant problems with this have been reported.

3. What happens to the blood when I don't have a period?

- In women who are not using hormones, every month female hormones signal the uterus to build up its lining and blood supply to make a healthy, nurturing place for a fertilized egg to grow. If the egg does not join with a sperm to start a pregnancy, the lining is no longer needed, so you have a period. The blood that comes out is the built-up lining of the uterus.
- Birth control pills and other contraceptives contain hormones that stop the egg from being released from the ovary and stop the lining of the uterus from building up. This leaves little or nothing to be released from the uterus. Taking OCs keeps the normal uterine lining from breaking down and bleeding. The lining remains thin and does not need to be flushed out each month.

4. What should I do if I have spotting?

- Spotting is from some of the thinned-out uterine lining breaking down. It is not a period. Spotting is normal and common at first, as your body adjusts to the steady hormone levels. Eventually spotting stops.

- Spotting can happen on and off for around six months, sometimes for a little longer.
- The important thing is to take the pill or other contraceptive as suggested by your health care provider. With the pill, it is important to take it as close as possible to the same time every day. If the spotting continues beyond a few months, seems heavy, is overly bothersome, or you have any other concerns, call your health care provider.

5. How often do I need to get a period?

- Women who take hormonal contraceptives do not need to have a period.
- In fact, women who breastfeed and do not supplement feedings usually do not get a period. They do not ovulate, so the lining of the uterus does not thicken.
- In some cultures, women breastfeed for two or three years continuously. During this time, they do not get a period. This is perfectly normal.

6. How will I know if I'm pregnant?

- Pregnancies are rare in women who take OCs correctly. If you think you may be pregnant, you should have a pregnancy test. Use either a home pregnancy test that you can buy at the drug store or call your health care provider. Most home pregnancy tests can tell you if you are pregnant after about 10 days of pregnancy. Symptoms such as breast tenderness, feeling overly tired, and nausea can happen early in pregnancy — often before the first period is missed.

7. What are the differences between the health effects of menopausal hormone therapy (HT) and birth control pills?

- HT and the pill both contain the hormones estrogen and progestin. The doses of estrogen and progestin in HT are lower than those used in OCs.
- BUT: Women who take HT are generally older and no longer producing estrogen or progesterone on their own. These women are no longer ovulating and are generally using HT for management of vasomotor symptoms (e.g., hot flashes). Older women also have a higher risk for medical problems, such as heart disease, stroke, blood clots, and breast cancer. The Women's Health Initiative showed that adding estrogen and progestin to their systems slightly increases these risks.
- The higher doses of estrogen and progestin in OCs are needed to suppress ovulation and provide contraception in younger women. Studies have not shown any increased risk of breast cancer in women taking modern OCs.