## CASES FOR DISCUSSION

**Case #1:** A 24 year-old is having severe menstrual cramps and pain as well as fairly heavy bleeding. Here is what she had unsuccessfully tried in an efort to control the pain:

Aspirin

- Massage (back and legs)
- NSAIDS several prostaglandin

- Alcohol (became addicted)
- Bed rest

- Exercise
- Demerol (after becoming an RN and gaining access to narcotics, she became addicted to Demerol)

#### When she was married at 25 and needed contraception, things changed

- **A.** Pills taken 21/7, 21/7, 21/7 were started at age 25.
- **B.** Contraceptives which could have changed this person's life for the good:
  - LNG IUG: Mirena, Liletta, Kyleena, or Skyla
  - Pills taken continuously or for an extended period of time
  - NuvaRing: vaginal contraceptive rings used continuously or 21/7, 21/7, 21/7
  - Xulane patches (formerly Ortho Evra) 3 weeks on, 1 week off
  - Depo-Provera injections

**Case #2:** An 18 year-old asks if taking pills for 7 years will be dangerous or decrease her ability to be pregnant at age 25. "I have been thinking and dreaming about children for years and don't want to do anything that would make this dream less likely to occur. I take my pills in the usual way- 21/7, 21/7, not continuously."

How might taking pills improve a women's fertility compared to a woman with the same history who took no pills from age 18 to 25?

**Case #3**: A 28 year-old woman has been using birth control pills for 5 years when her life is turned upside down. Her wonderful mother, who is 60, has been diagnosed with ovarian cancer and her cancer has spread. In the back of her head is the concern that the pills she has been taking could cause cancer. She asks if pills could increase her risk for ovarian cancer.

Taking pills from age 23 to age 28 have already decreased this woman's risk for which types of cancer? And how much was the protective effect? And for how many years will the protective effect last after pills are stopped?

#### \*

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This presentation was developed for a course on **The Technology of Fertility Control** at the Rollins School of Public Health at Emory University in Atlanta. This course is taught by Roger Rochat, MD an Robert A Hatcher, MD.

# THE PILL

HERE'S THE BIGGEST PROBLEM WITH PILLS. Women using pills are more than 20 times more likely to become pregnant than women using an IUD or an implant. In fact, each year 1 million depending on pills as their contraceptive become pregnant. Just under half of those women proceed to obtain an abortion to end the pregnancy.

**MESSAGE:** Combined birth control pills simply are not in the top tier of contraceptive effectiveness in spite of the fact that the perfect use failure rate of combined pills is 0.3% (3 in 1000 women).

- One of eleven (9%) of women who start a year using pills as their contraceptive are pregnant by the end of the year. (Trussell IN Contraceptive Technology, 20th Edition, p. 50)
  Pill effectiveness may be improved for a woman if she takes a hormonal pill every single day (continuously) or if she takes a hormonal pill all but 2 days each month or if she takes pills from a package with only 4 placebo pills. [Dinger J 2011]
- Which pill should I be using? As you can see on the next page, there are far too many pills. A 20 microgram pill, any 20 microgram pill, is appropriate for most women.
  - WHOOPS!!!
    50% of the brilliant young women at the University of North Carolina in Chapel Hill and at the University of Michigan in Ann Arbor were found to miss 3 or more pills from the 3rd cycle of birth control pills.\* That's a lot of Whoops! Women who miss just one pill may begin spotting, may become the walking worried because of their concern about pregnancy. They may seek emergency contraceptive pills. They may seek emergency contraceptive pills repeatly. This is expensive. They may also discontinue

\*The average woman in the United States fails to take 4.2 pills each cycle.

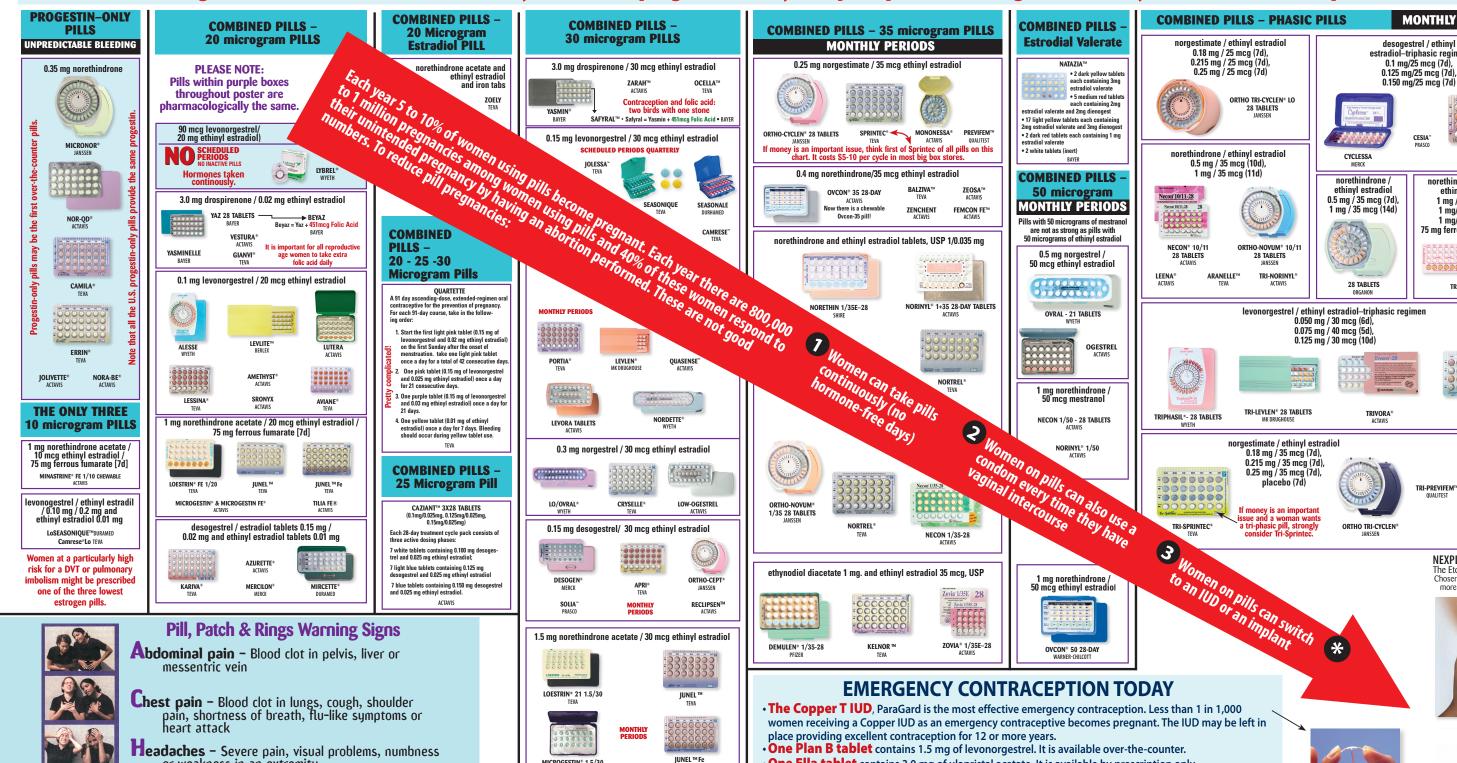
pills due to their frustration.



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FYI: It would take 60-80 PowerPoint slides to cover the information in this 11 x 17-inch presentation.

### Women are **20** times more likely to become pregnant if they use pills, patches or rings than if they use an IUD or an implant. Teenage women are 40 times more likely to become pregnant if they use pills, patches or rings than if they use an IUD or an implant.



Not one of the pills, patches, rings, IUDs, or implants provided in 2017 works by causing an

abortion.

- One Ella tablet contains 3.0 mg of ulapristal acetate. It is available by prescription only.

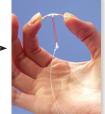
A 4<sup>th</sup> approach would be for women to take pills perfectly.

have continued to remain in the 5 to 10% range annually.

Very over weight women should consider the Copper IUD rather than Plan B or Ella because of high failure rates in very over weight women.

Well, they have been trying to take pills perfectly since 1960 when

pills arrived on the scene. Sadly, for the past 57 years failure rates





**MONTHLY PERIODS** 

VFI IVFT

norethindrone acetate /

ethinyl estradiol

1 mg / 20 mcg (5d)

1 mg/30 mcg (7d),

1 mg/35 mcg (9d), 75 mg ferrous fumarate (7d)

TRI-LEGEST\* FE

ENPRESSE

NEXPLANON IMPLANT

The Etonorgestrel Implan

MIRENA/LILETTA IUD The Levonorgestrel IUD

Albert Einstein said that insanity is to do the same thing over and over again expecting different results. For pills to play the role they are designed to play, women must take one of the 3 steps above OR take their pills perfectly.

or weakness in an extremity

**Lue problems** – retinal vein thrombosis, tunnel vision, partial or complete loss of vision

**Severe leg pain** - Swelling, heat, redness or

tenderness in lower leg or thigh

Return quickly to your doctor or nurse practitioner if

you develop one of these!