

HEALTH MATTERS

Birth Control: Facts and Fiction

When they hear the term *birth control*, many women think only about “the pill.” But today there are types of birth control that weren’t available a generation ago.

As with many health care topics, there’s a lot of confusion about birth control. That includes out-of-date information and ideas that are just plain wrong about what works and is safe.

No birth control method is right for **all** women. Learning about different options can help you choose the one that’s best for you now. (That choice may change over time as your life changes.)

This fact sheet corrects some common myths about birth control, so you can discuss options with your health care provider and make informed choices. Read on to separate the facts from the fiction about birth control.

FALSE: Birth control pills are the only birth control that relieve menstrual pain.

TRUE: “The pill” does help with menstrual pain, but so do several other types of birth control.

About 15% of young women ages 13 to 19 have painful periods that keep them from doing their usual activities.^{1,2} Menstrual pain is caused by chemicals in the body that help the uterus contract. For some women, the result can be painful periods.¹ Birth control pills can relieve this pain.^{3,4} So can several other methods, such as:

- The contraceptive ring and patch both work in the same way as the pill.
- Extended-cycle birth control pills. They reduce the number of periods you have.¹⁻⁵ You can use the ring or patch in extended-cycles too.^{1,6}
- Depo-Provera shot. This is a shot that’s given every 3 months.¹
- The LNG intrauterine contraceptive system.¹ (LNG is short for levonorgestrel, the hormone it uses.)

FALSE: Intrauterine contraception (IUC) makes it harder for women to become pregnant when they want to because it raises the risk of pelvic infections.

TRUE: Infection risk with IUCs is very low and lasts only a short time. Pregnancy rates are the same for women who have used an IUC and those who haven’t.

Early studies seemed to show a connection between IUCs and greater risk for pelvic infections and problems getting pregnant.¹ Now we know that the risk of an infection is small, and that this is related to the placement of the

IUC and lasts for about 20 days after insertion.⁷ After that time, infection risk is very low and stays low for many years.^{1,8-13} We also know that IUCs don't increase risks of infertility.^{1,14-16} However, if you already have an active pelvic or cervical infection or may be pregnant, you shouldn't use an IUC.

FALSE: Young women and women who've never had a baby can't use IUC.

TRUE: Most women can use IUCs. That includes young women, women who haven't had a baby, women with multiple sexual partners, women who've had an ectopic (tubal) pregnancy, and women who've had pelvic inflammatory disease in the past.

IUCs are underused in the United States, especially by young women 13 to 19 years old. Because this age group has a higher risk of unintended pregnancy, IUCs are a good birth control choice.¹⁷ Once they're inserted, they require no care except routine checking to make sure they're in place. Most women can comfortably use an IUC, and placement is almost always successful the first time.^{1,7-9,18,19}

FALSE: Birth control pills don't work for women who are overweight or obese.

TRUE: When they're used correctly, birth control pills are very effective for overweight and obese women.

Some studies show that a high body weight or body mass index (BMI) may reduce the effectiveness of birth control pills. But birth control pills lower pregnancy risk much more than "barrier methods" like condoms—and, of course, much more than not using any birth control at all.²⁰⁻²⁴ A recent review found that high body weight or BMI **doesn't** decrease the effectiveness of other hormonal birth control methods such as implants, intrauterine devices (IUDs), and shots.²⁵ If you choose the birth control pill, remember that its effectiveness depends on using it correctly and consistently regardless of your weight.

FALSE: Birth control methods don't improve the symptoms of perimenopause.

TRUE: Hormonal birth control helps improve some symptoms of perimenopause, including heavy or irregular bleeding and hot flashes.

Perimenopause is the time leading up to menopause when female hormones and the menstrual cycle start to change. Perimenopause can last several years. During this time, women can still become pregnant. If you're healthy, normal weight, and don't smoke, you can safely use the pill, contraceptive patch, and vaginal ring until menopause.¹ These methods help control bleeding and hot flashes.^{1,26}

Important: The risk of blood clots rises with age. Obesity and high levels of blood fats like cholesterol make this effect worse. If you know or think you're in perimenopause, it's a good idea to discuss the risk and benefits of combined hormonal birth control with your health care provider.^{1,27}

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