



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ185
CONTRACEPTION

Combined Hormonal Birth Control: Pill, Patch, and Ring

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What are combined hormonal birth control methods?

Birth control pills, the birth control patch, and the vaginal birth control ring are combined hormonal birth control methods. They contain two **hormones**: **estrogen** and **progestin**.

How do combined hormonal methods prevent pregnancy?

Combined hormonal birth control methods release estrogen and progestin into the whole body. These hormones prevent pregnancy mainly by stopping **ovulation** (the release of an egg from one of the **ovaries**). They also cause other changes in the body that help prevent pregnancy. The mucus in the **cervix** thickens, making it hard for sperm to enter the **uterus**. The lining of the uterus thins, making it less likely that a fertilized egg can attach to it.

How effective are combined hormonal birth control methods?

With typical use—meaning that the method may not always be used consistently or correctly—9 women out of 100 (9%) will become pregnant during the first year of using these methods. With perfect use—meaning that the method is used consistently and correctly each time—fewer than 1 woman out of 100 will become pregnant during the first year.

What are the benefits of combined hormonal methods?

Combined hormonal methods have several benefits in addition to protecting against pregnancy:

- They may make your period more regular, lighter, and shorter.
- They help reduce menstrual cramps.
- They decrease the risk of cancer of the uterus, ovary, and colon.
- They may improve acne and reduce unwanted hair growth.
- They can be used to treat certain disorders that cause heavy bleeding and menstrual pain, such as **fibroids** and **endometriosis**.
- Used continuously, they can reduce the frequency of migraines associated with menstruation (although they should not be used if you have migraines with **aura**). They also can be used to treat heavy bleeding and pain by stopping the menstrual period.

What are possible risks of combined hormonal methods?

Combined hormonal methods are safe for most women, but they are associated with a small increased risk of **deep vein thrombosis (DVT)**, heart attack, and stroke. The risk is higher in some women, including women older than 35 years who smoke more than 15 cigarettes a day or women who have multiple risk factors for **cardiovascular disease**, such as high cholesterol, high blood pressure, and diabetes; a history of stroke, heart attack, or DVT; or a history of migraine headaches with aura.

You should not use combined hormonal methods during the first 3 weeks after delivery because the risk of DVT is higher in the weeks after childbirth. If you have additional risk factors for DVT, you should wait to use combined hormonal methods until after the first 4–6 weeks following delivery.

The risk of DVT also may be slightly higher in women taking pills containing a progestin called drospirenone and in women using the patch. However, the risk of DVT is higher during pregnancy and in the weeks after childbirth than when taking drospirenone-containing pills or using the patch.

Can I use combined hormonal birth control methods while I am breastfeeding?

If you are breastfeeding, estrogen may affect your milk supply. It is recommended that you wait until the fifth week after delivery to start using these methods, when breastfeeding has been well established.

How can I get combined hormonal pills?

In the United States, birth control pills are available by prescription only.

What are the different types of combined hormonal pills and how are they taken?

- 21-day pills—Take one pill at the same time each day for 21 days. Wait 7 days before starting a new pack. During the week you are not taking the pill, you will have your period.
- 28-day pills—Take one pill at the same time each day for 28 days. Depending on the brand, the first 21 pills or the first 24 pills contain estrogen and progestin. The remaining pills may be estrogen-only pills; pills that contain a dietary supplement, such as iron, but no hormones; or inactive pills (containing no hormones or supplements). During the days you are taking the hormone-free pills, you will have your period.
- 90-day pills—Take one pill at the same time each day for 84 days. Depending on the brand, the last seven pills either contain no hormones or contain estrogen only. With both brands, you will have your period on the last 7 days every 3 months.
- 365-day pills—Take one pill at the same time each day for a year. In time, your bleeding may become lighter and may even stop.

What are possible side effects of using the combined hormonal birth control pill?

Possible side effects include the following:

- Headache
- Nausea
- Breast tenderness
- **Breakthrough bleeding**

Breakthrough bleeding usually is a temporary side effect as the body adjusts to a change in hormone levels. It may last longer than a few months with continuous-dose pills.

What is the vaginal ring?

The vaginal ring is a flexible, plastic ring that is placed in the upper vagina. It releases estrogen and progestin that are absorbed through the vaginal tissues into the body.

How can I get the vaginal ring?

A health care provider must prescribe the vaginal ring, but you insert it yourself.

How do I use the vaginal ring?

You fold the ring and insert it into the vagina. It stays there for 21 days. You then remove it and wait 7 days before inserting a new ring. During the week the ring is not used, you will have your period. To use the ring as a continuous-dose form of birth control, insert a new ring every 21 days with no ring-free week in between.

What are possible side effects of using the vaginal ring?

Possible side effects include the following:

- Headache
- Nausea
- Breast tenderness
- Vaginal discharge
- Vaginal irritation
- Breakthrough bleeding

What is the contraceptive skin patch?

The contraceptive skin patch is a small (1.75 square inch) adhesive patch that is worn on the skin to prevent pregnancy. The patch releases estrogen and progestin, which are absorbed through the skin into the body.

How can I get the contraceptive skin patch?

A health care provider must prescribe the patch, but you do not need to visit a health care provider to apply or remove the patch. The patch is less effective in women who weigh more than 198 pounds.

How do I use the contraceptive skin patch?

The patch can be worn on the buttocks, chest (except the breasts), upper back or arm, or abdomen. You wear a patch for a week at a time for a total of 3 weeks in a row. During the fourth week, a patch is not worn, and you will have your period. After week 4, a new patch is applied and the cycle is repeated. You apply the patch on the same day of the week even if you still are bleeding. To use the patch as a continuous-dose form of birth control, apply a new patch every week on the same day without skipping a week.

What are possible side effects of using the contraceptive skin patch?

Most side effects are minor and often go away after a few months of use. Possible side effects include the following:

- Skin irritation
- Breast tenderness
- Headache
- Breakthrough bleeding

Glossary

Aura: A sensation or feeling, such as flashing lights, a particular smell, dizziness, or seeing spots, experienced just before the onset of certain disorders like migraine attacks or epileptic seizures.

Breakthrough Bleeding: Vaginal bleeding at a time other than the menstrual period.

Cardiovascular Disease: Disease of the heart and blood vessels.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Benign growths that form in the muscle of the uterus.

Hormones: Substances made in the body by cells or organs that control the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and produce hormones.

Ovulation: The release of an egg from one of the ovaries.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ185: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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