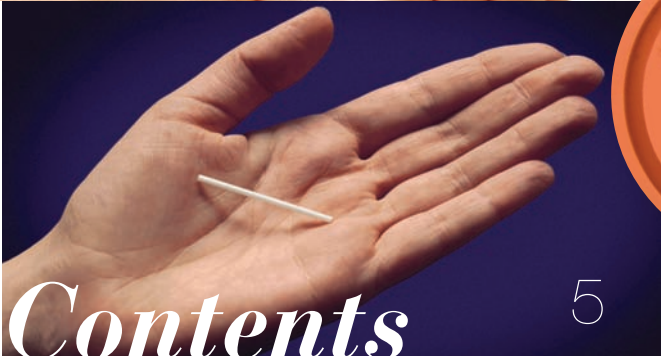


top 20
contraception
myths



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INTERNATIONAL
AUSTRALIA

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There are a number of contraception myths that are confusing and do a good job of turning you off finding the best method of contraception for your family planning needs.

This booklet has been developed to address those myths and set the record straight on contraception once and for all.

By being in control of your fertility, you can avoid any unplanned surprises and, when you're ready, choose the timing, spacing and size of your family. That's what family planning is all about!

Contraception has changed a lot since we first met the pill 50 years ago. Just as contraception has changed over the years, so too may have you and your contraceptive needs. If you want to explore other methods that might better suit your life stage, ask your doctor for advice on how to make the transition easily and effectively.

Before you do, read through this booklet, clear up any myths you might have on contraception and arm yourself with the facts by visiting whatcontraceptiveareyou.com.au and contraceptioninfo.com.au

If you'd like to have a chat to an expert about contraception, give Marie Stopes International a call on 1800 003 707 or talk to your GP.





Myth
The pill
makes you fat

Fact You and your scales will be pleased to know that research has found that women should experience no significant weight gain as a result of using the oral contraceptive pill. Put simply, the pill won't make you fat! Weight gain can occur for hormonal reasons and you may experience water retention which can often make those scales creep up.

The good news is that there are particular types of pills available that prevent water retention, so if it is an issue that is affecting you, speak to your doctor about swapping over.



Myth *The pill is less reliable than condoms*

Fact The combined pill is 99% effective if taken correctly. By comparison, the condom is 98% effective if used correctly.

However, when we look at typical use figures which indicate failure rates for women who do not take consistently or always correctly use their birth control, it is estimated that out of 100 women using the pill for one year, eight would fall pregnant. Out of 100 women using the condom with their partner for one year, it is estimated that 15 would fall pregnant.

That said, the only way to protect yourself against STIs is to use a condom.



Myth *The vaginal ring can get lost inside your womb*

Fact It's simply not possible to push a vaginal ring too far up or for it to get lost inside your body as it can't go any further than your cervix.



Myth *The pill gives you pimples, makes your hair oily and makes you hairy*

Fact If you experience acne/oily hair/body hair while on the pill, it is more than likely a result of how your body is responding to the level of hormones in the particular pill you are on.

Speak to your doctor about it. You may be advised to switch to a more suitable pill that will improve these problems, or change to a different method of contraception altogether.



Myth *The contraceptive implant can cause osteoporosis*

Fact Research has found that long-term use of a contraceptive implant does not adversely affect bone mineral density.



Did you know?

Over a third (36%) of women who were not using contraception at the time of their unplanned pregnancy had not been planning or expecting to have sex.

Don't risk getting caught out – be prepared.

Myth *Using hormonal contraceptives will make you depressed*

Fact Using hormonal contraceptives such as the pill, implant, ring or IUS, will not lead to depression or mood changes.

If you already suffer from severe depression or mood swings, hormonal contraceptives can make symptoms worse. This is a relatively rare side effect and only affects a very small minority of women.

If you feel the contraceptive is affecting your mood, speak to your doctor about your feelings and alternative methods of contraception.

***Myth** The pill can cause ovarian cancer*

Fact Research suggests that women taking the combined contraceptive pill have a lower risk of ovarian cancer than the general population. The effect comes from the pill suppressing hormones that naturally stimulate your ovaries.

The pill is also protective against endometrial cancer, but can slightly raise the short-term risk of breast cancer and cervical cancer.





Myth *You can't get pregnant while breastfeeding*

Fact You certainly can get pregnant while breastfeeding! Although you may be less fertile, you definitely aren't infertile while breastfeeding.

Some women don't menstruate for months after giving birth, but when your body decides it is time to release its first postnatal egg it does so before you get your first period. So you won't know you've ovulated until two weeks later when you menstruate.

To avoid the pitter patter of tiny feet again so soon, speak to your doctor about the types of contraception you can use while breastfeeding.

Did you know?

17% of women who hadn't used contraception at the time of their unplanned pregnancy believed they weren't fertile, or wouldn't become pregnant. Don't have your head in the sand! Just one act of unprotected sex is all it takes.

Myth IUDs can cause pelvic inflammatory disease

Fact Pelvic inflammatory disease is an infection of the uterus, fallopian tubes and/or other reproductive organs and it causes symptoms such as lower abdominal pain.

Studies have shown that other than a small risk of infection associated with IUD insertion (which is why you are advised to have a check up in the month or so after you've had an IUD inserted), an IUD user is actually at no greater risk of developing pelvic inflammatory disease than a non-IUD user.

The risk remains low unless there is exposure to STIs.

***Myth** If you have sex while taking the sugar pills you won't get pregnant*

Fact Provided your hormone pills (also known as “active pills”) are taken correctly, you are still protected from pregnancy when you are taking the sugar pills. However if you haven't taken the hormone pills correctly (i.e. you have missed a day) you may not be protected and therefore it is possible for you to fall pregnant.

If you think you have missed a pill, taken a pill late, vomited a pill or have had diarrhoea during your cycle, make sure you use another form of contraception, such as a condom, for seven days. If you have less than seven hormonal pills left in your packet, do not take the ‘sugar’ pills. Instead go straight onto the hormonal pills in a new packet. Your period will be delayed until the next set of sugar pills.

Myth *If you miss a pill or a condom breaks, you can only take the “morning after pill” up until the morning after*

Fact If you have had unprotected sex and are worried about falling pregnant, you can take emergency contraception, also known as the ‘morning after pill’. But unlike the name suggests, the ‘morning after pill’ doesn’t necessarily have to be taken just the morning after to be effective.

For more information on the morning after pill, when to take it and its effectiveness, check out www.contraceptioninfo.com.au.

It’s important to remember that emergency contraception will not protect you against STIs and is more effective the sooner it is taken after unprotected sex.



***Myth** The morning after pill is the same as the abortion pill*

Fact The 'morning after pill' and the 'abortion pill' are very different.

If you have had unprotected sex, you can take the 'morning after pill', also known as emergency contraception, to help avoid pregnancy before it begins.

For more information on the morning after pill, when to take it and its effectiveness, check out www.contraceptioninfo.com.au.

Mifepristone, which is often referred to as the 'abortion pill', is a prescription-only treatment drug used in medical abortions once a pregnancy has begun. Medical abortions are performed under the guidance of authorised prescribing doctors.

Did you know?

Over half (51%) of women who responded to an online survey experienced an unplanned pregnancy and 60% of those women


***Myth** You should take a break from the pill*

Fact If you've been taking the pill regularly with no side effects, there's really no need to give yourself a break from it.

In fact, if you stop taking the pill and then go on it again a few months later, you may experience the same side effects that you went through in your initial first few months of pill use while your body adjusts again.

Also, women who are used to a reliable method of contraception can put themselves at risk of an unplanned pregnancy during this break.

If you do want to take a break from your current method of contraception and try another form of contraception, ask your doctor for advice on how best to make the transition.



were using at least one form of contraception. It's therefore really important that whatever contraception you are using, you use it correctly and consistently.

Myth *Condoms make sex unenjoyable for guys*

Fact Sure, a guy might tell you that he gets absolutely no pleasure in sex with a condom – but it's a lot more pleasurable than an STI!

Condoms come in all different textures, fits and thicknesses to increase sensitivity. You can also buy warming and tingling lubricants which can be used with condoms to create added sensations for both you and your partner.

Myth *The pill can prevent sexually transmitted infections (STIs)*

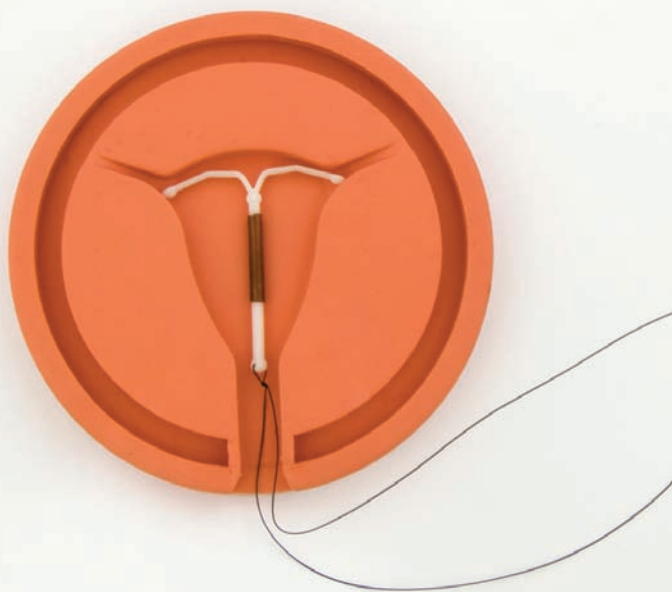
Fact The only form of contraception that protects you against sexually transmitted infections is a condom.

The most common way STIs are transmitted is through vaginal, anal or oral sex without a condom.

Herpes can still be spread even if a condom is used, however correct and consistent use of condoms can reduce your risk of passing on or catching the infection.

If you have unprotected sex, your doctor will need to run some tests to ensure you are in the clear. For more info on STIs and STI check ups, check out www.lovebugs.com.au





Myth *An intrauterine device (IUD) can cause an ectopic pregnancy*

Fact Ectopic pregnancy is any pregnancy that occurs outside the uterus. Most ectopic pregnancies occur in the fallopian tubes.

The IUD works by preventing uterine pregnancies, so pregnancies that may occur are more likely to be ectopic, hence the misconception that there is a link between IUD use and ectopic pregnancies. The risk, however, of any pregnancy occurring with an IUD in place is very low.

Did you know?

1 in 10 women either rarely or never felt comfortable to ask their partner to wear a condom. Trust us – having the conversation with them is a lot more pleasant than finding out you have an STI!

Myth *If you miss a pill near the end of your pack it doesn't really matter as it's close to the sugar pills*

Fact The most unsafe time to miss a pill is at the beginning or end of a pack, because this extends the pill-free period and may mean that not enough pills have been taken to stop ovulation the next month.

There is no “safe” time to miss a hormone pill, but the least risky time is in the middle of the pack.

If you think you have missed a pill, taken a pill late, vomited a pill or have had diarrhoea during your cycle, make sure you keep taking the pill but use another form of contraception, such as condoms, for seven days.

Myth *Using contraception makes it harder to fall pregnant once you stop*

Fact After stopping the pill or removing an implant, vaginal ring or intrauterine device, you can expect to return to your pre-existing fertility almost immediately. This can, however, take longer with the contraceptive injection.

It is normal for your body to take a short time to readjust when you come off hormonal methods of contraception as your hormone levels balance out. But if your periods haven't returned to normal three months after stopping contraception, have a chat to your doctor.

Myth *The pill makes women promiscuous*

Fact The pill can affect some women's sex drive because it acts directly on your sexual hormones. Rather than making you promiscuous, research has found that it can actually decrease levels of sexual desire for a small number of women.

If you find that the pill is affecting your sex drive in a negative way, speak to your doctor about perhaps changing to a different type of pill or an alternative method of contraception.



***Myth** You shouldn't skip periods while on the pill*

Fact If you've got a holiday planned or you have a sporting event coming up, you can deliberately and safely avoid getting your period if you are taking a pill that has the same dosage throughout the cycle (referred to as a monophasic pill).

You do this by taking the hormone pills continuously – i.e. not taking the sugar pills and starting a new pack of pills immediately. Taking the hormone pills continuously provides contraceptive protection as long as you take them at the same time each day.

If you decide to do this every month, however, the downside is that you may not be able to detect if you are pregnant or not. Skipping your period constantly may also mask other health problems that become apparent through changes in the amount of menstrual bleeding. But some women may be advised to do this if they suffer from endometriosis, anaemia, severe cramps, migraines or seizures during menstruation.

Make sure you speak to your doctor about what you ideally would like to do and get their advice.

Remember - if you are on a pill that has different dosages (referred to as a triphasic pill) and wish to delay your period, talk to your doctor about how to do this. Your doctor will also be able to advise you on which type of pill you are on.



Notes





For more information on
contraception or help with an
unplanned pregnancy contact:
Marie Stopes International Australia
Freecall 1800 003 707
www.mariestopes.org.au

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