

The Birth control pill first appeared in the early 1960's. It is currently the most popular method of reversible contraception. Since then, the face of contraception has undergone several changes and there are currently a number of options available to women, as well as a variety of other reasons to use birth control pills.

The first oral contraceptive pills (OCP's) were taken cyclically to mimic the natural process in a women's body. Although this is still the most common method of taking OCP's, extended or continuous use regimens are gaining popularity.

Typically, women take OCP's for 21 days followed by a 7 day pill free interval when menstruation occurs. The withdrawal bleed that occurs at the end of the 21 day cycle is not a biological period, but occurs due to the sudden drop in hormones. The use of OCP's continuously for 3 months induces a withdrawal bleed quarterly. Considering that nearly 70% of women would prefer not menstruate every month, this method appears attractive to many.

Continuous use of OCP's is currently accomplished using three packages of OCP's back to back and then stopping for a week to have a withdrawal bleed. *Recently, Health Canada approved the product Seasonale®*, a revised version of the common birth control pill that makes this pattern easy to follow and allows women to have a withdrawal bleed four times a year. There are relatively few studies to support not having a monthly bleed and how it will adversely affect women. Some health care providers still believe a monthly bleed is necessary. Further study is needed to determine actual efficacy and long term safety of the continuous use of oral contraceptives. However, the use of continuous OCP's does however appear to provide improved contraceptive efficacy and fewer side effects.

Although formulated to prevent pregnancy, oral contraceptive pills are also used to regulate a woman's cycle, decrease PMS symptoms and menstrual cramping as well as pain due to endometriosis. Symptoms of perimenopause, acne and menstrual migraines have also been decreased with OCP use. Some data also suggests that women who use OCP's have a decreased risk of ovarian and endometrial cancer. Although more studies are needed this may also hold true for colorectal cancer as well. Other benefits of OCP use may include less incidence of iron deficiency anemia due to a decrease in bleeding at menstruation and a reduction in the occurrence of uterine fibroids. Whether or not OCP use is beneficial for bone health and fracture risk still remains unknown, although early studies are positive.

Other methods of birth control that have recently come into play are the patch, the ring or the injection. The patch functions similar to the pill in that each patch contains both estrogen and progesterone. A new patch is applied once weekly for three weeks followed by a patch free week in which a withdrawal bleed occurs. The birth control ring is inserted into the vagina and left for three weeks and then removed for a bleed. A new ring

is inserted each month. The injectable form of birth control is a form of synthetic progestin given every three months. Spotting may occur intermittently for up to six months, but subsides usually by 12 months, leaving most women period free. The downfall of the injection is that it has been shown to cause osteoporosis. Calcium supplementation is a must of most women on the injection.

Contraception through the years has advanced substantially since the 1960's. As women search for solutions and convenience in their birth control options new products will continue to emerge.