



Birth Control Pill Myths & Facts

Birth Control Reality Check

Myth: All birth control pills are the same.

Fact: Not all birth control pills contain the same type of hormones. Combination birth control pills contain 2 types of hormones—estrogen and progestin. Most of the currently available birth control pills contain the same estrogen, ethinyl estradiol, but differ in the type of progestin. The progestin in some birth control pills may cause unpleasant effects such as fluid retention, breast swelling and tenderness, and acne. However, not all progestins trigger these effects to the same degree, making it important for a woman to pay close attention to the type of progestin in her birth control pill. Norgestimate is the progestin contained in ORTHO TRI-CYCLEN® LO (norgestimate/ethinyl estradiol) tablets.

Myth: I don't need to take the Pill at the same time each day.

Fact: Women should take the Pill at the same time every day. Combination pills, those containing the hormones estrogen and progestin, are more than 99% effective when taken correctly, which means taking it at the same time each day. Pick a time that's easy to remember, like when you take your vitamins or brush your teeth. Also, remember that taking pills inconsistently or missing pills may increase your chance of experiencing some side effects, such as bleeding between periods. For more tips on how to remember your pill, see the "Birth Control Pill Reminders" section of the Web site.

Myth: Taking birth control pills will make me gain weight.

Fact: Research shows that the Pill may not cause weight gain. Numerous clinical studies have shown that as many women lose weight as gain weight while taking birth control pills. Most Pill-related weight gain is due to fluid retention, which is usually temporary and cyclical.

Myth: Before I get pregnant, I need to wait a few months to flush the hormones from the Pill out of my system.

Fact: There is no clinical evidence that you need to "flush out" any hormones before you conceive. You can start trying to become pregnant immediately after you stop taking the Pill, but you should talk to your healthcare professional about steps you should take to ensure a healthy pregnancy. You may want to postpone conception until you start having regular periods again, simply because a pregnancy can be dated more accurately if a woman has reestablished her natural menstrual cycle after she has stopped using birth control.

Myth: The Pill protects against HIV.

Fact: The Pill does NOT protect against HIV and sexually transmitted diseases. According to the Centers for Disease Control and Prevention (CDC), using a condom correctly every time you have sex can greatly reduce your risk of acquiring or transmitting most STDs, including HIV infection.

Myth: If I've taken the Pill for a long time, it's probably good to take a break.

Fact: Research shows that women don't need a break from the Pill. Women are staying on the Pill longer. In fact, the Pill can be safely prescribed to healthy, nonsmoking women over 40, as long as they don't have risk factors that make taking the Pill inappropriate. How long you stay on the Pill is something you should discuss with your healthcare professional.

ORTHO TRI-CYCLEN® LO is indicated for the prevention of pregnancy in women who elect to use oral contraceptives.

Important Safety Information

Serious as well as minor side effects have been reported with the use of oral contraceptives. Serious risks, which can be life threatening, include blood clots, stroke and heart attacks, and are increased if you smoke cigarettes. Cigarette smoking increases the risk of serious cardiovascular side effects, especially if you are over 35. Women who use oral contraceptives are strongly advised not to smoke. Some women should not use the Pill, including women who have blood clots, certain cancers, a history of heart attack or stroke, as well as those who are or may be pregnant. **The Pill does not protect against HIV or sexually transmitted diseases.**

Please see the full Product Information page of the Web site.



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