
EMPOWERING CHOICE: EXPLORING CONTRACEPTIVE OPTIONS



Welcome to an enlightening exploration of contraception, where we delve into various types, risks, pros and cons, and how to best support your body when deciding to transition off the different types. Whether you're venturing into the realm of hormonal birth control for the first time or simply seeking a deeper understanding of different contraceptive options, this blog post is here to provide you with valuable insights. Throughout this journey, we will navigate the landscape of contraception, unraveling its complexities and empowering you to make informed decisions. Get ready to embark on a path of knowledge and empowerment as we unravel the world of contraception.

Types of Contraceptives

There are five types of contraception options, short term, long term, permanent, barrier, and fertility/education awareness. Each have a purpose, pros and cons, and effective rates both typical (average person usage) and perfect (precise usage). Only the condom barrier method prevents against sexually transmitted illness (STI). If sexually active combining the contraception of choice and a condom will help protect against pregnancy and STI's.

The hormonal methods work by providing low levels of synthetic hormones to suppress natural hormonal activity in the body. They inhibit follicular development, preventing ovulation, thin the endometrial lining making it difficult for a fertilized egg to implant, and also thicken cervical mucus, making it difficult for sperm to reach the uterus. These medications are the most widely prescribed drugs for individuals with a uterus. Depending on the medication, an individual might experience breakthrough bleeding, spotting, or complete cessation of menstruation. Some general risks noted by almost all hormonal contraceptive methods include, depression, bone demineralization, infertility, blood clots, stroke and/or heart attack, increased chances of liver, breast, and cervical cancer. Some forms have been linked to cases of Alzheimer's Disease, and multi-generational PCOS.

Short-Term Hormonal Contraception:

Short-term hormonal contraception includes options such as the pill, mini pill, injectables, patches, and rings.

The Pill and Mini Pill: The combined pill contains both estrogen and progestin, while the mini pill is progestin-only. They are highly effective when taken consistently. The typical 12-month failure rate is 9% for both, and a 12 month discontinuation rate of 33%. Side effects can include menstrual irregularities, nausea, headaches, and mood changes. The menstruation seen with this type of medication is a breakthrough bleed or "fake" period. The release seen during the 4th week is due to placebo pills (non-hormonal). The absence of hormones causes the extremely thinned out endometrial lining to shed. It is considered a fake period because the menstrual cycle is halted while on this medication.

Injectables, Patches, and Rings: Injectable contraceptives like Depo-Provera provide long-lasting contraception, with a typical failure rate of less than 1% and a 12 month discontinuation rate of 44%. The patch and vaginal ring release low dose hormones similar to the pill and mini-pill and need to be replaced every few weeks. Side effects can include bleeding irregularities, weight gain, and mood effects. The typical 12-month failure rate is 9% for patches and ring, with a discontinuation rate of 44%

Long-Term Hormonal Contraceptives:

IUDs: Intrauterine Devices (IUDs) are long-term hormonal or non-hormonal options. Hormonal IUDs, like Mirena, release hormones that prevent pregnancy and can stay in the body for up to 6-7 years. Copper IUDs are non-hormonal and work by toxic effects on sperm, they can stay inside the body for up to 10 years. Both have a typical failure rate of less than 1% and a discontinuation rate of 16-22%. IUDs require a healthcare professional's insertion, and some side effects include menstrual changes, pelvic discomfort, and rare complications such as expulsion or perforation of the uterine or cervical wall.

Non-Hormonal Barrier Methods:

Barrier methods, such as condoms, diaphragms, and cervical caps, prevent sperm from reaching the uterus. These methods are non-hormonal but should be used in conjunction with spermicides for increased effectiveness. Failure rates vary between methods, with condoms having a typical 12-month failure rate of 2%. It's important to note that some individuals may experience allergies, irritation, or increased risk of urinary tract infections using these types of methods.

Sterilization and Fertility Awareness:

Sterilization methods, such as tubal ligation and vasectomy, offer permanent contraception. While highly effective, they are usually considered irreversible, however reversal is possible. If reversed, the successful pregnancy rate is between 30-50%.

Fertility awareness-based methods, including tracking menstrual cycles and observing biomarkers such as cervical mucus, cervical position, basal body temperature, and using ovulation prediction strips, requires dedication and accuracy, but can be a hormone-free alternative. Some methods include calendar method, Sympto-Thermal, Creighton's, Billings, and FEMM. These methods are also a wonderful way to see what is happening within your bodily systems. A period is a visit to a medical practitioner every month minus the practitioner, scale, and paper gown. These methods have varying levels of effectiveness and require proper education and guidance. With proper education and guidance, high levels of prevention within 3 months, the DIY learner could take 6 months or longer to master the method. The FEMM method boasts a 93-98% effective rate, the same as "the pill".

"Knowledge-based methods educate an individual to understand the science and signs of their body.

All other methods leave one uninformed."

-Fertility Education & Medical Management

Transitioning Off

When deciding to transition off hormonal contraception, it is a similar process to when starting hormonal contraception. Our bodies take time to release the medication in our bodies, determine what hormones need to be made, and also regulate the hormones now that medication has stopped.

For those on the "pill or mini pill", it could take 3-6 months for your body to regulate. If prevention was a side benefit, be aware that the symptoms that initially plagued you prior to starting the medication, could return and be worse than before starting the medication.

For those on long-term methods, you'll also need time and support for your cycle to return and regulate. According to Pfizer, the manufacturer of Depo-Provera, it could take up to 18 months from the last injection for fertility to return; 68% return to fertility within 12 months, 83% within 15 months, 93% within 18 months.

To minimize the body's shock when transitioning off the medication, begin supporting the body with nutrient dense foods, develop a sleep routine that includes 7-9 hours of sleep, start a self-care routine, and add 10-30 minutes of exercise into your day about 3-6 months before stopping the medication,

Medications and the hormone estrogen, along with many other things are filtered through the liver. The best way to support your liver is to stay hydrated. It is recommended that all adults drink at least 64 ounces of water daily. I prefer the advice of drinking 1/2 your own body weight in ounces instead. If it is warm, you are exercising or sweating more than normal, increase the intake of water. To know if you are properly hydrated, your urine will be a very light-yellow color. Besides water, green leafy vegetables and high fiber foods helps support the liver and moves the excess toxins out of your body through the colon.

Nutrition plays a huge role, aim for organic foods, when possible, this includes meat, dairy, and fish. If organic is outside budget, wash fruits and vegetables thoroughly and if time allows use a veggie/fruit wash on them to remove any pesticides. Conventional meats, fish, and dairy are given hormones to help them grow faster. These hormones are deposited in the meat eaten. Conventionally raised animals are also fed genetically modified organisms and highly processed foods that can increase low grade inflammation in our bodies.

Eat foods in order, fiber, protein and fat, and then carbohydrates. High fiber foods include broccoli, spinach, brussel sprouts, green peas. Next eat protein and good fat. Proteins can be plant or animal based. It is recommended that 30% of an individual's calories come from protein. This equals to about 1 gram of protein per pound of body weight. Good fats include avocado, olive oil, coconut oil, just to name a few. It is recommended that 30% of daily caloric intake come from fats. The final group to consume per meal is carbohydrates and is recommended to consume 40% of daily caloric intake. Carbohydrates come in two different kinds. Low glycemic and high glycemic. Low glycemic carbohydrates take a lot longer to digest and hit the blood stream. Examples of low glycemic carbohydrates are vegetables, whole grains, legumes, nuts, seeds, quinoa, wild rice, steel-cut oats, buckwheat, and some berries.

High glycemic carbohydrates are quick to digest and hit the blood stream. Examples of high glycemic carbohydrates include white pasta, white bread, the interior part of a baked potato, baked goods, grapes, and bananas to just name a few. High glycemic carbohydrates cause blood sugar spikes and is connected to ovulatory infertility and hormonal imbalances. By eating low glycemic carbohydrates and fueling our bodies with nutrient dense foods, individuals are able to feed their cells improving the reproductive system and general overall health. Some may say to try the KETO diet, and some have found success with this protocol. I would recommend staying away from extremely low carbohydrate types of lifestyles. These can lead to thyroid issues, that also has a connection to hormonal imbalances, infertility, plus extremely low carbohydrate diets increase cortisol levels.

Cortisol is a stress hormone. It is made from a chemical called pregnenolone which is derived from cholesterol. Progesterone, estrogen, & testosterone are also produced from pregnenolone. So, when cortisol is high, it puts your body in flight or danger mode. When in danger mode, the body will halt the reproduction system because it feels unsafe. As cortisol levels decrease and the body begins to feel safe, pregnenolone will be used to make progesterone, estrogen, and testosterone to increase fertility. This is also why it is good to maintain a low stress level when trying to conceive. Any perceived stress will increase cortisol levels. Dr. James Boyer Brown, Professor Emeritus, Department of Obstetrics and Gynaecology, University of Melbourne, found that stress of any kind during reproductive life is the most important factor causing ovarian activity to change from fertile to infertile.

By exploring the diverse range of contraception methods available, you have gained valuable insights into their pros, cons, and potential considerations, plus what to do when deciding to transition off of hormonal contraceptives. Remember that contraceptive choices should be made in consultation with healthcare professionals, considering factors such as effectiveness, side effects, and individual preferences. Whether you opt for hormonal options, non-hormonal methods, or fertility awareness-based approaches, informed choice and empowerment are key to making decisions that align with your reproductive health and overall well-being.