

What You Should Know About Extended-cycle Contraception

Have you ever thought it would be nice not to have a monthly period? To not pack the sanitary napkins when you're traveling, or deal with cramps during a final exam or an important presentation? And do you need contraception—a way to reliably prevent pregnancy? Then you should know about “extended-cycle contraception.”

Extended-cycle Contraception

Extended-cycle contraception means using a hormone-containing method of birth control—oral contraceptives (OCs), the patch, or the vaginal ring—not only to prevent pregnancy but also to prevent monthly periods. Health care providers (doctors, nurse practitioners, midwives, and physician assistants) have been prescribing OCs in this way for years in cases where women want to avoid periods during vacations, sports participation, or on their wedding day and honeymoon, even if they don't need contraception. Now, this method of delaying or preventing periods is becoming more commonplace.

But while surveys show that many women are interested in having fewer periods, or no periods at all, some question whether it is safe and healthy.

How It Works

Many women are already familiar with the birth control injection, which contains the hormone progesterone. With this method, regular periods usually stop, although irregular spotting (no protection or only a mini pad needed) or bleeding (menstrual protection

needed) may occur. One type of intrauterine device (IUD) containing the same type of hormone has similar effects.

You can also use OCs containing a consistent dose of hormones in each pill (known as monophasic), the birth control patch, or the vaginal ring, all of which contain the hormones estrogen and progesterone, without taking the usual 1-week break. (These methods are currently not approved by the US Food and Drug Administration for extended-cycle use.) After finishing 3 weeks of hormone-containing pills, you would start a new pack of pills without

taking the week of hormone-free pills or a week off. (One brand of OCs currently available comes already packaged with 3 months of pills.) The same goes for the patch and the ring. After using 3 weeks of patches, you start right into the fourth, fifth, and sixth weeks, without a patch-free week; and after removing one vaginal ring, you immediately insert another one, without waiting a week.

Yes, It's Safe

Because women are used to monthly periods, it may seem “unnatural” not to have them. They are concerned that blood will build up in the uterus instead of coming out as a period. However, this is not the case. When your body is reacting to its own hormones, the lining of the uterus thickens monthly, preparing to receive a fertilized egg. If no egg is fertilized, the hormones signal it is time to shed the lining; this is your menstrual period. With hormone-containing birth control methods,

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instead of thickening, the lining of the uterus remains thin. Even after you use the methods for 3 weeks or longer, there is very little build-up. When you do take a 1-week break, your body responds to the sudden change in hormones by shedding the lining—but because the lining is thin, bleeding is usually lighter than a regular period.

Once you choose to stop using the methods—for instance, if you want to become pregnant—your own hormones take over and your periods return to your normal pattern. Using extended-cycle contraception will not affect your ability to become pregnant in the future.

Using Extended-cycle Contraception

Women who do not want monthly periods and who have no medical conditions that make hormone use risky can use any method. Smokers over age 35 years and women who have had blood clots in their legs or lungs, strokes or heart attacks, heart valve problems, uncontrolled high blood pressure, complicated migraine headaches, or breast cancer cannot use OCs, the patch, or vaginal ring but can usually use the hormone-containing IUD. You can use extended-cycle contraception even if you do not need a method of birth control. If you have menstrual-related problems, such as bad cramps, menstrual migraines, or very heavy periods causing anemia, extended-cycle contraception may help. Athletes, women in military service, travelers, or women who just don't want to have periods may also consider this option.

When you first start using OCs, the patch, or vaginal ring, don't expect all vaginal bleeding to stop immediately. Even women who use these methods properly often will

have some spotting or bleeding on an unpredictable basis. This often improves after a few months but may continue. However, even with spotting or bleeding, you will have less bleeding overall than you would with monthly periods.

Side effects of an extended-cycle regimen are similar to those with regular use of these methods. They are usually minor and improve with time. If the side effects are particularly bothersome, or if they do not go away in a few weeks or months, changing the method (e.g., switching from OCs to the patch) or the brand of pill may help.

If you use extended-cycle contraception, you will need more than the usual number of prescriptions for OCs, the patch, or the vaginal ring in 1 year. Women using these methods for 3 weeks with a 1-week break need 13 packs of pills or patches or 13 vaginal rings in a 12-month period. With the extended-cycle approach, if you choose to have periods four times a year, you will need 16 packs of pills or patches, or 16 rings. With no periods at all, you will need 17 packs, patches, or rings. Your health insurance may cover only the standard number, 13. If you are using the extended regimen because of medical problems, your health care provider may be able to request insurance coverage for medical use of the product. You can also contact your health insurance provider and encourage them to update their policies, since many women are now choosing the extended-regimen option.

In Conclusion

Extended-cycle contraception makes sense for many women; however, health care providers do not always remember to offer this option to patients. If you are interested in using this approach to contraception, or want to use it for medical or convenience reasons, don't hesitate to discuss this with your health care provider.

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Resource

- Association of Reproductive Health Professionals
<http://www.arhp.org/hormonalcontraception>

This patient handout was prepared by Diane E. Judge, APN/CNP, using materials from Kaunitz AM. Menstruation: New Attitudes and Choices. Journal Watch Women's Health. October 31, 2001; and Clark B, Edelman A. Suppressing Menstruation with Extended Hormonal Contraception. The Female Patient. 2006;31(2):38-40.