



## Extended Oral Contraceptive Regimens: Taking the Pill for Longer Than 3 Weeks At a Time

### **What is an extended oral contraceptive regimen?**

An extended oral contraceptive regimen refers to continuous use of active birth control pills for longer than 3 weeks. Standard birth control pills come packaged in 4-week regimens - 21 days of active pills containing hormones followed by 7 days without hormones (inactive "reminder" pills or placebos). During the week of inactive pills, oral contraceptive users have bleeding like a monthly menstrual period. Early pill developers chose this plan because it was similar to a woman's normal cycle and reassured pill users that they weren't pregnant.

Medically speaking, however, a woman can safely take oral contraceptives for longer than 3 weeks at a time. There is no biological or medical rationale for a 7-day hormone-free interval for users of oral contraceptives. Clinicians sometimes advise pill users to skip the hormone-free week so they can avoid having their period during certain events, such as a honeymoon or vacation. The woman may use an extended pill regimen of 6 weeks (42 days or two pill packs) of hormones followed by a week of inactive pills. Another common extended regimen is the trimonthly approach, in which women take active pills for 12 weeks (84 days or four pill packs) followed by a hormone-free week. Women using the tri-monthly approach have only four menstrual periods a year. Other ways of extending the cycle include ongoing, continuous use of active pills, which eliminates periods altogether.

### **Isn't it "unnatural" to have fewer menstrual periods?**

No. Until recently, women didn't have consistent monthly periods the way they do today. Women today have 3 times as many periods as those in ancient times. This is because today's women have fewer children, start getting periods at a younger age, take longer to reach menopause (when periods stop), and are less likely to breastfeed for long periods of time. So, what seems "natural" today would have seemed very unnatural in the past, even as recently as 100 years ago.

### **What are the benefits of extended pill regimens?**

Extended pill regimens provide many health benefits. Women using extended regimens are less likely to have headaches that typically occur during the menstrual cycle. Users also report fewer premenstrual and menstrual symptoms, such as breast tenderness, bloating, cramps, and mood swings. The reduced number of periods and decreased amount of cramping with extended regimens can be very helpful for women who suffer from dysmenorrhea (painful periods). Extended pill regimens also help women with hormone-dependent conditions such as endometriosis (growth of tissue that lines the uterus which can also form on the ovaries, bowel, and elsewhere inside the abdominal cavity). Decreasing the number of menstrual cycles helps prevent endometriosis from getting worse. It also reduces the number of painful periods because endometrial tissue swells and bleeds heavily during menstruation. In women with polycystic ovary syndrome (PCOS), extended regimens may help better suppress high androgen (hormone) levels. For women with epilepsy, they may help reduce seizures that might be triggered by fluctuating hormones.

In addition, because the number of menstrual periods are reduced, women who take oral contraceptives for extended periods of time avoid the need for monthly sanitary product use (tampons or pads). Women using extended regimens also might have greater protection against pregnancy, because hormone levels

remain consistent for longer periods of time, which makes ovulation (the releasing of an egg) even less likely.

### **What are the drawbacks?**

Women using extended pill regimens are more likely to have irregular, unexpected menstrual bleeding, although this effect lessens over time. For some women, the lack of a monthly menstrual period might cause concerns over potential pregnancy. In addition, the cost of using oral contraceptives for extended periods is higher than with traditional pill use. For example, women on the tri-monthly regimen use the equivalent of 16 pill packs per year compared with only 13 pill packs for traditional regimens. Some insurance plans will not cover the cost of extra pill packs. (The extra out-of-pocket cost may be partly offset, however, by spending less money on sanitary products and medications that treat menstrual discomfort.)

### **Are extended pill regimens currently available?**

Any currently available oral contraceptive product that contains the same amount of hormone in every active pill (known as "monophasics") can be used for an extended regimen.

### **How do I know if an extended pill regimen is right for me?**

Extended pill regimens are not for everyone. Some women like the idea of having fewer menstrual periods; others prefer to maintain their monthly cycles. Your physician can give you more information about extended oral contraceptive regimens to help you decide if this approach is right for you.

### **Who benefits from extended oral contraceptives?**

Women with menstrual-related gynecologic or medical disorders, adolescents, perimenopausal women, athletes, women in the military, developmentally delayed women, any women who chooses to menstruate less frequently.

### **How long does it take to work effectively?**

The pill is effective for contraception within 3 weeks. At first, expect break through bleeding and spotting. Over time, this will reduce and be identical to the amount of unscheduled bleeding or spotting experienced by conventional cyclic oral contraceptives. Women who find break through bleeding unacceptable should not use the continuous OCP. After the first three months the spotting and bleeding should subside. The spotting may be inconvenient, but does not mean the OCP is not working.

### **What should I do if I start to bleed?**

It is normal to spot during the first 3-6 months of using the pill continuously. If it is light spotting, continue to take the pill. If it persists or becomes a full period and you have been taking the pill longer than 21 days continuously, stop the pill for 3 days and then restart it again where you left off.

To prevent ovulation and pregnancy, the pill must be taken a minimum of 21 days. There is no maximum number of days that a pill can be taken.