

IT MAY NOT BE THE MOST ROMANTIC TOPIC OF CONVERSATION FOR DATE NIGHT, BUT PICKING THE WRONG BIRTH CONTROL FOR YOU COULD, AT BEST, DELIVER AN INTERESTING SURPRISE IN NINE MONTHS' TIME AND, AT WORST, CAUSE AN ARRAY OF HEALTH PROBLEMS. OUR PANEL OF EXPERTS ASSESS THE SCIENCE BEHIND THE CONTRACEPTIVE PILLS, POTIONS AND PRESCRIPTIONS AVAILABLE SO YOU CAN AVOID ANY MISHAPS.

WORDS: KATELYN SWALLOW

DEVIL'S ADVOCATE: BIRTH CONTROL

MEET THE METHODS

HORMONAL

Popular hormonal contraceptives such as the oral contraceptive pill (OCP) and hormonal intrauterine device (IUD) work by providing synthetic forms of oestrogen and/or progesterone, which prevent the normal peak of oestrogen during your cycle that encourages the release of the egg; in other words, ovulation simply doesn't occur.

While most OCPs on the market are combined pills containing both hormones, the progesterone-only pill (or 'mini pill') works mostly by making cervical mucus thicker and preventing the sperm from travelling up the genital tract for fertilisation.

"The OCP delivers a daily dose of hormones taken in the form of a pill, while the hormonal IUD works by a steady release of hormones through the uterine wall," explains naturopath Dannielle Archer (vitalityhealthsa.com).

While the OCP and mini pill must be taken at a similar time each day to be effective, implantable hormone options can last for up to three years and can be removed (by a doctor) at any time. Similarly, vaginal rings containing lower doses of oestrogen and progesterone work in the same way as the combined OCP, but only need to be

changed every three weeks. Just be wary of cost – such rings are yet to be added to the government's subsidised medication lists.

BARRIER

Think your 'old-school' condoms, diaphragms and femidoms (female condom) that don't contain a hormonal component. Instead, barrier methods work by preventing the meeting of egg and sperm. Apart from being cheap and readily available, they are the only methods of contraception that protect from sexually acquired infections. The drawback? One little break or slip, and you are likely to have a problem.

OTHER

A conventional IUD contains copper and works by creating a toxic, less respectful environment for sperm and for implantation of the fertilised egg in the uterine wall. Cervical mucus is thickened to prevent the passage of the sperm through the cervix while the copper also acts as a very mild spermicide.

"Traditional IUDs can last up to 10 years, but may make periods heavier or more painful," says obstetrician and gynaecologist Dr Gino Pecoraro (ginopecoraro.com.au).

"They are very convenient, but some

women will have to have a general anesthetic and have it inserted in a theatre, which will obviously incur a cost."

Women that have had a baby vaginally may be suitable for the insertion in a doctor's room with a local anesthetic.

FERTILITY AWARENESS-BASED METHODS

FAMs are a natural form of contraception, and are often utilised by women or couples wishing to avoid synthetic hormones. The process relies on understanding and tracking your body's signs of ovulation and fertility, including variations in cervical mucus and discharge.

"Women using FAMs to prevent pregnancy need to gain a deep understanding of their bodies, and must be vigilant in their assessment of their fertility. Cervical mucus and vaginal discharge takes an egg-white consistency at the time of peak fertility and ovulation each month, and women following FAMs abstain from unprotected intercourse during this fertile time," says Archer.

"Temperature charting can also indicate ovulation, although this measurement is most often used to fall pregnant rather than to prevent pregnancy."

EXPERT 1

DANNIELLE ARCHER

Naturopath (vitalityhealthsa.com)

THE CONTRACEPTION QUESTION

As a naturopath, I am often asked which form of birth control provides the least number of side effects. Many of my clients want a more stable or guaranteed form of birth control than what condoms can offer, but most have experienced issues with taking the OCP – side effects such as weight gain, fluid retention and mood changes are common.

Many clients are also concerned about the long-term effects on fertility that hormonal methods of contraception might have.

What considerations do women/couples need to make when choosing their birth control methods?

Side effects: women need to be informed about the long-term and short-term side effects for each method. Every woman is different – for example, some women experience little to zero side effects when taking the OCP, while others experience side effects so debilitating that they're unable to continue taking it.

Convenience: many clients will choose an IUD so they don't need to remember to take a pill every day, while other clients might choose the OCP over condoms. Choosing a method of birth control that is practical is essential – there's no point choosing condoms if you

don't use them every time you have intercourse.

Accuracy: women should consider the balance between the convenience of contraceptive methods and the accuracy of that method. For example, some FAMs are wonderfully natural contraception options but it's crucial that the methods are followed correctly to ensure adequate protection from pregnancy.

What are the concerns regarding hormonal contraceptive use?

Hormonal contraception is definitely a point of controversy between health practitioners, with research also conflicted on the issue. For example, there has been some evidence to support the use of the Pill to protect against breast

cancer, while other research has indicated a link between the Pill and increased breast cancer risk.

As a naturopath, my questions around synthetic hormones and hormonal contraceptive methods are this: if ovulation is prevented for a long period of time, then can we expect healthy, regular ovulation after cessation of the Pill? While there is no research evidence on this point, I believe it's an important question and it becomes more of a concern as you age. A woman over 30 should be aware that it can take time for optimum fertility to return post-Pill and should allow enough time for their body to return to optimum health prior to trying to conceive. The body, in all its magnificance, is not a machine – it does take time for your body to get back into its own cycle and resume producing natural hormones, in the right amounts and at the right times, after being controlled by synthetic hormones.

There are often side effects when withdrawing from the Pill, which signifies at the very least that the synthetic hormones have disrupted the body's natural and healthy state of functioning. These side effects can include acne, anovulation (lack of ovulation), amenorrhoea (absence of menstruation) and hair loss.

What are your thoughts on hormonal contraceptive methods being used to manage other health complaints?

Hormonal contraceptives are often used to control and manage health complaints such as acne, polycystic ovary syndrome (PCOS) and endometriosis. As a naturopath, this use of synthetic hormones is completely against my health philosophy. Using synthetic hormones in this way doesn't address the root cause of the issue, it only masks it; once you take the synthetic hormones away, the problem is still there. Herbal, nutritional and lifestyle approaches

can help to bring the body and hormones back to balance and equilibrium.

Is there a particular contraceptive method you recommend?

It really depends on the client and their individual situation. In terms of fertility and overall wellness, I do recommend clients avoid synthetic hormones, especially when contraception is used for upwards of two years. I often suggest the copper IUD as it's a non-hormonal form of contraception – as long as the client is not suffering from heavy periods, cramping or any kind of iron deficiency or anaemia. It's also very convenient and effective at preventing pregnancy. Though there are some issues with the copper IUD – there is no 'perfect' contraception method – I find it to be the least harmful for women's health and fertility in the long term. The copper IUD does not prevent ovulation, which I believe is important to a woman's health.

EXPERT 2

GAI WILLIAMS

Pharmacist (willbyswindandcolicmix.com)

THE CONTRACEPTIVE QUESTION

As a pharmacist, I deal mainly with questions on the effective use of the oral contraceptive pill and the 'morning after' emergency contraception pill. Patients will query reliability, suitability and side effects and that's where pharmacists can be a great source of information.

What over-the-counter contraceptive methods are available in Australia?

Non-prescription contraception is now limited to condoms and accompanying lubricants. Of course, there are other natural approaches such as basal temperature monitoring to detect ovulation – but they are notoriously unreliable.

Breastfeeding is not a form of contraception – just ask any mum whose babies are less than a year apart!

What considerations do women/couples need to make when choosing their birth control methods?

The choice of which OCP is suitable for each person is left up to the doctor and it can sometimes take a few trials before

settling on the correct medication – this is usually influenced by the incidence of side effects.

Common side effects of the pill include nausea (which may ease as the body gets used to the new hormone levels), headaches, weight gain, missed periods, mood changes (which can be an issue for women who are prone to depression), decreased libido and intermenstrual breakthrough bleeding (which can sometimes be corrected with a dose change).

The OCP is contraindicated in women who have any sort of clotting or bleeding problems, if they could be pregnant, if they have had breast cancer or there is a strong family history of breast cancer, coronary heart disease or liver problems.

Is there a particular contraceptive method you recommend?

As pharmacists, we encourage all our clients to be within the safe sex space – so using a barrier method if you're having sex with multiple partners to help prevent the spread of sexually transmitted diseases. For reliability and ease of use, the Pill is by far the most effective method of contraception.

EXPERT 3

DR GINO PECORARO

Obstetrician and Gynaecologist
(ginopecoraro.com.au)

THE CONTRACEPTION QUESTION

The most common questions I receive are about contraceptive safety, if it will make you put on weight, reversibility and the safety of skipping periods. But perhaps more questions should be asked about what the right type of contraception is for each individual.

What considerations do women/couples need to make when choosing their birth control methods?

We are very lucky to have lots of contraceptive options – the OCP is often a natural go-to for women and they don't explore their other choices. People's circumstances change as they go through life and what may have been the best option five years ago may not be the best method for them now. You should discuss your contraceptive choices with your doctor every two years to ensure all of your needs are being met.



EXPERT 4

DARREN COX

Functional Wellness Practitioner and Director (totalreformation.com)

THE CONTRACEPTION QUESTION

There seems to be a recent return to natural living philosophies. The most common questions we get asked are: “What is the pill doing to my long-term health?” “Could my birth control choice be one reason why I’m not achieving my goals – especially fat loss?” and “I want to begin a more natural approach to birth-control, what do you advise?”

What considerations do women/couples need to make when choosing their birth control methods?

Understand how contraceptive methods work, how they affect your health and their usefulness in different situations, and know that different methods of contraception may be appropriate at different times in your life. Then you need to consider your current level of health; for example, the quality of

You need to consider ease of use, convenience, any specific health issues or needs (think acne, PCOS, endometriosis or an increased tendency to forming blood clots) and any current medication use. There are also factors such as cost, side effect profiles and availability.

What’s your opinion of hormonal contraception methods, such as the OCP?

The OCP is very well understood and easily obtainable – any doctor can write you a script and all pharmacies carry stock. Generally, it’s also on the government’s subsidised lists; although some of the newer versions that offer advantages in treating acne or facial hair are not yet fully covered and can be more expensive.

On the other hand, the OCP needs to be taken every day – most have a 12-hour leeway but the mini pill has only about three hours. Theoretically, the Pill also increases your risk of blood clots – less than being pregnant but it’s not recommended for women with a history of blood clots, a familial tendency or women over the age of 40. The mini pill is less likely to cause blood clots or high

blood pressure but has a slightly lower efficacy rate. It’s safe for breastfeeding women, but can lead to irregular bleeding.

Other implantable hormone contraceptive systems can cause some women to experience fluid retention, breast swelling and tenderness, and even mood swings that usually settle it time. Again, it’s cheaper over three years when compared to the OCP but the doctor will charge for insertion and removal.

Is there a particular contraceptive method you recommend?

I like the set-and-forget methods because it means that there is one less thing to think about given people’s busy schedules. If you travel frequently, it also means you don’t have to remember time zones or worry about how antibiotics and other medications interact with hormonal contraceptives such as the OCP. The World Health Organization is on the record saying Australians should be using more of the LARCs (long-acting reversible contraceptives) such as implants and IUDs due to their reduced failure rate – you simply don’t have to remember anything, so there’s less chance of accidents.

your diet and training, your current gut health and the psychological state you are in.

How can hormone-based methods affect a female’s physiology, and consequently training/nutrition?

Hormone-based contraception uses synthetic hormones that mimic your natural hormones – this results in an attack on your endocrine system (the system responsible for producing hormones), your psychology and entire physiology.

The OCP flattens out your natural oestradiol ‘highs’ and suppresses testosterone, making it hard to build strength and muscle mass, recover from training and negatively affecting your mood and libido. Imbalanced hormones can also result in low energy levels, bone loss, mild depression, sleep issues, aches and pains and mood fluctuations, which affect your ability to exercise and eat well.

Hormonal contraception can disturb the metabolism of many nutrients such as vitamins A, B1, B2, B6, B9, B12, C, E, K, biotin, bioflavonoids, iron, calcium, magnesium, selenium, copper and zinc. With this in mind, it’s important to choose nutritious foods and even supplement with a high-quality multi-vitamin if you do choose hormonal-based contraception methods.

Is there a particular contraceptive method you recommend?

We aim to educate our female clients on birth control methods so they can make their own decisions. All our clients are on their own journey and are all completely unique – some may not be ready to come off the Pill and some are already off it and looking to rebuild their health. That said, being a natural and holistic business, we aim to help our clients create a natural environment for optimum health – this means eliminating or reducing all synthetic stressors and returning their body back to homeostasis.

Natural birth control means your body doesn’t need to metabolise and detoxify synthetic drugs, so your liver will thank you. Natural birth control also teaches you about how your body works. By working on your health and syncing with your natural cycle, you can enjoy improved hormones that lead to better moods, faster recovery from workouts, improved digestion and assimilation of foods. ■