Change in menstrual flow

An increased risk of myocardial infarction has been associated with oral contraceptive use. 2-21 This increased risk is primarily

Throughout this labeling, epidemiological studies reported are of two types: retrospective case-control studies and prospective

formulations containing higher amounts of estrogens and progestogens than those in common use today. The effect of long-term

The information contained herein is principally based on studies carried out in patients who used oral contraceptives with

disease. The risk of morbidity and mortality increases significantly in the presence of other risk factors such as hypertension,

been shown to increase blood pressure among some users (see

CONTRAINDICATIONS

• Cerebral vascular disease, myocardial infarction, or coronary artery disease, or a past history of these conditions

Table 1

**DESCRIPTION**

8. Without spermicides.

**MORTALITY RATE**

8. Gallbladder Disease

Earlier studies reported an increased lifetime relative risk of gallbladder surgery in users of oral contraceptives and estrogens.40, 42, 53, 70

**8. Hepatic Neoplasia**

**4. Male Neoplasia**

**3. Female Neoplasia**

**2. Deaths are method-related**

1. Deaths are birth-related

**1.1** 1.6 0.7 0.2 0.3 0.4

**1.9** 1.2 1.2 1.3 2.2 2.8

**Table 1**

**Male** 14 3 61

**Female (Reality®)** 21 5 56

**Nulliparous women** 20 9 56

**Ovulation method** 3

**Group**

**% of women**

**j**) Response to the metyrapone test may be reduced.

**i)** Plasma levels of trace minerals may be altered.

**f)** Glucose tolerance may be decreased.

**Concomitant Use with HCV Combination Therapy – Liver Enzyme Elevation**

**Physicians' Desk Reference.**

**JAMA.**

**Br J Fam Plann.**

**Am J Obstet Gynecol.**

**J Reprod Med.**

**Böttiger LE, et al.**

**63.**

**Greene GR, et al.**

**38.**

**J Biosoc Sci.**

**Adam SA, et al.**

**1986;34(Aug):121.**

**1985;253(May 24/31):2965.**

**1985;66(July):1.**

**1986;292(Feb 22):526.**

**1982;142(March 15):766.**

**1977;8(March):50.**

**1980;6(Oct suppl):1.**

**1976;70(Nov):574.**

**1976;27):199.**

**1985;253(May 24/31):2965.**

**1985;66(July):1.**

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**1977;8(March):50.**

**1980;6(Oct suppl):1.**
WHAT ARE ORAL CONTRACEPTIVES?

Oral contraceptives are medications designed to prevent pregnancy by inhibiting the release of a woman's own hormones or by blocking the release of the egg from the ovary (ovulation). This prevents pregnancy either by interfering with the ability of sperm to fertilize an egg or by causing permanent changes in the lining of the uterus that make it uninhabitable for a fertilized egg. Oral contraceptives are also used to treat certain medical conditions such as endometriosis.

Oral contraceptives are available in a variety of forms, including combination pills, progestin-only pills, and implantable rods. Combination pills typically contain estrogen and progestin, whereas progestin-only pills contain only progestin. Implantable rods contain a hormone that is released into the body over a period of time.

Oral contraceptives are highly effective at preventing pregnancy, with a failure rate of less than 1% per year for users of combination pills. They are also associated with a number of potential benefits, including a reduced risk of certain types of cancer, such as ovarian and endometrial cancer.

HOW TO TAKE THE PILL

WHAT TO DO DURING THE MONTH

WHEN TO START THE FIRST PACK OF PILLS

BEFORE YOU START TAKING YOUR PILLS

INSTRUCTIONS FOR USING THE PILLS

WHEN TO START THE FIRST PACK OF PILLS

THE FOLLOWING CHART IN UNITS OF 10002976_Kelnor1-50mcgPi_4_17.indd   2

5.9 7.4 9.1 14.8 25.7 28.2