

For women seeking oral contraception

Start right.



Make a smart move by choosing the right contraceptive! www.yourlifenow.co.za

Contents



First, get your facts straight	2
Contraception is your best friend	3
forever (BFF)	
Make a choice that works for you	4
Uyazi*- Do you know?	5
Contraceptive methods	6
Let's chat about the Pill	10
Let's look at the different Pill options	11
Folate	13
Folate supports your future	14
How does the Pill work?	15
Benefits of the Pill	17
What about side effects of the Pill?	18
Want to find out more?	23
*Uyazi means "Do you know?" in Zulu	

It's up to you to decide when to become a mom.

So, don't get backed into a corner.

Take charge of your body and future with the right contraceptive!

First, get your facts straight

NOT TRUE

If I have sex during my period; the chances of getting pregnant are zero.¹

I can't get pregnant the first time I have sex.1

I can't fall pregnant if I have sex right before or right after my period.¹

I can't get pregnant if my partner withdraws his penis before he ejaculates.¹

If I douche, shower or bath immediately after sex, I won't get pregnant.1

I can't get pregnant if I didn't have an orgasm during sex.1

If I have sex standing up, I won't get pregnant.1

You can have a healthy, fun, sex life without getting pregnant! It's up to you. So make a smart move by choosing the right contraceptive.



Contraception is your BFF



Okay, so sex is meant to be a fun and fulfilling part of life. But without protection, it can lead to unplanned pregnancies which can change your life forever.

Here's the deal: contraception allows you to enjoy sex, which is how it's meant to be, right? It's the most effective way of preventing an unplanned pregnancy, if used as directed.

Choosing a contraceptive can be like trying to find the perfect pair of jeans, there are just so many options!

So here are a few things you should consider first...

Make a choice that works for you









What are YOUR personal circumstances? It's smart to check out different contraceptive methods and find out their advantages and disadvantages, before making up your mind.

Do you have a medical condition that prevents you from using a specific contraceptive? Your doctor should have access to your medical history, so can help you find the perfect method for you.

Are condoms enough protection for your sexual activity, or do you need additional reliable protection?

Remember, condoms are the best way to reduce the risk of sexually transmitted infections.¹

Can you say NO in situations where you don't have a contraceptive available?

Can you rely on your partner, or would it be better if you took control?

Uyazi -Do you know?

In a multi-national survey, 36% of young people reported having unprotected

sex.²

If you're having sex regularly and don't use contraception, you have an 85% chance of being pregnant within one year.³



Most sexually transmitted infections occur in people younger than 25 years.⁴



Unlike fashion trends, a smart attitude never goes out of style!

Contraceptive e methods

Your life, your style, your choice

There are many different contraceptives you can use to avoid getting pregnant.

Choose one that works best for you! Your doctor or healthcare professional can give you the best advice.



HORMONAL METHODS

These normally use a synthetic form of the natural hormones progestogen and estrogen to preventpregnancy.⁵ They are readily available, convenient and easy to use, if you are good taking them at the same time every day. Like any other method, they have benefits and side effects tthat you should be aware of.

Available options include:6,7

- Combined Pill with Folate (Vitamin B_o)
- · Combined Pill
- Progestogen-only Pill
- Contraceptive Patch
- Sub-dermal Implant
- Intrauterine System (IUS)
- Vaginal Ring
- Emergency Contraceptive Pill
- Contraceptive Injection











INTRAUTERINE METHODS

These are great if you want to go for longer periods of time without thinking about contraception.8

Available options include:

- Hormone-releasing Intrauterine System (IUS).
- Copper Intrauterine Device (IUD, coil).





BARRIER METHOD

Designed to stop sperm from entering the female genital tract.⁶

Available options include:

- · Male condom.
- · Female condom.





STERILISATION

Any man or woman can be surgically sterilised. This permanent method of contraception is only advisable if you don't want any more children. Talk to your doctor first.

Available options include:

- Male Sterilisation (vasectomy).
- Female Sterilisation (tying the fallopian tubes).





OTHERS

Fertility awareness and withdrawal are not reliable ways of preventing pregnancy and do not protect against STIs.⁶

Due to the poor reliability of these methods, it is always a good idea to use a condom and/or hormonal contraceptive.



Methods include:6

· Fertility awareness in women.







EFFECTIVENESS OF CONTRACEPTIVE METHODS⁹

An important consideration when choosing a contraceptive method is its effectiveness.9

The table below shows the effectiveness of the various contraceptive methods when used correctly and consistently:

MORE EFFECTIVE

Number of

pregnancies per 1000 women in the first year of use	Contraceptive method			
1 pregnancy ⁸	Sub-dermal implant			
1-2 pregnancies ⁸	Male sterilisation (Vasectomy)			
2 pregnancies ⁸	Contraceptive injection	Hormonal- releasing intrauterine system (IUS) ^a		
3 pregnancies ⁸	Combined Pill	Progestogen- only Pill	Contraceptive Patch	Vaginal Ring
5 pregnancies ⁸	Female sterilisation (tying of fallopian tubes) ^b			
6 pregnancies ⁸	Copper intrauterine device (IUD) ^c			
20 pregnancies ⁸	Male condoms ^d			
40 to 50 pregnancies ⁸	Withdrawald	Female condoms ^d		
150 pregnancies ⁸	Fertility awareness methods			

^aA small risk of pregnancy remains beyond the first year of use and continues as long as it remains in place. Over 5 years, 5 to 8 pregnancies per 1000 women may occur.⁸

^bA small risk of pregnancy remains beyond the first year of use and until the woman reaches menopause. Over 10 years of use, about 18-19 pregnancies per 1000 women.⁸

^cA small risk of pregnancy remains beyond the first year of use and continues as long as it remains in place. Over 10 years of IUD use, about 20 pregnancies per 1000 women.⁸

^dWhen used correctly with every act of sex.⁸

^{*}When commonly used. Pregnancy rates with consistent and correct use vary for the different fertility awareness methods.8

Some of the most popular contraceptives are condoms and the oral contraceptive pill. 10 Let's take a look at the combined pill.

Let's chat about the Pill

REMEMBER:

You should combine condoms and the Pill for the best protection against STIs and unplanned pregnancy!6



The use of condoms is the best method to protect you and your partner against most STIs.6

Hormonal contraception is one of the most effective forms of birth control currently available to women.^{3,11}



Let's look at the different Pill options

Bayer is the leader in oral contraception,¹² giving you control over your future.

Not all oral contraceptives contain the same hormones and ingredients. Factors that differentiate oral contraceptives are: the estrogen component, the progestogen component, and whether or not there is folate (vitamin ${\sf B_9}$) added to the regimen. 5,7

Pill options	Estrogen	Progestogen	Folate - (Vitamin B ₉)
1	V	V	V
2	V	V	
3		V	

Most Pills contain both active and inactive tablets in a 28-day cycle (pack). Research indicates that Pills with fewer inactive tablets may offer more benefits:

- Shorter, lighter withdrawal bleeds.¹³
- Lower incidence of hormone withdrawal symptoms like headache, bloating, pelvic pain or breast tenderness.^{11,13}

Talk about a real friend with benefits!

THE ESTROGEN COMPONENT:

Since the Pill was first invented, most oral contraceptive pills contain the synthetic estrogen, ethinylestradiol.⁵ Recently, developments in research have led to the introduction of an estrogen that delivers a hormone similar to what your body produces, estradiol.¹⁴

THE PROGESTOGEN COMPONENT: 15

There are various types of progestogens with different chemical structures, resulting in different properties. This means that not all progestogens will have the same benefits. Only certain progestogens can offer skin benefits and prevent water retention. It is best to discuss your individual requirements with your healthcare professional in order to assess the best option for you.



Folate



Folate (or vitamin B_9) is an essential vitamin which is required for the body to work properly. Folate cannot be produced by your body, therefore it needs to be included as part of your diet or taken as a supplement. ¹⁶

Low intake of natural food folates, processing of foods and poor absorption, limits the amount of vitamin ${\rm B_9}$ available for use in the body. 17

Supplementation is therefore important to enhance folate levels.¹⁶

FOLATE CONTRIBUTES TO THESE IMPORTANT BODILY FUNCTIONS

- Normal blood formation.¹⁸
- DNA synthesis.¹⁷
- Normal homocysteine metabolism.¹⁸
- Normal function of the immune system.¹⁸
- Normal cell division.¹⁸
- Prevention of macrocytic anaemia.¹⁹
- Normal maternal and foetal tissue growth during pregnancy.¹⁸
- Prevention of birth defects i.e. neural tube defects.^{17,20}













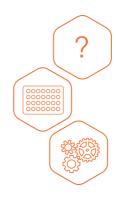
Folate supports your future

- Folate becomes more important when you are planning to fall pregnant.¹⁷
- Having enough folate in your body is necessary for your future baby's development.¹⁶
- It is essential to start taking 0,400 mg of folic acid daily for at least 2-3 months before pregnancy to prevent neural tube birth defects. 16,17,19
- Neural tube defects occur when the neural tube fails to close completely during the first 28 days of pregnancy, often before realising you are pregnant.^{20,21}
- Folate intake is therefore needed well in advance of conception to reach adequate levels to prevent these birth defects.²⁰
- The oral contraceptive pill containing folate is therefore a useful way to ensure you receive adequate supplementation with protection against neural tube defects for up to 12 weeks after discontinuation of the pill.²⁰

It is also important to take folate (in the form of a supplement) throughout pregnancy and after your baby is born.¹⁶



So how does the Pill work?



The combined oral contraceptive has a multiple contraceptive effect. This means it works on several levels, making it a reliable form of contraception.

IT STOPS OVULATION⁶

When you don't take any hormonal contraception, an egg is released from the ovary during ovulation. If you have had unprotected sex, this egg cell can be fertilised by sperm and you can get pregnant. The hormones in the combined oral contraceptive stop you from getting pregnant, by preventing the release of eggs from the ovary.

IT THICKENS THE MUCUS IN YOUR CERVIX⁶

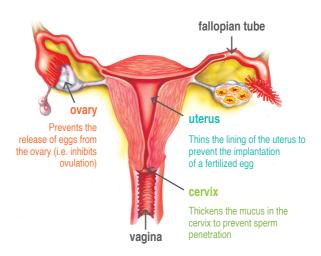
When you're fertile, or likely to get pregnant, the mucus in your cervix changes texture. It goes from sticky to a clear, slippery texture. This makes it easier for sperm to move through the cervix and fertilise an egg. The Pill keeps the texture of your mucus sticky, which makes it more difficult for the sperm to pass through the cervix.

Ask your healthcare practitioner about the Pill suitable for you.



IT THINS THE LINING OF THE UTERUS⁶

This prevents the implantation of a fertilized egg.



THE PILL IS FOR YOU IF YOU WANT:

- An option that is up to 99% effective, when taken correctly.³
- To improve your skin and symptoms of acne.²²
- To improve the physical symptoms of menstruation, such as breast discomfort and painful periods.²²
- To reduce the duration and heaviness of your period.²²
- To have regular periods every 28 days.¹³









Some combined oral contraceptives offer additional benefits to women seeking contraception.

What are the benefits of the Pill on menstrual symptoms?



Menstruation has been described as an inflammatory event causing various symptoms in the genital region and other regions of the body.²³

Symptoms of menstruation may include:23

Painful period FATIGUE diarrhoea LACK OF ENERGY NAUSEA MOOD SWINGS AND DEPRESSION

headache abdominal pain and cramps

Pain during menstruation (or dysmenorrhoea) is the most common menstrual disorder, estimated to affect at least half of women, with differing severity.²³

A Pill with a reduced hormone-free interval of 4 days (versus the traditional 7 days), may reduce menstrual symptoms.²³

In addition, the Pill may improve a woman's physical and emotional wellbeing, as well as contraceptive efficacy.²³

WHAT ABOUT SIDE EFFECTS OF THE PILL?

Like with any medication, you may experience side effects when you are on the Pill.

Nausea and intermenstrual spotting/bleeding are not uncommon during the first 3 months.⁶

Mild headache, dizziness, breast tenderness, light periods, breakthrough bleeding or occasionally amenorrhoea (no period), may occur.⁶

Take the Pill with meals, preferably just before going to bed. Medical management is not usually necessary. If you are concerned about pregnancy or persistent side effects, speak to your healthcare practitioner.

WHAT SHOULD I DO IF THE BLEEDING/SPOTTING PERSISTS AFTER 3 MONTHS?

6.24

If the breakthrough bleeding or spotting persists after 3 months, it may be as a result of:6.24

- Interactions with other medicines.
- · Severe diarrhoea and vomiting.
- · Pregnancy.
- Other genital tract pathology i.e. infections or cancer.
- Poor compliance/forgetting to take pills.

Speak to your healthcare practitioner should the bleeding/spotting not subside.



PRECAUTIONS WITH THE PILL



The Pill is not an option for everyone.

There are certain women who should not take a combined oral contraceptive. Your doctor or healthcare professional will ask you about your medical history before recommending the Pill for you. There are also some serious side effects that may very rarely occur. While the Pill is a suitable method of contraception for most women, it is important that you are also aware of the risks.

DO NOT USE COMBINED ORAL CONTRACEPTIVES (THE PILL):25



- If you have, or have ever had a disorder affecting blood circulation: in particular, those conditions relating to thrombosis (the formation of a blood clot) in the blood vessels of the legs (deep vein thrombosis), the lungs (pulmonary embolism), the heart (heart attack), or other parts of the body.
- If you have, or have had a stroke (caused by a blood clot or a rupture of a blood vessel in the brain).
- If you have, or have ever had a condition that may be the first sign of a heart attack (such as angina pectoris or chest pain) or mini stroke (such as transient ischaemic attack).
- If you have a history of migraine accompanied by e.g. visual symptoms, speech disability, or weakness or numbness in any part of your body.
- If you have diabetes mellitus with blood vessel damage.
- If you have jaundice (yellowing of the skin) or severe liver disease.
- If you have, or have had a cancer that may grow under the influence of sex hormones (e.g. of the breast or the genital organs).
- If you have a severe kidney disorder or kidney failure.

- · If you have, or have had liver cancer.
- If you have any unexplained vaginal bleeding.
- If you are pregnant or think you might be pregnant.
- If you are hypersensitive (allergic) to any of the ingredients of the Pill.

If you are already taking a combined contraceptive pill and any of these conditions appear, you should discuss this with your doctor immediately. Your doctor may need to re-evaluate the best contraceptive for you.

If any of the following apply to you, tell your doctor before starting the Pill:²⁵



- · You smoke.
- You have diabetes.
- · You are overweight.
- · You have high blood pressure.
- You have a heart valve disorder or a heart rhythm disorder.
- You have inflammation of your veins (superficial phlebitis) or varicose veins.
- Anyone in your immediate family has had a thrombosis (blood clot), a heart attack or a stroke.
- · You suffer from migraine.
- · You suffer from epilepsy.
- You have any kidney problems or are taking a diuretic that may increase the potassium levels in your blood.
- You or someone in your immediate family has, or has had high blood levels of cholesterol or triglycerides.
- Anyone in your immediate family has had breast cancer.
- You have liver or gallbladder disease.
- You have Crohn's disease or ulcerative colitis (chronic inflammatory bowel disease).
- You have systemic lupus erythematosus (SLE, a disease affecting the skin all over the body).
- You have haemolytic uraemic syndrome (HUS, a blood clotting disorder causing failure of the kidneys).

- You have sickle cell disease (e.g. sickle cell anaemia).
- You have a condition that occurred for the first time or worsened during pregnancy or previous use of sex hormones (e.g. hearing loss, porphyria, a skin disease called herpes gestationis or a neurological disease called Sydenham's chorea).

Stop taking the Pill and see your doctor immediately if you notice possible signs of heart attack, stroke or thrombosis (blood clot):²⁵

- · An unusual cough or breathlessness.
- Severe chest pain which may reach the left arm.
- Any unusual, severe or prolonged headache or migraine.
- · Partial or complete loss of vision, or double vision.
- Slurring of speech or any problem in speaking.
- · Dizziness or fainting.
- · Weakness or numbness in any part of your body.
- Severe pain in your abdomen.
- · Severe pain or swelling in either of your legs.



NB: always read your Pill's information leaflet. If you experience any serious symptoms, get medical advice immediately.



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Want to find out more? For more information on how contraception gives you control over your future, visit: www.yourlifenow.co.za It's your call. Choose a contraceptive that looks out for you.