Myths & Beliefs about Contraception

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Introduction





- Family physician
- Work at Honor Community Health for over 9 years
- Associate Chief Medical Officer
- Core Faculty for the Family Medicine Residency program.
- Provide Title X services to a predominantly underserved population

HONOR Community HEALTH

Honor Community Health is a nonprofit, 501(c)(3) that is the heartbeat of community-based care. As the largest Federally Qualified Health Center (FQHC) in the county, we proudly serve nearly 20,000 patients each year through a growing network of 21 locations, including integrated primary and behavioral health centers, school-based health sites, a pharmacy, and a dedicated dental clinic.

***No conflict of interest to declare*

Objectives

By the end of this presentation, you will be able to:

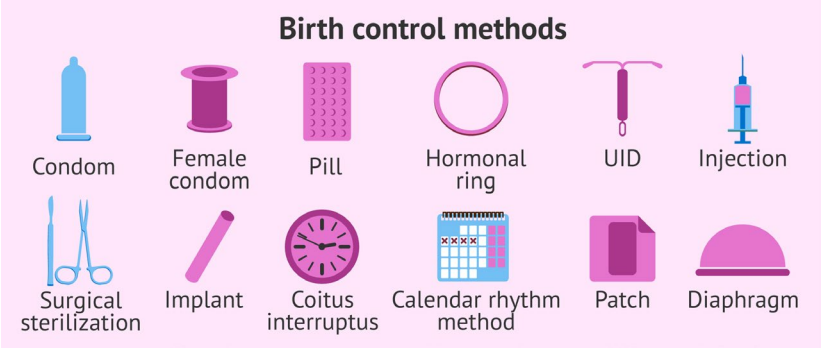
1. Separate misconceptions from evidence-based information
2. Identify common myths about contraception
3. Describe evidence-based facts about contraceptive methods
4. Recognize factors that can affect contraceptive effectiveness
5. Communicate about contraception without judgment
6. Understand how to help patients make informed decisions

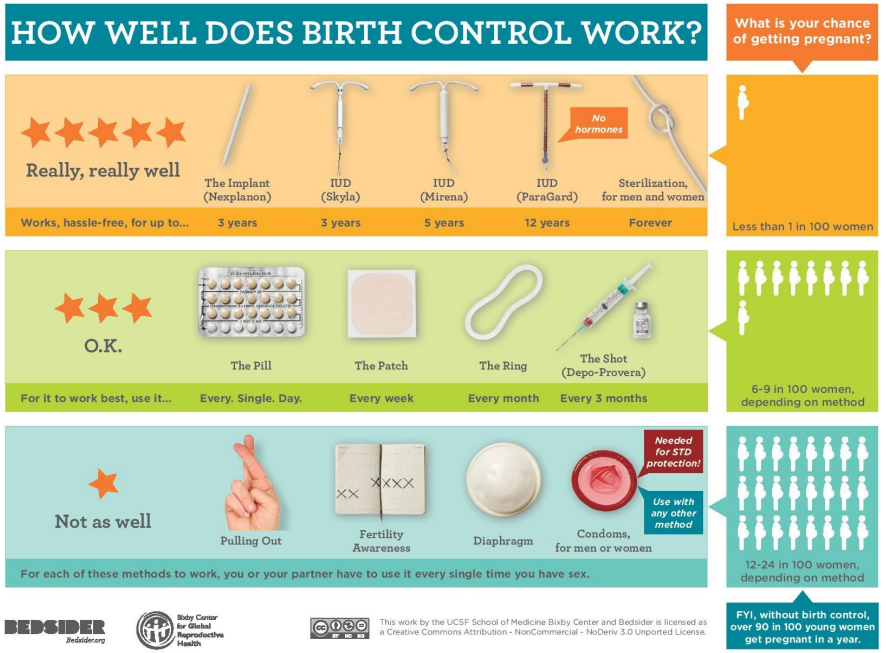
Separating Common Misconceptions From Evidence-Based Information

Why do contraceptive myths matter?

Misinformation can lead to:

- ✗ Fear of using contraception
- ✗ Incorrect or inconsistent use
- ✗ Unintended pregnancy
- ✗ Delayed access to appropriate care
- ✗ Anxiety about side effects
- ✗ Distrust of healthcare recommendations





Key Takeaway: *Patients deserve accurate, understandable, and balanced information about their contraceptive options.*

Common Myths

Myth #1

"Birth control pills cause permanent infertility."

"IUDs cause infertility."

Misconception	Fact
• Using contraception permanently prevents someone from becoming pregnant in the future • An IUD permanently damages fertility	• For most reversible contraceptive methods, fertility generally returns after the method is discontinued. • IUDs, implants, pills, patches, and rings are reversible. • Return to fertility can vary by method and individual circumstances.

Communication Tip:
Explain the expected return to fertility when discussing each method.

Patient-Center Approach:
Address concerns directly and provide balanced information about both benefits and risks.

Myth #2

“Hormonal birth control always causes weight gain.”

Misconception	Fact
• Everyone who uses hormonal contraception will gain significant weight	• Weight changes can occur for many reasons, and effects vary by contraceptive method and individual. • Birth control pills, patches and rings: most studies do not show significant weight gain • Hormonal IUDs and implants: Some people may notice weight changes, but a direct cause-and-effect relationship is not consistently established • Depo provera: weight gain is more commonly associated with this method than with many other method

Communication Tip:

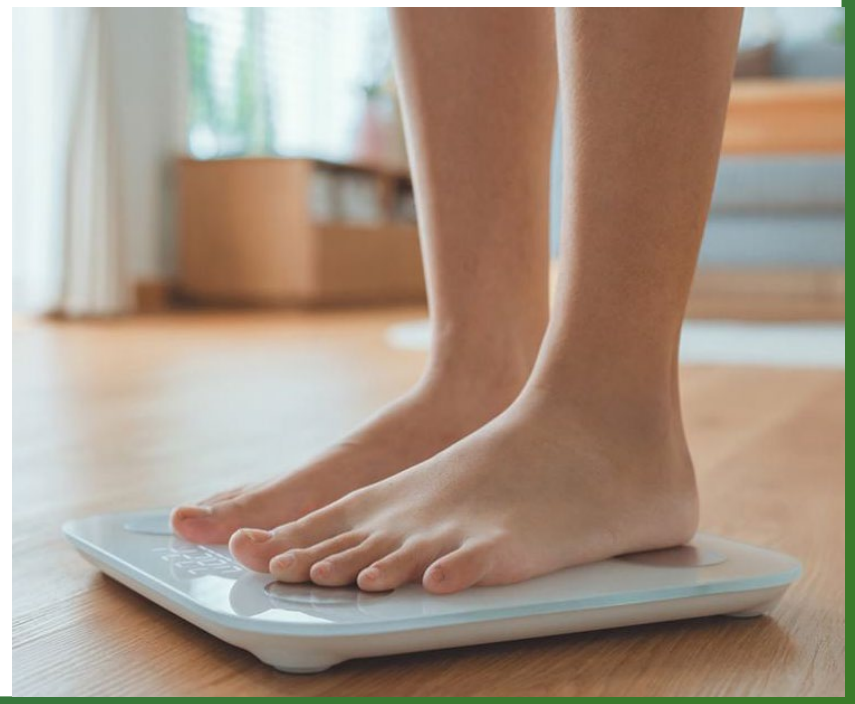
“Let's talk about what is known about weight changes with the methods you're considering.”

Myth #2: Let's Address Weight Gain

- Progestin-only contraception, such as the mini pill, delivers progestogen to the body to prevent pregnancy.
- Research has found limited evidence of significant change in weight while using progestogen-only contraceptives.
- In studies, most women gained less than 4.4lb (2kg) within 6-to-12 months of beginning progestogen-only contraception, so any weight gain patients might experience from birth control is unlikely to be dramatic

- **Water retention**
  - Synthetic progestogen has been linked with water retention

- **Increased appetite**
  - Associated with depo provera ®



Myth #3

"You need to take a break from birth control."

Misconception	Fact
People need to stop hormonal contraception periodically to "give their body a break."	There is generally no medical requirement to take routine breaks from hormonal contraception solely for this reason. Some patients may choose to stop or change methods because of: • Side effects • Changing reproductive goals • Personal preferences • Medical considerations

Key Point: *Contraceptive decisions should be individualized*

Myth #4

"Birth control protects against STIs."

Misconception	Fact
All contraceptive methods protect against sexually transmitted infections.	Most contraceptive methods prevent pregnancy but do not protect against STI (e.g., pills, IUDs, implants, patches, rings, injections, etc.) External and internal condoms can help reduce the risk of many STIs **when used correctly and consistently**.

Key Point: *Pregnancy prevention and STI prevention are related but different goals.*

Myth #5

"Emergency contraception causes an abortion."

Misconception	Fact
Emergency contraception ends an established pregnancy.	Emergency contraception is used to **prevent pregnancy after unprotected sex** or **contraceptive failure**. Emergency contraception options include: • Emergency contraceptive pills (Levonorgestrel pills e.g. Plan B One-Step, Ulipristal acetate e.g. Ella) • Copper IUD in appropriate circumstances

Important Distinction: *Emergency contraception is different from medication used to end an established pregnancy.*

Myth #5: Emergency Contraception Examples





Myth #6



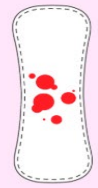
“You can’t get pregnant while breastfeeding.”

Misconception	Fact
Breastfeeding automatically prevents pregnancy.	Breastfeeding can temporarily reduce fertility under specific circumstances, but it is not universally effective contraception. The lactational amenorrhea method (LAM) has specific requirements involving: • Exclusive or nearly exclusive breastfeeding • Menstrual status • The age of the infant (< 6 months) • Patients who do not meet the criteria should use another contraceptive method if they want to prevent pregnancy.

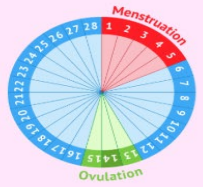
Myth #7

"The only benefit from birth control is to prevent pregnancy."

Misconception	Fact
Only benefit is to prevent pregnancy.	• Birth control can help with heavy or painful menses. It can help with lighter and less painful periods. • Birth control can reduce acne by balancing the hormones that cause acne. • PCOS –can help manage symptoms • Endometriosis – can help pain. • Ease symptoms of premenstrual symptoms (PMS)



Reduce bleeding



Regulate the menstrual cycle



Reduce the risk of PID



Decrease acne

Myth #8



“Withdrawal ‘pull-out’ method is completely effective.”

Misconception	Fact
The withdrawal method is effective against pregnancy.	The withdrawal is one of the least effective method of birth control Pre-ejaculate emitted by penis prior to ejaculation normally contains sperm cells which could compromise this method of birth control Some men cannot tell when they are about to ejaculate. Some men ejaculate too quickly. Some men say they will pull out , and don’t. Some men lack self control **Failure rate is 16-20%**

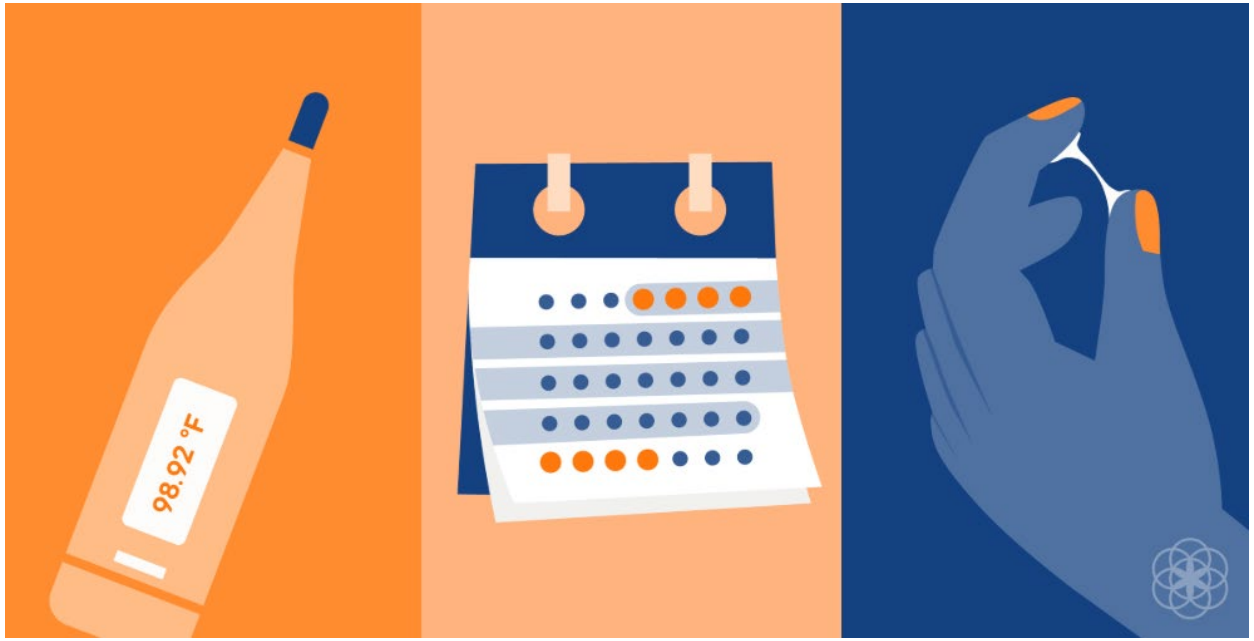
Myth #9

“Natural methods never work.”

Misconception	Fact
Fertility-awareness-based methods are always ineffective.	Fertility-awareness methods can be effective when used correctly, but effectiveness varies among methods and depends heavily on correct and consistent use. Patients should receive accurate instruction and understand: • Fertile-window tracking • Typical versus perfect use • Factors that can make tracking more difficult

Myth #9: Supporting Facts

- Only applicable with regular cycles
- Fertile period is not only on day 14, it could vary
- Semen travel at 28 miles per hour. It takes only 5 minutes to reach the cervix. Perineal washing does not effectively cleanse the vagina of semen



Myth #10

“You can’t get pregnant the first time you have sex.”

Misconception	Fact
You can’t get pregnant the first time you have sex.	The reproductive system responds to sperm meeting an egg, not to whether it is your first time having intercourse If intercourse happens near your fertile window or ovulation day, pregnancy can occur immediately Sperm can live inside the female reproductive tract for **up to 5 days**, meaning pregnancy can happen even if ovulation occurs days after intercourse.

Key Point: *No single contraceptive method is right for everyone.*

No contraceptive method is perfect but many are more than 99% effective with correct use.

How to Talk About Contraception Myths

When a patient shares misinformation…

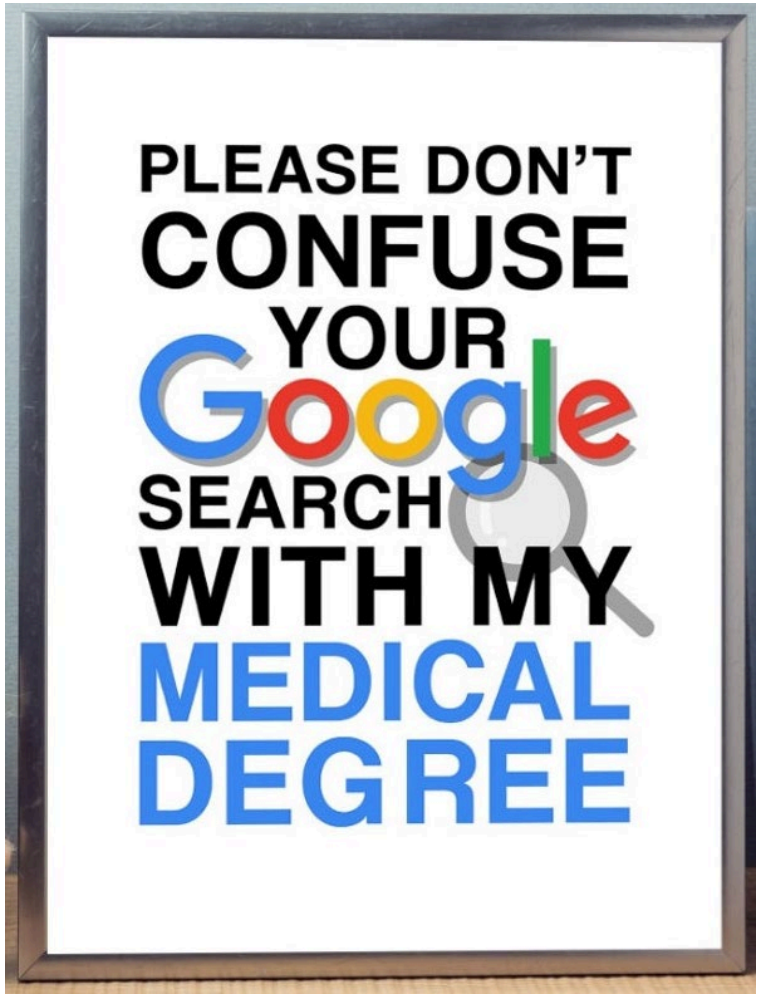
1. Listen
Allow the patient to explain their concern.

2. Avoid judgment
Do not shame or dismiss the question.

3. Clarify
Ask what they have heard and where the information came from.

4. Correct gently
Provide accurate, evidence-based information.

5. Check understanding
Use teach-back: "*Can you tell me what you understand about how this method works?*"



Wrap-Up

Key Takeaways

Remember:

- Contraceptive myths are common.
- Patients may receive information from family, friends, social media, or other sources.
- Fear and misinformation can affect contraceptive choices.
- Accurate information should be presented clearly and without judgment.
- Benefits, risks, effectiveness, and alternatives should all be discussed.
- Patients should be supported in making their own informed decisions.

Good contraceptive counseling replaces fear and misinformation with accurate information, respect, and patient choice.

THANK YOU!

ANY QUESTIONS

