

# You Can Do It!



**Getting on The Pill at MIT**

A publication by the Student Health Advisory Committee

## Purpose

Getting questions answered and finding birth control at MIT can be easy...if you know how to go about it. What can you do to get your questions on birth control and STI prevention answered? How can you get personalized information confidentially? This booklet is an A-Z guide on finding a PCP at MIT Medical and getting on the pill, all the while maintaining your confidentiality.

## Sources

Brown University Health Education. "Birth Control Pills (BCPs)." <[http://www.brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/sexual\\_health/ssc/bcps.htm](http://www.brown.edu/Student_Services/Health_Services/Health_Education/sexual_health/ssc/bcps.htm)>

Epigee Women's Health. "Oral Contraceptives." <<http://www.epigee.org/guide/pill.html>>

Feminist Women's Health Center. "The Pill- Oral Contraceptive." <<http://www.birth-control-comparison.info/thepill.htm>>

Mayo Clinic. "Birth Control Pill FAQ: Benefits, risks and choices" <<http://www.mayoclinic.com/health/birth-control-pill/WO00098>>

National Women's Health Resource Center. "Birth Control Pills." <<http://www.healthywomen.org/healthtopics/birthcontrolpills>>

Nemour's Foundation. "Birth Control: Birth Control Pill." <[http://www.kidshealth.org/teen/sexual\\_health/contraception/contraception\\_birth.html](http://www.kidshealth.org/teen/sexual_health/contraception/contraception_birth.html)>

Organon. "Missed Pill." <[http://www.contraception.net/emergency\\_cont/missed\\_pill.asp](http://www.contraception.net/emergency_cont/missed_pill.asp)>

**Phone directory:**

Routine GYN care (Paps, birth control, STD testing)	(617) 258-5384
MIT Medical Gynecology	(617) 253-1315
Medical issues/questions	(617) 253-4481
Student Insurance	(617) 253-5979
MIT Medical billing issues	(617) 258-5336
MIT Pharmacy	(617) 253-1324
<b>Nearby pharmacies</b>	
<i>CVS pharmacy (Cambridge St., Cambridge)</i>	(617) 354-4130
<i>CVS pharmacy (Newbury St., Boston)</i>	(617) 236-2210
<i>Inman pharmacy (Cambridge)</i>	(617) 876-4868
<i>Walgreens pharmacy (Boylston St., Boston)</i>	(617) 236-1692
<i>Kendall Drugs (Cambridge)</i>	(617) 876-1221
<i>Rite Aid pharmacies (Service Rd., Boston)</i>	(617) 287-9301

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## How to find a PCP at MIT Medical

The purpose of a prietary care provider is to determine your health care needs, perform routine physical exams, and help you decide on the most appropriate services or course of treatment. At MIT Medical, physicians and nurse practitioners are available from a variety of specialties.

To register for one online, simply fill out a Personal Clinician Choice form at

<http://web.mit.edu/medical/g-choosingform.html>

or call

617-253-4481

A list of clinical staff open to accepting new patients is available at

<http://web.mit.edu/medical/g-choosing.html>

(Note: list is organized by category of care)

\*Be aware that some of these clinicians are available on certain weekdays only. You may want to check their typical availabilities before deciding on a PCP.\*

If you already have a PCP at MIT Medical, you can call his/her office directly to make an appointment or go to “Patient on-line” and request an appointment. Depending on availability, the appointment may be made with your PCP, another physician, or a nurse practitioner.

## Financial Confidentiality

### FAQs

- 1) If I’m not under student insurance, and I start seeing a MIT Medical clinician, will my visits cost money? Will it be billed to my bursar account?  
No, you don’t have to pay in order to see a MIT Medical clinician.
- 2) If I buy the Pill through my outside insurance, will the bill be sent to my parents?  
Yes, if the insurance is under your parent’s name, a bill will be sent to your parents.
- 3) Will I be billed for the tests from my first visit? (eg. Pap smear, HIV)  
Preliminary testing, such as for HPV or HIV, will not be billed to your bursar account.

For any further questions, call the billing office: (617) 258-5336.

4) How much does it cost?

The pill usually costs between \$20 and \$50 a month, depending on the type. Many health and family planning clinics (such as Planned Parenthood) sell birth control pills for less. In addition, birth control pills and clinician visits are covered by many health insurance plans.

5) Will the Pill make it harder for me to get pregnant in the future?

There is no scientific evidence to support this claim. Studies have cited women who have been on the pill for 12 years and who were still able to get pregnant later.

Women who had regular menstrual cycles before starting the pill return to having regular menstrual cycles when they stop the pill. Women who had irregular menstrual cycles before starting the pill usually return to having irregular menstrual cycles.

**An alternative way to get on the pill**

If you are a regular patient in gynecology, you can call to schedule an appointment with the GYN RN. He/she will ask you a series of background questions to determine if you are eligible to use the pill. If the RN determines you need to be seen by a clinician before starting the pill, you will be able to make an appointment to be seen by a nurse practitioner in Internal Medicine or Gynecology.

**The First Visit**

*What to expect*

A physician or a nurse practitioner must prescribe the pill. He or she will do a complete physical exam, which most often will include a pelvic exam. Depending upon whether you've been sexually active in the past, your PCP will probably ask you to undergo a series of tests. Some common tests include a Pap smear (test for cervical cancer) and tests for HIV and other STI's. These tests are covered for all students under the basic insurance plan at MIT Medical even if you don't have student extended insurance. HIV testing is free as long as the laboratory work is conducted at MIT Medical's facility.

The physician or nurse practitioner will often prescribe three months worth of pills. The physician or nurse practitioner will usually ask the patient to return in 1-3 months for a follow up visit and to check blood pressure. If there are no problems and the patient wants to continue to use the Pill, the physician or nurse practitioner will probably write another prescription for 6 to 12 months.

After that, women who are sexually active should get routine exams annually, or as recommended by their clinician.

## The Pill

### How does it work?

There are currently two types of birth control pills – combination (estrogen and progesterone) and progesterone-only. Combination pills work by releasing estrogen and progesterone hormones into the body. These hormones are synthetic versions of two naturally occurring female hormones. They prevent ovulation and thus, also prevent fertilization. The pill further helps to prevent fertilization by thickening the mucosal lining of the cervix, making it harder for sperm to enter the uterus. The Pill can also change the lining of the uterus, such that it is more difficult for the egg to attach to the uterine wall.

The progesterone-only pill, also known as the “mini-pill,” also thickens the cervical mucus to make it harder for sperm to reach and fertilize the egg. And like the combination pill, it also prevents ovulation.

## FAQ

1) What are some advantages to the pill compared to other forms of birth control?

- decreased menstrual blood loss
- decreased menstrual cramps and pain
- more regular menstruation cycles

2) What should you do if you missed a pill?

Follow the directions on the insert packaged with the pill.

3) How long do women stay on the pill for?

There's no specific number of years that you can take birth control pills. You can take them for as long as you need birth control — provided that you don't have an underlying medical condition that makes it inadvisable to use birth control pills, such as a blood clotting disorder or uncontrolled high blood pressure.

Years ago, it was thought that prolonged use of birth control pills would interfere with a woman's subsequent ability to conceive a pregnancy after stopping the pill. But this has been shown to be false.

pressure, heart or vascular disease, or blood cholesterol or triglyceride abnormalities are at a higher risk of developing side effects and the Pill would most often not be recommended.

-If you are not sure if you have any of the above health problems, speak with your PCP before you start taking the pill.

### Recognizing Danger Signs

As with any other medications and drugs, it is important and safe to be aware of the danger signs associated with taking the drug.

ACHES is a good acronym for remembering the danger signs of the pill.

- A** -for severe abdominal pain
- C** -for severe chest pain or shortness of breath
- H** -for severe throbbing headache
- E** -for eye problems, such as flashing lights or vision disturbance
- S** -for severe leg pains

### How to take the Pill

#### *Combination Pill*

Most combination pills come in 21 or 28 day packs.

**28 day packs: 3 weeks active hormone pills  
1 week placebo pills**

**21 day packs: 3 weeks active hormone pills**

Take one hormone pill every day at about the same time for 21 days. Then, depending upon whether you are on the 21 or 28 day pack, stop taking the pill for 7 days or take the placebo pills (contain no hormones) for the next 7 days respectively. During the week that you stop taking pills containing hormones, you will get your period. Some women prefer the 28 day pack because it keeps them in the habit of taking a pill every day.

Another type of combination pill decreases the frequency that a woman gets her period. If she takes the pill for 12 weeks, she gets her period once every 3 months, instead of once every month.

### How to Start

#### Sunday start

Take the first pill the Sunday following the start of your period. For example, if you started your period on Monday, Tuesday, Wednesday, Thursday, Friday, or Saturday, take the first pill that Sunday. If you get your period on Sunday, start taking the pill that day.

**OR**

#### First day of period start

Take the first pill within the first 24 hours of getting your period.

Note: During the first pack of pills, you will get two periods; one during the first week and one during the fourth week.

After the first pack, you will get your period once per pack, during the week of placebo pills.

The pill is 98-99% effective for women who take the pill as directed. **The pill does not protect you against Sexually Transmitted Infections (STIs). To protect against STIs, condoms should be used.**

## Side Effects

\*Spotting or Bleeding: There may be some spotting or bleeding in between periods. Approximately 1 in 5 women on the pill report such side effects. If symptoms do not stop after the first 3 months on the pill, contact your physician.

\*Nausea: During the first few cycles, some women experience nausea after taking the pill. In most cases, this symptom disappears by the third month of use. If this continues after the first few months, try taking the pill before going to bed.

\*Bloating: Some women report feeling bloated after taking the pill. This is a common side effect for any oral contraceptive and may be relieved by the onset of menstruation. This symptom is often temporary.

Other possible side effects:

- Irregular menstrual bleeding
- Weight gain
- Headaches
- Dizziness
- Breast tenderness
- Mood swings
- Blood clots (rarely happens to non-smoking women under the age of 35)
- Higher risk of stroke or heart attacks
- Gall bladder disease
- Increased blood pressure
- Rare liver tumor

## Other Notes:

-Smoking may increase a woman's susceptibility for certain side effects. Cessation of smoking when on the Pill is highly recommended.

-Some studies have found that the pill improves acne and protect against certain forms of breast disease, anemia, ovarian cysts, ovarian cancer, and endometrial cancer.

-Women who are over 35 years of age, smoke regularly, have health problems such as diabetes, high blood