Birth Control’s Long-Term Effects: What a Doctor Wants You to Know Transcript

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Introduction to contraception concerns

If this were your 19-year-old daughter, If this were your 19-year-old daughter, would you knowingly give her a drug that would you knowingly give her a drug that chemically shuts down her reproductive chemically shuts down her reproductive system? That may sound extreme, but that system? That may sound extreme, but that is exactly what happens with medications is exactly what happens with medications commonly and incorrectly called hormonal commonly and incorrectly called hormonal contraceptives. Today, I want to talk contraceptives. Today, I want to talk about contraception from a holistic and about contraception from a holistic and integrative medical perspective. Not integrative medical perspective. Not religious, not political, just biology, religious, not political, just biology, psychology, and long-term health. I'm psychology, and long-term health. I'm Dr. Fred Bloom, and I practice Dr. Fred Bloom, and I practice integrative and holistic medicine. What integrative and holistic medicine. What shapes my perspective is simple. I don't shapes my perspective is simple. I don't just see what these medications do in just see what these medications do in the short term. I see what they do years the short term. I see what they do years later. Women come into my office with later. Women come into my office with anxiety, fatigue, infertility, and a anxiety, fatigue, infertility, and a hormone resistance. And one sentence I hormone resistance. And one sentence I hear over and over again is this, "I was hear over and over again is this, "I was fine before I went on birth control." A fine before I went on birth control." A patient recently asked me what I would patient recently asked me what I would recommend for her 19-year-old daughter.

recommend for her 19-year-old daughter.

Why the language around birth control matters

My answer surprised her. Let me explain My answer surprised her. Let me explain why. Before we talk about contraception why. Before we talk about contraception options, we need to fix the language.

options, we need to fix the language. Oral contraceptives are often called Oral contraceptives are often called hormonal contraceptives. hormonal contraceptives.

That term is medically misleading. These That term is medically misleading. These medications contain no human hormones at medications contain no human hormones at all.

all. all. They contain synthetic They contain synthetic hormone-disrupting chemicals, foreign hormone-disrupting chemicals, foreign compounds designed to override, compounds designed to override, suppress, and block normal endocrine suppress, and block normal endocrine signaling. They're not bioidentical, signaling. They're not bioidentical, they're not physiologic, and they do not they're not physiologic, and they do not support natural hormone rhythms.

support natural hormone rhythms. Instead, they shut down the body's own Instead, they shut down the body's own hormone production. These chemicals hormone production. These chemicals suppress ovulation, shut down the suppress ovulation, shut down the hypothalamic-pituitary-ovarian hypothalamic-pituitary-ovarian hypothalamic-pituitary-ovarian axis, reduce estrogen, progesterone, and axis, reduce estrogen, progesterone, and testosterone signaling, and alter testosterone signaling, and alter cortisol, thyroid, and insulin pathways.

cortisol, thyroid, and insulin pathways.

How hormonal contraceptives affect the body

From a physiologic standpoint, this is From a physiologic standpoint, this is best described as temporary chemical best described as temporary chemical castration. That term is intentionally castration. That term is intentionally uncomfortable. In most cases, it does uncomfortable. In most cases, it does not mean permanent sterility. It means

not mean permanent sterility. It means intentional chemical suppression of intentional chemical suppression of reproductive function. That is biology, reproductive function. That is biology, not ideology. A 19-year-old woman is not ideology. A 19-year-old woman is still developing.

still developing. The brain, especially areas responsible The brain, especially areas responsible for judgment, impulse control, and for judgment, impulse control, and emotional regulation, continues emotional regulation, continues developing into the mid-20s. At the same developing into the mid-20s. At the same time, the endocrine system is still time, the endocrine system is still establishing lifelong signaling establishing lifelong signaling patterns. Introducing hormone-disrupting patterns. Introducing hormone-disrupting chemicals during this window can have chemicals during this window can have lasting effects.

lasting effects.

Developmental risks for young women

These drugs can alter baseline hormone These drugs can alter baseline hormone set points, affect mood and anxiety set points, affect mood and anxiety regulation, reduce libido and sexual regulation, reduce libido and sexual responsiveness, and disrupt future responsiveness, and disrupt future fertility signaling.

fertility signaling. Often subtly at first, Often subtly at first, often showing up years later. Women often showing up years later. Women don't come in saying, "This is because don't come in saying, "This is because of birth control." They say their of birth control." They say their anxiety started in college. Their libido anxiety started in college. Their libido never came back. They stopped ovulating.

never came back. They stopped ovulating. They can't get pregnant. Or their They can't get pregnant. Or their hormones don't respond anymore. hormones don't respond anymore.

And very often, the timeline includes And very often, the timeline includes years of chemical hormone suppression years of chemical hormone suppression early in adulthood. Not always, but early in adulthood.

Long-term effects on mood, fertility, and attachment

Not always, but often enough that ignoring it is often enough that ignoring it is irresponsible. There's another piece we irresponsible. There's another piece we rarely talk about. Sexual intimacy rarely talk about. Sexual intimacy releases oxytocin, which promotes releases oxytocin, which promotes emotional bonding and trust. It also emotional bonding and trust. It also releases dopamine, which reinforces releases dopamine, which reinforces pleasure and reward-based learning, and pleasure and reward-based learning, and vasopressin, which contributes to vasopressin, which contributes to long-term attachment.

long-term attachment. In young women especially, repeated In young women especially, repeated sexual intimacy can wire emotional sexual intimacy can wire emotional attachment before emotional maturity is attachment before emotional maturity is fully developed. When intimacy occurs fully developed. When intimacy occurs without safety, stability, and genuine without safety, stability, and genuine commitment, it can strengthen attachment commitment, it can strengthen attachment to unhealthy partners, make it harder to to unhealthy partners, make it harder to leave unsafe relationships, and blur leave unsafe relationships, and blur chemistry with real connection. This is chemistry with real connection. This is not religion. This is neurobiology.

not religion. This is neurobiology. Pregnancy prevention dominates the Pregnancy prevention dominates the conversation, but it is not the only conversation, but it is not the only risk that matters. Barrier methods risk that matters. Barrier methods reduce STD risk, but they do not reduce STD risk, but they do not eliminate it. Protection is not 100% eliminate it.

Barrier methods and social dynamics

Protection is not 100% breakage, breakage, breakage, slippage, inconsistent use, and slippage, inconsistent use, and skin-to-skin transmission all matter.

skin-to-skin transmission all matter. When pregnancy risk is chemically When pregnancy risk is chemically removed, social dynamics can shift. Some removed, social dynamics can shift. Some women feel pressured to engage sexually.

women feel pressured to engage sexually. Boundaries can erode. Power imbalances Boundaries can erode. Power imbalances can emerge. can emerge. So, what do I actually recommend? My So, what do I actually recommend? My priorities are preserving endocrine priorities are preserving endocrine health, health, health, minimizing long-term harm, and minimizing long-term harm, and supporting emotional and physical supporting emotional and physical safety. From a medical standpoint, safety. From a medical standpoint, abstinence carries zero pregnancy risk, abstinence carries zero pregnancy risk, zero STD risk, and zero hormonal zero STD risk, and zero hormonal disruption. It remains the lowest risk disruption.

Medical alternatives and informed consent

It remains the lowest risk option. If a young woman chooses to be option. If a young woman chooses to be sexually active, I would recommend sexually active, I would recommend barrier methods: condoms, diaphragms, or barrier methods: condoms, diaphragms, or the FemCap. They avoid hormone the FemCap. They avoid hormone disruption, preserve natural cycles, disruption, preserve natural cycles, offer partial STD protection, and are offer partial STD protection, and are immediately reversible. They're not immediately reversible. They're not perfect, but they respect physiology. We perfect, but they respect physiology. We also need to talk about longer-acting also need to talk about longer-acting devices because they are often presented devices because they are often presented as set-it-and-forget-it solutions.

as set-it-and-forget-it solutions. Copper IUDs are non-hormonal, but they Copper IUDs are non-hormonal, but they can increase bleeding, cramping, can increase bleeding, cramping, inflammation, and discomfort in some inflammation, and discomfort in some women. IUDs that release women. IUDs that release hormone-disrupting chemicals, such as hormone-disrupting chemicals, such as Mirena, cause lower systemic exposure Mirena, cause lower systemic exposure than oral contraceptives, but they still than oral contraceptives, but they still suppress normal hormone signaling. They suppress normal hormone signaling. They are still associated with mood changes, are still associated with mood changes, reduced libido, anxiety, and many other reduced libido, anxiety, and many other side effects in some women. Implantable side effects in some women. Implantable arm devices like Nexplanon continuously arm devices like Nexplanon continuously release hormone-disrupting chemicals.

release hormone-disrupting chemicals. They strongly suppress ovulation. They They strongly suppress ovulation. They are frequently associated with mood are frequently associated with mood changes, anxiety, depression, weight changes, anxiety, depression, weight gain, irregular bleeding, reduced gain, irregular bleeding, reduced libido, and many other side effects as libido, and many other side effects as well. These devices are not benign. They well. These devices are not benign. They may be appropriate in select cases, but may be appropriate in select cases, but they require real informed consent they require real informed consent before any young woman starts before any young woman starts what is actually happening. These drugs what is actually happening. These drugs contain no human hormones. They suppress contain no human hormones. They suppress ovulation and shut down normal endocrine ovulation and shut down normal endocrine signaling. They can affect mood, libido, signaling. They can affect mood, libido, anxiety, attachment patterns, fertility anxiety, attachment patterns, fertility recovery, and long-term hormone recovery, and long-term hormone responsiveness. Copper IUDs may increase responsiveness. Copper IUDs may increase pain and bleeding. Mirena-type IUDs may pain and bleeding. Mirena-type IUDs may still cause systemic effects. Implants still cause systemic effects.

Final warning on synthetic hormones

Implants like Nexplanon carry significant like Nexplanon carry significant neurohormonal risks. Declining, neurohormonal risks. Declining, delaying, or discontinuing contraception delaying, or discontinuing contraception is a legitimate medical choice.

is a legitimate medical choice. Protecting natural hormone function is Protecting natural hormone function is not irresponsible. It is informed. That not irresponsible. It is informed. That is what true informed consent looks is what true informed consent looks like. Not persuasion, not fear, just like. Not persuasion, not fear, just clarity.

clarity. clarity. The real question is not what's easiest. The real question is not what's easiest. The real question is what best protects The real question is what best protects her long-term biology, emotional health, her long-term biology, emotional health, and future fertility. Synthetic and future fertility. Synthetic hormone-disrupting chemicals may prevent hormone-disrupting chemicals may prevent pregnancy, but they also silence normal pregnancy, but they also silence normal hormonal communication during a critical hormonal communication during a critical developmental period. That deserves developmental period. That deserves honesty before the prescription, not honesty before the prescription, not after the consequences.

after the consequences. If you're a parent, a young woman, or a If you're a parent, a young woman, or a clinician, clinician, clinician, were you ever told these drugs contain were you ever told these drugs contain no actual hormones? Were you told they no actual hormones? Were you told they function through chemical castration?

function through chemical castration? Would that knowledge have changed your Would that knowledge have changed your choices? Let's talk about it in the choices? Let's talk about it in the comments.