



Myths & Facts about Birth Control while on Gender-Affirming Hormone Therapy

Gender-affirming hormone therapy is a medical process that can help some people better align their physical traits with their gender identity. It involves taking hormones like testosterone, estrogen and/or antiandrogens to develop features that are typically considered more masculine or feminine. While gender-affirming hormone therapy can change a lot about your body, it **does not work as birth control**. There are many myths about gender-affirming hormone therapy and pregnancy.



Let's clear them up.

MYTH

Emergency contraception (like the morning-after pill and copper IUD) does not work if you are on gender-affirming hormone therapy.

FACT



Emergency contraception is still effective for people on gender-affirming hormone therapy. Timing matters: take it as soon as possible after unprotected sex or protection failure (e.g., a condom breaks). Your pharmacist can help you determine if you need it and prescribe it to you.

MYTH

If you don't get your period, you can't get pregnant.

FACT

Taking testosterone often stops or changes your periods, but you can still ovulate (release eggs). This means that you can become pregnant if you are engaging in sexual activity that can result in pregnancy.

Be aware that if you are wanting to become pregnant or to continue a current pregnancy, testosterone can harm a developing fetus and potentially result in miscarriage or stillbirth.

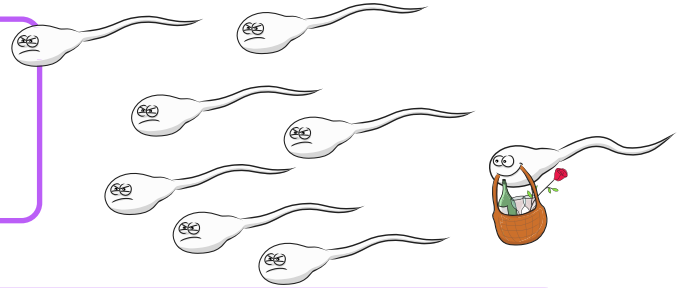




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MYTH

Gender-affirming hormone therapy for people who produce sperm makes them completely and reliably infertile.



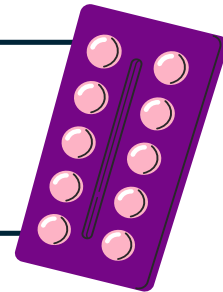
FACT

While gender-affirming hormone therapy with estrogen and/or antiandrogens lowers fertility, it doesn't guarantee infertility. Pregnancy is still possible if you engage in sexual activity that could result in pregnancy. Make sure to discuss reliable birth control options with your sexual partner beforehand if you wish to prevent pregnancy.



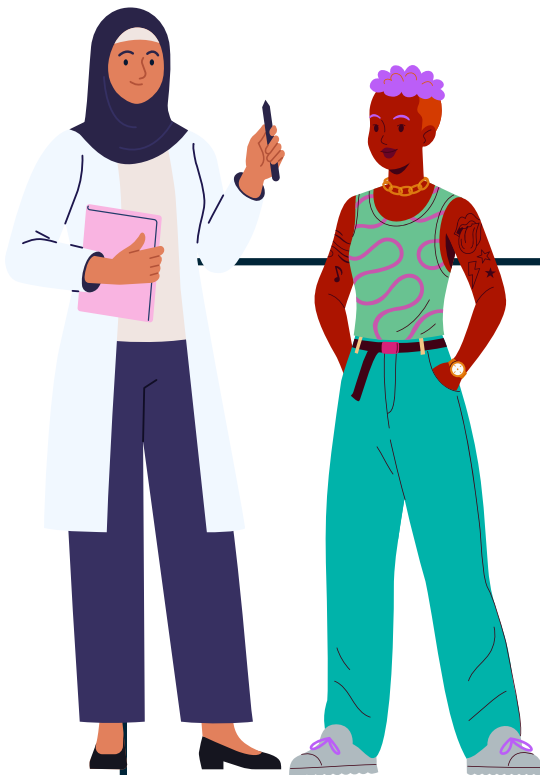
MYTH

You can't use hormonal birth control (like the pill) while on testosterone therapy.



FACT

You can. Testosterone does not make birth control less effective. While combined oral contraceptive pills do contain estrogen, the amount is generally low enough that it does not cause significant feminizing effects and does not counteract the masculinizing effects of testosterone. That said, some transmasculine individuals may still wish to avoid its use. Health-care providers can recommend nonhormonal contraception (e.g., copper IUD or condoms) or progesterone-based contraception (e.g., progestin-only pill, IUD, shots, implants), if desired.



Talk to your health-care provider about what would work best for you.

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MYTH

Gender-affirming hormone therapy alone works reliably as birth control.

FACT

It doesn't. Taking estrogen or testosterone does not reliably prevent pregnancy, regardless of how long you have been taking it. If you do not want a pregnancy, you still need to use birth control. Talk to your health-care provider about the options that are right for you. Some options include condoms, IUDs, pills, shots and implants.



MYTH

If you're on gender-affirming hormone therapy, you don't need protection from sexually transmitted infections (STIs).

FACT

Hormones do not protect against STIs. Condoms, vaccinations (e.g., HPV, hepatitis), good communication and regular STI testing are still important for sexual health.

Remember: Gender-affirming hormone therapy does not prevent pregnancy or STIs.

Talk to your health-care provider about birth control and sexual health options that are best for you.

References:

1. Rainbow Health Ontario. (November 2023). *Guidelines for gender-affirming primary care with trans and non-binary patients* [PDF file]. Available from: www.rainbowhealthontario.ca/wp-content/uploads/2021/09/Guidelines-FINAL-4TH-EDITION-With-2023-Updates.pdf.
2. Bonnington A, Dianat S, Kerns J et al. Society of Family Planning clinical recommendations: contraceptive counseling for transgender and gender diverse people who were female sex assigned at birth. *Contraception* 2020;102(2):70-82.
3. Das K, Lobo VG. Reproductive health in trans and gender diverse patients: contraception considerations in transmasculine and gender diverse adolescents and young adults. *Reproduction* 2025;169(1):e240080.