

Contraceptive Choices

This leaflet gives a brief summary of the methods of contraception. A more detailed leaflet is available for each of the methods.

How effective is contraception?

All the methods of contraception listed below are effective. However no method is 100% reliable. The reliability for each method is given in percentages. For example, the contraceptive injection is more than 99% effective. This means that less than 1 woman in 100 will become pregnant each year using this method of contraception. When no contraception is used, more than 80 in 100 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. You have to use them properly or they do not work as well. For example, the combined oral contraceptive pill (COCP) - often referred to as 'the pill' - is more than 99% effective if taken correctly. However, if you miss a pill or have vomiting then it becomes less effective. Other user-dependent methods include barrier methods, the progestogen-only pill (POP) and natural family planning.

Some methods are not so user-dependent and need to be renewed only infrequently or never. These methods include the contraceptive injection, contraceptive implant, intrauterine contraceptive devices (IUCDs) - also known as 'coils' - and sterilisation.

What are the different methods of contraception?

When you choose a method of contraception you need to think about:

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- If you have a medical condition, or take medicines that interact with the method.

Combined oral contraceptive pill (COCP)

This is often just called the pill. Approximately 1 woman in 300 using the pill correctly will become pregnant each year. It contains oestrogen and progestogen and works mainly by stopping egg production (ovulation). It is very popular. Different brands suit different people.

- *Some advantages* - it is very effective. Side-effects are uncommon. It helps to ease painful and heavy periods. It reduces the chance of some cancers.
- *Some disadvantages* - there is a small risk of serious problems (eg blood clots). Some women have side-effects. You must remember to take it. It can't be used by women with certain medical conditions, such as uncontrolled high blood pressure .

Progestogen-only pill (POP)

This used to be called 'the mini-pill'. It contains just a progestogen hormone. It is commonly taken if the COCP is not suitable, such as in breast-feeding women, smokers over the age of 35 and some women with migraine. It works mainly by causing a plug of mucus in the neck of the womb (cervix) that blocks sperm. It also thins the lining of the womb, making it less likely the egg will implant. One type (Cerazette®) stops ovulation. This makes it extremely effective *if used properly*. Fewer than 1 woman in every 300 using Cerazette® will become pregnant each year. The older type of POP is not quite as effective. About 1 woman in every 200 will become pregnant.

- *Some advantages* - less risk of serious problems than the COCP.
- *Some disadvantages* - periods often become irregular. Some women have side-effects. Most types are not quite as reliable as the COCP.

Contraceptive patch

This contains the same hormones as the COCP, but in patch form. If used correctly, less than 1 woman in 300 will become pregnant using it. The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body. There is one combined contraceptive patch available in the UK, called Evra®.

- *Some advantages* - it is very effective and easy to use. You do not have to remember to take a pill every day. Your periods are often lighter, less painful and more regular. If you have vomiting or diarrhoea, the contraceptive patch is still effective.
- *Some disadvantages* - some women have skin irritation. Despite its discreet design, some women still feel that the contraceptive patch can be seen.

Contraceptive vaginal ring

This also contains the same hormones as the COCP. These hormones have effects on your body which prevent you becoming pregnant. It is a flexible, see through ring which is just over 5cm in diameter. It sits in your vagina for 3 weeks and then you have 1 week without it. After exactly 1 week, you put a new ring into your vagina. It is about as effective at preventing pregnancy, as the COCP.

- *Some advantages* - it is effective and easy to use. You do not have to remember to take a pill every day. If you have vomiting or diarrhoea, the contraceptive vaginal ring is still effective. Your periods are very regular.
- *Some disadvantages* - some women (and their partners) feel it during sex. It may irritate your vagina and cause soreness or discharge.

Barrier methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the uterus. If used properly, about 2 women in 100 will become pregnant. Other barrier methods are slightly less effective than this.

- *Some advantages* - there are no serious medical risks or side-effects. Condoms help protect from sexually transmitted infections. Condoms are widely available.
- *Some disadvantages* - they are not quite as reliable as other methods. They need to be used properly every time you have sex. Male condoms occasionally split or come off.

Contraceptive injections (eg Depo-Provera® and Noristerat®)

These contain a progestogen hormone which slowly releases into the body. It is very effective. Fewer than 4 women in every 1,000 using it will become pregnant after two years. It works by preventing ovulation and also has similar actions as the POP. An injection is needed every 8-12 weeks.

- *Some advantages* - it is very effective. You do not have to remember to take pills.
- *Some disadvantages* - periods may become irregular (but often lighter or stop altogether). After stopping, there may be a delay in your return to normal fertility for several months. Some women have side-effects. You cannot undo the injection, so if side-effects occur they may persist for longer than 8-12 weeks.

Contraceptive implants (eg Nexplanon®)

An implant is a small device placed under the skin. It contains a progestogen hormone which slowly releases into the body. Less than 1 woman in 1,000 using the implant will become pregnant each year. It works in a similar way to the contraceptive injection. It involves a small minor operation using local anaesthetic. Each one lasts three years.

- *Some advantages* - it is very effective. You do not have to remember to take pills.

- *Some disadvantages* - periods may become irregular (but often lighter or stop all together). Some women develop side-effects but these tend to settle after the first few months.

Intrauterine contraceptive device (IUCD)

A plastic and copper device is put into the womb. It lasts for five or more years. Fewer than 2 women in 100 will become pregnant with five years of use of this method. It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the uterus. The copper also has a spermicidal effect (kills sperm).

- *Some advantages* - it is very effective. You do not have to remember to take pills.
- *Some disadvantages* - your periods may become heavier or more painful. There is a small risk of serious problems.

Hormone-releasing intrauterine system (IUS)

A plastic device that contains a progestogen hormone is put into the uterus. The progestogen is released at a slow but constant rate. Fewer than 1 woman in 100 will become pregnant with 5 years use of this method. It works by making the lining of your womb thinner so it is less likely to accept a fertilised egg. Also thickens the mucus from the neck of your womb. Is also used to treat heavy periods (menorrhagia).

- *Some advantages* - it is very effective. You do not have to remember to take pills. Periods become light or stop altogether.
- *Some disadvantages* - side-effects may occur as with other progestogen methods such as the POP, implant and injection. However, they are much less likely, as little hormone gets into the bloodstream.

Natural methods

This involves fertility awareness. Between 1 and 9 women per 100 will become pregnant using this method. It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions.

- *Some advantages* - no side-effects or medical risks.
- *Some disadvantages* - it is not as reliable as other methods. Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.

The lactation amenorrhoea method is suitable for the first six months after having a baby, if you are only breast-feeding and do not have a period. 2 women in 100 will conceive during that six months using this method.

Sterilisation

This involves an operation. It is very effective but this can vary from surgeon to surgeon. Vasectomy (male sterilisation) stops sperm travelling from the testes. Female sterilisation prevents the egg from travelling along the Fallopian tubes to meet a sperm. Vasectomy is easier as it can be done under local anaesthetic. These methods are often used when your family is complete. You should be sure of your decision as they are difficult to reverse.

- *Some advantages* - it is very effective. You do not have to think further about contraception.
- *Some disadvantages* - it is very difficult to reverse. Female sterilisation usually needs a general anaesthetic.

Emergency contraception

This can be used if you had sex without using contraception. Or, if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.

- *Emergency contraception pills* - are usually very effective if started within 72 hours of unprotected sex. The emergency contraception pill can be bought at pharmacies or prescribed by a doctor. It works either by preventing or postponing ovulation or by

- preventing the fertilised egg from settling in the womb.
- *An IUCD* - this is inserted by a doctor or nurse and can be used for emergency contraception up to five days after unprotected sex.

Further information

This leaflet is just a brief account of each method of contraception. All these methods have their own detailed leaflet for more information. Or you can ask your practice nurse, doctor or pharmacist if you want more detailed information about any of these methods.

The fpa (formerly the Family Planning Association) also provides information and advice. fpa's helpline: 0845 310 1334 or visit their website www.fpa.org.uk

References

- [Contraception for Women Aged Over 40 Years](#), Faculty of Sexual and Reproductive Healthcare (2010)
- [Contraceptive Choices for Young People](#), Faculty of Sexual and Reproductive Healthcare (2010)
- [Contraception - natural family planning](#), Prodigy (Sept 2007)
- [Contraception - emergency](#), Prodigy (March 2011)

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