

Birth Control Methods

What is the best method of birth control (or contraception)?

All women and men should have control over if and when they become parents. Making decisions about birth control, or contraception, is not easy – there are many things to think about. Learning about birth control methods you or your partner can use to prevent pregnancy and talking with your doctor are two good ways to get started.

There is no “best” method of birth control. Each method has its own pros and cons. Some methods work better than others do at preventing pregnancy. Researchers are always working to develop or improve birth control methods.

The birth control method you choose should take into account:

- your overall health
- how often you have sex
- the number of sexual partners you have
- if you want to have children
- how well each method works (or is effective) in preventing pregnancy
- any potential side effects
- your comfort level with using the method

Bear in mind that NO method of birth control prevents pregnancy all of the time. Birth control methods can fail, but you can greatly increase a method’s success rate by using it correctly all of the time. The only way to be sure you never get pregnant is to not have sex (abstinence).

What are the different birth control methods that I can use?

There are many methods of birth control that a woman can use. Talk with your midwife to help you figure out what method is best for you. You can always try one method and if you do not like it, you can try another one.

Keep in mind that most birth control does NOT protect you from HIV or other sexually transmitted infections (STIs) like *gonorrhea*, *herpes*, and *chlamydia*. Other than not having sex, there is no perfect protection against STIs and HIV. The female condom may give some STI protection.

Don't forget that all of the methods we talk about below work best if used correctly. Be sure you know the correct way to use them. Talk with your midwife and don't feel embarrassed about talking with her or him again if you forget or don't understand.

Know that learning how to use some birth control methods can take time and practice. You can put on a male condom "inside out." Also, you need to leave a "reservoir" or space at the tip of the condom for the sperm and fluid when a man ejaculates, or has an orgasm.

Here is a list of birth control methods with estimates of effectiveness, or how well they work in preventing pregnancy when used correctly, for each method:

- **Continuous Abstinence** – This means not having sexual intercourse (vaginal, anal, or oral intercourse) at any time. It is the only sure way to prevent pregnancy and protect against HIV and other STIs. This method is 100% effective at preventing pregnancy and STIs.
- **Periodic Abstinence or Fertility Awareness Methods** – A woman who has a regular menstrual cycle has about seven or more fertile days or days when she is able to get pregnant, each month. Periodic abstinence means you do not have sex on the days that you may be fertile. These fertile days are approximately 5 days before ovulation, the day of ovulation, and one or more days after ovulation. Fertility awareness means that you can be abstinent or have sex but you use a "barrier" method of birth control to keep sperm from getting to the egg. Barrier methods include condoms, diaphragms, or cervical caps, used together with spermicides, which kill sperm. These methods are 75 to 99% effective at preventing pregnancy.

Keep in mind that to practice these methods, you need to learn about your menstrual cycle (or how often you get your period). To learn about your cycle, keep a written record of when you get your period, what it is like (heavy or light blood flow), and how you feel (sore breasts, cramps). You also check your cervical mucus and take your basal body temperature daily, and record these in a chart. This is how you learn to predict, or tell, which days you are fertile or "unsafe." You can ask your doctor or nurse for more information on how to record and understand this information.

- **The Male Condom** – Condoms are called barrier methods of birth control because they put up a block, or barrier, which keeps the sperm from reaching the egg. Only latex or polyurethane (because some people are allergic to latex) condoms are proven to help protect against STIs, including HIV. "Natural" or "lambskin" condoms made from animal products also are available, but lambskin condoms are not recommended for STI prevention because they have tiny pores that may allow for the passage of viruses like HIV, hepatitis B and herpes. Male condoms are 84

to 98% effective at preventing pregnancy. Condoms can only be used once. You can buy them at a drug store. Condoms come lubricated (which can make sexual intercourse more comfortable and pleasurable) and non-lubricated (which can also be used for oral sex). It is best to use lubrication with non-lubricated condoms if you use them for vaginal or anal sex. You can use KY jelly or water-based lubricants, which you can buy at a drug store. Oil-based lubricants like massage oils, baby oil, lotions, or petroleum jelly will weaken the condom, causing it to tear or break. Always keep condoms in a cool, dry place. If you keep them in a hot place (like a billfold, wallet, or glove compartment), the latex breaks down, causing the condom to tear or break.

- **Oral Contraceptives** – Also called “the pill,” contains the hormones estrogen and progestin and is available in different hormone dosages. A pill is taken daily to block the release of eggs from the ovaries. Oral contraceptives lighten the flow of your period and can reduce the risk of pelvic inflammatory disease (PID), ovarian cancer, [benign](#) ovarian cysts, endometrial cancer, and iron deficiency [anemia](#). It does not protect against STIs or HIV. The pill may add to your risk of heart disease, including high blood pressure, blood clots, and blockage of the arteries, especially if you smoke. If you are over age 35 and smoke, or have a history of blood clots or breast, liver, or endometrial cancer, your doctor may advise you not to take the pill. The pill is 95 to 99.9% effective at preventing pregnancy. Some antibiotics may reduce the effectiveness of the pill in some women. Talk to your doctor or nurse about a back-up method of birth control if she or he prescribes antibiotics.

Most oral contraceptives are swallowed in a pill form. One brand, called Ovcon 35, can either be swallowed or chewed. If it is chewed, you must drink a full glass of liquid immediately after to make sure you get the full dose of medication. There are also extended cycle pills, brand name Seasonale, which have 12 weeks of pills that contain hormones (active) and 1 week of pills that don't contain hormones (inactive). While taking Seasonale, women only have their period 4 times a year when they are taking the inactive pills. There are many different types of oral contraceptives available, and it is important to talk to your doctor or nurse about which one is best for you. You will need a prescription for oral contraceptives.

- **The Mini-Pill** – Unlike the pill, the mini-pill only has one hormone, progestin, instead of both estrogen and progestin. Taken daily, the mini-pill thickens cervical mucus to prevent sperm from reaching the egg. It also prevents a fertilized egg from implanting in the uterus (womb). The mini-pill also can decrease the flow of your period and protect against PID and ovarian and endometrial cancer. Mothers who breastfeed can use it because it will not affect their milk supply. The mini-pill is a good option for women who can't take estrogen, are over 35, or have a risk of blood clots. The mini-pill does not protect against STIs or HIV. Mini-pills are 92 to

99.9% effective at preventing pregnancy if used correctly. The mini-pill needs to be taken at the same time each day. A back-up method of birth control is needed if you take the pill more than three hours late. Some antibiotics may reduce the effectiveness of the pill in some women. Talk to your doctor or nurse about a back-up method of birth control if she or he prescribes antibiotics. You will need to visit your doctor for a prescription and to make sure you are not having problems.

- **Copper T IUD (Intrauterine Device)** – An IUD is a small device that is shaped in the form of a “T.” Your health care provider places it inside the uterus. The arms of the Copper T IUD contain some copper, which stops fertilization by preventing sperm from making their way up through the uterus into the fallopian tubes. If fertilization does occur, the IUD would prevent the fertilized egg from implanting in the lining of the uterus. The Copper T IUD can stay in your uterus for up to 12 years. It does not protect against STIs or HIV. This IUD is 99% effective at preventing pregnancy. You will need to visit your doctor to have it inserted and to make sure you are not having any problems. Not all doctors insert IUDs so check first before making your appointment.
- **Intrauterine System or IUS (Mirena)** – The IUS is a small T-shaped device like the IUD and is placed inside the uterus by a doctor. Each day, it releases a small amount of a hormone similar to progesterone called levonorgestrel that causes the cervical mucus to thicken so sperm cannot reach the egg. The IUS stays in your uterus for up to five years. It does not protect against STIs or HIV. The IUS is 99% effective. The Food and Drug Administration approved this method in December 2000. You will need to visit your doctor to have it inserted and to make sure you are not having any problems. Not all doctors insert the IUS so check first before making your appointment.
- **The Female Condom** – Worn by the woman, this barrier method keeps sperm from getting into her body. It is made of polyurethane, is packaged with a lubricant, and may protect against STIs, including HIV. It can be inserted up to 24 hours prior to sexual intercourse. Female condoms are 79 to 95% effective at preventing pregnancy. There is only one kind of female condom, called Reality, and it can be purchased at a drug store.
- **Depo-Provera** – With this method women get injections, or shots, of the hormone progestin in the buttocks or arm every 3 months. It does not protect against STIs or HIV. Women should not use Depo-Provera for more than 2 years in a row because it can cause a temporary loss of bone density that increases the longer this method is used. The bone does start to grow after this method is stopped, but it may increase the risk of fracture and osteoporosis if used for a long time. It is 97% effective at preventing pregnancy. You will need to visit your doctor for the shots and to make sure you are not having any problems.

- Diaphragm, Cervical Cap or Femcap** – These are barrier methods of birth control, where the sperm are blocked from entering the cervix and reaching the egg. The diaphragm is shaped like a shallow latex cup. The cervical cap is a thimble-shaped latex cup. The cervical shield is a silicone cup that has a one-way valve that creates suction and helps it fit against the cervix. The diaphragm and cervical cap come in different sizes and you need a doctor to “fit” you for one. The cervical shield comes in one size and you will not need a fitting. Before sexual intercourse, you use them with spermicide (to block or kill sperm) and place them up inside your vagina to cover your cervix (the opening to your womb). You can buy spermicide gel or foam at a drug store. Some women can be sensitive to an ingredient called nonoxynol-9 and need to use spermicides that do not contain it. The diaphragm is 84 to 94% effective at preventing pregnancy. The cervical cap is 84 to 91% effective at preventing pregnancy for women who have not had a child and 68 to 74% for women who have had a child. The femcap is 85-91% effective at preventing pregnancy. Barrier methods must be left in place for 4 to 6 hours after intercourse to prevent pregnancy and removed by 24 hours for the diaphragm and 48 for cap. You will need to visit your midwife for a proper fitting for the diaphragm or cervical/fem cap and for a prescription.
- Contraceptive Sponge** - This is a barrier method of birth control that was re-approved by the Food and Drug Administration in 2005. It is a soft, disk shaped device, with a loop for removal. It is made out of polyurethane foam and contains the spermicide nonoxynol-9. Before intercourse, you wet the sponge and place it, loop side down, up inside your vagina to cover the cervix. The sponge is 84 to 91% effective at preventing pregnancy in women who have not had a child and 68 to 80% for women who have had a child. The sponge is effective for more than one act of intercourse for up 24 hours. It needs to be left in for at least six hours after intercourse to prevent pregnancy and must be removed within 30 hours after it is inserted. There is a risk of getting Toxic Shock syndrome or TSS if the sponge is left in for more than 30 hours. The sponge does not protect against STIs or HIV. There is only one kind of contraceptive sponge for sale in the United States, called the Today Sponge, and it can be purchased at a drug store. Women who are sensitive to the spermicide nonoxynol-9 should not use this birth control method.
- The Hormonal Vaginal Contraceptive Ring (NuvaRing)** – The NuvaRing is a ring that releases the hormones progesterin and estrogen. You squeeze the ring between your thumb and index finger and insert it into your vagina. You wear the ring for three weeks, take it out for the week that you have your period, and then put in a new ring. The ring is 98 to 99% effective at preventing pregnancy. You will need to visit your doctor for a prescription and to make sure you are not having problems. This birth control method is not recommended while breastfeeding because the hormone estrogen may decrease breast milk production.

- **Surgical Sterilization (Tubal Ligation or Vasectomy)** – These surgical methods are meant for people who want a permanent method of birth control. In other words, they never want to have a child or they do not want more children. Tubal ligation or “tying tubes” is done on the woman to stop eggs from going down to her uterus where they can be fertilized. The man has a vasectomy to keep sperm from going to his penis, so his ejaculate never has any sperm in it. They are 99.9% effective at preventing pregnancy.
- **Nonsurgical Sterilization (Essure Permanent Birth Control System)** – This is the first non-surgical method of sterilizing women. A thin tube is used to thread a tiny spring-like device through the vagina and uterus into each fallopian tube. Flexible coils temporarily anchor it inside the fallopian tube. A Dacron-like mesh material embedded in the coils irritates the fallopian tubes’ lining to cause scar tissue to grow and eventually permanently plug the tubes. It can take about three months for the scar tissue to grow, so it is important to use another form of birth control during this time. Then you will have to return to your doctor for a test to see if scar tissue has fully blocked your tubes. - After 3 years of follow-up studies, Essure has been shown to be 99.8 % effective in preventing pregnancy.
- **Emergency Contraception** – This is NOT a regular method of birth control and should never be used as one. Emergency contraception, or emergency birth control, is used to keep a woman from getting pregnant when she has had unprotected vaginal intercourse. “Unprotected” can mean that no method of birth control was used. It can also mean that a birth control method was used but did not work – like a condom breaking. Or, a woman may have forgotten to take her birth control pills, or may have been abused or forced to have sex when she did not want to. Emergency contraception consists of taking two doses of hormonal pills taken 12 hours apart and started within three days after having unprotected sex. These are sometimes wrongly called the “morning after pill.” The pills are 75 to 89% effective at preventing pregnancy. Another type of emergency contraception is having the Copper T IUD put into your uterus within seven days of unprotected sex. This method is 99.9% effective at preventing pregnancy. Neither method of emergency contraception protects against STIs or HIV. You will need to visit your doctor for either a prescription for the pills or for the insertion of the IUD, and to make sure you are not having problems.

Are there any foams or gels that I can use to keep from getting pregnant?

You can purchase what are called *spermicides* in drug stores. They work by killing sperm and come in several forms – foam, gel, cream, film, suppository, or tablet. They are inserted or placed in the vagina no more than one hour before intercourse. If you use a film, suppository, or tablet wait at least 15 minutes before having intercourse so the spermicide can dissolve. Do not douche or rinse

out your vagina for at least six to eight hours after intercourse. You will need to use more spermicide before each act of intercourse. You may protect yourself more against getting pregnant if you use a spermicide with a male condom, diaphragm, or cervical cap. There are spermicidal products made specifically for use with the diaphragm and cervical cap. Check the package to make sure you are buying what you want.

All spermicides have sperm-killing chemicals in them. Some spermicides also have an ingredient called *nonoxynol-9* that may increase the risk of HIV infection when used frequently because it irritates the tissue in the vagina and anus which can cause the virus to enter the body more freely. Some women are sensitive to nonoxynol-9 and need to use spermicides without it. Spermicides alone are about 74% effective at preventing pregnancy. Medications for vaginal yeast infections may decrease effectiveness of spermicides.

How effective is withdrawal as a birth control method?

Withdrawal is not the most effective birth control method. It works much better when a male condom is used.

Withdrawal is when a man takes his penis out of a woman's vagina (or "pulls out") before he ejaculates, or has an orgasm. This stops the sperm from going to the egg. "Pulling out" can be hard for a man to do and it takes a lot of self-control. When you use withdrawal, you can also be at risk getting pregnant BEFORE the man pulls out. When a man's penis first becomes erect, there can be fluid called pre-ejaculate fluid on the tip of the penis that has sperm in it. This sperm can get a woman pregnant. Withdrawal also does not protect you from STIs or HIV.

Everyone I know is on the pill. Is it safe?

Today's pills have lower doses of hormones than earlier birth control pills. This has greatly lowered the risk of side effects; however, there are both benefits and risks with taking birth control pills. Benefits include having more regular and lighter periods, fewer menstrual cramps; and a lower risk for ovarian and endometrial cancer, and pelvic inflammatory disease (PID). Serious side effects include an increased chance, for some women, of developing heart disease, high blood pressure, and blood clots. Minor side effects include nausea, headaches, sore breasts, weight gain, irregular bleeding and depression. Many of these side effects go away after taking the pill for a few months. Women who smoke, are over age 35, or have a history of blood clots or breast or endometrial cancer are more at risk for dangerous side effects and may not be able to take the pill. Talk with your doctor or nurse about whether the pill is right for you.

Will birth control pills protect me from HIV, the virus that causes AIDS, and other STIs?

Some people wrongly believe that if they take birth control pills, they are protecting themselves not only from getting pregnant but also from infection with HIV and other sexually transmitted diseases (STIs). Birth control pills or other

types of birth control, such as intrauterine devices (IUDs), Depo-Provera, or tubal ligation will NOT protect you from HIV and other STIs.

The male latex condom is the only birth control method that is proven to help protect you from HIV and other STIs. If you are allergic to latex, there are condoms made of polyurethane that you can use. Condoms come lubricated (which can make sexual intercourse more comfortable and pleasurable) and non-lubricated (which can be used for oral sex).

"Natural" or "lambskin" condoms have tiny pores that may allow for the passage of viruses like HIV, hepatitis B and herpes. If you use non-lubricated condoms for vaginal or anal sex, you can add lubrication with water-based lubricants (like KY jelly) that you can buy at a drug store. Never use oil-based products, such as massage oils, baby oil, lotions, or petroleum jelly, to lubricate a condom. These will weaken the condom, causing it to tear or break.

It is very important to use a condom correctly and consistently – which means every time you have vaginal, oral, or anal sex. If you do not know how to use a condom, talk with your doctor or nurse. Don't be embarrassed. Also, do not assume that your partner knows how to use a condom correctly. Many men have never had anyone show them how. The biggest reason condoms fail is due to incorrect use. Male condoms can only be used once. Research is being done to find out how effective the female condom is in preventing HIV and other STIs.

For More Information

You can find out more about birth control methods by contacting the National Women's Health Information Center at (800) 994-WOMAN (9662) or the following organizations:

Food and Drug Administration

Phone Number: (888) 463-6332

Internet Address: <http://www.fda.gov>

Planned Parenthood Federation of America

Phone Number: (800) 230-7526

Internet Address: <http://www.plannedparenthood.org/>

American College of Obstetricians and Gynecologists (ACOG) Resource Center

Phone Number: (800) 762-2264 x 192 (for publications requests only)

Internet Address: <http://www.acog.org/>

Population Council

Phone Number: (212) 339-0500

Internet Address: <http://www.popcouncil.org/>

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About IMPLANON™

IMPLANON™ is a single-rod implant for subdermal use that offers women up to 3 years of contraceptive protection. It was approved in July 2006 by the U.S. Food and Drug Administration.

A good candidate for IMPLANON™ is a woman seeking effective, long-acting contraception that does not require daily, weekly, or monthly dosing. For example:

- A woman who may be done having children but for whom sterilization is too final.
- A busy mother who wants to space her children.
- A young woman not ready to start a family.

It is important to also consider [contraindications](#), warnings, and precautions as described in the [full prescribing information](#).

Want to know more? You'll find information here about [how IMPLANON™ works](#), its [indications and use](#), and [clinical data](#).

www.implanon-usa.com