

your guide to
contraception

Helping you choose the method
of contraception that is best for you



Your guide to contraception

There are many different contraceptive methods available. This leaflet shows most of the available methods, explains how they work, how effective they are and the main advantages and disadvantages. The figures quoted in this leaflet for how well each method works are based on extensive independent research.

Contraception needs to be used until the menopause. That is, until a woman has not had a period or any bleeding for two years if aged under 50, and for one year if over 50.

Q How do I choose which method to use?

A There are so many methods of contraception to choose from it is worth taking the time to find out more about each one so that you can choose contraception that suits you. There are two methods of contraception specifically for men – the male condom and male sterilisation – and 13 for women. You can find more detailed information about each method on www.fpa.org.uk. You can also talk through the different methods with a doctor or nurse or call **fpa's** helpline.

Some of the things you might want to think about are:

- whether you (or a partner) want to become pregnant fairly soon, many years away or not at all
- how you (and a partner) want contraception to fit your lifestyle
- whether you (or a partner) want to use the method every day, every time you have sex or less often.

Your answers should influence your decision about what contraception to use. They will also change over the years as your lifestyle and relationships do.

Q Is contraception free and where can I go to get it?

A You can obtain **free** contraception, including emergency contraception, from:

- a general practice, unless they say they don't provide contraception services
- a contraception clinic or a sexual health clinic
- a young people's service (these will have an upper age limit)
- some genitourinary medicine (GUM) clinics.

You can also get free emergency contraception from:

- most NHS walk-in centres (England only) and minor injuries units
- some hospital accident and emergency departments (phone first to check)
- some pharmacies (there may be an age limit).

If you are 16 or over you can buy the emergency pill from most pharmacies. They also sell condoms, diaphragms, caps and spermicide.

Q How can I find a contraception service?

- A
- You can find out about all sexual health services from **sexual health direct**, run by **fpa**, on 0845 122 8690 or at www.fpa.org.uk.
 - You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can find details of general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call **fpa's** helpline on

0845 122 8687 or for details of general practices see www.n-i.nhs.uk.

- You can get details of your nearest contraception, GUM or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can get details of GUM or sexual health clinics from the Sexual Health Line on 0800 567 123 or at www.condomessentialwear.co.uk.
- You can find details of young people's services from Brook on 0808 802 1234 or Sexwise on 0800 28 29 30 or at www.ruthinking.co.uk.



What is emergency contraception?

If you have had unprotected sex, that is, sex without using contraception, or think your contraception might have failed, you can use emergency contraception. There are two methods of emergency contraception:

- hormonal emergency contraception (known as the emergency contraceptive pill or emergency pill), and
- the copper intrauterine device (IUD).

If you act quickly, emergency contraception will usually prevent pregnancy.

The emergency contraceptive pill

The emergency contraceptive pill is a tablet containing the hormone progestogen. It must be taken within three days (72 hours) of having unprotected sex.

How does the emergency pill work?

It is most likely to stop or delay the release of an egg. It may also stop a fertilised egg settling (implanting) in the uterus.

How effective is the emergency pill?

It is very effective and is more effective the sooner it is taken after sex. Of the pregnancies that could be expected to have occurred if no emergency contraception had been used, the emergency pill will prevent:

- up to 95 per cent if taken within 24 hours
- up to 85 per cent if taken between 25–48 hours
- up to 58 per cent if taken between 49–72 hours.

The copper IUD

Have a look at the chart overleaf for more information about the IUD. If used as emergency contraception it can be fitted up to five days after unprotected sex or up to five days after the earliest time an egg could have been released.

How does the IUD work?

It may stop an egg being fertilised or implanting.

How effective is a copper IUD?

The IUD is the most effective method of emergency contraception. It will prevent up to 99 per cent of pregnancies expected to occur if no emergency contraception had been used.



Can I use breastfeeding as a form of contraception?

Breastfeeding can be up to 98 per cent effective in preventing pregnancy if:

- you are fully breastfeeding – this means you are not giving your baby any other liquid or solid food **or**
- you are nearly fully breastfeeding – this means mainly breastfeeding your baby and infrequently giving your baby other liquids **and**
- your baby is less than six months old **and**
- you have no periods.



What if I become pregnant?

No method of contraception is perfect. If you think you could be pregnant, do a pregnancy test as soon as possible. You can do a test from the first day of a missed period – before this time the level of pregnancy hormone, human chorionic gonadotrophin (hCG) may be too low to show up on a test and you may get a negative result even though you are pregnant. If you don't know when your next period is due, the earliest time to do a test is 21 days after unprotected sex.

If you are pregnant you need to think about what you want to do. You can choose to:



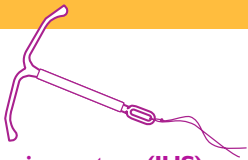
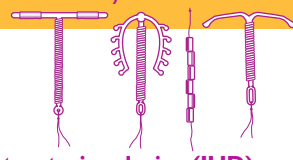


- continue with the pregnancy and keep the baby
- end the pregnancy by having an abortion
- continue with the pregnancy and have the baby adopted.

You can also get help and information from **fpa** (see **fpa's** booklet *Pregnant and don't know what to do?*).

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections. Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. Diaphragms and caps may also offer some protection. If you can, avoid using condoms containing Nonoxinol 9 (spermicidally lubricated) as this does not protect against HIV and may even increase the risk of infection.

Methods with no user failure – methods that do not depend on you remembering to take or use them.

	 <p>Contraceptive injection</p>	 <p>Implant</p>	 <p>Intrauterine system (IUS)</p>	 <p>Intrauterine device (IUD)</p>	 <p>Female sterilisation (tubal occlusion)</p>	 <p>Male sterilisation (vasectomy)</p>
Effectiveness	Over 99 per cent effective. Less than one woman in 100 will get pregnant in a year.	Over 99 per cent effective. Less than one woman in 1,000 will get pregnant over three years.	Over 99 per cent effective. Less than one woman in 100 will get pregnant over five years.	Over 99 per cent effective. Less than one woman in 100 will get pregnant in a year. Older IUDs have less copper and are less effective.	The overall failure rate is about one in 200. This is a permanent method, suitable for people who are sure they never want children or do not want more children.	About one in 2,000 male sterilisations fail. This is a permanent method, suitable for people who are sure they never want children or do not want more children.
How it works	Releases the hormone progesterone which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting.	Small flexible rod put under the skin of the upper arm. Releases the hormone progesterone. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilised egg implanting.	A small T-shaped plastic device which slowly releases the hormone progesterone is put into the uterus. This thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the uterus to prevent a fertilised egg implanting and may stop ovulation.	A small plastic and copper device is put into the uterus. It stops sperm reaching an egg, and may also stop a fertilised egg implanting in the uterus.	The fallopian tubes are cut, sealed or blocked by an operation. This stops the egg and sperm meeting.	The tubes (vas deferens) that carry sperm from the testicles to the penis are cut, sealed or blocked.
Advantages	<ul style="list-style-type: none"> • Lasts for 12 weeks (Depo-Provera) or eight weeks (Noristerat). • May protect against cancer of the uterus, and offers some protection from pelvic inflammatory disease. • You don't have to think about contraception for as long as the injection lasts. 	<ul style="list-style-type: none"> • Works for three years but can be taken out sooner. • You don't have to think about contraception for as long as the implant is in place. • When the implant is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • Works for five years but can be taken out sooner. • Periods usually become lighter, shorter and sometimes less painful. • You don't have to think about contraception for as long as the IUS is in place. • When the IUS is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • Works as soon as it is put in. • Can stay in 5–10 years depending on type, but can be taken out at any time. • You don't have to think about contraception for as long as the IUD is in place. • When the IUD is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • It does not interrupt sex. • Sterilisation is permanent with no long- or short-term serious side-effects. • Once the operation has worked, you don't have to think about contraception. • Periods are unaffected. 	<ul style="list-style-type: none"> • It does not interrupt sex. • Sterilisation is permanent with no long- or short-term serious side-effects. • Once the operation has worked, you don't have to think about contraception. • Usually performed under a local anaesthetic.
Disadvantages	<ul style="list-style-type: none"> • Periods may stop, be irregular or longer. • Periods and fertility may take time to return after stopping the injection. • Some women gain weight. • Some women report having headaches, acne, mood changes and breast tenderness. 	<ul style="list-style-type: none"> • Periods may stop, be irregular, or longer. • Acne may occur. • Some women report having mood changes and breast tenderness. • It requires a small procedure to fit and remove it. 	<ul style="list-style-type: none"> • Irregular bleeding or spotting is common in the first six months. • Periods may stop altogether. Some women report having acne, headaches and breast tenderness. • Very small chance of getting an infection during the first 20 days after insertion. • May get ovarian cysts. 	<ul style="list-style-type: none"> • May not be suitable for women at risk of getting a sexually transmitted infection. • Periods may be heavier or longer and more painful. • Very small chance of getting an infection during the first 20 days after insertion. • A small increased risk of ectopic pregnancy if the IUD fails. 	<ul style="list-style-type: none"> • All operations carry some risk, but the risk of serious complications is low. • There is a small increased risk of ectopic pregnancy if female sterilisation fails. • A general anaesthetic is usually needed. 	<ul style="list-style-type: none"> • Contraception must be used until a semen test shows that no sperm are left. This can take at least two months. • Some men may experience ongoing testicle pain. This is not common.
Comments	<ul style="list-style-type: none"> • The injection cannot be removed from the body so any side-effects may continue for as long as it works and for some time afterwards. • Not affected by other medicines. 	<ul style="list-style-type: none"> • Put in using a local anaesthetic and no stitches are needed. Tenderness, bruising and some swelling may occur. • You may feel the implant with your fingers, but it can't be seen. • Some medicines may stop the implant from working. 	<ul style="list-style-type: none"> • If fitted after 45 it can stay in place until the menopause. • Women are taught to check the IUS is in place. • Can be useful for women with very heavy and/or painful periods. • A check for any existing infection is usually advised before an IUS is put in. • Not affected by other medicines. 	<ul style="list-style-type: none"> • If fitted after 40 it can stay in place until the menopause. • Women are taught to check the IUD is in place by feeling the threads high in their vagina. • A check for any existing infection is usually advised before an IUD is put in. • Not affected by other medicines. 	<ul style="list-style-type: none"> • Should not be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilisation. It is important to rest and avoid strenuous activity for a while after the procedure. 	<ul style="list-style-type: none"> • Should not be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilisation. It is important to rest and avoid strenuous activity for a while after the procedure.

Methods with user failure – methods you have to use and think about regularly or each time you have sex. **Must** be used according to instructions

 <p>Contraceptive vaginal ring</p>	 <p>Contraceptive patch</p>	 <p>Combined pill (COC)</p>	 <p>Progesterone-only pill (POP)</p>	 <p>Male condom</p>	 <p>Female condom</p>	 <p>Diaphragm/cap with spermicide</p>	 <p>Natural family planning</p>	
<p>Over 99 per cent effective if used according to instructions. Less than one woman in 100 will get pregnant in a year.</p>	<p>Over 99 per cent effective if used according to instructions. Less than one woman in 100 will get pregnant in a year.</p>	<p>Over 99 per cent effective if taken according to instructions. Less than one woman in 100 will get pregnant in a year.</p>	<p>Over 99 per cent effective if taken according to instructions. Less than one woman in 100 will get pregnant in a year.</p>	<p>98 per cent effective if used according to instructions. Two women in 100 will get pregnant in a year.</p>	<p>95 per cent effective if used according to instructions. Five women in 100 will get pregnant in a year.</p>	<p>Latex types are 92–96 per cent effective if used correctly. Between four and eight women in 100 will get pregnant in a year. Silicone caps are less effective.</p>	<p>If used according to teaching and instructions, up to 99 per cent effective. Up to one woman in 100 will get pregnant in a year.</p>	<p>Effectiveness</p>
<p>A small, flexible, plastic ring put into the vagina releases estrogen and progesterone. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilised egg implanting.</p>	<p>A small patch stuck on the skin releases two hormones, estrogen and progesterone. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilised egg implanting.</p>	<p>Contains two hormones – estrogen and progesterone. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting.</p>	<p>Contains the hormone progesterone, which thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting. In some cycles it stops ovulation.</p>	<p>Made of very thin latex (rubber) or polyurethane (plastic) it is put over the erect penis and stops sperm from entering the vagina.</p>	<p>A soft, thin polyurethane sheath loosely lines the vagina and covers the area just outside, and stops sperm from entering the vagina.</p>	<p>A flexible latex or silicone device, used with spermicide, is put into the vagina to cover the cervix. This stops sperm from entering the uterus and meeting an egg.</p>	<p>The fertile and infertile times of the menstrual cycle are identified by noting the different fertility indicators. This shows when you can have sex without risking pregnancy.</p>	<p>How it works</p>
<ul style="list-style-type: none"> You don't have to think about it every day. It is not affected if you vomit or have diarrhoea. Can make bleeds regular, lighter and less painful. May protect against cancer of the ovary, colon and uterus. When you stop using it your fertility will return to normal. 	<ul style="list-style-type: none"> You don't have to think about it every day. It is not affected if you vomit or have diarrhoea. Can make bleeds regular, lighter and less painful. May protect against cancer of the ovary, colon and uterus. When you stop using the patch your fertility will return to normal. 	<ul style="list-style-type: none"> Often reduces bleeding, period pain and premenstrual symptoms. Protects against cancer of the ovary, uterus and colon and some pelvic infections. Suitable for healthy non-smokers up to the menopause. When you stop using the combined pill your fertility will return to normal. 	<ul style="list-style-type: none"> No serious side-effects. Can be used by women who cannot use estrogen. Can be used by women who smoke and are over 35. You can use it if you are breastfeeding. 	<ul style="list-style-type: none"> Free from contraception, sexual health and GUM clinics, young people's services, some general practices and sold widely. Can help protect both partners from some sexually transmitted infections, including HIV. No medical side-effects. Additional spermicide is not needed or recommended. 	<ul style="list-style-type: none"> Can be put in any time before sex. Can help protect both partners from some sexually transmitted infections, including HIV. Oil based products can be used with female condoms. No medical side-effects. Additional spermicide is not needed or recommended. 	<ul style="list-style-type: none"> Can be put in any time before sex. You only have to use it when you have sex. No serious health risks. 	<ul style="list-style-type: none"> No physical side-effects. No chemicals or physical products are used. Gives a woman a greater awareness of her body. Can also be used to plan a pregnancy. 	<p>Advantages</p>
<ul style="list-style-type: none"> Not suitable for very overweight women or smokers over 35 years. Very low risk but serious side-effects may include blood clots, breast and cervical cancer. Can be temporary side effects including increased vaginal discharge and vaginal infections, headaches, nausea, breast tenderness and mood changes. 	<ul style="list-style-type: none"> Not suitable for very overweight women or smokers over 35 years. Very low risk but serious side-effects may include blood clots, breast and cervical cancer. Can be temporary side-effects such as headaches, nausea, mood changes and breast tenderness. Possible skin reaction. 	<ul style="list-style-type: none"> Not suitable for very overweight women or smokers over 35 years old. Very low risk but serious side-effects may include blood clots, breast cancer and cervical cancer. Can be temporary side-effects such as headaches, nausea, mood changes and breast tenderness. 	<ul style="list-style-type: none"> Periods may stop, or be irregular, light, or more frequent. May be temporary side-effects such as acne, weight change and headaches. A small increased risk of ectopic pregnancy if it fails. May get ovarian cysts. 	<ul style="list-style-type: none"> Putting it on can interrupt sex. May slip off or split if not used correctly or is the wrong size or shape. Man needs to withdraw as soon as he has ejaculated and before the penis goes soft, being careful not to spill any semen. 	<ul style="list-style-type: none"> Putting it in can interrupt sex. Need to make sure the man's penis enters the condom and not between the vagina and the condom. May get pushed into the vagina. Not as widely available as male condoms. 	<ul style="list-style-type: none"> Putting it in can interrupt sex. Extra spermicide is needed if you have sex again. Some people can be sensitive to spermicide. Cystitis can be a problem for some diaphragm users. Can take time to learn how to use correctly. 	<ul style="list-style-type: none"> Need to avoid sex or use a condom at fertile times of the cycle. It takes 3–6 menstrual cycles to learn effectively. You have to keep daily records. 	<p>Disadvantages</p>
<ul style="list-style-type: none"> Women must be comfortable with inserting and removing it. Ring must be used for three weeks out of four. Some medicines can make it less effective. Breakthrough bleeding and spotting may occur in the first few months. 	<ul style="list-style-type: none"> May be seen. New patch has to be used each week for three weeks out of four. Some medicines can make it less effective. Breakthrough bleeding and spotting is common in the first few months. 	<ul style="list-style-type: none"> Missing pills, vomiting or severe, long-lasting diarrhoea can make it less effective. Some medicines can make it less effective. Breakthrough bleeding and spotting is common in the first few months. 	<ul style="list-style-type: none"> It needs to be taken at the same time each day. Not effective if taken over three hours late (12 hours for Cerazette) or after vomiting or severe, long-lasting diarrhoea. Some medicines may make it less effective but most common antibiotics do not affect POPs. 	<ul style="list-style-type: none"> Must be put on before the penis touches the woman's genital area. Oil based products damage latex condoms, but can be used with polyurethane condoms. Available in different shapes and sizes. Advised to use extra lubricant when using condoms for anal sex. 	<ul style="list-style-type: none"> Use a new condom each time and follow the instructions carefully. Sold in some pharmacies and is free at some contraception clinics and young people's services, general practices and GUM clinics. 	<ul style="list-style-type: none"> Correct size needs to be known and you need to replace it if you gain or lose more than 3kg (7lbs), have a baby, miscarriage or abortion. 	<ul style="list-style-type: none"> Persona is a small handheld computerised monitor with urine test sticks, which measure hormonal changes. Persona predicts the fertile and infertile times of the menstrual cycle. If used correctly it can be 94 per cent effective. 	<p>Comments</p>

How fpa can help you

sexual health direct is a nationwide service run by **fpa**. It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

fpa helplines

England

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 0845 122 8687

9am to 5pm Monday to Thursday, 9am to 4.30pm Friday

or visit **fpa's website** www.fpa.org.uk

A final word

This booklet can only give you basic information about contraception. The information in this booklet is based on evidence-guided research from the World Health Organization and the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Different people may give you different information and advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember – contact your doctor, practice nurse, or a contraception clinic if you are worried or unsure about anything.



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