

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.



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

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 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 (telephone 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.



How can I find a contraception service?

- 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 also call **fpa** in Scotland and Northern Ireland (see back cover).
- You can find details of all services, including general practices and contraception clinics, at www.nhsdirect.nhs.uk. In England and Wales you can call **NHS Direct** on 0845 46 47 and in Scotland **NHS 24** on 08454 24 24 24 and in Northern Ireland **fpa's** helpline on 028 90 325 488.
- 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 Information Line** on 0800 567 123 or at www.playingsafely.co.uk.
- You can find details of young people's services from **Brook** on 0800 0185 023 or **Sexwise** on 0800 282 930 or at www.ruthinking.co.uk.

Using contraception

The methods shown in this leaflet are divided into two types:

- **No user failure** – these do not depend on you remembering to take or remembering to use contraception.
- **User failure** – these are methods you have to use and think about regularly or each time you

have sex. For these methods to be effective you must use them according to the instructions.

Emergency contraception

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

- Hormonal emergency contraception (known as the emergency pill) – this must be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex.
- The IUD – must be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Contraception and breastfeeding

Breastfeeding can be up to 98 per cent effective in avoiding pregnancy when the following conditions **all** apply:

- your baby is less than six months old
- 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 giving your baby other liquids **very infrequently**)
- you have no periods.

Some facts about avoiding pregnancy

A woman can still get pregnant:

- if it is the first time she has sex
- if she does not have an orgasm
- if a man pulls out of her vagina before he comes
- if she has sex when she has a period
- if she douches (squirts fluid into the vagina). This can be harmful to women
- whatever position the couple has sex in.



What if I become pregnant?

No method of contraception is perfect. If you think you could be pregnant, you should do a pregnancy test as soon as possible. You can do a pregnancy test from the first day of a missed period. If you have irregular periods or don't know when your next period is due, the earliest time to do a test is three weeks (21 days) after unprotected sex.

If the test is positive, a doctor or nurse can talk to you about good pregnancy care if you want to be pregnant, or talk to you about what to do if you do not want to be pregnant, or are not sure. You can also get help and information from **fpa** on 0845 122 8690. **fpa's** leaflet *Pregnant and don't know what to do?* explains your options.

Sexually transmitted infections



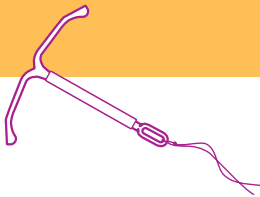
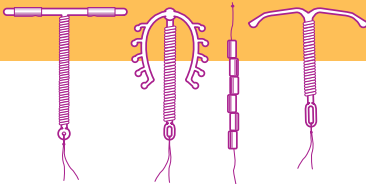
Most methods of contraception do not protect you from sexually transmitted infections. Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. Diaphragms and caps may also offer some protection. Avoid using condoms containing Nonoxinol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

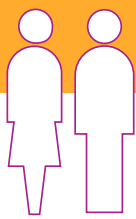


Is there a link between hormonal contraception and breast cancer?

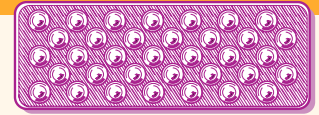
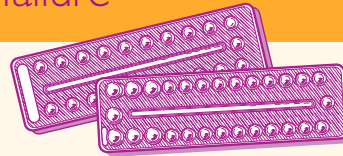
Research about the risk of breast cancer and hormonal contraception is complex and contradictory. Current research suggests that women who use hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to women who don't use hormonal contraception. Research is ongoing to provide a clearer picture.

Methods with no user failure

	 <p>Contraceptive injection</p>	 <p>Implant</p>	 <p>Intrauterine system (IUS)</p>	 <p>Intrauterine device (IUD)</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 100 will get pregnant over three years.	Over 99 per cent effective. Less than one woman in 100 will get pregnant over five years.	Around 99 per cent effective. Less than 1–2 women in 100 will get pregnant in a year, depending on the type of IUD.
How it works	Releases the hormone progesterone slowly into the body. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the womb to prevent an egg implanting.	Small flexible tube put under the skin of the arm. Releases the hormone progesterone. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the womb to prevent an egg implanting.	A small plastic device which releases the hormone progesterone is put into the womb. This thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the womb to prevent an egg implanting and may stop ovulation.	A small plastic and copper device is put into the womb. It stops sperm reaching an egg, and may also stop an egg implanting in the womb. It does not work by causing an abortion.
Advantages	<ul style="list-style-type: none"> • Lasts for 12 weeks (Depo-Provera) or eight weeks (Noristerat). • May protect against cancer of the womb, 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 at any time. • You don't have to think about contraception for as long as the implant is in place. • When the implant is removed your normal level of fertility will return. 	<ul style="list-style-type: none"> • Works for five years but can be taken out at any time. • Periods will be much lighter, shorter and usually 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 normal level of fertility will return. 	<ul style="list-style-type: none"> • Works as soon as it is put in. • Can stay in 3–10 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 normal level of fertility will return.
Disadvantages	<ul style="list-style-type: none"> • Periods may stop, be irregular or longer. • Periods and normal fertility may take time to return after stopping the injections. • Some women gain weight. • Some women report having headaches, spotty skin, mood changes and breast tenderness. 	<ul style="list-style-type: none"> • Periods are often irregular, much longer or stop for at least the first year. • Acne may occur. • Some women report having mood changes and breast tenderness. 	<ul style="list-style-type: none"> • Irregular bleeding or spotting is common. • Periods may stop altogether. Some women report having mood changes, spotty skin and breasts tenderness. • Very small chance of getting an infection during the first three weeks 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 three weeks after insertion. • A small increased risk of ectopic pregnancy if the IUD fails.
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. • Very 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.



Methods with user failure



Female and male sterilisation

Contraceptive patch

Combined pill (COC)

Progestogen-only pill (POP)

Female sterilisation – overall failure rate is about one in 200. Male sterilisation (also known as vasectomy) – overall failure rate is about one in 2000.

Over 99 per cent effective if used according to instructions. Less than one woman in 100 will get pregnant in a year.

Over 99 per cent effective if taken according to instructions. Less than one woman in 100 will get pregnant in a year.

99 per cent effective if taken according to instructions. One woman in 100 will get pregnant in a year.

The fallopian tubes in women or the tubes carrying the sperm (vas deferens) in men are cut or blocked to prevent sperm reaching an egg. Female sterilisation usually involves a general anaesthetic.

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 womb to prevent an egg implanting.

Contains two hormones – estrogen and progesterone. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the womb to prevent an egg implanting.

Contains the hormone progesterone, which thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the womb to prevent an egg implanting. In some women it stops ovulation.

- Vasectomy is a simple and quick operation.
- 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.

- Easy to use.
- Can make bleeds regular, lighter and less painful.
- May protect against cancer of the ovary and womb.
- Can be used by healthy non-smokers up to the menopause.
- When you stop using the patch your normal level of fertility will return.

- Often reduces bleeding, period pain and pre-menstrual symptoms.
- Protects against cancer of the ovary, womb and colon and some pelvic infections.
- Suitable for healthy non-smokers up to the menopause.
- When you stop using the combined pill your normal level of fertility will return.

- No serious side-effects.
- Can be used by women who cannot use estrogen.
- Can be used by women who smoke **and** are over 35.
- When you stop using the POP your normal level of fertility will return.

- After vasectomy, 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.
- A small increased risk of ectopic pregnancy if female sterilisation fails.

- Not suitable for smokers over 35 and some other women.
- Very low risk but serious side-effects may include blood clots (thrombosis), breast cancer and cervical cancer.
- Can be temporary minor side-effects such as headaches and breast tenderness.
- Possible skin reaction.

- Not suitable for smokers over 35 and some other women.
- Very low risk but serious side-effects may include blood clots (thrombosis), breast cancer and cervical cancer.
- Can be temporary minor side-effects such as headaches, mood changes and breast tenderness.

- Periods may stop, or be irregular, light, or more frequent.
- May be temporary minor side-effects such as spotty skin and headaches.
- A small increased risk of ectopic pregnancy if it fails.
- May be less effective in women who weigh over 70kg.
- May get ovarian cysts.

- 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.

- May be seen.
- New patch has to be used each week for three weeks out of four.
- Some medicines can make it less effective.
- Less effective in women who weigh 90kg or over.
- Not affected by diarrhoea or vomiting.

- Missing pills, vomiting or severe long-lasting diarrhoea can make it less effective.
- Some medicines can make it less effective.

- 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** diarrhoea.
- Some medicines may make it less effective but most common antibiotics do not affect POPs.

 <p>Male condom</p>	 <p>Female condom</p>	 <p>Diaphragm/cap with spermicide</p>	 <p>Natural family planning</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>Using several fertility indicators is over 98 per cent effective if instructions and teaching are followed. One to two women in 100 will get pregnant in a year.</p>	<p>Effectiveness</p>
<p>Made of very thin latex (rubber) or polyurethane (plastic) it is put over the erect penis and stops sperm from entering the woman's vagina.</p>	<p>A soft polyurethane sheath lines the vagina and the area just outside, and stops sperm from entering the vagina.</p>	<p>A flexible latex (rubber) or silicone device, used with spermicide, is put into the vagina to cover the cervix. This stops sperm from entering the womb 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"> • Widely available – free from contraception, sexual health and GUM clinics, and sold widely. • Can help protect both partners from some sexually transmitted infections, including HIV. • No major 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 major side-effects. • Additional spermicide is not needed or recommended. 	<ul style="list-style-type: none"> • Can be put in any time before sex. • May protect against some sexually transmitted infections and cancer of the cervix. • A variety of types to choose from. • No major side-effects. 	<ul style="list-style-type: none"> • No side-effects. • No hormones 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"> • Putting it on can interrupt sex. • Must be put on before the penis touches the woman's genital area. • May slip off or split if not used correctly. • Man needs to withdraw as soon as he has ejaculated and be 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 too far into the vagina. • Expensive to buy. 	<ul style="list-style-type: none"> • Putting it in can interrupt sex. • Extra spermicide is needed if you have sex again. • 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. • The method needs to be learned from a trained natural family planning teacher and takes time to learn. 	<p>Disadvantages</p>
<ul style="list-style-type: none"> • Oil based products damage latex condoms, but can be used with polyurethane condoms. • Available in different shapes, sizes and flavours. 	<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 and sexual health clinics. 	<ul style="list-style-type: none"> • Correct size needs to be known and you need to replace it, usually every year, or if you gain or lose more than 3kg, or have a baby, miscarriage or abortion. • There is a variety of different types to choose from. 	<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. It is claimed to 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 leaflets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception clinics, sexual health clinics and genitourinary medicine (GUM) clinics.

fpa helplines

England and Wales

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 028 90 325 488

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

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

A final word

This leaflet can only give you basic information about contraception. The information in this leaflet is based on evidence-guided research from The World Health Organization and the Faculty of Family Planning and Reproductive Health Care. Different people may give you different 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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