



Contraception (birth control options)

Contraception allows you to control your fertility, with the aim of helping to prevent unplanned pregnancies. Some types of contraception also protect against sexually transmitted diseases (STDs).

Various types of contraception are available, including barrier methods such as condoms, diaphragms and caps; hormonal methods such as the pill, patch, injection or implant; as well as implants in the womb, such as the intrauterine device (IUD) or intruterine system (IUS).

Which contraceptive method is most suitable?

The type of contraception that suits you best will depend on your age, health, medical history, sex life and family planning priorities. Based on these factors, a GP will recommend which methods are most suitable for you.

Most methods of contraception also involve regular action on your part — whether remembering to take a pill every day, to use a condom at every act of sexual intercourse, or to insert a diaphragm or cap and spermicide.

Some methods require action less often. The contraceptive patch, for example, should be replaced weekly, while contraceptive injections should be repeated every 12 weeks and the IUD can remain in situ for three to 10 years.

Which contraceptive is most reliable?

Given all these variants and differing levels of interaction required, deciding which contraceptive to use will also be a personal decision based on your own preferences, your diligence about remembering to use contraceptives and your lifestyle.

It's important to remember that no contraceptive is 100% reliable. User error (such as forgetting to take the pill at the right time each day) can also make a contraceptive method much less reliable, giving an actual failure rate that's much higher than the stated failure rates for perfect use.

Different methods have different failure rates

For example, the Progesterone implant has a perfect-use failure rate of 0.05 percent and the same typical-use failure rate of 0.05 percent¹, because it only needs to be replaced every three years so there is almost no margin for user error.

In contrast, both the progesterone only pill and the combined pill have a perfect-use failure rate of 0.3 percent but a typical-use failure rate of eight percent¹, while condoms have a perfect-use failure rate of two percent but a typical-use failure rate as high as 15 percent¹.

The much higher failure rates in these instances are down to inconsistent or incorrect use of the contraceptive method by the user. So determining which is the right contraceptive for you will depend on your reliability in using contraception and how important it is for you to avoid pregnancy.

Preventing pregnancy, or STDs too

It's important to remember that a condom is the only contraceptive considered highly effective in reducing the risk of sexually transmitted diseases such as Chlamydia and HPV (which can cause genital warts and cervical cancer) as well as Herpes, Gonorrhoea, Syphilis, Hepatitis and HIV².

You may therefore need to change your method of contraception if your sexual lifestyle changes, for example if you become single again after being in a long-term relationship, or if you begin a sexual relationship with a new partner.

Even if you are using a different method of contraception to prevent pregnancy, you should still use condoms to protect yourself from STDs unless you're in a mutually monogamous relationship and have both been screened for any infections you may have contracted in the past.

Types of contraceptive available³

1. The combined pill:

The combined pill contains the hormones, oestrogen and progestogen, which stop you ovulating and make it less easy for sperm to reach an egg, or for the egg to implant in the lining of the womb.

The pill should be taken daily for 21 days, then not taken for a break of seven days. During the seven day break, you get a withdrawal bleed (rather than a real period) which is usually lighter and shorter than a period.

Correct usage of the pill

The combined pill should be taken at the same time every day. Taking the pill irregularly or missing a pill, or if you are sick or have severe diarrhoea, will all increase the risk of getting pregnant.

When used absolutely correctly, the combined pill is more than 99 percent effective, but, allowing for error, eight women out of 100 will typically get pregnant in a year when using the combined pill¹.

Benefits and side effects

Taking the combined pill can help alleviate heavy, painful periods and can protect against cancers of the ovary, womb and colon, plus some pelvic infections.

With the combined pill, there is a very low risk of serious side effects such as cervical cancer and blood clots. Other minor side effects include headaches, mood swings and breast tenderness.

2. The progestogen-only pill:

The progestogen-only pill (POP) is also known as the mini-pill and contains the hormone progestogen but no oestrogen. The POP makes it less easy for sperm to reach an egg, or for the egg to implant in the lining of the womb. It may also stop ovulation.

Correct Usage

The progestogen-only pill should be taken every day of the month, with no break and depending on which sort of progestogen-only pill you are taking, you will need to take it within 3 to 12 hours of the same time each day. If you miss a pill, always check the patient information leaflet you get with your pills, or get advice from your doctor or nurse. As with the combined oral contraceptive pill there are several different brands of progestogen-only pill available so you can find one that suits you best.

Like the combined pill, when used correctly, the progestogen-only pill is 99 percent effective but allowing for error, 8% of women typically get pregnant within the first year of use¹.

Benefits and side-effects

The POP may be suitable for you if you can't take oestrogen or if you are over 35 and smoke. Taking the POP may mean that your periods stop, or become lighter, irregular or more frequent. You may also get spots and tender breasts, although these side-effects should settle down within a few months.

3. Contraceptive implant:

The implant is a small (40mm), flexible tube containing slow release progestogen (synthetic progesterone) which is inserted under the skin of your upper arm by a trained professional. The implant slowly releases progestogen into your body, working in the same way as the POP.

Correct Usage

Once in place, the implant works for three years and is more than 99 percent effective, with no margin for user error.

Benefits and side-effects

You may feel some bruising and swelling when the implant is first inserted, but after that you needn't think about contraception for three years. The implant can be useful for women who cannot take contraception containing oestrogen. Some women notice their periods change, either becoming lighter or heavier.

4. Contraceptive injection:

The contraceptive injection is given either every eight weeks or every 12 weeks depending on the brand. It contains progestogen, which works in the same way as the POP.

Correct Usage

As long as the repeat injection is done on time, it is more than 99 percent effective, with no margin for user error.

Benefits and side-effects

The injection can be useful if you might forget to take the pill every day. Side effects can include weight gain, headaches, mood swings and breast tenderness. Your periods may become irregular, longer, or stop altogether. It may take about a year for your fertility to return to normal.

5. Contraceptive patch:

The contraceptive patch is a clear, sticky patch that delivers oestrogen and progestogen into your skin (these hormones stop you ovulating – see 'The combined pill' above for more information).

Correct Usage

A patch should be worn for one week. A new patch should be used each week for three weeks, then a week is taken without a patch.

When used correctly, the patch is more than 99 percent effective. However, allowing for error, eight women out of 100 will typically get pregnant in a year when using the patch¹.

Benefits and side-effects

Like the combined pill, wearing a contraceptive patch can help alleviate heavy, painful periods, yet you don't have to remember the pill every day.

The patch can also protect against cancers of the ovary, womb and colon, plus some pelvic infections. However it can increase blood pressure and may not be suitable if you are over 35 and a smoker.

6. Male Condoms:

The male condom is made from either latex or polyurethane and is worn over the erect penis before coming into contact with the woman's vagina.

Correct Usage

Care must be taken not to tear the condom when putting it on and to remove the condom carefully, while the penis is still erect, without spilling any semen.

If used correctly and consistently, male condoms are 98 percent effective in preventing pregnancy. However, typical usage gives a failure rate of more like 15 percent¹.

Benefits and side-effects

When used correctly, condoms help to protect against both pregnancy and sexually transmitted diseases (STDs), however you also may wish to use a second method of contraceptive to prevent pregnancy.

Condoms are freely available from sexual health clinics and some GP surgeries. You can also buy them in pharmacies, supermarkets and vending machines.

7. Female Condoms:

The female condom is made of polyurethane and is worn inside the vagina. It is put in place by inserting the smaller ring into the vagina and leaving the large ring at the open end, entirely covering the area around the vagina. The female condom should be put in the vagina before there is any contact with the penis.

Correct Usage

It's important to ensure that the penis enters the female condom, not between the condom and the vagina. The condom should be removed immediately after sex by twisting the large ring to prevent semen leakage and gently pulling out the condom.

If used correctly and consistently, female condoms are 95 percent effective in preventing pregnancy. However, typical usage gives a failure rate of more like 21 percent¹.

Benefits and side-effects

When used correctly, condoms help to protect against both pregnancy and sexually transmitted diseases (STDs), however you also may wish to use a second method of contraceptive to prevent pregnancy.

8. Diaphragm or cap

A diaphragm is made of either latex or silicone. It is a shallow dome with a firm, flexible rim, which covers the cervix to prevent sperm entering the womb. A cap is similar but smaller.

Correct usage

A diaphragm or cap is coated with spermicidal gel and folded for insertion into the vagina before sex. The diaphragm or cap should be taken out after sex and washed. Both diaphragms and caps are reusable and are available in different sizes. A specially trained doctor or nurse can fit you for the correct size.

If used correctly with spermicide, diaphragms are 94 percent effective and caps are 91 percent effective, although user error means that typical failure rate is more like 16 percent¹.

Benefits and side effects

The diaphragm or cap and spermicide needs to be inserted before you have sex, although you can do this several hours before you have sex.

Neither the diaphragm nor cap poses any health risks, although you have to learn how to use them. If you lose or gain weight, or have a pregnancy, you may need to be fitted for a new diaphragm or cap.

9. Intrauterine device (IUD)

An Intrauterine device (IUD) is a small copper and plastic T-shaped device inserted into your womb by a specially trained health professional. An IUD prevents sperm from surviving in the cervix, womb or fallopian tubes and may also prevent a fertilised egg from implanting in the womb. Modern IUDs are more than 99 percent effective.

Correct Usage

An IUD can last from three to 10 years, so once it is in place, you don't have to think about contraception and there's no room for error. It is effective as soon as its inserted and, once it's removed by a health professional, your fertility will quickly return to normal.

Benefits and side effects

An IUD can make your periods heavier and more painful. Having the IUD inserted can be uncomfortable and there is a small risk of getting an infection within 20 days after it's fitted. There's also a risk your body might expel it spontaneously.

10. Intrauterine system (IUS)

An IUS is a small, T-shaped plastic device inserted into your womb by a specially trained health professional. An IUS releases progesterone into the womb, which makes it less easy for sperm to reach an egg, or for the egg to implant in the lining of the womb. It may also stop ovulation. The IUS is more than 99 percent effective.

Correct Usage

An IUS can last for five years, so once it is in place, you don't have to think about contraception and there's no room for error. It is effective as soon as it's inserted and once it's removed by a health professional, your fertility will quickly return to normal.

Benefits and side effects

An IUS can make your periods lighter, shorter or stop altogether. Having the IUS inserted can be uncomfortable and there is a small risk of getting an infection after it's fitted. Some women may experience mood swings, breast tenderness or skin problems.

Useful links

For more information on your contraceptive choices visit the Advice for Life website at <http://www.contraception.co.uk> .

Sources

1. http://cks.library.nhs.uk/contraception/background_information/effectiveness_of_contraceptives
2. <http://www.advocatesforyouth.org/publications/factsheet/fscondom.htm>
3. <http://www.nhs.uk/Livewell/sexualhealth/Pages/contraceptionguide.aspx>

A wide range of women's health resources are available at www.healthywomen.org.uk

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