

Your guide to contraception

This leaflet shows the available contraceptive methods, explains how they work, how effective they are and the main advantages and disadvantages. The effectiveness figures quoted are based on independent research. Figures are given for perfect use and typical use.

- Perfect use means using the method correctly and consistently every time.
- Typical use is when you don't always use the method correctly and consistently.

Contraception needs to be used until the menopause. This is two years after last having a period if you're aged under 50, or one year if aged over 50. This advice may be different if you're using hormonal contraception.

How do I choose a method?

There are many methods of contraception to choose from and it's 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 (external) condom and sterilisation (vasectomy) – and 13 for women. You can find more detailed information about each method at www.fpa.org.uk. You can also talk through the different methods with a doctor or nurse.

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/or a partner) want

contraception to suit your lifestyle

- whether you (or a partner) want to use a contraceptive method every day, every time you have sex or less often.

Your answers should influence your decision about what contraception to use.

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

You can get 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).

You can also get emergency contraceptive pills free from:

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

If you're 16 or over you can buy emergency contraceptive pills from most pharmacies. They may also sell condoms, diaphragms, caps and spermicide.

How can I find a contraceptive service?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday to Friday from 9am-8pm and at

weekends from 11am-4pm.

For more information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To find your closest clinic you can:

- use Find a Clinic at www.fpa.org.uk/clinics
- download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhsinform.scot and in Northern Ireland at www.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might have failed, there are different types of emergency contraception you can use.

- An intrauterine device (IUD) is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could have ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to three days (72 hours) after sex. It's more effective the earlier it's taken after sex. It's available with a prescription or to buy from a pharmacy. There are different brands.

Emergency pills are available for free from some pharmacies. Age restrictions may apply.

How does emergency contraception work?

Emergency contraceptive pills are most likely to stop or delay ovulation (the release of an egg). They may also stop a fertilised egg implanting (settling) in the uterus (womb). The emergency IUD may stop an egg being fertilised or implanting.

How effective is emergency contraception?

Emergency contraception can be very effective, especially if you have an IUD fitted or if the emergency contraceptive pill is taken soon after sex. However, it isn't as effective as using other methods of contraception regularly and doesn't protect you from sexually transmitted infections. See *Emergency Contraception* at www.fpa.org.uk

Can I use breastfeeding as a form of contraception?

Breastfeeding is 98% effective in preventing pregnancy, **providing:**

- you're fully, or nearly fully, breastfeeding - this means you're only giving your baby breast milk, or you're infrequently giving other liquids in addition to your breast milk **and**
- your baby is less than six months old **and**
- you haven't had your first period since the birth.

See *Your Guide to Contraceptive Choices – After You've Had Your Baby* at www.fpa.org.uk

What if I get 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 so 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're pregnant you need to think about what you want to do. You can choose to:

- continue with the pregnancy and be a parent
- end the pregnancy by having an abortion
- continue with the pregnancy and choose adoption.

See *Pregnant and Don't Know What to Do? A Guide to Your Options* at www.fpa.org.uk

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections.

Male (external) and female (internal) condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

A final word

This leaflet can only give you general information. The information 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.

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 sexual health clinic if you're worried or unsure about anything.



www.fpa.org.uk

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The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next planned review by May 2020.

If you'd like information on the evidence used to produce this booklet or would like to give us feedback, email feedback@fpa.org.uk



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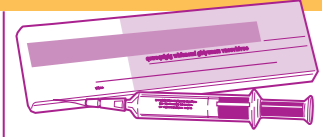
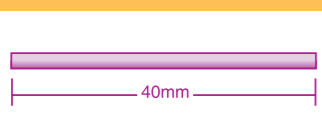

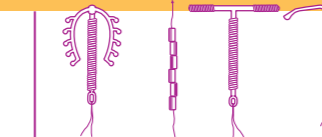




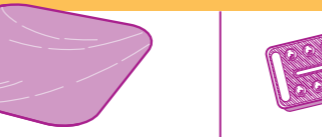
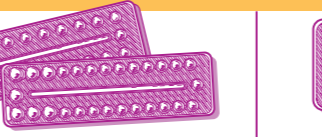
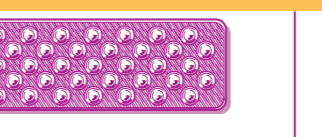



your guide to contraception

Helping you choose the method of contraception that's best for you



Methods with no user failure – methods that don't depend on you remembering to take or use them.

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.

| |  Contraceptive injection |  Contraceptive implant |  Intrauterine system (IUS) |  Intrauterine device (IUD) |  Sterilisation: fallopian tubes (tubal occlusion) |  Sterilisation: vas deferens (vasectomy) |  Contraceptive vaginal ring |  Contraceptive patch |  Combined pill (COC) |  Progestogen-only pill (POP) |  Condoms (male/external) |  Condoms (female/internal) |  Diaphragm/cap with spermicide |  Natural family planning | |
|----------------------|--|---|---|--|---|---|--|--|---|---|--|--|--|--|----------------------|
| Effectiveness | With perfect use, over 99% effective; fewer than 1 in 100 injection users will get pregnant in a year. With typical use, around 94% effective; around 6 in 100 injection users will get pregnant in a year. | Over 99% effective once fitted. Fewer than 1 in 100 implant users will get pregnant in a year. | Over 99% effective once fitted. Fewer than 1 in 100 IUS users will get pregnant in a year. | Over 99% effective once fitted. Fewer than 1 in 100 IUD users will get pregnant in a year. | The overall failure rate is about 1 in 200. Hysteroscopic sterilisation has a failure rate of around 1 in 500 over 5 years. This is a permanent method, suitable for people who are sure they never want children or don't want more children. | About 1 in 2,000 vasectomies fail. This is a permanent method, suitable for people who are sure they never want children or don't want more children. | Over 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 ring users will get pregnant in a year. With typical use, around 91% effective; around 9 in 100 ring users will get pregnant in a year. | Over 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 patch users will get pregnant in a year. With typical use, around 91% effective; around 9 in 100 patch users will get pregnant in a year. | Over 99% effective if always taken according to instructions (perfect use); fewer than 1 in 100 pill users will get pregnant in a year. With typical use, around 91% effective; around 9 in 100 pill users will get pregnant in a year. | Over 99% effective if always taken according to instructions (perfect use); fewer than 1 in 100 pill users will get pregnant in a year. With typical use, around 91% effective; around 9 in 100 pill users will get pregnant in a year. | 98% effective if always used according to instructions (perfect use); 2 in 100 women will get pregnant in a year. With typical use, around 82% effective; around 18 in 100 women will get pregnant in a year. | 95% effective if always used according to instructions (perfect use); 5 in 100 women will get pregnant in a year. With typical use, around 79% effective; around 21 in 100 women will get pregnant in a year. | Diaphragms and caps are 92–96% effective when used with spermicide, according to instructions (perfect use); between 4 and 8 in 100 diaphragm or cap users will get pregnant in a year. With typical use, around 71–88% effective; between 12 and 29 in 100 users will get pregnant in a year. | Up to 99% effective if used according to teaching and instructions (perfect use); up to 1 in 100 users will get pregnant in a year. With typical use, around 76% effective; around 24 in 100 users will get pregnant in a year. | Effectiveness |
| 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, 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. | A small T-shaped plastic device, which slowly releases the hormone progesterone, is put into the uterus (womb). It thins the lining of the uterus to prevent a fertilised egg implanting and thickens the cervical mucus which makes it difficult for sperm to meet an egg. | A small plastic and copper device is put into the uterus (womb). 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 either by an operation or with a procedure called hysteroscopic sterilisation. This stops the egg and sperm meeting. | The tubes (vas deferens) that carry sperm from the testicles to the penis are cut, sealed or tied. | A small, flexible plastic ring is put into the vagina releases 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. | A small patch stuck on the skin releases 2 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. | Contains 2 hormones – estrogen and progesterone. It 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. | Contains the hormone progesterone, which thickens cervical mucus to prevent sperm reaching an egg. In some cycles it stops ovulation (releasing an egg). | Made of very thin latex (rubber), polyurethane (plastic), or polyisoprene (synthetic latex). It's put over the erect penis and stops sperm from entering the vagina. | Made of soft thin polyurethane which loosely lines the vagina. It covers the area just outside, and stops sperm from entering the vagina. | A flexible latex or silicone device, used with spermicide, is put into the vagina to cover the cervix (neck of the womb). This stops sperm from entering the uterus (womb) and meeting an egg. | 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. | How it works |
| Advantages | <ul style="list-style-type: none"> • Lasts for 13 weeks (Depo-Provera and Sayana Press) or 8 weeks (Noristerat). • You don't have to think about contraception for as long as the injection lasts. • May reduce heavy, painful periods for some people. | <ul style="list-style-type: none"> • Works for 3 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 periods and fertility will return to normal. | <ul style="list-style-type: none"> • Works for 3–5 years depending on type, but can be taken out sooner. • You don't have to think about contraception for as long as the IUS is in place. • With the Mirena IUS, periods usually become lighter, shorter and sometimes less painful. • When the IUS is removed your fertility will return to normal. | <ul style="list-style-type: none"> • Works as soon as it's put in. • Works for 5–10 years depending on type, but can be taken out sooner. • 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 can't easily be reversed. Hysteroscopic sterilisation can't be reversed at all. • Once the sterilisation has worked, you don't have to think about contraception. • Periods are unaffected. | <ul style="list-style-type: none"> • It can't easily be reversed. • Once the sterilisation has worked, you don't have to think about contraception. • Usually performed under a local anaesthetic. | <ul style="list-style-type: none"> • You don't have to think about it every day. • It's not affected if you vomit or have diarrhoea. • It usually makes periods regular, lighter and less painful. • It's easy to insert and remove. • It improves acne for some women. | <ul style="list-style-type: none"> • You don't have to think about it every day. • It's not affected if you vomit or have diarrhoea. • It usually makes periods regular, lighter and less painful. • It improves acne for some women. | <ul style="list-style-type: none"> • It usually makes periods regular, lighter and less painful. • Reduces risk of cancer of the ovary, uterus and colon. • Suitable for healthy non-smokers up to the age of 50. • When you stop using the combined pill your fertility will return to normal. | <ul style="list-style-type: none"> • Can be used if you can't use estrogen. • Can be used if you smoke and are aged over 35. • May help with premenstrual symptoms and painful periods. | <ul style="list-style-type: none"> • Free from contraception and sexual health clinics and young people's services, and some general practices and GUM clinics, and sold widely. • Can help protect from sexually transmitted infections. • No serious 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 from sexually transmitted infections. • Oil-based products can be used with internal condoms. • No serious side effects. • Additional spermicide is not needed or recommended. | <ul style="list-style-type: none"> • Can be put in up to 3 hours before sex, or earlier as long as you then add more spermicide before having sex. • You only have to use it when you have sex. • No serious side effects. | <ul style="list-style-type: none"> • No physical side effects. • Gives you a greater awareness of your body and menstrual cycle. • Can also be used to plan a pregnancy. | Advantages |
| Disadvantages | <ul style="list-style-type: none"> • Periods may stop, be irregular or last longer. • Periods and fertility may take time to return after stopping the injection. • Some people gain weight. | <ul style="list-style-type: none"> • Periods may stop, be irregular or last longer. • 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 6 months. • Very small chance of getting an infection during the first 20 days after insertion. • Some people get ovarian cysts. • Insertion can be uncomfortable. | <ul style="list-style-type: none"> • May not be suitable if you're 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. • Insertion can be uncomfortable. | <ul style="list-style-type: none"> • You'll need other contraception until the sterilisation is effective. • All operations carry some risk, but risk of serious complications is low. • There's a small increased risk of ectopic pregnancy if the sterilisation fails. • You may need a general or local anaesthetic. | <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 8 weeks. • Some people may experience ongoing testicle pain but this isn't common. Treatment for this is often unsuccessful. | <ul style="list-style-type: none"> • Not suitable if you're very overweight or a smoker aged over 35. • A low risk of serious side effects such as blood clots, breast and cervical cancer. • Can be temporary side effects such as increased vaginal discharge, headaches, nausea, mood changes and breast tenderness. | <ul style="list-style-type: none"> • Not suitable if you're very overweight or a smoker aged over 35. • A low risk of serious side effects such as blood clots, breast and cervical cancer. • Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness. • Possible skin irritation. | <ul style="list-style-type: none"> • Not suitable if you're very overweight or a smoker aged over 35. • A low risk of some risk of serious side effects such as blood clots, breast 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, breast tenderness, weight change and headaches. • May get ovarian cysts. | <ul style="list-style-type: none"> • May slip off or split if not used correctly or is the wrong size or shape. • The penis needs to be withdrawn from the vagina straight after ejaculation before the penis goes soft, being careful not to spill any semen. | <ul style="list-style-type: none"> • Need to make sure the penis enters the condom and doesn't go between the vagina and the condom. • May get pushed into the vagina. • Not as widely available as external condoms. | <ul style="list-style-type: none"> • Extra spermicide is needed if you have sex again. • Some people can be sensitive to spermicide. • 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. | Disadvantages |
| Comments | <ul style="list-style-type: none"> • The injection can't 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, diarrhoea or vomiting. | <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 should be able to 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"> • You're taught to check the IUS is in place. • Periods may stop altogether. • A check for any existing infection may be advised before an IUS is put in. • Not affected by other medicines. • If fitted after 45, the Mirena IUS can stay in place until the menopause. | <ul style="list-style-type: none"> • You're taught to check the IUD is in place. • A check for any existing infection may be advised before an IUD is put in. • Not affected by other medicines. • If fitted after 40 it can stay in place until the menopause. | <ul style="list-style-type: none"> • Shouldn't be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilisation. It's important to rest and avoid strenuous activity for a while after the procedure. | <ul style="list-style-type: none"> • Shouldn't be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilisation. It's important to rest and avoid strenuous activity for a while after the procedure. | <ul style="list-style-type: none"> • You must be comfortable with inserting and removing it. • Ring is used for 3 weeks out of 4. • 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 is used each week for 3 weeks out of 4. • 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"> • Must be taken at the same time each day. • Not effective if taken over 3 hours late (12 hours for pills with desogestrel) or after vomiting or severe, long-lasting diarrhoea. • Some medicines may make it less effective. | <ul style="list-style-type: none"> • Must be put on before the penis touches a partner's genital area. • Oil-based products damage latex condoms, but can be used with polyurethane condoms. • Available in different shapes and sizes. • 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 online and in some pharmacies and free from contraception and sexual health clinics and young people's services, and some general practices and GUM clinics. | <ul style="list-style-type: none"> • You need to use the correct size. • You may need a different size after you've had a baby, miscarriage or abortion, or if you gain or lose more than 3kg (7lb) in weight. • Needs to be left in for 6 hours after sex. | <ul style="list-style-type: none"> • Persona is a small monitor with urine test sticks to measure hormonal changes. It predicts your fertile days. If used correctly it can be 94% effective. • There are many different fertility apps available. It's not yet known how effective these are. | Comments |