

CONTRACEPTIVE CHOICES

CONTINUOUS ABSTINENCE... you will not have any sex play with a partner.

100% EFFECTIVE

- prevents sexually transmitted infections

ADVANTAGES

- no medical or hormonal side effects

POSSIBLE DISADVANTAGES

- many people find it difficult to abstain from sex play for long periods of time
 - many people fail to use protection when abstinence ends
-

OUTERCOURSE... you will have sex play without vaginal intercourse. This will keep sperm from joining egg.

NEARLY 100% EFFECTIVE

- pregnancy is possible if sperm are spilled on the vulva
- reduces the risk of many sexually transmitted infections — unless body fluids are exchanged through unprotected oral or anal intercourse. Latex or female condoms can reduce risk of infection.

ADVANTAGES

- no medical or hormonal side effects
- may prolong sex play and enhance orgasm
- can be used when no other methods are available

POSSIBLE DISADVANTAGES

- many people find it difficult to abstain from vaginal intercourse
 - many people fail to use protection from pregnancy or infections if intercourse takes place
-

WITHDRAWAL... the man will pull his penis out of the vagina before he “comes” to keep sperm from joining egg.

81-96% EFFECTIVE (NEARLY 100% WITH CONDOM)*

- pregnancy is possible if sperm are spilled on the vulva
- not effective against sexually transmitted infections — use latex or female condoms to reduce the risk

ADVANTAGES

- can be used when no other method is available

POSSIBLE DISADVANTAGES

- requires great self-control, experience, and trust
- not for men who ejaculate — “come” — prematurely

- not for men who don't know when to pull out
- not recommended for teens

*The low end of the effectiveness range is *for typical use* — failure rates for people whose use is not consistent or always correct. The high end of the effectiveness range is *for perfect use* — failure rates for people whose use is consistent and always correct.

A COMBINED HORMONE METHOD — THE SHOT, THE PILL, THE RING, OR THE PATCH ...

Combined hormone methods use hormones similar to the estrogen and progesterone made by a woman's ovaries to

- usually, prevent the ovaries from releasing an egg (ovulation)
- also thicken cervical mucus to prevent sperm from joining egg
- rarely, prevent a fertilized egg from implanting in the uterus

95-99.9% EFFECTIVE

Not effective against sexually transmitted infections — use latex or female condoms to reduce the risk.

ADVANTAGES OF COMBINED HORMONE METHODS

- nothing to do right before sex to protect against pregnancy

Results of long-term studies won't be available for some time, but researchers assume that the non-contraceptive advantages associated with using injections, the ring, and the patch are similar to those known to be associated with the Pill:

- more regular, shorter periods
- less: menstrual flow and cramping, acne, iron deficiency anemia, excess body hair, premenstrual symptoms, as well as related headaches and depression
- protection against ovarian and endometrial cancers, pelvic inflammatory disease, noncancerous growths of the breasts, ovarian cysts, and osteoporosis (thinning of the bones)
- fewer occurrences of ectopic pregnancy (in a fallopian tube)
- ability to become pregnant returns quickly when use is stopped

POSSIBLE DISADVANTAGES WITH COMBINED HORMONE METHODS

- rare but serious health risks, including blood clots, heart attack, and stroke — women who are over 35 and smoke are at a greater risk
 - other side effects include temporary irregular bleeding, weight gain or loss, breast tenderness, nausea — rarely, vomiting, changes in mood, and other discomforts
-

THE SHOT (LUNELLE®)...your clinician will give you a shot with combined hormones in your arm, buttock, or thigh every month.

MORE THAN 99% EFFECTIVE

ADVANTAGES SPECIFIC TO LUNELLE

- protects against pregnancy for one month
- no pill to take daily

POSSIBLE DISADVANTAGE SPECIFIC TO LUNELLE

- must receive injection once a month

COST

\$30-\$35/monthly injection.

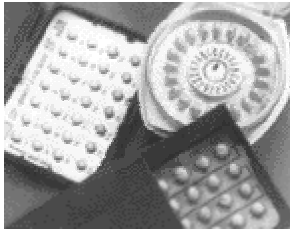
\$35-\$125/exam.

Some family planning clinics charge according to income.

THE PILL...your clinician will prescribe the right pill for you. Take one each day. Complete one pill-pack each month.

95-99.95% EFFECTIVE

POSSIBLE DISADVANTAGES SPECIFIC TO THE PILL



- must be taken daily
- persistent side effects may be relieved by having your clinician change your prescription (See disadvantages of combined methods.)

COST

- \$15-\$35/monthly pill-pack at drugstores — often less at clinics.

\$35-\$125/exam.

Some family planning clinics charge according to income.

THE RING (NUVARING®)...you will insert a small, flexible ring deep into the vagina. Insert a new ring once a month for *three out of four* weeks. It releases combined hormones that protect against pregnancy for one month.

95-99% EFFECTIVE

ADVANTAGES SPECIFIC TO NUVARING



- protects against pregnancy for one month
- no pill to take daily
- does not require a “fitting” by a clinician
- does not require the use of spermicide
- ability to become pregnant returns quickly when use is stopped

POSSIBLE DISADVANTAGES SPECIFIC TO NUVARING

- increased vaginal discharge
- vaginal irritation or infection
- cannot use oil-based vaginal medicine to treat yeast infection while the ring is in place
- cannot use a diaphragm or cervical cap for a backup method of birth control

COST

\$30-\$35/month supply of rings.

\$35-\$125/exam.

Some family planning clinics charge according to income.

THE PATCH (ORTHO EVRA®) ...you will place a thin plastic patch on the skin of the buttocks, stomach, upper outer arm, or upper torso once a week for *three out of four* weeks. It releases combined hormones that protect against pregnancy for one month.

95-99% EFFECTIVE



ADVANTAGES SPECIFIC TO ORTHO EVRA

- protects against pregnancy for one month
- no pill to take daily
- ability to become pregnant returns quickly when use is stopped

POSSIBLE DISADVANTAGES SPECIFIC TO ORTHO EVRA

- skin reaction at the site of application
- menstrual cramps
- for wearers of contact lenses, a change in vision or the inability to wear the lenses
- may not be as effective for women who weigh more than 198 pounds

COST

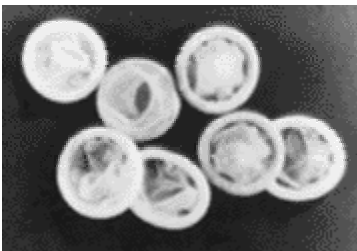
\$30-\$35/month supply of patches.

\$35-\$125/exam.

Some family planning clinics charge according to income.

AN OVER-THE-COUNTER BARRIER METHOD...

THE CONDOM...



...you will follow package instructions and cover penis with a condom (sheath made of thin latex or plastic) before intercourse to keep sperm from joining egg.

or

THE FEMALE CONDOM...



...you will follow package instructions and insert female condom deep in your vagina to keep sperm from joining egg.

or

SPERMICIDE...

...you will follow package instructions and insert spermicide — contraceptive foam, cream, jelly, film, or suppository — deep into your vagina shortly before intercourse to immobilize sperm and keep them from joining egg.



86-98% EFFECTIVE — the condom, nearly 100% with withdrawal

79-95% EFFECTIVE — female condom

72-94% EFFECTIVE — spermicide

Using the spermicide nonoxynol-9 many times a day may irritate tissue and increase risk of HIV infection.

Latex condoms and the female condom are effective against many sexually transmitted infections — including HIV.

ADVANTAGES

- easy to buy in drugstores, supermarkets, etc.
- can be put on or inserted as part of sex play
- the condom can help relieve premature ejaculation
- erection not necessary to keep female condom in place
- female condoms can be used by people allergic to latex
- external ring of female condom may stimulate clitoris

POSSIBLE DISADVANTAGES

Condom

- latex allergies
- loss of sensation
- breakage

Female condom

- may be noisy
- may be difficult to insert
- may irritate vagina, penis
- may slip into vagina during intercourse

Spermicide

- may irritate sex organs
- can be messy

COST

50¢ and up/condoms — some family planning centers give them away or charge very little. \$2.50/ female condom. \$8/applicator kits of spermicide foam and jelly (\$4-\$8 refills) similar prices for creams, films and suppositories

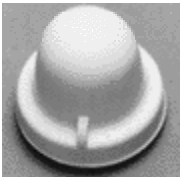
THE DIAPHRAGM OR CERVICAL CAP...your clinician will fit you with a shallow latex cup (diaphragm) or a thimble-shaped latex cap (cervical cap). Clinician also will show you how to coat diaphragm or cap with spermicide and put it in your vagina to keep sperm from joining egg.

80-94% EFFECTIVE — diaphragm



80-90% EFFECTIVE — cervical cap for women who have not had a child

60-80% EFFECTIVE — cervical cap for women who have had a child



Not effective against sexually transmitted infections — use latex or female condoms to reduce the risk.

ADVANTAGES

- no major health concerns
- can last several years

POSSIBLE DISADVANTAGES

- can be messy
- allergies to latex or spermicide
- should not be used during vaginal bleeding or infection

Diaphragm

- increased risk of bladder infection
- can only be left in place for up to 24 hours

Cervical Cap

- difficult for some women to use
- only four sizes — difficult to fit some women
- can only be left in place for up to 48 hours

COST

\$13-\$25/diaphragm or cap. \$50-\$125/examination. Often costs less at family planning clinics. \$4-\$8/supplies of spermicide jelly or cream.

A PROGESTIN-ONLY METHOD — IMPLANTS, SHOTS, OR PILLS ...

Progestin-only methods use a hormone similar to the progesterone made by a woman's ovaries to

- usually, thicken cervical mucus to prevent sperm from joining egg
- less often, prevent the ovaries from releasing an egg (ovulation)
- rarely, prevent a fertilized egg from implanting in the uterus

95-99.9% EFFECTIVE

Not effective against sexually transmitted infections — use latex or female condoms to reduce the risk.

ADVANTAGES OF PROGESTIN-ONLY METHODS

- can be used by women who cannot take estrogen
- nothing has to be put in place before vaginal intercourse
- can be used while breast-feeding

POSSIBLE DISADVANTAGES WITH HORMONE METHODS

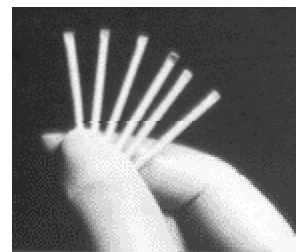
- irregular bleeding patterns
 - headache
 - nausea
 - dizziness
 - sore breasts
-

IMPLANTS (NORPLANT®) ... your clinician will put six small implants under the skin of your upper arm. They will constantly release small amounts of hormone. (They must be removed by a clinician.)

99.95% EFFECTIVE

ADVANTAGES SPECIFIC TO NORPLANT

- gives continuous long-lasting birth control without sterilization — for five years
- no pill to take daily
- ability to become pregnant returns quickly when use is stopped



POSSIBLE DISADVANTAGES SPECIFIC TO NORPLANT

- acne, skin rash, change in appetite, weight gain, depression, hair loss or increased hair on the face or body, nervousness, and cysts on the ovaries
- discoloring or scarring of the skin over the implants
- risks of minor surgery
- removal is sometimes difficult, requiring more than one appointment

COST

\$500-\$750/exam, implants, and insertion.

\$100-\$200/removal.

Some family planning clinics charge according to income.

THE SHOT (DEPO-PROVERA®)... your clinician will give you a shot of hormone in your arm or buttock every 12 weeks.

99.7% EFFECTIVE



ADVANTAGES SPECIFIC TO DEPO-PROVERA

- effective for 12 weeks
- no pill to take daily
- helps prevent cancer of the lining of the uterus

POSSIBLE DISADVANTAGES SPECIFIC TO DEPO-PROVERA

- must receive injection every three months
- loss of monthly period, change of appetite, weight gain, depression, hair loss, or increased hair on the face or body, nervousness, skin rash or spotty darkening of the skin, change in sex drive
- side effects not reversed until medication wears off (up to 12 weeks)
- may cause delay in getting pregnant after shots are stopped
- pregnancies, which rarely occur, are more likely to be ectopic (in a fallopian tube)

COST

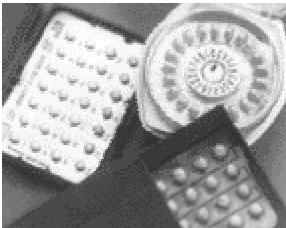
\$20-\$40/visits to clinician.

\$30-\$75/injection. Some family planning clinics charge according to income.

POPs (PROGESTIN-ONLY BIRTH CONTROL PILLS)... your clinician will prescribe pills for you. Take one each day. Complete one pill-pack each month.

95-99.9% EFFECTIVE

ADVANTAGE SPECIFIC TO POPs



- ability to become pregnant returns quickly when use is stopped

POSSIBLE DISADVANTAGE SPECIFIC TO POPs

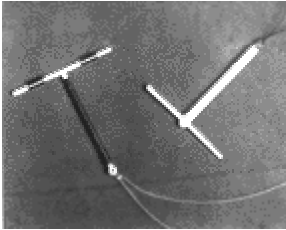
- must be taken at the same time of day each day to reduce the risk of pregnancy and irregular bleeding

COST

\$15-\$35/monthly pill-pack at drugstores — often less at clinics.

\$35-\$125/exam. Some family planning clinics charge according to income.

THE IUD (INTRAUTERINE DEVICE)... your clinician will put a small plastic device in your uterus.



The IUD contains copper or hormones that

- keep sperm from joining egg
- rarely, prevent fertilized egg from implanting in uterus

97.4-99.2% EFFECTIVE

Not effective against sexually transmitted infections — use latex or female condoms to reduce the risk.

ADVANTAGES

- nothing to put in place before intercourse
- ParaGard[®] may be left in place for up to 10 years, Mirena[®] for five years, and Progestasert[®] for one year
- no pill to take daily
- IUDs with hormones may reduce menstrual cramps
- ability to become pregnant returns quickly when use is stopped

POSSIBLE DISADVANTAGES

- increase in cramps and heavier and longer periods (copper IUDs)
- spotting between periods
- increased chance of tubal infection leading to infertility if inserted when a woman has a sexually transmitted infection
- rarely, wall of uterus is punctured during insertion
- rarely, insertion can cause infection
- pregnancies, which rarely occur, are more likely to be ectopic (in a fallopian tube)

COST

\$175-\$400/exam, insertion, and follow-up visit. Some family planning clinics charge according to income.

FERTILITY AWARENESS-BASED METHODS (FAMs)...a professional will teach you how to chart your menstrual cycle and to detect certain physical signs to help you predict fertility or “unsafe” days. Abstain from intercourse or use condoms, diaphragms, cervical caps, or spermicide during nine or more “unsafe” days.

FAMs may include

- checking temperature daily
- checking cervical mucus daily

- recording menstrual cycles on calendar
- keeping a very accurate record of when your period comes each month

75-99% EFFECTIVE

Not effective against sexually transmitted infections — use latex or female condoms to reduce the risk.

ADVANTAGES

- no medical or hormonal side effects

POSSIBLE DISADVANTAGES

- requires expert training before effective use
- uncooperative partners
- taking risks during "unsafe" days
- poor record keeping
- illness and lack of sleep affect body temperature and may interfere with the temperature method
- changes caused by vaginal infections and douches may interfere with the cervical mucus method

COST

\$5-\$8 and up/temperature kits (drugstores). Free classes often available in health and church centers.

Emergency CONTRACEPTION if...

His condom broke. You forgot to take your pill. He didn't pull out in time. You weren't using any birth control. He forced you to have unprotected sex.

Emergency Contraception (EC) ... is designed to prevent pregnancy *after* unprotected vaginal intercourse.

... is provided in two ways:

- Emergency contraception pills — two doses of hormonal pills taken 12 hours apart. They can reduce the risk of pregnancy up to 120 hours after unprotected vaginal intercourse. They work best when the first dose is taken within 72 hours — during this time they can reduce the risk of pregnancy from 75 to 89%. Nausea, vomiting, and cramping are common side effects when combined hormones — estrogen and progestin — are used.
- Emergency IUD insertion within five days of unprotected intercourse is 99.9% effective.

Don't use emergency hormonal contraception if you

- are pregnant
- are allergic to the medication

Consult your clinician about what kind of emergency contraception pills may be best for you.

STERILIZATION... you will have an operation to keep sperm from joining egg.

- Tubal sterilization — intended to permanently block woman's tubes where sperm join egg
- Vasectomy — intended to permanently block man's tubes that carry sperm

99.5-99.9% EFFECTIVE

Not effective against sexually transmitted infections — use latex or female condoms to reduce the risk.

ADVANTAGES

- permanent protection against pregnancy
- no lasting side effects
- no effect on sexual pleasure
- protects women whose health would be seriously threatened by pregnancy

POSSIBLE DISADVANTAGES

- risks of minor surgery
- some people later regret not being able to have children
- not usually reversible if you change your mind
- rarely, tubes reopen, allowing pregnancy to occur

Tubal sterilization

- bruising where the incision is made
- very rare injury to blood vessels or bowel
- pregnancies that rarely occur are more likely to be ectopic (in a fallopian tube)

Vasectomy

- infection or blood clot in or near the testicles
- temporary bruises, swelling, or tenderness of the scrotum
- sperm leakage may form temporary small lumps near testicles

COST

\$1,000-\$2,500/ tubal sterilization

\$240-\$520/vasectomy

(Vasectomy costs less because it is a simpler procedure that can be done in the clinician's office.)

**Comparison Of Effectiveness
Number of Pregnancies per 100 Women
During First Year of Use**

Method	Typical use*	Perfect use**	Risk Reduction for Sexually Transmitted
Continuous Abstinence	0.00	0.00	complete
Outercourse	N/A***	N/A	some
Norplant® (implant)	0.05	0.05	none
Sterilization			
Men	0.15	0.1	none
Women	0.5	0.5	none
Depo-Provera®	0.3	0.3	none
IUD			
ParaGard® (copper T 380A)	0.8	0.6	none
Progestasert®	2.0	1.5	none
Mirena® (copper T 380A)	0.1	0.1	none
Lunelle® (injection)	N/A	0.1	none
The Pill			
combination	5.0	0.1	none
progestin-only	5.0	0.5	none
Male Condom	14.0	3.0	good against HIV; reduces risk of others
Withdrawal	19.0	4.0	none
Diaphragm	20.0	6.0	limited
Cervical Cap			
Women who have not given birth	20.0	9.0	limited
Women who have given birth	40.0	30.0	limited

Female Condom	21.0	5.0	some
Predicting Fertility			
Periodic Abstinence	20.0		none
post ovulation method		1.0	none
symptothermal method		2.0	none
cervical mucus (ovulation) method		3.0	none
calendar method		9.0	none
Fertility Awareness Methods			
with male or female condom	N/A	N/A	none
with diaphragm or cap	N/A	N/A	none
with withdrawal or other methods	N/A	N/A	none
Spermicide	26.0	6.0	limited
No Method	85.0	85.0	none

Emergency Contraception

Emergency Contraception Pills: Treatment initiated within 72 hours after unprotected intercourse reduces the risk of pregnancy by 75-89 percent. (No protection against infection.) Emergency IUD Insertion: Treatment initiated within seven days after unprotected intercourse reduces the risk of pregnancy by more than 99 percent. (No protection against infection.)

Contraceptive effectiveness rates: James Trussell *et al.* (1998). *Contraceptive Technology — 17th Edition*, New York: Ardent Media.

*"Typical Use": refers to failure rates for women and men whose use is not consistent or always correct.

**"Perfect Use": refers to failure rates for those whose use is consistent and always correct.

*** N/A Effectiveness rates not available.