

your guide to contraception

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



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 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 for two years if aged under 50, and for one year if over 50. This advice may be different for women using hormonal contraception.

How do I choose which method to use?

There are many methods of contraception to choose from and 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 at www.fpa.org.uk. You can also talk through the different methods with a doctor or nurse or call the FPA helpline (0845 122 8690).

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 suit 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.

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 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 the emergency contraceptive pill Levonelle free from:

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

If you are 16 or over you can buy the emergency contraceptive pill Levonelle 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 **0800 567 123** and the service is available from Monday to Friday from

9am - 8pm and at weekends from 11am - 4pm.

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

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

Clinics

To locate 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.nhs.24.com and in Northern Ireland at www.hscni.net.

Emergency contraception

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

- The emergency contraceptive pill, Levonelle - can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne - can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An IUD - can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor, nurse or pharmacist about getting emergency pills in advance, just in case you need them.

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 settling (implanting) in the uterus. 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 is not as effective as using other methods of contraception regularly and does not protect you against sexually transmitted infections.

Can I use breastfeeding as a form of contraception?

Breastfeeding is 98 per cent effective in preventing pregnancy, providing:

- 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.

See the FPA booklet *Your guide to contraception after you've had your baby* at www.fpa.org.uk.

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 get further information from the FPA booklet *Pregnant and don't know what to do?* at www.fpa.org.uk.

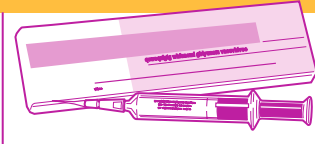
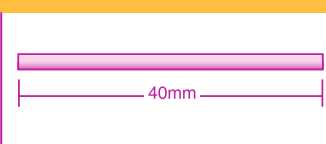
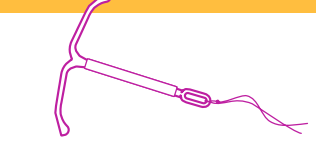
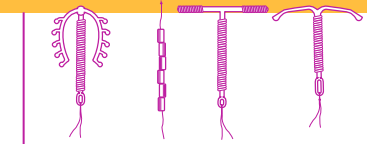
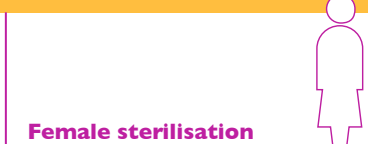

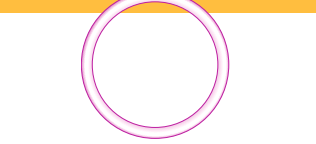

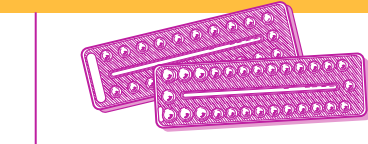

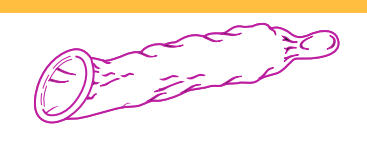


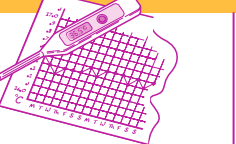
Sexually transmitted infections

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. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which 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.

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	 Implant	 Intrauterine system (IUS)	 Intrauterine device (IUD)	 Female sterilisation (tubal occlusion)	 Male sterilisation (vasectomy)	 Contraceptive vaginal ring	 Contraceptive patch	 Combined pill (COC)	 Progestogen-only pill (POP)	 Male condom	 Female condom	 Diaphragm/cap with spermicide	 Natural family planning	
Effectiveness	Over 99 per cent effective. Less than four women in 1,000 will get pregnant over two years.	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 two women in 100 will get pregnant over five years.	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.	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 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.	Over 99 per cent effective if taken according to instructions. Less than one woman in 100 will get pregnant in a year.	98 per cent effective if used according to instructions. Two women in 100 will get pregnant in a year.	95 per cent effective if used according to instructions. Five women in 100 will get pregnant in a year.	Diaphragms and caps are 92–96 per cent effective when used with spermicide. Between four and eight women in 100 will get pregnant in a year.	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.	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. 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. 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. 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 tied.	A small, flexible, plastic ring 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 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.	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.	Contains the hormone progesterone, which thickens cervical mucus to prevent sperm reaching an egg. In some cycles it stops ovulation.	Made of very thin latex (rubber) or polyurethane (plastic) it is put over the erect penis and stops sperm from entering the vagina.	Made of soft thin polyurethane which loosely lines the vagina and 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. This stops sperm from entering the uterus 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 12 weeks (Depo-Provera), eight weeks (Noristerat) or 13 weeks (Sayana Press). • You can use it if you are breastfeeding. • 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 cannot easily be reversed. • Once the operation has worked, you don't have to think about contraception. • Periods are unaffected. 	<ul style="list-style-type: none"> • It cannot easily be reversed. • Once the operation 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 is not affected if you vomit or have diarrhoea. • Can make periods regular, lighter and less painful. • It is easy to insert and remove. 	<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. • Periods will usually become more regular, lighter and less painful. • It improves acne for some women. 	<ul style="list-style-type: none"> • 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 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 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 both partners from sexually transmitted infections. • Oil-based products can be used with female condoms. • 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. • 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. 	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 women gain weight. 	<ul style="list-style-type: none"> • Periods may stop, be irregular or last longer. • Acne may occur, or worsen. • 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. • Very small chance of getting an infection during the first 20 days after insertion. • May get ovarian cysts. • Insertion can be uncomfortable. 	<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. • Insertion can be uncomfortable. 	<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. • You will 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 eight weeks. • Some men may experience ongoing testicle pain but this is not common. Treatment for this is often unsuccessful. 	<ul style="list-style-type: none"> • Not suitable for very overweight women or smokers over 35 years. • Low risk of serious side-effects such as blood clots, breast and cervical cancer. • Can be temporary side-effects including increased vaginal discharge, headaches, nausea, mood changes and breast tenderness. 	<ul style="list-style-type: none"> • Not suitable for very overweight women or smokers over 35 years. • 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 for very overweight women or smokers over 35 years. • 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. 	<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. • 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"> • 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"> • 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 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, 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"> • 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. • 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. 	<ul style="list-style-type: none"> • Women must be comfortable with inserting and removing it. • Ring is 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 is 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. 	<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 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 have had a baby, miscarriage or abortion. • Needs to be left in for six hours after sex. 	<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. 	Comments

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organisation 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 are worried or unsure about anything.



talking sense about sex



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 edition available in 2015.

If you would like the information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

