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Birth Control Options

What is contraception?

Contraception means preventing pregnancy, also called birth control. Most people know about options such as birth control pills and condoms. However, there are also other options. If you're thinking about birth control, talk with your family doctor. Your choice will depend on your health, your desire for protection against disease and your personal beliefs and preferences. As always, when looking at birth control, keep in mind that any method only works if you use it consistently and correctly.

What kind of birth control is right for me?

The type of birth control you choose depends on your needs. Some people only need to prevent pregnancy. Other people may also want to protect themselves or their partners from diseases that can be passed by having sex. These diseases are called sexually transmitted infections (STIs). Some STIs include [acquired immunodeficiency syndrome \(AIDS\)](#), [chlamydia](#), [human papillomavirus \(HPV\)](#), [herpes](#), [genital warts](#) and [syphilis](#).

Talk with your family doctor about the pros and cons of each birth control option.

Is saying "no" to sex really an option?

Yes. No method of birth control is 100% effective. The risk of getting pregnant or catching an STI may outweigh the pleasure you get from sex. The only way to make absolutely sure you don't get pregnant, get someone pregnant or get an STI is not to have sex at all.

Barrier methods of birth control

Barrier methods prevent pregnancy by blocking sperm from getting into the uterus. They include the diaphragm, the cervical cap, contraceptive sponges and condoms. Barrier methods must be used every time you have sex.

A woman must visit her doctor to be fitted for a diaphragm or a cervical cap. Using a [diaphragm](#), cervical cap or contraceptive sponge may increase the risk of urinary tract infections in some women. Some women have allergic reactions with these methods.

Are condoms a good choice?

Yes. Condoms aren't expensive and are widely available. Condoms can be combined with other methods of birth control. Condoms are an especially good choice if you or your partner are also having sex with other people or if either of you have had sex with other people in the past.

Of all the barrier method options, condoms offer the most protection against STIs.

Using a spermicide with condoms can offer better protection against pregnancy, but it may not increase your protection against STIs. Spermicides containing nonoxynol-9 can cause genital irritation and may actually increase your risk of catching an STI.

Female condoms aren't as effective as male condoms, but they may be a good choice if a man won't use a male condom.

Hormonal methods of birth control

Hormonal methods of birth control prevent pregnancy mainly by preventing ovulation (the release of an egg by the ovaries). They do this by releasing the hormones estrogen and progestin (or progestin alone) into your body. Hormonal methods of birth control are prescribed by your doctor and include the birth control pill, the patch, the vaginal ring, hormone shots and implants and a type of intrauterine device.

What about the pill?

The birth control pill is an oral contraceptive, meaning you take it by mouth. For the pill to work, you have to take it every day. Most women who take the pill have a period every 4 weeks (1 a month). One type of birth control pill reduces the number of periods from 1 period a month to about 1 period every 3 months.

Some common side effects of birth control pills are nausea, headaches, acne, increased blood pressure, breast tenderness, bloating, weight gain and depression. However, not every woman who takes the pill will have side effects. You may have to try several types of birth control pills before you find the type that is best for you. The pill may reduce cramping and shorten the number of days of bleeding during the menstrual period. The pill may also help premenstrual syndrome (PMS). Women who take the pill should not smoke. Smoking increases the risk of serious side effects, such as blood clots.

What about the patch?

The contraceptive patch is a thin, flexible patch that you put on your upper arm, buttocks, stomach or chest (but not on your breasts). You put on a patch once a week for 3 weeks. On the 4th week, you don't wear a patch and your period starts.

The side effects are similar to those of birth control pills. Breast discomfort is more common in the first two months using the patch. The area of skin where the patch was placed can become irritated. Women who use the patch should not smoke. Smoking increases the risk of serious side effects, such as blood clots.

What is the vaginal contraceptive ring?

The vaginal contraceptive ring is a thin, circular, flexible ring that you insert into your vagina. After you insert the ring, you leave it in your vagina for 3 weeks and then take it out. It doesn't have to be in a specific position in your vagina. During the week the ring is out, your period starts. After a week without the ring, you put in a new one.

If the ring is out of your vagina for more than 3 hours, it may not work effectively when you put it back in. To protect against pregnancy, you will need to use another form of birth control until the ring has been in all the time for 7 days in a row. Some women stop using the ring because of concerns such as feeling the ring in their vagina, problems with sex and the vagina pushing out the ring. Women who use

the vaginal ring should not smoke. Smoking increases the risk of serious side effects, such as blood clots.

What about hormone shots and implants?

The hormone shot is an injection (typically in your arm). You have to visit your doctor for each shot. One shot prevents pregnancy for 3 months. Women who have the shots may have some side effects, such as headaches and changes in their periods, moods and weight.

The hormone implant is a thin, flexible piece of plastic that is about the size of a matchstick. Your doctor inserts the implant under the skin of your upper arm. One implant prevents pregnancy for up to 3 years, but your doctor can remove the implant at any time. Side effects of the implant include irregular bleeding or spotting, or periods that are lighter or heavier than normal. Some women stop having periods entirely.

What about an IUD?

"IUD" stands for "intrauterine device." An IUD is a small, T-shaped device put in a woman's uterus by her doctor. Two kinds of IUDs are available. One contains copper and the other releases a small amount of the hormone progestin. The copper IUD has been in use for a longer period of time. It lasts for up to 12 years. The hormonal IUD is similar in size and shape to the copper-containing IUD, but it is safer and has fewer side effects. It lasts for 5 years.

To have an IUD inserted, you go to the doctor for a pelvic exam within a week after you start your period. After cleaning your vagina and cervix, the doctor slides a thin plastic tube containing the device into your uterus. Your doctor removes the plastic tube and makes sure that the IUD is in the right place. The IUD has strings that the doctor cuts to the right length. You have to check these threads each month to make sure that the IUD is in place. Some women find that their uterus pushes out the IUD. There is a risk of ectopic pregnancy (when a fertilized egg grows outside the uterus). There is also a risk of pelvic inflammatory disease, but the risk is lower than for traditional IUDs.

Some IUDs used in the past were related to serious health problems. Today IUDs are safer, but they still have some risks. Most doctors prefer to use IUDs only in women who have already had a baby. Side effects of all IUDs include cramping or pain when the IUD is first inserted and spotting between periods for the first 3 to 6 months. Side effects of copper IUDs include heavier bleeding and stronger cramps during periods. Side effects of the hormonal IUD include irregular periods in the first 3 to 6 months. Some women stop having periods entirely.

Sterilization

Sterilization is when a man or woman has a surgical operation to permanently prevent pregnancy. If you're sure that you don't want to have children or you don't want more children, sterilization may be the right choice for you.

Tubal ligation (also called "getting your tubes tied") involves closing off a woman's fallopian tubes so eggs can't travel through them to reach the uterus. Your doctor can also close off your fallopian tubes by inserting a metal coil into each tube.

Men are sterilized with a vasectomy. During this procedure, the doctor closes off the man's vas deferens (sperm ducts) so sperm can't get through.

Natural family planning

Natural family planning requires a couple to learn when in the woman's cycle she can get pregnant (usually 4 days before and 2 days after ovulation). To prevent pregnancy, the couple must use a barrier method of birth control or not have intercourse during those days. There are a number of ways to keep track of a woman's ovulation. All of them require a lot of planning and commitment.

Is withdrawal effective?

No. When a man tries to pull out before ejaculating ("coming"), he usually leaves behind a small amount of fluid that leaks from the penis during sex. This fluid has enough sperm in it to cause pregnancy.

How well do these birth control methods work?

The box below shows the failure rates (number of pregnancies per 100 women per year) for different types of birth control. These numbers are for couples who use the methods the correct way every time they have sex. The failure rates are higher if you don't use birth control the correct way every time.

Failure rates for birth control methods when used correctly

(Number of pregnancies per 100 women per year)	
Male condom alone	11
Female condom alone	21
Diaphragm with spermicide	17
Cervical cap with spermicide	17 to 23
Sponge with spermicide	14 to 28
Spermicide alone	20 to 50
Oral contraceptives	1 to 2
Contraceptive patch*	1 to 2
Vaginal contraceptive ring	1 to 2
Hormone shots	less than 1
IUD	less than 1
Periodic abstinence	20
Surgical sterilization (female)	less than 1
Surgical sterilization (male)	less than 1

*Contraceptive patch is less effective in women who weigh more than 198 pounds.

Information from U.S. Food and Drug Administration. Birth Control Guide. Retrieved August 4, 2004, from the World Wide Web: <http://www.fda.gov/ForConsumers/ByAudience/ForWomen/ucm118465.htm>

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