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TDD: 1-888-220-5446

Birth Control Methods

Q: What is the best method of birth control (or contraception)?

A: There is no "best" method of birth control. Each method has its pros and cons.

All women and men can have control over when, and if, they become parents. Making choices about birth control, or contraception, isn't easy. There are many things to think about. To get started, learn about birth control methods you or your partner can use to prevent pregnancy. You can also talk with your doctor about the choices.

Before choosing a birth control method, think about:

- Your overall health
- How often you have sex
- The number of sex partners you have
- If you want to have children someday
- How well each method works to prevent pregnancy
- Possible side effects
- Your comfort level with using the method

Keep in mind, even the most effective birth control methods can fail. But your chances of getting pregnant are lowest if the method you choose always is used correctly and every time you have sex.

Q: What are the different types of birth control?

A: You can choose from many methods of birth control. They are grouped by how they work:

Types of Birth Control

Continuous Abstinence

Natural Family Planning/ Rhythm Method

Barrier Methods

- Contraceptive Sponge
- Diaphragm, Cervical Cap, and Cervical Shield
- Female Condom
- Male Condom

Hormonal Methods

- Oral Contraceptives — Combined pill ("The pill")
- Oral Contraceptives — Progestin-only pill ("Mini-pill")
- The Patch
- Shot/Injection
- Vaginal Ring

Implantable Devices

- Implantable Rods
- Intrauterine Devices

Permanent Birth Control Methods

- Sterilization Implant
- Surgical Sterilization

Emergency Contraception

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Continuous Abstinence

This means not having sex (vaginal, anal, or oral) at any time. It is the only sure way to prevent pregnancy and protect against sexually transmitted infections (STIs), including HIV.

Natural Family Planning/Rhythm Method

This method is when you do not have sex or use a barrier method on the days you are most fertile (most likely to become pregnant). You can read about barrier methods in the following chart.

A woman who has a regular menstrual cycle has about 9 or more days each month when she is able to get pregnant. These fertile days are about 5 days before and 3 days after ovulation, as well as the day of ovulation.

To have success with this method, you need to learn about your menstrual cycle. Then you can learn to predict which days you are fertile or "unsafe." To learn about your cycle, keep a written record of:

- When you get your period
- What it is like (heavy or light blood flow)
- How you feel (sore breasts, cramps)

This method also involves checking your cervical mucus and recording your body temperature each day. Cervical mucus is the discharge from your vagina. You are most fertile when it is clear and slippery like raw egg whites. Use a basal thermometer to take your temperature and record it in a chart. Your temperature will rise 0.4 to 0.8° F on the first day of ovulation. You can talk with your doctor or a natural family planning instructor to learn how to record and understand this information.

Barrier Methods — Put up a block, or barrier, to keep sperm from reaching the egg

Contraceptive Sponge

This barrier method is a soft, disk-shaped device with a loop for taking it out. It is made out of polyurethane (pah-lee-YUR-uh-thayn) foam and contains the spermicide (SPUR-muh-syd) nonoxynol-9. Spermicide kills sperm.

Before having sex, you wet the sponge and place it, loop side down, inside your vagina to cover the cervix. The sponge is effective for more than one act of intercourse for up to 24 hours. It needs to be left in for at least 6 hours after having sex to prevent pregnancy. It must then be taken out within 30 hours after it is inserted.

Only one kind of contraceptive sponge is sold in the United States. It is called the Today Sponge. Women who are sensitive to the spermicide nonoxynol-9 should not use the sponge.

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Barrier Methods — Put up a block, or barrier, to keep sperm from reaching the egg

Diaphragm, Cervical Cap, and Cervical Shield

These barrier methods block the sperm from entering the cervix (the opening to your womb) and reaching the egg.

- The diaphragm is a shallow latex cup.
- The cervical cap is a thimble-shaped latex cup. It often is called by its brand name, FemCap.
- The cervical shield is a silicone cup that has a one-way valve that creates suction and helps it fit against the cervix. It often is called by its brand name, Lea's Shield.

The diaphragm and cervical cap come in different sizes, and you need a doctor to "fit" you for one. The cervical shield comes in one size, and you will not need a fitting.

Before having sex, add spermicide (to block or kill sperm) to the devices. Then place them inside your vagina to cover your cervix. You can buy spermicide gel or foam at a drug store.

All three of these barrier methods must be left in place for 6 to 8 hours after having sex to prevent pregnancy. The diaphragm should be taken out within 24 hours. The cap and shield should be taken out within 48 hours.

Female Condom

This condom is worn by the woman inside her vagina. It keeps sperm from getting into her body. It is made of thin, flexible, manmade rubber and is packaged with a lubricant. It can be inserted up to 8 hours before having sex. Use a new condom each time you have intercourse. And don't use it and a male condom at the same time..

Male Condom

Male condoms are a thin sheath placed over an erect penis to keep sperm from entering a woman's body. Condoms can be made of latex, polyurethane, or "natural/lambskin". The natural kind do not protect against STIs. Condoms work best when used with a vaginal spermicide, which kills the sperm. And you need to use a new condom with each sex act.

Condoms are either:

- Lubricated, which can make sexual intercourse more comfortable
- Non-lubricated, which can also be used for oral sex. It is best to add lubrication to non-lubricated condoms if you use them for vaginal or anal sex. You can use a water-based lubricant, such as K-Y jelly. You can buy them at the drug store. Oil-based lubricants like massage oils, baby oil, lotions, or petroleum jelly will weaken the condom, causing it to tear or break.

Keep condoms in a cool, dry place. If you keep them in a hot place (like a wallet or glove compartment), the latex breaks down. Then the condom can tear or break.

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Hormonal Methods — Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Oral Contraceptives — Combined pill ("The pill")

The pill contains the hormones estrogen and progestin. It is taken daily to keep the ovaries from releasing an egg. The pill also causes changes in the lining of the uterus and the cervical mucus to keep the sperm from joining the egg.

Some women prefer the "extended cycle" pills. These have 12 weeks of pills that contain hormones (active) and 1 week of pills that don't contain hormones (inactive). While taking extended cycle pills, women only have their period three to four times a year.

Many types of oral contraceptives are available. Talk with your doctor about which is best for you.

Your doctor may advise you not to take the pill if you:

- Are older than 35 and smoke
- Have a history of blood clots
- Have a history of breast, liver, or endometrial cancer

Antibiotics may reduce how well the pill works in some women. Talk to your doctor about a backup method of birth control if you need to take antibiotics.

Oral Contraceptives — Progestin-only pill ("Mini-pill")

Unlike "the pill," the mini-pill only has one hormone — progestin. Taken daily, the mini-pill thickens cervical mucus, which keeps the sperm from joining the egg. Less often, it stops the ovaries from releasing an egg.

Mothers who breastfeed can use the mini-pill. It won't affect their milk supply. The mini-pill is a good option for women who:

- Can't take estrogen
- Are older than 35
- Have a risk of blood clots

The mini-pill must be taken at the same time each day. A backup method of birth control is needed if you take the pill more than 3 hours late. Antibiotics may reduce how well the pill works in some women. Talk to your doctor about a backup method of birth control if you need to take antibiotics.

The Patch

Also called by its brand name, Ortho Evra, this skin patch is worn on the lower abdomen, buttocks, outer arm, or upper body. It releases the hormones progestin and estrogen into the bloodstream to stop the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg. You put on a new patch once a week for 3 weeks. You don't use a patch the fourth week in order to have a period.

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Hormonal Methods — Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Shot/Injection

The birth control shot often is called by its brand name Depo-Provera. With this method you get injections, or shots, of the hormone progestin in the buttocks or arm every 3 months. A new type is injected under the skin. The birth control shot stops the ovaries from releasing an egg in most women. It also causes changes in the cervix that keep the sperm from joining with the egg.

The shot should not be used more than 2 years in a row because it can cause a temporary loss of bone density. The loss increases the longer this method is used. The bone does start to grow after this method is stopped. But it may increase the risk of fracture and osteoporosis if used for a long time.

Vaginal Ring

This is a thin, flexible ring that releases the hormones progestin and estrogen. It works by stopping the ovaries from releasing eggs. It also thickens the cervical mucus, which keeps the sperm from joining the egg.

It is commonly called NuvaRing, its brand name. You squeeze the ring between your thumb and index finger and insert it into your vagina. You wear the ring for 3 weeks, take it out for the week that you have your period, and then put in a new ring.

Implantable devices — Devices that are inserted into the body and left in place for a few years.

Implantable Rod

This is a matchstick-size, flexible rod that is put under the skin of the upper arm. It is often called by its brand name, Implanon. The rod releases a progestin, which causes changes in the lining of the uterus and the cervical mucus to keep the sperm from joining an egg. Less often, it stops the ovaries from releasing eggs. It is effective for up to 5 years.

Intrauterine Devices or IUDs

An IUD is a small device shaped like a "T" that goes in your uterus. There are two types:

- **Copper IUD** — The copper IUD goes by the brand name ParaGard. It releases a small amount of copper into the uterus, which prevents the sperm from reaching and fertilizing the egg. It fertilization does occur, the IUD keeps the fertilized egg from implanting in the lining of the uterus. A doctor needs to put in your copper IUD. It can stay in your uterus for 5 to 10 years.
- **Hormonal IUD** — The hormonal IUD goes by the brand name Mirena. It is sometimes called an intrauterine system, or IUS. It releases progestin into the uterus, which keeps the ovaries from releasing an egg and causes the cervical mucus to thicken so sperm can't reach the egg. It also affects the ability of a fertilized egg to successfully implant in the uterus. A doctor needs to put in a hormonal IUD. It can stay in your uterus for up to 5 years.

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Permanent Birth Control Methods — For people who are sure they never want to have a child or they do not want more children

Sterilization Implant (Essure)

Essure is the first non-surgical method of sterilizing women. A thin tube is used to thread a tiny spring-like device through the vagina and uterus into each fallopian tube. The device works by causing scar tissue to form around the coil. This blocks the fallopian tubes and stops the egg and sperm from joining.

It can take about 3 months for the scar tissue to grow, so it's important to use another form of birth control during this time. Then you will have to return to your doctor for a test to see if scar tissue has fully blocked your tubes.

Surgical Sterilization

For women, surgical sterilization closes the fallopian tubes by being cut, tied, or sealed. This stops the eggs from going down to the uterus where they can be fertilized. The surgery can be done a number of ways. Sometimes, a woman having cesarean birth has the procedure done at the same time, so as to avoid having additional surgery later.

For men, having a vasectomy (vuh-SEK-tuh-mee) keeps sperm from going to his penis, so his ejaculate never has any sperm in it. Sperm stays in the system after surgery for about 3 months. During that time, use a backup form of birth control to prevent pregnancy. A simple test can be done to check if all the sperm is gone; it is called a semen analysis.

Emergency Contraception — Used if a woman's primary method of birth control fails. It should not be used as a regular method of birth control.

Emergency Contraception (Plan B, also called "morning-after pill")

Emergency birth control is used to keep a woman from getting pregnant when she has had unprotected vaginal intercourse. "Unprotected" can mean that no method of birth control was used. It can also mean that a birth control method was used but did not work — like a condom breaking. Or, a woman may have forgotten to take her birth control pills, or may have been abused or forced to have sex.

Emergency contraception consists of taking two doses of hormonal pills 12 hours apart. They work by stopping the ovaries from releasing an egg or keeping the sperm from joining with the egg. For the best chances for it to work, start the pills as soon as possible after unprotected sex. It should be started within 72 hours after having unprotected sex. Starting emergency contraception within 5 days after having unprotected sex might lower your risk of getting pregnant.

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Q: Can all types of birth control prevent sexually transmitted infections (STIs)?

A: No. The male latex condom is the only birth control method proven to help protect you from STIs, including HIV. Research is being done to find out how effective the female condom is at preventing STIs and HIV. For more information, see Will birth control pills protect me from sexually transmitted infections (STIs), including HIV/AIDS?

Q: How well do the different kinds of birth control methods work? Do they have side effects?

A: All birth control methods work the best if used correctly and every time you have sex. Be sure you know the right way to use them. Sometimes doctors don't explain how to use a method because they assume you already know. Talk with your doctor if you have questions. They are used to talking about birth control. So don't feel embarrassed about talking to him or her.

Some birth control methods can take time and practice to learn. For example, some people don't know you can put on a male condom "inside out." Also, not everyone knows you need to leave a little space at the tip of the condom for the sperm and fluid when a man ejaculates, or has an orgasm.

Here is a list of some birth control methods with their failure rates and possible side effects.

Method	Failure rate (the number of pregnancies expected per 100 women)	Some side effects and risks
Sterilization surgery for women	Less than 1	Pain Bleeding Complications from surgery Ectopic (tubal) pregnancy
Sterilization implant for women (Essure)	Less than 1	Pain Ectopic (tubal) pregnancy
Sterilization surgery for men	Less than 1	Pain Bleeding Complications from surgery

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Method	Failure rate (the number of pregnancies expected per 100 women)	Some side effects and risks
Implantable rod (Implanon)	Less than 1 Might not work as well for women who are overweight or obese.	Acne Weight gain Ovarian cysts Mood changes Depression Hair loss Headache Upset stomach Dizziness Sore breasts Changes in period Lower interest in sex
Intrauterine device (ParaGard, Mirena)	Less than 1	Cramps Bleeding between periods Pelvic inflammatory disease Infertility Tear or hole in the uterus
Shot/Injection (Depo-Provera)	Less than 1	Bleeding between periods Weight gain Sore breasts Headaches Bone loss with long-term use
Oral Contraceptives (combination pill, or "the pill")	5 Being overweight may increase the chance of getting pregnant while using the pill.	Dizziness Upset stomach Changes in your period Changes in mood Weight gain High blood pressure Blood clots Heart attack Stroke New vision problems

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Method	Failure rate (the number of pregnancies expected per 100 women)	Some side effects and risks
Oral contraceptives (continuous/extended use, or "no-period pill")	5 Being overweight may increase the chance of getting pregnant while using the pill.	Same as combination pill Spotting or bleeding between periods Hard to know if pregnant
Oral contraceptives (progestin-only pill, or "mini-pill")	5 Being overweight may increase the chance of getting pregnant while using the pill.	Spotting or bleeding between periods Weight gain Sore breasts
Skin patch (Ortho Evra)	5 May not work as well in women weighing more than 198 pounds.	Similar to side effects for the combination pill Greater exposure to estrogen than with other methods
Vaginal ring (NuvaRing)	5	Similar to side effects for the combination pill Swelling of the vagina Irritation Vaginal discharge
Male condom	11–16	Allergic reactions
Diaphragm with spermicide	15	Irritation Allergic reactions Urinary tract infection Toxic shock if left in too long
Sponge with spermicide (Today Sponge)	16–32	Irritation Allergic reactions Hard time taking it out Toxic shock if left in too long
Female condom	20	Irritation Allergic reactions

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Method	Failure rate (the number of pregnancies expected per 100 women)	Some side effects and risks
Natural family planning (rhythm method)	25	None
Spermicide alone	30 It works best if used along with a barrier method, such as a condom.	Irritation Allergic reactions Urinary tract infection
Emergency contra-ception (Plan B, also called "morning-after pill")	15, if used within 72 hours of having unprotected sex. Should not be used as regular birth control; only in emergencies.	Upset stomach Vomiting Stomach pain Fatigue Headache

Q: Where can I get birth control? Do I need to visit a doctor?

A: Where you get birth control depends on what method you choose.

You can buy these forms over the counter:

- Male condoms
- Female condoms
- Sponges
- Spermicides
- Emergency contraception pills (girls younger than 17 need a prescription)

You need a prescription for these forms:

- Oral contraceptives: the pill, the mini-pill
- Skin patch
- Vaginal ring
- Diaphragm (your doctor needs to fit one to your shape)
- Cervical cap
- Cervical shield
- Shot/injection (you get the shot at your doctor's office)
- IUD (inserted by a doctor)

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- Implantable rod (inserted by a doctor)

You will need surgery or a medical procedure for:

- Sterilization, female and male

Q: Are there any foams or gels I can use to keep from getting pregnant?

A: You can buy spermicides over the counter. They work by killing sperm. They come in many forms:

- Foam
- Gel
- Cream
- Film
- Suppository
- Tablet

Spermicides are put in the vagina no more than 1 hour before having sex. If you use a film, suppository, or tablet, wait at least 15 minutes before having sex so the spermicide can dissolve. Do not douche or rinse out your vagina for at least 6 to 8 hours after having sex. You will need to use more spermicide each time you have sex.

Spermicides work best if used along with a barrier method, such as a condom, diaphragm, or cervical cap. Some spermicides are made just for use with the diaphragm and cervical cap. Check the package to make sure you are buying what you need.

All spermicides contain sperm-killing chemicals. Some contain nonoxynol-9, which may raise your risk of HIV if you use it a lot. It irritates the tissue in the vagina and anus, so it can cause the HIV virus to enter the body more freely. Some women are sensitive to nonoxynol-9 and need to use spermicides without it. Medications for vaginal yeast infections may lower the effectiveness of spermicides. Also, spermicides do not protect against sexually transmitted infections.

Q: How effective is withdrawal as a birth control method?

A: Not very! Withdrawal is when a man takes his penis out of a woman's vagina (or "pulls out") before he ejaculates, or has an orgasm. This stops the sperm from going to the egg. "Pulling out" can be hard for a man to do. It takes a lot of self-control.

Even if you use withdrawal, sperm can be released before the man pulls out. When a man's penis first becomes erect, pre-ejaculate fluid may be on the tip of the penis. This fluid has sperm in it. So you could still get pregnant.

Withdrawal does not protect you from STIs or HIV.

Q: Everyone I know is on the pill. Is it safe?

A: Today's pills have lower doses of hormones than ever before. This has greatly lowered the risk of side effects. But there are still pros and cons with taking birth control pills. Pros include having:

- More regular and lighter periods
- Fewer menstrual cramps
- A lower risk of ovarian and endometrial cancers, pelvic inflammatory disease (PID), noncancerous ovarian cysts, and iron deficiency anemia

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Cons include a higher chance, for some women, of:

- Heart disease, high blood pressure, and blood clots
- Nausea, headaches, sore breasts, and weight gain
- Irregular bleeding
- Depression

Many of these side effects go away after taking the pill for a few months. Women who smoke, are older than 35, or have a history of blood clots or breast or endometrial cancer are more at risk of bad side effects and may not be able to take the pill. Talk with your doctor about whether the pill is right for you.

Q: Will birth control pills protect me from sexually transmitted infections (STIs), including HIV/AIDS?

A: No, they won't protect you. Birth control pills and most other birth control methods will not protect you from STIs, including HIV (the virus that causes AIDS). They only protect against pregnancy.

The male latex condom is the only birth control method proven to help protect you from STIs, including HIV. If you are allergic to latex, polyurethane condoms are a good alternative. Research is being done to find out how effective the female condom is at preventing STIs and HIV.

It is important to only use latex or polyurethane condoms to protect you from STIs. "Natural" or "lambskin" condoms have tiny pores that may allow for the passage of viruses like HIV, hepatitis B, and herpes. If you use non-lubricated condoms for vaginal or anal sex, you can add lubrication with water-based lubricants (like K-Y jelly) that you can buy at a drug store. Never use oil-based products, such as massage oils, baby oil, lotions, or petroleum jelly, to lubricate a condom. These will weaken the condom, causing it to tear or break. Use a new condom with each sex act.

Q: I've heard my girlfriends talking about dental dams — what are they?

A: The dental dam is a square piece of rubber that is used by dentists during oral surgery and other procedures. It is not a method of birth control. But it can be used to help protect people from STIs, including HIV, during oral-vaginal or oral-anal sex. It is placed over the opening to the vagina or the anus before having oral sex. You can buy dental dams at surgical supply stores. ■

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For more information

For more information on birth control methods, please call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

Food and Drug Administration
Phone Number: (888) 463-6332
Internet Address: http://www.fda.gov

Planned Parenthood Federation of America
Phone Number: (800) 230-7526
Internet Address: http://www.plannedparenthood.org

American College of Obstetricians and Gynecologists (ACOG) Resource Center
Phone Number: (800) 762-2264 x 349 (for publications requests only)
Internet Address: http://www.acog.org

Population Council
Phone Number: (212) 339-0500
Internet Address: http://www.popcouncil.org

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