

Contraceptive Options

Birth Control	Key Advantages	Key Disadvantages	Failure Rate (1 Year)
Abstinence	<ul style="list-style-type: none"> • STD protection • No chance of pregnancy • No hormonal effects 	<ul style="list-style-type: none"> • Poor compliance 	0%
Mirena Levonorgestrel IUD	<ul style="list-style-type: none"> • 5 years of continuous contraception • Return to fertility \pm one year • Decreased bleeding or amenorrhea over time • Improves anemia • May reduce fibroids • Systemic effects rare 	<ul style="list-style-type: none"> • Irregular bleeding first 3-6 months • Headache (HA), breast tenderness, nausea, acne, depression, and mood changes. These are rarely severe enough to cause discontinuation • May be expelled • Perforation of the uterus at time of insertion • May increase PID (Pelvic Inflammatory Disease) risk for some women • No protection from Sexually Transmitted Diseases (STD's) • Ectopic pregnancy risk 	0.1%
Vasectomy (Male sterilization)	<ul style="list-style-type: none"> • Continuous contraceptive protection – permanent • Office procedure, lower cost, local anesthesia • Provided by male partner 	<ul style="list-style-type: none"> • Permanent method • Surgical procedure, local anesthesia 	.15%
Nuvaring Flexible ring 2 ¼" 5.4 cm diameter	<ul style="list-style-type: none"> • Continuous dosing • Lowest estrogen dose of hormonal methods • No wrong way to insert • No GI interference • 3 weeks in, 1 week without ring then new ring • Excellent cycle control • Low incidence BTB • May be out of vagina up to 3 hours before needing to replace new ring. 	<ul style="list-style-type: none"> • Foreign body sensation • Vaginal discomfort • Vaginal discharge • HA • Device expulsion • No protection from STDs 	0.6%

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Tubal Ligation (Female sterilization)	<ul style="list-style-type: none"> ● Continuous contraceptive protection – permanent 	<ul style="list-style-type: none"> ● Permanent ● Surgical procedure – out patient, requires general anesthesia ● Ectopic pregnancy risk 	.7%
Intrauterine Device (IUD) Paragard T380A	<ul style="list-style-type: none"> ● 10 years of continuous contraception ● Long-term but immediately reversible ● May be used as Emergency Contraception (ECP) 	<ul style="list-style-type: none"> ● Increased cramping ● Increased bleeding ● May be expelled ● Perforation of the uterus at time of insertion ● May increase PID risk for some women ● No protection from STD's ● Ectopic pregnancy risk 	0.8%
Transdermal Patch (Ortho Evra) formulation: estrogen/progestin	<ul style="list-style-type: none"> ● Easy to use and convenient ● Weekly application ● Immediately reversible ● Application site not necessarily visible ● Excellent adhesion under multiple conditions 	<ul style="list-style-type: none"> ● Similar side effects as OCP's ● Increase breast tenderness, break through bleeding (BTB), dysmenorrhea in first 2 months ● No protection from STDs ● Most effective if less than 198 lbs 	1%
DMPA (Depo medroxyprogesterone acetate)	<ul style="list-style-type: none"> ● Continuous contraceptive protection for 12 weeks ● No need to remember daily ● Safe while breastfeeding 	<ul style="list-style-type: none"> ● Office visit for quarterly injection ● Possible weight gain, acne, depression ● Bleeding irregularities, ranging from frequent bleeding to no menses ● Possible delayed return to fertility (up to greater than 1 year) ● No protection from STDs 	3%
Lunelle monthly injection formulation: estrogen/progestin	<ul style="list-style-type: none"> ● Continuous contraception for one month ● Monthly injection ● Rapid return to fertility \pm six months 	<ul style="list-style-type: none"> ● Similar side effects as Oral Contraceptive Pills (OCP's) ● Monthly office visit for injection ● Irregular bleeding/spotting ● No protection from STDs 	3%

Birth Control	Key Advantages	Key Disadvantages	Failure Rate (1 Year)
Birth Control Pill (OCP) formulation: estrogen/progestin	<ul style="list-style-type: none"> ● Continuous contraceptive protection when taken correctly ● Immediately reversible ● Many noncontraceptive health benefits ● Many formulations ● May be used as emergency contraception (ECP) 	<ul style="list-style-type: none"> ● Need for precise regular pill taking ● Increases risk of blood clots, hypertension (HTN), heart attack, stroke, especially in smokers over 35 ● Common side effects may include spotting, nausea, HA, vomiting, possible weight gain, and breast pain ● No protection from STD's ● Most effective if weight is less than 198 lbs. 	8%
Progestin Only Pill "The Mini Pill" formulation: progestin	<ul style="list-style-type: none"> ● No estrogen risks or side effects ● Safe in Breastfeeding ● Safe for women with history of: <ul style="list-style-type: none"> ● History Blood clots ● High blood pressure ● Cigarette smokers >age 35 ● May be used as ECP ● Contains only one hormone – Progestin 	<ul style="list-style-type: none"> ● Need for precise regular pill taking ● Irregular bleeding or spotting, BTB, irregular cycles ● Weight gain ● Depression ● No protection from STDs. 	8%
Condom (Alone)	<ul style="list-style-type: none"> ● Best method for STD protection ● Barrier ● Easily obtained ● No hormonal effects ● Effectiveness increased when used with spermicide to 98% ● Immediately effective ● Available over the counter 	<ul style="list-style-type: none"> ● Less sexual spontaneity ● May reduce sensation ● Breakage possible ● Provided by male partner ● Increased vaginal irritation/infection ● Latex 	15%
Diaphragm (with spermicide)	<ul style="list-style-type: none"> ● Barrier ● No hormonal effects ● Immediately effective ● Woman controlled ● May insert up to 6 hours before intercourse 	<ul style="list-style-type: none"> ● Less sexual spontaneity ● Reapplication of spermicide necessary for repeated intercourse ● Comfort level with insertion important ● Increases risk of urinary tract, bladder infections 	16%

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Cervical Cap	<ul style="list-style-type: none"> ● Barrier ● No hormonal effects ● Immediately effective ● Woman controlled 	<ul style="list-style-type: none"> ● Increased risk of changes in cervical cells ● Vaginal odor and discharge ● Leave in for six hours after sex ● May pop off cervix ● Will not work on all cervixes 	Parous 32% Nulliparous 16%
Natural Family Planning	<ul style="list-style-type: none"> ● No hormonal effects ● Couple controlled ● No doctor visit needed 	<ul style="list-style-type: none"> ● Dependent on regular menses ● Poor compliance ● Requires high level of motivation 	25%
Spermicide (alone) (foams, gels, creams)	<ul style="list-style-type: none"> ● Easily obtained ● Good results when used with barrier methods ● If used with condoms, increases effectiveness to 99% ● Available over the counter 	<ul style="list-style-type: none"> ● Reapplication necessary for repeated intercourse ● May be messy ● May increase risk of urinary tract infections, especially when used with diaphragm 	29%
Withdrawal	<ul style="list-style-type: none"> ● Ease of use ● <i>Better than no withdrawal</i> ● Requires high level of motivation 	<ul style="list-style-type: none"> ● No protection from STD's ● Requires high level of motivation 	50%

Consult your health care provider for additional information

How to Use a Condom

Condoms help protect against STDs as well as pregnancy. For this reason, they should be used whenever you have sex, even if you are also using another method of birth control, such as birth control pills, to prevent pregnancy.

To use a condom, place the rolled-up condom over the tip of the erect penis. Hold the end of the condom to allow a little extra space at the tip. Then unroll the condom over the penis.

Right after ejaculation, grasp the condom around the base of the penis as it is withdrawn. The condom should then be thrown away—never reused.

Most condoms are made of latex, and many are treated with a spermicide containing nonoxynol 9. Never use any kind of oil, such as petroleum jelly or baby or mineral oil, on a latex condom. These substances can dissolve the latex and cause the condom to break. A water-based lubricant should be used instead, if one is needed (KY Jelly, astroglide).

