

WHAT ARE MY CONTRACEPTIVE OPTIONS?

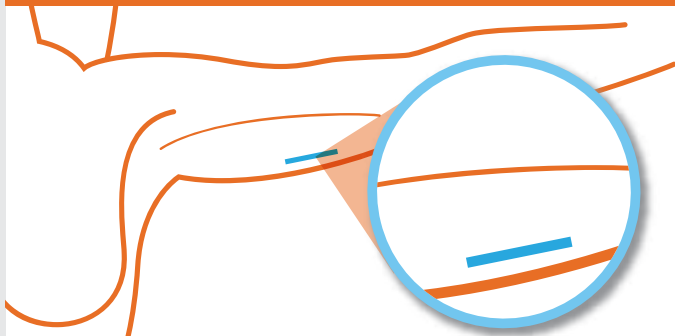
Contraceptive methods suitability will depend on your medical history. The advantages and drawbacks listed for each method are not exhaustive, talk to your doctor or nurse for more information.

Contraceptive categories and options are listed in alphabetical order.

LONG ACTING

Implant

Fitted just under the skin in the upper arm – lasts for up to 3 years.¹
Contains progestogen.²



ADVANTAGES

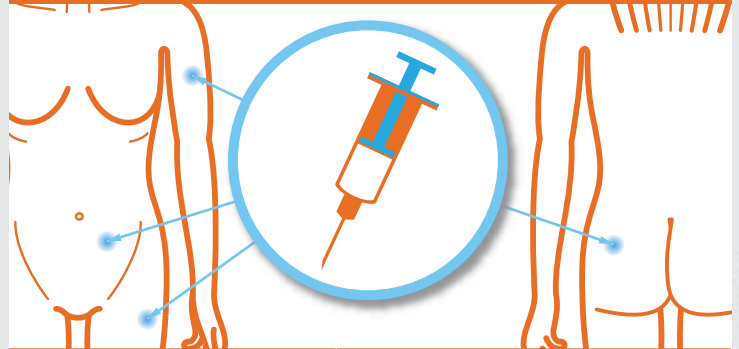
- Typical and perfect use effectiveness: over 99%^{3*}
- Fertility should return to levels expected for you after removal¹

DRAWBACKS

- Women may have changes in menstrual patterns (periods)¹
- Insertion and removal must be performed by trained healthcare professionals¹

Injection

Injected into the buttocks, arm, leg or abdomen every 8 or 13 weeks, depending on the type.²
Contains progestogen.²



ADVANTAGES

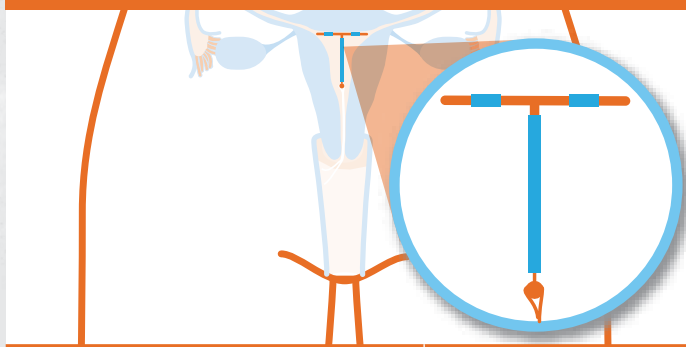
- Typical effectiveness: around 94%; perfect use effectiveness: over 99%^{3*}
- May be used as a short-term LARC for women and couples awaiting sterilisation or vasectomy

DRAWBACKS

- Women may have changes in menstrual patterns (periods)¹
- Can take some time for fertility to return to normal¹

IUD or coil (intrauterine device)

Fitted into the womb – lasts for 5 or 10 years depending on the type.²
Does not contain hormones, so does not interact with other medication.²



ADVANTAGES

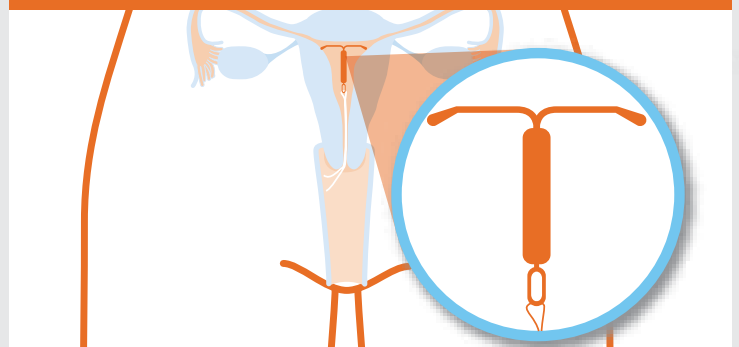
- Typical and perfect use effectiveness: over 99%^{3*}
- For women who want longer-term contraception but do not want to take hormones⁴
- Fertility should return to levels expected for you after removal¹

DRAWBACKS

- Women may have changes in menstrual patterns (periods)¹
- Insertion and removal must be performed by trained healthcare professionals²

IUS (intrauterine system)

Fitted into the womb – lasts for 3 to 5 years depending on the type.²
Contains progestogen.²



ADVANTAGES

- Typical and perfect use effectiveness: over 99%^{3*}
- Fertility should return to levels expected for you after removal¹

DRAWBACKS

- Women may have changes in menstrual patterns (periods)¹
- Insertion and removal must be performed by trained healthcare professionals²

To find out more about your contraceptive options speak to your doctor/nurse or visit contraceptivematch.com

contraceptivematch.com has been fully funded and developed by MSD.

*These are "typical" effectiveness rates which is how effective the method is with an average person. Typical rates tend to reflect real life usage (including inconsistent and incorrect use). "Perfect" effectiveness rates is how effective the method is when used perfectly. Refer to the patient information leaflet for "perfect" use

Reporting of side effects. If you get any side effects with any medicines, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the medicines package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard or by searching for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of medicines. By clicking the above link you will leave the MSD website and be taken to the MHRA website.



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NATURAL

Natural methods

Recognising the fertile and infertile times of your cycle to plan when you should avoid intercourse.⁷
Does not involve hormones.⁷



JANUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
	23	24	25	26	27	28
29	30	31				

ADVANTAGES

- May be useful for those who wish to avoid devices or hormones
- Can be used at all stages of reproductive life⁷

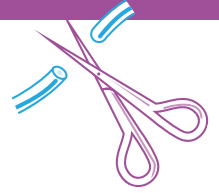
DRAWBACKS

- Typical effectiveness is 74%*, so around 1 in 4 women will become pregnant within the first year of using this method⁷
- Can take up to 6 months to learn effectively⁸
- Stress or illness can make the method unreliable⁷
- Need to avoid intercourse at certain times of the month and be highly motivated⁷

PERMANENT

Sterilisation (male and female)

The fallopian tubes in women or the tubes carrying sperm in men (vas deferens) are cut, sealed or blocked.⁹
Does not involve any hormones.⁹



ADVANTAGES

- Failure rate is about 1 in 500 for females and 1 in 2,000 for males⁹
- May be suitable for those who want a permanent method of contraception that involves no hormones

DRAWBACKS

- Cannot be easily reversed⁹
- Involves an operation/procedure⁹
- Sterilisation is not effective immediately⁹

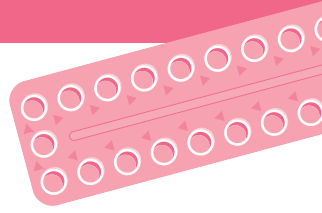
SHORT ACTING

Combined pills (COC)

Taken orally for 28 days at a time with no pill-free interval between packs (continuously).¹⁰

Contains oestrogen and progestogen.¹⁰

Many types available containing different combinations of oestrogen and progestogen, sometimes in different dosing schedules.¹⁰



ADVANTAGES

- Typical effectiveness: 91%; perfect use effectiveness: 99%*¹⁰
- For women who do not want a long-term contraceptive method and are able to comply with the daily medicine schedule¹⁰
- Often reduces bleeding and period pain, and may help with premenstrual symptoms¹⁰

DRAWBACKS

- Oestrogen component may not be suitable for some women depending on medical history¹⁰
- May not be suitable for women who could forget to take their pill¹⁰
- Effectiveness can be affected by vomiting or diarrhoea¹⁰

Patch

A small patch stuck onto the skin that releases hormones.¹¹

Contains oestrogen and progestogen.¹¹



ADVANTAGES

- Typical effectiveness: 91%; perfect use effectiveness: 99%*¹¹
- Applied once a week for 3 weeks each month¹¹
- Not affected by vomiting and diarrhoea¹¹

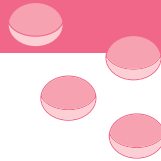
DRAWBACKS

- May be seen on the skin¹¹
- Oestrogen component may not be suitable for some women depending on medical history¹¹

Progestogen-only pills (POP)

Taken orally.¹²

Contains only progestogen (many different types available).¹²



ADVANTAGES

- Typical effectiveness: 91%; perfect use effectiveness: 99%*¹²
- May be suitable for women who do not want to or cannot take oestrogen e.g. due to medical history¹²

DRAWBACKS

- Women may have changes in menstrual pattern (periods)¹²
- Effectiveness can be affected by vomiting or diarrhoea¹²
- May not consistently prevent egg release¹²

Vaginal ring

Flexible ring that is placed inside the vagina.¹³

Contains oestrogen and progestogen.¹³



ADVANTAGES

- Typical effectiveness: 91%; perfect use effectiveness: 99%*¹³
- Only needs to be replaced once a month (one week following removal)¹³
- Not affected by vomiting and diarrhoea¹³

DRAWBACKS

- Need to learn how to insert, a doctor or nurse can show you how to put it in¹³
- Oestrogen component may not be suitable for some women depending on medical history¹³

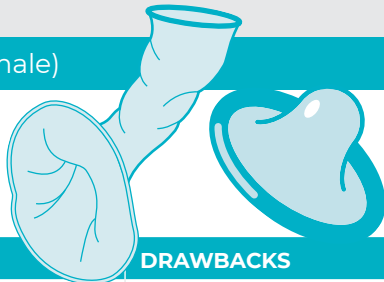
SPONTANEOUS

Condoms (male & female)

Barrier method that the man or woman can use.¹⁴

Does not contain any hormones.¹⁴

Use is not restricted due to your medical history.¹⁴



ADVANTAGES

- Typical effectiveness for male condom: around 82%; perfect use effectiveness: around 98%*¹⁴
- Typical effectiveness for female condom around 79%; perfect use effectiveness: around 95%*¹⁴
- May be useful for those who wish to avoid taking hormones or as additional protection
- The only contraceptive that offers protection against many sexually transmitted infections¹⁴

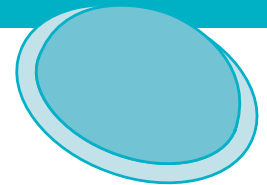
DRAWBACKS

- Putting them on can involve interruption of intercourse¹⁴
- The male condom can split or rupture¹⁴
- The female condom could be accidentally pushed aside¹⁴

Diaphragms & caps

Barrier method of contraception that fits inside the vagina and sits over the neck of the womb.¹⁵

Does not contain hormones.¹⁵



ADVANTAGES

- Typical effectiveness: 88%*¹⁵
- Effective in 94% of women when used perfectly and with spermicide¹⁵
- May be suitable for women who do not want a long-term contraceptive method but who wish to avoid taking hormones

DRAWBACKS

- Can take time to learn how to use it effectively¹⁵
- Involves forward planning or interruption of intercourse¹⁵
- Can be messy as it needs to be used with spermicide¹⁵

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