### 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

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Advantages</th>
<th>Drawbacks</th>
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<tr>
<td><strong>Implant</strong></td>
<td>Fitted just under the skin in the upper arm – lasts for up to 3 years.</td>
<td>- Typical and perfect use effectiveness: over 99%*</td>
<td>- Women may have changes in menstrual patterns (periods)</td>
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<td>- Fertility should return to levels expected for you after removal</td>
<td>- Insertion and removal must be performed by trained healthcare professionals</td>
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<td><strong>Injection</strong></td>
<td>Injected into the buttocks, arm, leg or abdomen every 8 or 13 weeks, depending on the type.</td>
<td>- Typical effectiveness: around 94%; perfect use effectiveness: over 99%*</td>
<td>- Women may have changes in menstrual patterns (periods)</td>
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<td>- May be used as a short-term LARC for women and couples awaiting sterilisation or vasectomy</td>
<td>- Can take some time for fertility to return to normal</td>
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<td><strong>IUD or coil</strong></td>
<td>(intrauterine device) Fitted into the womb – lasts for 5 or 10 years depending on the type.</td>
<td>- Typical and perfect use effectiveness: over 99%*</td>
<td>- Women may have changes in menstrual patterns (periods)</td>
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<td>- For women who want longer-term contraception but do not want to take hormones*</td>
<td>- Insertion and removal must be performed by trained healthcare professionals</td>
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<td>- Fertility should return to levels expected for you after removal</td>
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<tr>
<td><strong>IUS</strong> (intrauterine system)</td>
<td>Fitted into the womb – lasts for 3 to 5 years depending on the type.</td>
<td>- Typical and perfect use effectiveness: over 99%*</td>
<td>- Women may have changes in menstrual patterns (periods)</td>
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<td>- Fertility should return to levels expected for you after removal</td>
<td>- Insertion and removal must be performed by trained healthcare professionals</td>
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*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.

To find out more about your contraceptive options speak to your doctor/nurse or visit [contraceptivematch.com](http://contraceptivematch.com)
**Natural methods**

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

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**ADVANTAGES**
- May be useful for those who wish to avoid devices or hormones
- Can be used at all stages of reproductive life
- Typical effectiveness is 74%, so around 1 in 4 women will become pregnant within the first year of using this method
- Can take up to 6 months to learn effectively
- Stress or illness can make the method unreliable
- Need to avoid intercourse at certain times of the month and be highly motivated

**DRAWBACKS**
- Typical effectiveness around 79%; perfect use effectiveness: around 95%
- May be useful for those who wish to avoid devices or hormones
- Effective in 94% of women when used perfectly and with spermicide
- May be suitable for women who do not want to or cannot take hormones e.g. due to medical history
- May be seen on the skin
- May be easily reversed
- Involves an operation/procedure
- Sterilisation is not effective immediately

**SPONTANEOUS**

Barrier method that the man or woman can use. Does not contain any hormones. Use is not restricted due to your medical history.

**ADVANTAGES**
- Typical effectiveness for male condom: around 82%; perfect use effectiveness: around 98%
- Typical effectiveness for female condom around 79%; perfect use effectiveness: around 98%
- 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 infections

**DRAWBACKS**
- Putting them on can involve interruption of intercourse
- The male condom can split or rupture
- The female condom could be accidentally pushed aside

**Condoms (male & female)**

Barrier method of contraception that fits inside the vagina and sits over the neck of the womb. Does not contain hormones.

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

**DRAWBACKS**
- Failure rate is about 1 in 500 for females and 1 in 2,000 for males
- May be suitable for those who want a permanent method of contraception that involves no hormones
- Cannot be easily reversed
- Involves an operation/procedure
- Sterilisation is not effective immediately

**Diaphragms & caps**

Barrier method of contraception and is placed inside the vagina. Does not contain hormones.

**ADVANTAGES**
- Typical effectiveness for female condom around 80%*
- Effective in 94% of women when used perfectly and with spermicide
- May be suitable for some 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 effectively
- Involves forward planning or interruption of intercourse
- Can be messy as it needs to be used with spermicide

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

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**Sterilisation (male and female)**

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

**ADVANTAGES**
- Can be easily reversed
- Involves an operation/procedure
- Sterilisation is not effective immediately

**DRAWBACKS**
- Failure rate is about 1 in 500 for females and 1 in 2,000 for males
- May be suitable for those who want a permanent method of contraception that involves no hormones
- Cannot be easily reversed
- Involves an operation/procedure
- Sterilisation is not effective immediately

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**Combined pills (COC)**

Taken orally for 28 days at a time with no pill free interval between packs (continuously). Contains oestrogen and progestogen. Many types available containing different combinations of oestrogen and progestogen, sometimes in different dosing schedules.

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

**DRAWBACKS**
- Oestrogen component may not be suitable for some women depending on medical history
- May not be suitable for women who could forget to take their pill
- Effectiveness can be affected by vomiting or diarrhoea

**Patch**

A small patch stuck onto the skin that releases hormones. Contains oestrogen and progestogen.

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

**DRAWBACKS**
- May be seen on the skin
- Oestrogen component may not be suitable for some women depending on medical history

**Progestogen-only pills (POP)**

Taken orally. Contains only progestogen (many different types available).

**ADVANTAGES**
- Typical effectiveness: 91%; perfect use effectiveness: 99%*
- May be suitable for women who do not want to or cannot take oestrogen e.g. due to medical history
- Women may have changes in menstrual pattern (periods)

**DRAWBACKS**
- Effectiveness can be affected by vomiting or diarrhoea
- May not consistently prevent egg release

**Vaginal ring**

Flexible ring that is placed inside the vagina. Contains oestrogen and progestogen.

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

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

5. FPA Sexwise: IUD. Available at: https://sexwise.fpa.org.uk/contraception/iud-intrauterine-device (Last accessed November 2018).
17. FPA Sexwise: Condoms (internal). Available at: https://sexwise.fpa.org.uk/contraception/condoms-internal (Last accessed November 2018).
19. NHS contraception guide: Contraceptive diaphragm or cap. Available at: https://www.nhs.uk/conditions/contraception/contraceptive-diaphragm-or-cap/ (Last accessed November 2018).