

your guide to
contraception

Helping you choose the method
of contraception that is best for you



Your guide to contraception

There are many different contraceptive methods available. This leaflet shows most of the available methods, explains how they work, how effective they are and the main advantages and disadvantages. The figures quoted in this leaflet for how well each method works are based on extensive independent research.

Contraception needs to be used until the menopause. That is, until a woman has not had a period or any bleeding for two years if aged under 50, and for one year if over 50.



How do I choose which method to use?

There are so many methods of contraception to choose from it is worth taking the time to find out more about each one so that you can choose contraception that suits you. There are two methods of contraception specifically for men – the male condom and male sterilisation – and 13 for women. You can find more detailed information about each method on www.fpa.org.uk. You can also talk through the different methods with a doctor or nurse or call **fpa's** helpline.

Some of the things you might want to think about are:

- whether you (or a partner) want to become pregnant fairly soon, many years away or not at all
- how you (and a partner) want contraception to fit your lifestyle
- whether you (or a partner) want to use the method every day, every time you have sex or less often.

Your answers should influence your decision about what contraception to use. They will also change over the years as your lifestyle and relationships do.



Is contraception free and where can I go to get it?

You can obtain **free** contraception, including emergency contraception, from:

- a general practice, unless they say they don't provide contraception services
- a contraception clinic or a sexual health clinic
- a young people's service (these will have an upper age limit)
- some genitourinary medicine (GUM) clinics.

You can also get free emergency contraception from:

- most NHS walk-in centres (England only) and minor injuries units
- some hospital accident and emergency departments (phone first to check)
- some pharmacies (there may be an age limit).

If you are 16 or over you can buy the emergency pill from most pharmacies. They also sell condoms, diaphragms, caps and spermicide.



How can I find a contraception service?

- You can find out about all sexual health services from **sexual health direct**, run by **fpa**, on 0845 122 8690 or at www.fpa.org.uk.
- You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can find details of general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call **fpa's** helpline on

0845 122 8687 or for details of general practices see www.n-i.nhs.uk.

- You can get details of your nearest contraception, GUM or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can get details of GUM or sexual health clinics from the Sexual Health Line on 0800 567 123 or at www.condomessentialwear.co.uk.
- You can find details of young people's services from Brook on 0808 802 1234 or Sexwise on 0800 28 29 30 or at www.ruthinking.co.uk.



What is emergency contraception?

If you have had unprotected sex, that is, sex without using contraception, or think your contraception might have failed, you can use emergency contraception. There are two methods of emergency contraception:

- hormonal emergency contraception (known as the emergency contraceptive pill or emergency pill), and
- the copper intrauterine device (IUD).

If you act quickly, emergency contraception will usually prevent pregnancy.

The emergency contraceptive pill

The emergency contraceptive pill is a tablet containing the hormone progestogen. It must be taken within three days (72 hours) of having unprotected sex.

How does the emergency pill work?

It is most likely to stop or delay the release of an egg. It may also stop a fertilised egg settling (implanting) in the uterus.

How effective is the emergency pill?

It is very effective and is more effective the sooner it is taken after sex. Of the pregnancies that could be expected to have occurred if no emergency contraception had been used, the emergency pill will prevent:

- up to 95 per cent if taken within 24 hours
- up to 85 per cent if taken between 25–48 hours
- up to 58 per cent if taken between 49–72 hours.

The copper IUD

Have a look at the chart overleaf for more information about the IUD. If used as emergency contraception it can be fitted up to five days after unprotected sex or up to five days after the earliest time an egg could have been released.

How does the IUD work?

It may stop an egg being fertilised or implanting.

How effective is a copper IUD?

The IUD is the most effective method of emergency contraception. It will prevent up to 99 per cent of pregnancies expected to occur if no emergency contraception had been used.



Can I use breastfeeding as a form of contraception?

Breastfeeding can be up to 98 per cent effective in preventing pregnancy if:

- you are fully breastfeeding – this means you are not giving your baby any other liquid or solid food **or**
- you are nearly fully breastfeeding – this means mainly breastfeeding your baby and infrequently giving your baby other liquids **and**
- your baby is less than six months old **and**
- you have no periods.



What if I become pregnant?

No method of contraception is perfect. If you think you could be pregnant, do a pregnancy test as soon as possible. You can do a test from the first day of a missed period – before this time the level of pregnancy hormone, human chorionic gonadotrophin (hCG) may be too low to show up on a test and you may get a negative result even though you are pregnant. If you don't know when your next period is due, the earliest time to do a test is 21 days after unprotected sex.

If you are pregnant you need to think about what you want to do. You can choose to:

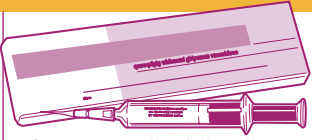

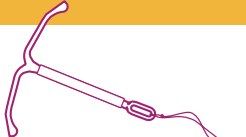
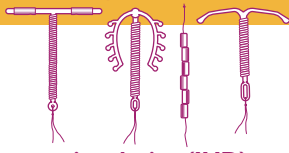


- continue with the pregnancy and keep the baby
- end the pregnancy by having an abortion
- continue with the pregnancy and have the baby adopted.

You can also get help and information from **fpa** (see **fpa's** booklet *Pregnant and don't know what to do?*).

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections. Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. Diaphragms and caps may also offer some protection. If you can, avoid using condoms containing Nonoxinol 9 (spermicidally lubricated) as this does not protect against HIV and may even increase the risk of infection.

Methods with no user failure – methods that do not depend on you remembering to take or use them.

	 Contraceptive injection	 Implant	 Intrauterine system (IUS)	 Intrauterine device (IUD)	 Female sterilisation (tubal occlusion)	 Male sterilisation (vasectomy)
Effectiveness	Over 99 per cent effective. Less than one woman in 100 will get pregnant in a year.	Over 99 per cent effective. Less than one woman in 1,000 will get pregnant over three years.	Over 99 per cent effective. Less than one woman in 100 will get pregnant over five years.	Over 99 per cent effective. Less than one woman in 100 will get pregnant in a year. Older IUDs have less copper and are less effective.	The overall failure rate is about one in 200. This is a permanent method, suitable for people who are sure they never want children or do not want more children.	About one in 2,000 male sterilisations fail. This is a permanent method, suitable for people who are sure they never want children or do not want more children.
How it works	Releases the hormone progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting.	Small flexible rod put under the skin of the upper arm. Releases the hormone progestogen. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilised egg implanting.	A small T-shaped plastic device which slowly releases the hormone progestogen is put into the uterus. This thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the uterus to prevent a fertilised egg implanting and may stop ovulation.	A small plastic and copper device is put into the uterus. It stops sperm reaching an egg, and may also stop a fertilised egg implanting in the uterus.	The fallopian tubes are cut, sealed or blocked by an operation. This stops the egg and sperm meeting.	The tubes (vas deferens) that carry sperm from the testicles to the penis are cut, sealed or blocked.
Advantages	<ul style="list-style-type: none"> • Lasts for 12 weeks (Depo-Provera) or eight weeks (Noristerat). • May protect against cancer of the uterus, and offers some protection from pelvic inflammatory disease. • You don't have to think about contraception for as long as the injection lasts. 	<ul style="list-style-type: none"> • Works for three years but can be taken out sooner. • You don't have to think about contraception for as long as the implant is in place. • When the implant is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • Works for five years but can be taken out sooner. • Periods usually become lighter, shorter and sometimes less painful. • You don't have to think about contraception for as long as the IUS is in place. • When the IUS is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • Works as soon as it is put in. • Can stay in 5–10 years depending on type, but can be taken out at any time. • You don't have to think about contraception for as long as the IUD is in place. • When the IUD is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • It does not interrupt sex. • Sterilisation is permanent with no long- or short-term serious side-effects. • Once the operation has worked, you don't have to think about contraception. • Periods are unaffected. 	<ul style="list-style-type: none"> • It does not interrupt sex. • Sterilisation is permanent with no long- or short-term serious side-effects. • Once the operation has worked, you don't have to think about contraception. • Usually performed under a local anaesthetic.
Disadvantages	<ul style="list-style-type: none"> • Periods may stop, be irregular or longer. • Periods and fertility may take time to return after stopping the injection. • Some women gain weight. • Some women report having headaches, acne, mood changes and breast tenderness. 	<ul style="list-style-type: none"> • Periods may stop, be irregular, or longer. • Acne may occur. • Some women report having mood changes and breast tenderness. • It requires a small procedure to fit and remove it. 	<ul style="list-style-type: none"> • Irregular bleeding or spotting is common in the first six months. • Periods may stop altogether. Some women report having acne, headaches and breast tenderness. • Very small chance of getting an infection during the first 20 days after insertion. • May get ovarian cysts. 	<ul style="list-style-type: none"> • May not be suitable for women at risk of getting a sexually transmitted infection. • Periods may be heavier or longer and more painful. • Very small chance of getting an infection during the first 20 days after insertion. • A small increased risk of ectopic pregnancy if the IUD fails. 	<ul style="list-style-type: none"> • All operations carry some risk, but the risk of serious complications is low. • There is a small increased risk of ectopic pregnancy if female sterilisation fails. • A general anaesthetic is usually needed. 	<ul style="list-style-type: none"> • Contraception must be used until a semen test shows that no sperm are left. This can take at least two months. • Some men may experience ongoing testicle pain. This is not common.
Comments	<ul style="list-style-type: none"> • The injection cannot be removed from the body so any side-effects may continue for as long as it works and for some time afterwards. • Not affected by other medicines. 	<ul style="list-style-type: none"> • Put in using a local anaesthetic and no stitches are needed. Tenderness, bruising and some swelling may occur. • You may feel the implant with your fingers, but it can't be seen. • Some medicines may stop the implant from working. 	<ul style="list-style-type: none"> • If fitted after 45 it can stay in place until the menopause. • Women are taught to check the IUS is in place. • Can be useful for women with very heavy and/or painful periods. • A check for any existing infection is usually advised before an IUS is put in. • Not affected by other medicines. 	<ul style="list-style-type: none"> • If fitted after 40 it can stay in place until the menopause. • Women are taught to check the IUD is in place by feeling the threads high in their vagina. • A check for any existing infection is usually advised before an IUD is put in. • Not affected by other medicines. 	<ul style="list-style-type: none"> • Should not be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilisation. It is important to rest and avoid strenuous activity for a while after the procedure. 	<ul style="list-style-type: none"> • Should not be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilisation. It is important to rest and avoid strenuous activity for a while after the procedure.

How fpa can help you

sexual health direct is a nationwide service run by **fpa**. It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

fpa helplines

England

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 0845 122 8687

9am to 5pm Monday to Thursday, 9am to 4.30pm Friday

or visit **fpa's website** www.fpa.org.uk

A final word

This booklet can only give you basic information about contraception. The information in this booklet is based on evidence-guided research from the World Health Organization and the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Different people may give you different information and advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember – contact your doctor, practice nurse, or a contraception clinic if you are worried or unsure about anything.

This booklet is available in large print, audio and Braille. Please contact **fpa**.



talking sense about sex

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