

Contraception – a guide to help you choose.

HORMONAL METHODS

| | Combined Pill | Progestogen only Pill | Contraception Implant (Implanon®) | Contraception Injection (Depo-Provera®) | NuvaRing® |
|-------------------------------|--|---|--|---|--|
| How it works | 1 pill consisting of 2 hormones (oestrogen and progestogen) taken same time every day. Stops the egg from being released from the ovary. | 1 pill consisting of 1 hormone (progestogen) taken same time daily. Prevents sperm reaching egg. | This is a progesterone only contraception. It is a small rod implanted in the arm. Prevents egg being released from ovary. Prevents sperm reaching egg. | Progestogen injection. Prevents sperm reaching egg and egg being released. | Vaginal ring containing both oestrogen and progesterone released from the ring and absorbed through the wall of the vagina. Prevents egg being released. |
| Advantages | Can reduce pre menstrual syndrome and period pain. Does not affect sex drive. | For older women, those breast feeding, those who can't take the combined pill. | Lasts for 3 years. | Lasts for 12 weeks. | Low dose of hormones. Lasts for 4 weeks. Inserted for three weeks, remove for one week. |
| Considerations | Not suitable for some medical conditions. If pill is taken more than 24hrs late extra precautions required. Some medications may effect reliability. Ask your GP about these issues. | Pills must be taken at the same time each day, otherwise extra precautions may be required. | Breakthrough bleeding may occur, or periods may diminish or stop completely. Possible weight gain. | Periods can be irregular initially; possible breakthrough bleeding. Possible slight weight gain; delayed return to fertility. | Possible slight weight gain and acne. Some medications can effect the reliability. Inform your doctor of your current medications first. |
| Reliability | 99.7% perfect use, 92% typical use | 99.7% perfect use, 92% typical use | 99.9% perfect and typical use. | 99.7% perfect use, 97% typical use | 99.7% perfect use, 92% typical use |
| STI and HIV Protection | No protection against sexually transmitted infections (STI's) or HIV/AIDS. | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. |
| Availability | Marie Stopes International, GP, local family planning clinics. | Marie Stopes International, GP, local family planning clinics. | Marie Stopes International, GP, local family planning clinics. | Marie Stopes International, GP, local family planning clinics. | Marie Stopes International, GP, local family planning clinics. |
| When to start | Always start with an active pill. | Start on day 1 to 5 of pack. | Start on day 1 to 5 of menstrual cycle. If on other contraception, start any time, but ensure that you are not pregnant first (confirm with a pregnancy test). | Start on day 1 to 5 of menstrual cycle. If on other contraception, start any time, but ensure that you are not pregnant first (confirm with a pregnancy test). | Insert between day 1 and 5 of menstrual cycle, or any time as long as you can ensure that you are not pregnant at time of insertion (confirm with a pregnancy test). Insert ring for three weeks, remove for one week. |
| When effective | After 7 days of active pills. | Immediately. | 7 days after insertion. | 7 days after injection. | 7 days after first insertion. |
| Return to fertility | No evidence of delay. | No evidence of delay. | No evidence of delay. | Can take up to 1 year. | No evidence of delay. |
| Post partum | Start 21 days after delivery or 6 weeks to 6 months after delivery if breast feeding. | If breastfeeding, anytime if less than 21 days after delivery. If 21 days after delivery and no period, ensure that you are not pregnant first (confirm with pregnancy test). If not breast feeding, start anytime if you can ensure that you are not pregnant (confirm with pregnancy test). | Can be implanted anytime, if less than 21 days post delivery. Can be implanted anytime, if more than 21 days post delivery, but ensure that you are not pregnant first (confirm with pregnancy test). If breast feeding, can be implanted anytime if less than 6 weeks post delivery. If more than 6 weeks post delivery, ensure that you are not pregnant first (confirm with pregnancy test). | Can be injected anytime if less than 21 days post delivery. Can be injected anytime if more than 21 days post delivery, but ensure that you are not pregnant first (confirm with pregnancy test). If breast feeding, can be injected anytime if less than 6 weeks post delivery. If more than 6 weeks post delivery, ensure that you are not pregnant first (confirm with pregnancy test). | Can be inserted 21 days after delivery or 6 months after delivery if breastfeeding. |

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BARRIER METHODS

| | Male Condom | Female Condom | Diaphragm |
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| How it works | Rubber or latex sheath traps sperm during sexual intercourse. | Thin plastic sheath placed in vagina to trap sperm. | Dome of rubber placed over cervix to prevent sperm entering uterus. Spermicides required. |
| Advantages | Readily available. Only use during sexual activity. | Only use during sexual activity. | Only use during sexual activity. Can be used for up to 2 years. |
| Considerations | Can reduce spontaneity. | Can reduce spontaneity. | Stays in place for 6 hours after sex. Not appropriate for women with latex allergies. |
| Reliability | 98% perfect use, 85% typical use | 98% perfect use, 85% typical use | 94% perfect use, 84% typical use. |
| STI and HIV Protection | Helps protect against STIs and HIV/AIDS. | Helps protect against STIs and HIV/AIDS. | No protection against STIs or HIV/AIDS. |
| Availability | Marie Stopes International, chemists, supermarkets, local family planning clinics. | Local family planning clinics. | Marie Stopes International, GP, local family planning clinics. |

PERMANENT METHODS

| | Female Sterilisation | Vasectomy |
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| How it works | Fallopian tubes closed – which prevents egg and sperm meeting. | Tubes carrying sperm closed. |
| Advantages | For those who want a permanent method of contraception. | For those who want a permanent method of contraception. |
| Considerations | Small medical risk during procedure. | Must use alternative method of contraception until all sperm are non-active (takes up to 4 months). |
| Reliability | Over 99% effective. | Over 99% effective. |
| STI and HIV Protection | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. |
| Availability | GP referral to gynaecologist. | Marie Stopes International, GP referral. |

EMERGENCY METHODS

| | Emergency Contraceptive Pill | IUD |
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| How it works | Prevents a fertilised egg implanting itself in the uterus lining. | Fitted to prevent egg and sperm meeting. |
| Advantages | Taken up to 120 hours after sex. | Fitted up to 5 days(120 hours) after sex. |
| Considerations | Effectiveness of drug is reduced the longer the period of time taken after unprotected sex | May make periods heavy and/or may increase period pains. |
| Reliability | 95% effective if taken up to 24 hours after sex. | 98%-99% effective. |
| STI and HIV Protection | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. |
| Availability | Over the counter at pharmacies, GP, family planning clinics. | Marie Stopes International, GP, local family planning clinics. |

INTRAUTERINE METHODS

| | IUD (Multiload®) | IUS (Mirena®) | IUD (TT380 Slimline®) |
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| How it works | Copper device fitted in uterus. Prevents egg and sperm meeting. | Small plastic device with progestogen fitted in uterus. Prevents egg and sperm meeting. | Copper device fitted in uterus. Prevents egg and sperm meeting. |
| Advantages | Stays in place for up to 5 years. | Stays in place for up to 5 years. | Stays in place for up to 10 years. |
| Considerations | May make periods heavy and/or may increase period pains. | May make periods lighter. | May make periods heavy and/or may increase period pains. |
| Reliability | 99.2% effective | 99.9% effective. | 99.2% effective |
| STI and HIV Protection | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. | No protection against STIs or HIV/AIDS. |
| Availability | Marie Stopes International, GP, local family planning clinics. | Marie Stopes International, GP, local family planning clinics. | Marie Stopes International, GP, local family planning clinics. |
| When to start | Day 1 to 12 of menstrual cycle. | Day 1 to 7 of menstrual cycle. | Day 1 to 12 of menstrual cycle. |
| When effective | Immediately. | Anytime if you can ensure that you are not pregnant, other wise after 7 days. | Immediately. |
| Return to fertility | No evidence of delay. | No evidence of delay. | No evidence of delay. |
| Post partum | Can be fitted immediately if less than 48 hours post delivery or after 4 weeks post delivery if you can ensure you are not pregnant (confirm with pregnancy test). | Can be fitted immediately if less than 48 hours post delivery or after 4 weeks post delivery if you can ensure you are not pregnant (confirm with pregnancy test). | Can be fitted immediately if less than 48 hours post delivery or after 4 weeks post delivery if you can ensure you are not pregnant (confirm with pregnancy test). |