

Contraceptive Options

Choosing a Birth Control Method

It is important to choose a birth control method that meets your needs. You may want to use birth control to prevent pregnancy, to prevent you or your partner from sexually transmitted infections (STIs), to regulate your periods, or to treat certain conditions, such as acne or polycystic ovarian syndrome (PCOS). This information and a discussion with your clinician will help you to choose a method that suits your lifestyle and your plans for the future.

Barrier Methods

Barrier methods include the diaphragm, cervical cap, and condoms. They all work by blocking the transmission of sperm through the cervix and contain no hormones.

Both male and female condoms are available over the counter. Condoms offer the most protection against STIs. Diaphragm fittings are available through your clinician at Student Health Service. You then require a prescription for the diaphragm, and must use spermicide with each use of your diaphragm. The diaphragm is inserted before sex and needs to be left in for at least 6 hours afterwards. You will need to be checked for fit every 1 to 2 years or if you gain or lose 10 lbs or more in weight.

Hormonal Contraceptives

Combined hormonal oral contraceptives (containing estrogen and progestin) may be taken orally, transdermally (through the skin), or released transvaginally. Progestin-only methods may be administered as a pill, injection or in an intrauterine device (IUD).

Combined Hormonal Contraceptives

The most commonly-used method of birth control is the combined hormonal type. It has several mechanisms of action, the main one being inhibition of ovulation. As well as being a reliable method of contraception, combined hormonal contraceptives also have many other benefits, including reduction in painful and heavy periods, improvement of premenstrual syndrome symptoms, reduced risk of ovarian and endometrial cancer, improvement of anemia, reduced risk of ectopic pregnancy, and improvement in acne. Some common side effects include bloating, headache, breast tenderness and breakthrough bleeding, but side effects are usually mild and short-lived. If side effects continue after 3 months of use you may need to be changed to an alternate formulation or method.

Women who should not take a combined hormonal contraceptive include those who have had a blood clot or a stroke, liver disease, or are over the age of 35 and smoke. Your clinician will review your medical history to help you decide if a combined hormonal contraceptive is the right method for you.

- Combined hormonal contraceptives available as pills must be taken every day. Most are taken for 21 days followed by 7 days of either a placebo or no pill. During this 7 day period you will get your period (known as a withdrawal bleed). There are circumstances where you may take up to 3 months of continuous pills, so you only have 4 periods per year.
- Another combined hormonal method is the transdermal contraceptive patch (brand name: Ortho Evra). This works in the same way as the pill, has the same side effects and the same benefits. Each patch is worn for 1 week and then replaced by a new patch for 3 consecutive weeks. It is then removed for the 4th week during which time you will get your period. The patch is a 1 ¾ inch square and can be worn on the upper arm, the buttocks, the abdomen or the upper torso. Some people note skin irritation with the patch.

- The third combined hormonal method is the vaginal ring (brand name: NuvaRing). This is a thin, flexible ring that is inserted into the vagina, and slowly releases the estrogen and progestin. Again, this works in the same way as the pill, and has similar side effects and benefits. It is left in the vagina continuously for 3 weeks, then removed for a 1 week break during which time you will get your period. The ring is about 2 inches in diameter, and one size fits all. Most women and their sexual partners do not feel the ring.

Progestin-Only Contraceptives

These are a good option for women who want to use a hormonal method but need to avoid estrogen. They work in a similar way to the combined hormonal types, but are associated with more breakthrough bleeding and a higher failure rate.

- There are progestin-only pills, which *must* be taken at the same time each day. Benefits include a reduction in endometrial cancer and pelvic inflammatory disease. Side effects include no menstrual bleeding or irregular bleeding.
- There is also an injectable form (brand name: Depo-Provera) which is given in the arm or buttocks once every 3 months. **The Food and Drug Administration has warned that use of the Depo-Provera for longer than 2 years significantly increases the risk of osteoporosis.** It should be used only in exceptional circumstances where there are contraindications to all other forms of birth control, and then only for 2 years or less.

Intrauterine Device (IUD)

An IUD needs to be inserted by a gynecologist. There are 2 types – one containing copper, which stays in for up to 10 years, and the other containing progestin, which stays in for up to 5 years. They appear to inhibit sperm survival and implantation. They are generally used by women who have already had a baby. Side effects include no menstrual bleeding.

Other Methods

- Sterilization, for a woman is tubal ligation (“getting your tubes tied”) and for a man is a vasectomy (where the vas deferens, or sperm ducts, are closed off). These are considered permanent methods of birth control.
- Abstinence is 100% effective at preventing pregnancy and transmission of STIs.
- Natural family planning requires a couple to learn when a woman is ovulating in a number of ways (e.g., basal body temperature) and avoiding sex during these days.
- Withdrawal is ineffective.

Comparison of effectiveness of the different methods

	Number of pregnancies per 100 women per year
Male condom alone	3
Female condom	5
Diaphragm with spermicide	3-6
Hormonal Contraceptives	Less than 1
IUD	Less than 1
Sterilization	Less than 1
Periodic abstinence	20
Withdrawal	19
No method	85