

# All you need to know about Contraception

A patient information booklet produced by the Department of Obstetrics & Gynaecology

## Why would a woman need contraception?

All women who are sexually active may fall pregnant. How easily this occurs depends on a number of factors such as her age and the frequency of sex. Women don't want to get pregnant for various reasons e.g. too young, too old, studies/work priorities, spacing between children and relationship instability etc. Statistics have shown that couples who have regular sex without contraception, 84% will get pregnant within a year and 92 % within two years. A woman who wants to have only two children needs to prevent pregnancy for 28 years or 236 menstrual cycles!

In developed countries, half of all pregnancies are unplanned. While many of these will be wanted pregnancies, those that are unwanted require difficult decisions to be made. This is preventable by using contraception.

## How does pregnancy occur?

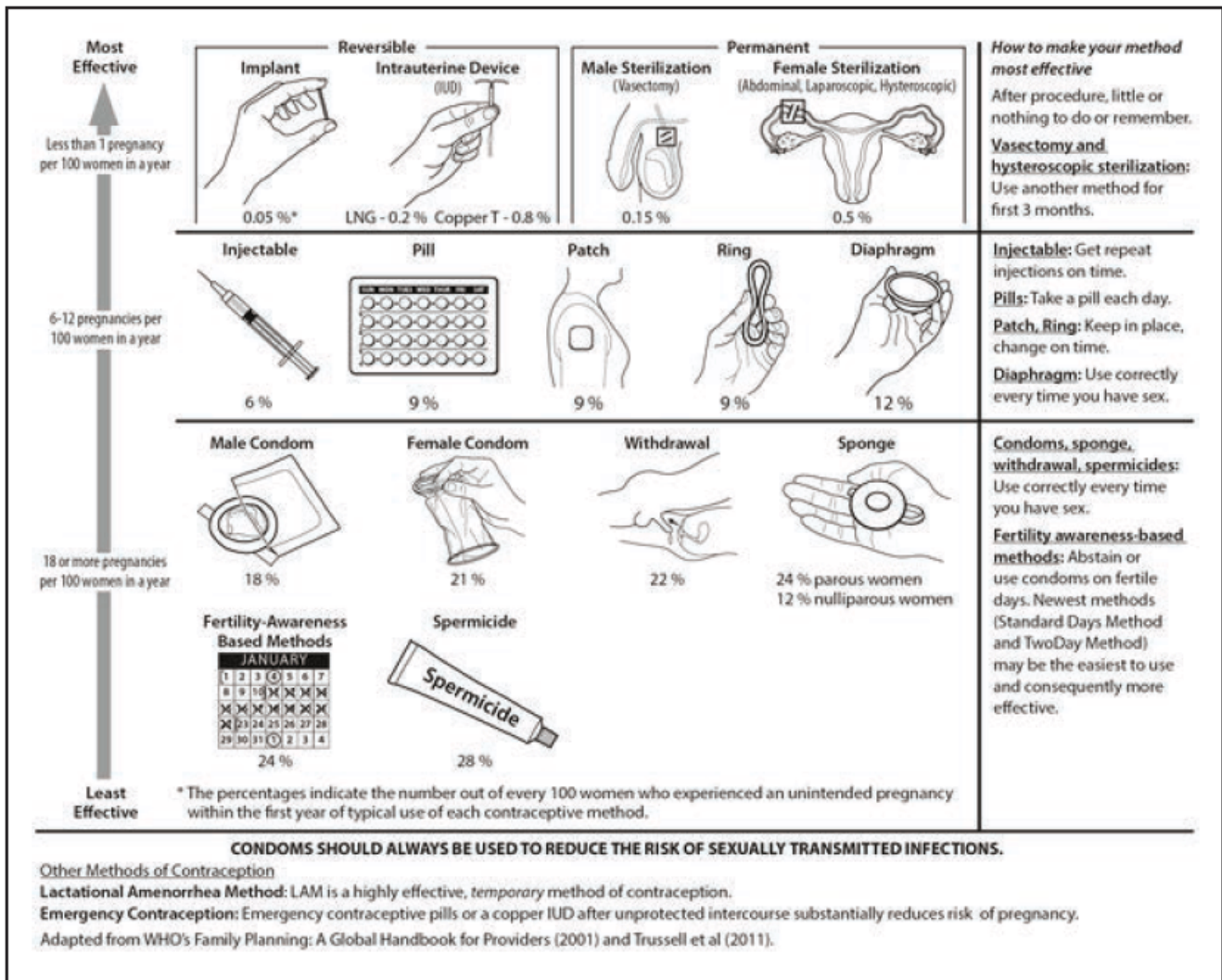
Pregnancy is the result of fertilisation of a woman's egg by a man's sperm. Each month, in a process call ovulation, an egg is released from a woman's ovary. This egg is picked up by the fallopian tube and travels towards the uterus (womb). The sperm that is deposited near or in the vagina (birth canal) during sex swims though the cervix or neck of the womb, into the uterus and then into the fallopian tube. Fertilisation occurs in the tube and the resulting embryo travels into the womb to implant into its lining. At the time of ovulation, the womb lining is thickened in order to receive the embryo. Once implanted, a pregnancy test will be positive.

## What factors should I consider when choosing a contraceptive method?

There are three areas to consider:

- 1) You
  - Your age
  - Your medical history
  - Social situation
  - Cultural background
- 2) Your reproductive status
  - Whether you have a regular partner
  - Sexual frequency
  - Whether you have children
  - Whether you want to have children in the future
- 3) The method
  - How important it is to avoid pregnancy
  - Daily, as needed or "forgettable" application
  - In your control or partner's
  - Self control or need to involve health professionals
  - Other medical symptoms or conditions that contraception can help
  - Previous experience

How are the different methods ranked in terms of efficacy to prevent pregnancy?<sup>1</sup>



Source: [http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive\\_methods\\_508.pdf](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive_methods_508.pdf)

# Subdermal implant



## What is it?

It is a rod the size of a matchstick that is inserted under the skin of the upper forearm.

## How does it work?

The implant is a progesterone only method. The hormone is slowly released and this prevents ovulation, thickens up the mucous at the cervix and thins out the lining of the womb. Less than one woman in 1000 will get pregnant over three years.

## Advantages

- It can last up to three years and can be removed anytime
- Insertion is quick and easy
- It may help with painful menses
- It does not increase the risk of heart attack, stroke or blood clots in the legs or lungs
- It does not affect bone mineral density
- Infrequent bleeding is the most common pattern, including no bleeding in 20% of women

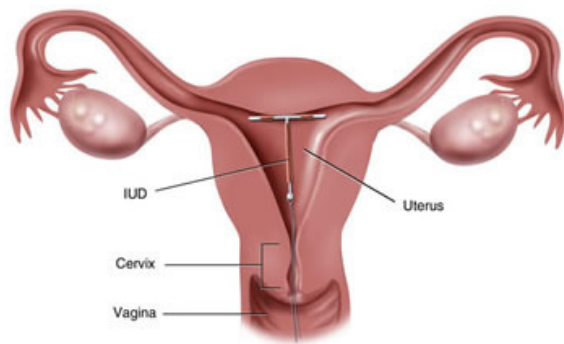
## Disadvantages

- You may experience a change in your bleeding pattern that may not be acceptable
- Hormonal side effects are common in the first month of use
- Some drugs can affect its effectiveness
- Rarely it can be inserted deep and require imaging to locate
- It does not protect against sexually transmitted infections

## Other things to note

- You can use if you are still breastfeeding
- It is inserted and removed in the clinic under local anaesthetic by trained health care professionals, and can be felt just below the skin
- Upon insertion and removal, some bruising and a tiny scar may occur
- There is no delay in the return of fertility on removal

# Intrauterine device (IUCD)



## What is it?

It is a device of the size of a 50-cent coin that is inserted into the womb.

## How does it work?

It contains no hormones, just plastic surrounded by a small amount of copper. The copper prevents sperm from reaching the egg and the device changes the womb lining so that implantation does not take place. It does not cause abortion. Less than one woman in 100 will get pregnant over five years.

## Advantages

- It can last up to 10 years and can be removed anytime
- It works immediately and can be used in women where hormones are contraindicated
- It is not affected by medication

## Disadvantages

- You may experience heavier, longer or more painful periods in the initial stages
- There is a small chance of infection in the first 20 days after insertion
- Some drugs can affect how well it works
- It does not protect against sexually transmitted infections
- Insertion can be uncomfortable for some women.
- Rarely, it can expel (5%) or perforate the womb (up to 2/1000)
- If it fails, up to half of pregnancies are ectopic (in the fallopian tube)

## Other things to note

- It is inserted and removed in the clinic by trained health care professionals
- If the insertion is done on women age 40 years old and above, it can remain until menopause
- It is not affected by other medicines
- You can use it if you are breastfeeding
- There is no delay in return of fertility on removal

## Intrauterine system (IUS)



### What is it?

It is a T- shaped device of the size of a 50-cent coin that is inserted into the womb.

### How does it work?

It slowly releases a small amount of the hormone progesterone into the womb. This thickens the cervical mucus making sperm transport more difficult and thins the womb's lining so that implantation does not take place. It does not cause abortion. Less than one woman in 100 will get pregnant over five years.

### Advantages

- It can last up to five years but can be removed anytime
- Your menstruation usually becomes shorter and lighter or may stop. It can help women with heavy and/or painful menses
- It can be used as the progesterone part of hormone replacement in women with menopausal symptoms

### Disadvantages

- Your bleeding pattern may be irregular for up to six months
- There is a small chance of infection in the first 20 days after insertion
- Some women may not want their menstruation to stop
- You might experience temporary hormonal side effects (acne, decreased libido, mood swings, headache)
- Small ovarian cysts can develop
- Rarely it may expel (5%) or perforate the womb (2/1000)
- It does not protect against sexually transmitted infections
- Insertion can be uncomfortable
- If it fails, up to half of pregnancies are ectopic (in the fallopian tube)

### Other things to note

- It is inserted and removed in the clinic by trained health care professionals
- If the insertion is done on women age 45 years old and above, it can remain until menopause
- It is not affected by other medication.
- You can use it if you are breastfeeding
- There is no delay in return of fertility on removal

# Progesterone only injection



## What is it?

It is 1ml of liquid that is injected into the buttock or deltoid muscle every 12-13 weeks.

## How does it work?

It slowly releases the hormone progestogen. The dose prevents ovulation, thickens the cervical mucus to make sperm transport more difficult and thins the womb's lining so that implantation does not take place. It does not cause abortion. Less than four women in 1000 will get pregnant over two years.

## Advantages

- It lasts up to 14 weeks
- Menstruation usually become shorter & lighter or may stop. It can help women with heavy &/or painful menses
- As reduced bleeding is common, women with menstrual problems caused by such conditions as endometriosis or fibroids may benefit from its use
- It may offer protection against ovarian or endometrial cancer

## Disadvantages

- Your bleeding pattern may be irregular and menstruation may stop
- It is associated with a small loss in bone mineral density, which will usually recover on stopping
- If you are 50 years and above, it is advised to switch to another method but can be continued
- The use has been associated with weight gain in some individuals
- You might experience temporary hormonal side effects (acne, decreased libido, mood swings, headache)
- It does not protect against sexually transmitted infections

## Other things to note

- It is administered in the clinic by trained health care professionals
- It is not affected by other medication.
- You can use if you are breastfeeding
- There can be a delay of up to one year in the return of fertility after discontinuation

# Combined pill



## What is it?

It is a pill that is either taken for 21 days, with a seven day break, then restarted or it may be taken everyday

## How does it work?

It contains two hormones- estrogen and progesterone. This combination prevents ovulation, thickens the cervical mucus to make sperm transport more difficult and thins the womb's lining so that implantation does not take place. Less than one woman in 100 will get pregnant over one year

## Advantages

- Menstruation usually become more regular, lighter and less painful so it can help women with heavy and/or painful menses
- It is suitable for woman up to 50 years old, if you are healthy and don't smoke
- As reduced bleeding is common, women with menstrual problems including endometriosis may benefit from its use
- It reduces the risk of ovarian, endometrial, colon cancer and ovarian cysts
- Usage may improve acne and help alleviate menopausal symptoms

## Disadvantages

- Break through bleeding is common in the first few months
- It cannot be used by obese women, women over 35 years who smoke and those with certain medical conditions
- There is a small risk of serious side effects including breast and cervical cancer, blood clots in the legs/lungs, heart attack and stroke
- You might experience temporary hormonal side effects (breast tenderness, nausea, mood swings, headache)
- It does not protect against sexually transmitted infections

## Other things to note

- It is a prescribed medicine
- It does not cause weight gain
- Some medication can affect its ability to prevent pregnancy
- Missed pills, vomiting and severe diarrhoea can affect its efficiency. It needs to be taken around the same time daily. It is a missed pill if taken 12 hours late.
- There is no delay in the return of fertility after discontinuation

# Contraceptive patch



## What is it?

It is a sticky patch of the size of a large stamp that is changed weekly for three weeks, then a seven day break, then restarted

## How does it work?

It contains two hormones- estrogen and progesterone. This combination prevents ovulation, thickens the cervical mucus to make sperm transport more difficult and thins the womb's lining so that implantation does not take place. Less than one woman in 100 will get pregnant over one year

## Advantages

- It is thought that the benefits reported for combined pills can be extended to the patch
- The weekly application may be easier for some women to remember
- It is not affected by vomiting or diarrhoea

## Disadvantages

- It has the same disadvantages as for the combined pill
- It may cause skin irritation

## Other things to note

- It is a prescribed medicine
- It is visible on the skin and patch detachment is uncommon (<5%)
- It does not cause weight gain
- Some medication can reduce its effectiveness
- There is no delay in the return of fertility after discontinuation



# Contraceptive ring



## What is it?

It is a small, flexible plastic ring that is put into the vagina for three weeks, removed for seven days, then restarted

## How does it work?

It contains two hormones- estrogen & progestogen. This combination prevents ovulation, thickens the cervical mucus to make sperm transport more difficult and thins the womb's lining so that implantation does not take place. Less than one woman in 100 will get pregnant over one year

## Advantages

- It is thought that the benefits reported for combined pills can be extended to the ring
- The three-weekly application may be easier for some women to remember
- It is not affected by vomiting or diarrhoea
- It is easy to insert and remove

## Disadvantages

- It has the same disadvantages as the combined pill

## Other things to note

- It is a prescribed medicine
- You must be comfortable with genital contact for insertion and removal
- It does not cause weight gain
- Some medication can reduce its effectiveness
- There is no delay in the return of fertility after discontinuation

# Progestogen only pill



## What is it?

It is a pill that is taken daily

## How does it work?

It contains the hormone progestogen which thickens the cervical mucus to make sperm transport more difficult and thins the womb's lining so that implantation does not take place. Less than one woman in 100 will get pregnant over one year

## Advantages

- It can be used by most women, even those that are overweight, smoke or have medical issues

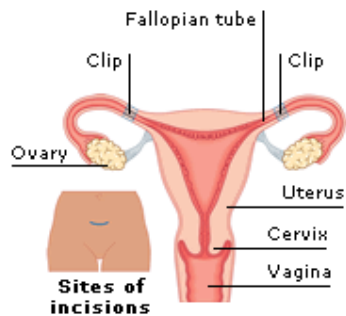
## Disadvantages

- Menstruation may become irregular or stop completely
- You may experience temporary hormonal side effects (breast tenderness, acne, mood swings, headache)
- It may cause small ovarian cysts
- It does not protect against sexually transmitted infections

## Other things to note

- It is a prescribed medicine
- It needs to be taken around the same time daily. It is a 'missed pill' if taken three hours late
- Missed pills, vomiting and severe diarrhoea can affect its efficiency
- It does not cause weight gain
- Some medication can reduce its effectiveness
- You can use it while you are breastfeeding
- There is no delay in the return of fertility after discontinuation

# Female sterilisation



## What does it involve?

A small clip is placed across the fallopian tube to conclude it. At caesarean section, a portion of the tube may be removed.

## How does it work?

The procedure prevents the egg and sperm from meeting. Less than one woman in 200 will get pregnant

## Advantages

- Contraception is no longer required
- It is non-hormonal
- Menstruation is unaffected

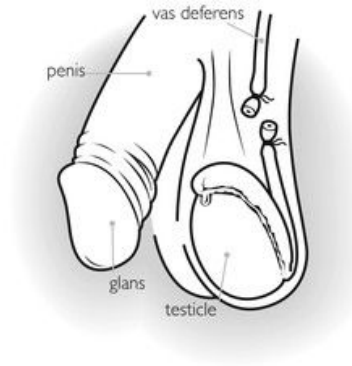
## Disadvantages

- Most procedures are carried out under general anaesthesia
- The operation carries some risks
- There is a small risk of ectopic pregnancy if failure occurs
- It cannot be reversed easily

## Other things to note

- It should only be done if you are sure your family is complete
- You may experience higher regret if you are under 30 years or if done at the time of delivery or abortion
- It is not associated with weight gain

# Male sterilisation



## What does it involve?

The tubes (vas deferens) that carry sperm from the testicles to the penis are cut or sealed

## How does it work?

The procedure prevents sperm from leaving the body. Less than one in 2000 male sterilisations fail

## Advantages

- It is usually performed under local anaesthesia
- Contraception is no longer required
- It is non-hormonal

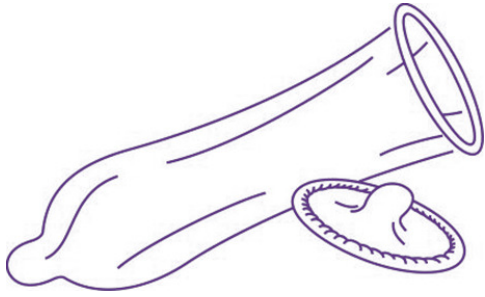
## Disadvantages

- The operation carries some risks, including chronic testicular pain
- It does not work immediately
- It cannot be reversed easily

## Other things to note

- It should only be done if you are sure your family is complete
- Discomfort is common following the procedure
- Contraception is required until it is confirmed there is no sperm in the semen analysis. This can take eight-12 weeks

# Male condom



## What is it?

It is either latex or plastic that is put over the penis

## How does it work?

It prevents the sperm meeting the egg. Two in 100 women will get pregnant over one year

## Advantages

- You do not need to see a health professional to get. It is widely available
- There are no serious side effects
- It protects against sexually transmitted infections

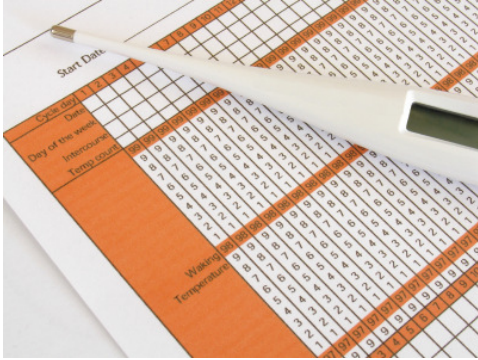
## Disadvantages

- It may break or slip off
- Your partner needs to withdrawal as soon as ejaculation has occurred & before he goes soft to prevent semen spills

## Other things to note

- Additional spermicide is not required or recommended
- It must be applied before the penis is in contact with the female genitals
- There are many different types. Finding the correct size and shape will reduce the risk of failure
- Oil based products can damage the latex and increase breakage
- There is no delay in the return of fertility after discontinuation

# Lactational amenorrhoea method



## What is it?

The lactational amenorrhea method is a natural birth control technique based on the fact that lactation causes amenorrhea (lack of menstruation).

## How does it work?

2 woman in 100 will get pregnant. It prevents ovulation if the following conditions are met:

- Fully breastfeeding (i.e. no formula feeds or solids) or
- Nearly fully breastfeeding, baby is less than six months old and you have no menses

## Advantages

- You do not need to consult a health professional  
No hormones or serious side effects
- It is acceptable to all faiths and cultures

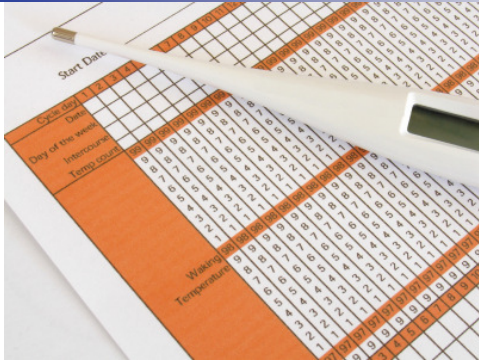
## Disadvantages

- You need to be very committed to breastfeeding
- Efficacy reduces once solids are introduced and breastfeeding reduces
- It does not protect against sexually transmitted infections

## Other things to note

- There is no delay in the return of fertility after discontinuation

# Natural family planning



## What is it?

It is a method that tells you at what time during the month you can have sex without contraception and with a reduced risk of pregnancy. The usage of different fertility indicators (basal body temperature, cervical mucus, length of menses) to identify the unsafe (fertile) and safe (infertile) times during the menstrual cycle.

## How does it work?

It identifies the safe days in a woman's menstrual cycle to have sex. With perfect use, 1 woman in 100 will get pregnant over 1 year. Failure rates are lowest when more than one fertility indicator is used.

## Advantages

- You do not need to consult a health professional
- No hormones or serious side effects
- It is acceptable to all faiths and cultures
- It can be used to plan a pregnancy

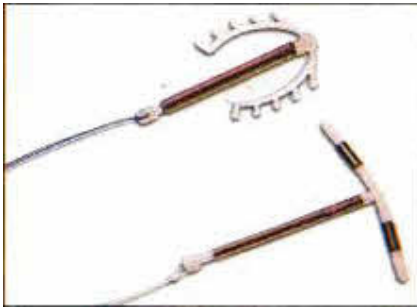
## Disadvantages

- You need to be very committed as daily recordings are required
- It takes up to six cycles to accurately pinpoint the safe days
- Need to abstain or use condoms during fertile period
- It does not protect against sexually transmitted infections

## Other things to note

- Efficacy may be reduced if your cycles are irregular or less predictable (after childbirth/miscarriage/abortion, while breastfeeding, in the menopause) and during periods of illness, stress & travel
- Fertility monitoring devices are available for purchase and work by measuring hormones in the urine
- There is no delay in the return of fertility after discontinuation

# Emergency Contraception



## What is it?

Emergency Contraception (EC) are drugs intended to disrupt or delay ovulation or fertilisation. The pill options are levonorgestrel EC and EllaOne

The intrauterine device (IUD) is usually used as a primary contraceptive method, but can be used as emergency contraception.

## How do they work?

The pills probably disrupt ovulation. They are taken up to 3-5 days after unprotected sex. They should be taken as soon as possible after unprotected sex.

The IUD prevents the egg and sperm from meeting. It can be inserted up to five days after unprotected sex or up to five days after the expected date of ovulation. Less than 1 woman in 100 will get pregnant if an IUD is inserted.

## Advantages

- The IUD can be used as ongoing contraception
- Most women can use the levonorgestrel EC
- EllaOne is licensed for up to five days used after unprotected sex
- Side effects are usually minor and self limiting

## Disadvantages

- All methods require a consultation with your healthcare professional
- Breastfeeding is disrupted with the use of certain emergency contraception EllaOne
- The next menstruation may be disrupted with the pills
- They do not protect against sexually transmitted infections

## Other things to note

- There is no delay in the return of fertility after discontinuation

## When can I stop using contraception?

If you are under 50 years of age, you should continue with contraception for two years from your last menstruation.

If you are 50 years and over, please continue with contraception for one year from your last menses

If your method results in your menses stopping, either a blood test can see if you are menopausal or you can continue using the device until the age of 55 years, when most women are menopausal.