Birth Control Options
**THE PILL** (combined pill)

A once daily oral contraceptive containing the hormones estrogen and progestin that stops your ovaries from releasing an egg every month.

**BENEFITS**
- 99.8% effective with perfect use*
- 99.8% effective with typical use*
- Reversible
- Replace every 3 or 5 years
- May be associated with decreased menstrual pain
- May reduce menstrual flow; some women may stop having periods

**RISKS**
- Side effects can include irregular bleeding in the first months after insertion
- May cause hormonal side effects such as depression, acne, headache, and breast tenderness
- May fall out in up to 6% of women.
- Uterine perforation during insertion may occur in up to 0.16% of cases
- Rate of ectopic pregnancy: 0.02 per 100 women-years

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**HORMONAL INTRAUTERINE SYSTEM (IUS)**

A small T-shaped frame containing levonorgestrel, a progestin hormone. Once inserted into the uterus by a physician, the IUS slowly releases the hormone, which thins the lining of the uterus and thickens the cervical mucus, preventing passage of sperm through the cervical canal.

An IUS is replaced either every 3 or every 5 years depending on the product.

**BENEFITS**
- 99.7% to 99.9% effective with perfect use*
- 92% effective with typical use (failure rates: 3-8%)*
- Reversible
- Makes periods more regular and decreases menstrual flow and menstrual cramping
- May reduce risk of endometrial and ovarian cancer

**RISKS**
- Side effects can include irregular bleeding, spotting, nausea, bloating, breast tenderness and headaches
- Not suitable for smokers over age 35 or women over age 35 with migraines
- May increase risk of blood clots
A hormonal birth control method that contains a progestin. Administered by a healthcare practitioner, it is injected in the muscle of the arm or buttocks every 12-13 weeks. It stops your ovaries from releasing an egg every month.

**THE NEEDLE**

A once daily oral contraceptive containing the hormone progestin that alters cervical mucus reducing sperm penetration. It may also stop your ovaries from releasing an egg every month.

**THE PILL** (Progestin-Only Pill)

**BENEFITS**

- 99.5% effective with perfect use*
- 90% effective with typical use (failure rates: 5-10%)*
- May be suitable for smokers over age 35 or women over age 35 with migraines, women who have unwanted side effects with the combined pill, or women who are breastfeeding
- Does not appear to increase the risk of blood clots, stroke, or heart attack

**RISKS**

- Side effects can include increased irregular bleeding and/or spotting in the first month
- Hormonal side effects such as headache, bloating, acne, and breast tenderness occur less commonly
- Not associated with any major morbidity

**BENEFITS**

- 99.7% effective with perfect use*
- 97% effective with typical use*
- Reversible
- Administered every 12 weeks
- May reduce risk of endometrial cancer

**RISKS**

- May cause irregular menstrual bleeding or cessation of periods
- May cause weight gain and hormonal side effects like headache, acne, decreased libido, nausea and breast tenderness
- May take up to 9 months after the last injection for fertility to return
**THE PATCH**

A small adhesive patch that continuously releases estrogen and a progestin into the bloodstream, which stops the ovaries from releasing an egg.

**BENEFITS**
- 99.7% effective with perfect use*
- 92% effective with typical use*
- Reversible
- Weekly contraception
- Non-contraceptive benefits are assumed to be similar to those seen in the combined pill; however, these potential benefits have not been assessed in studies to date

**RISKS**
- Risks are assumed to be similar to combined pill
- Side effects can include irregular bleeding, spotting, breast tenderness, and headaches
- Not suitable for smokers over age 35 or women over age 35 with migraines
- May increase risk of blood clots
- May detach from skin

**FEMALE STERILIZATION**

A permanent option that surgically disconnects the fallopian tubes, so that the egg never meets the sperm.

**I.TUBAL LIGATION**

**BENEFITS**
- 99.5% effective with perfect use*
- 99.5% effective with typical use*
- The World Health Organization cites a failure rate after tubal ligation of 0.5%
- For women seeking permanent contraception

**RISKS**
- Short term complications after surgery may include abdominal and shoulder tip pain and bruising, anesthesia-related risks, bleeding and infection, or damage to bowel, bladder, and blood vessels
- In a study, the 10-year cumulative probability of ectopic pregnancy was less than 1%
FEMALE STERILIZATION
II. TUBAL OCCLUSION (Transcervical sterilization)

A permanent method of sterilization involving placement of a device by a physician that blocks the fallopian tubes and prevents sperm from reaching the egg.

**BENEFITS**
- Over 99% effective
- Low complication rate (when the device is properly placed)
- No incision is required
- Performed in an office setting
- Rapid recovery

**RISKS**
- Include infection, pelvic pain, perforation of the uterus or fallopian tubes and tubal blockage occurring on only one side
- Risk of pregnancy in the first 3 months if no other method of birth control is used.
- Overall risk of ectopic pregnancy is lower than that of the general population

THE RING

A flexible, plastic ring that is inserted into the vagina where it slowly releases estrogen and progestin for three weeks. Prevents pregnancy by stopping the ovaries from releasing an egg.

**BENEFITS**
- 99.7% effective with perfect use*
- 92% effective with typical use*
- Reversible
- Monthly contraception
- Non-contraceptive benefits are assumed to be similar to those seen in the combined pill; however, these potential benefits have not been assessed in studies to date

**RISKS**
- Risks are assumed to be similar to combined pill
- Side effects can include irregular bleeding, spotting, nausea, breast tenderness, and headaches
- Not suitable for smokers over age 35 or women over age 35 with migraines
- May increase risk of blood clots
- May cause vaginal discomfort or irritation
- May fall out
**COPPER IUD**

A small, T-shaped device with a copper wire that is inserted into the uterus by a physician. The IUD changes the chemistry in the uterus and prevents sperm from fertilizing the egg.

**BENEFITS**
- 99.1% effective with perfect use*
- 99.1% effective with typical use*
- Reversible
- Can be replaced as per product labeling (e.g., 30 months or 5 years, depending on brand)

**RISKS**
- Side effects can include irregular or increased bleeding in the first months after insertion.
- May cause menstrual pain or device-related pain
- May fall out
- Uterine perforation during insertion may occur in up to 0.16% of cases
- Rate of ectopic pregnancy: 0.25 per 100 women-years

**VASECTOMY**

A permanent option for men that surgically blocks the sperm duct and prevents sperm from entering the ejaculate.

**BENEFITS**
- 99.9% effective with perfect use*
- 99.9% effective with typical use*
- For men seeking permanent contraception

**RISKS**
- Side effects include local pain and scrotal bruising and swelling
**MALE CONDOM**

A sheath that is rolled over the penis to prevent semen from entering the vagina.

**BENEFITS**
- 97% effective with perfect use*
- 86% effective with typical use*
- Helps prevent sexually transmitted infections and cervical dysplasia
- May help prevent premature ejaculation

**RISKS**
- May cause decreased sensitivity and loss of erection
- Requires instruction for both partners and knowledge of use
- May break or slip
- May cause reaction/irritation in users with latex allergy
- Not always available when needed

**FERTILITY AWARENESS**

Teaches women to determine the fertile phase of their menstrual cycle. To avoid pregnancy, women avoid intercourse on fertile days.

**BENEFITS**
- Sympto-thermal method is 91-99% effective with perfect use, but other natural family planning methods are not as effective*
- 80% effective with typical use (failure rate, 20%)*
- Ovulation is detected via observation of cervical mucus, body temperature, and position of cervix
- Inexpensive and natural

**RISKS**
- Requires diligence, strict compliance, and periodic abstinence
- May not be suitable for women with erratic/irregular menstrual cycles
**FEMALE CONDOM**

A polyurethane sheath inserted into the vagina before sex that prevents sperm from entering the vagina.

**BENEFITS**
- 95% effective with perfect use (failure rate, 5%)*
- 80% effective with typical use (failure rate, 20%)*
- Helps prevent sexually transmitted infections

**RISKS**
- Requires knowledge and practice of proper insertion technique
- Makes noise during intercourse
- Inner ring may cause discomfort during intercourse
- Slippage can occur

**DIAPHRAGM**

A latex or silicone cap used in combination with a spermicide that covers the cervix and prevents sperm from getting inside.

**BENEFITS**
- 94% effective with perfect use (failure rate, 6%)*
- 80% effective with typical use (failure rate, 20%)*
- Helps prevent some sexually transmitted infections, and cervical dysplasia
- Can be inserted up to 6 hours before intercourse

**RISKS**
- May increase risk of persistent or recurrent urinary tract infections
- Requires knowledge and practice of proper insertion technique, and customized fitting to stay in place
- May cause reaction in users with latex allergy
A chemical called nonoxynol-9 in cream, gel, foam, film, or suppository form used in conjunction with other methods of contraception, such as condoms or diaphragm. Inserting spermicide in front of the cervix destroys sperm on contact.

**BENEFITS**
- 94% effective with perfect use (failure rate, 6%)*
- 74% effective with typical use (failure rate, 26%)*
- May provide lubrication when used with other barrier methods

**RISKS**
- Some users may be allergic to spermicides
- May increase risk of urinary tract infection
- Substantially high failure rates when used alone instead of in combination with other barrier methods, e.g., condom, diaphragm

*The relative effectiveness of a birth control method is defined in two ways: actual effectiveness and theoretical effectiveness. Actual effectiveness refers to the "typical use" of a method, meaning how effective the method is during actual use (including inconsistent and incorrect use). Theoretical effectiveness refers to the "perfect use" of a method, which is defined by when the method is used correctly and consistently as directed.
Non-pharmaceutical and non-device options are available.

Ask your doctor.