

Patient information

Your guide to contraception

This leaflet explains some of the available contraceptive methods; how they work, how effective they are, and discusses the main advantages and disadvantages. The figures for how well each method work are from independent research.

Contraception needs to be used if you want to avoid pregnancy until the menopause. This is two years after last having a natural period if you're aged under 50, or one year if aged over 50. This advice may be different if you're using hormonal contraception. Some contraception has non-contraception benefits. You can continue a suitable method of contraception until aged 55 to take advantage of these benefits.

How do I choose a method?

There are lots of methods of contraception, you can choose contraception that best suits you. There is detailed information about each at the Family Planning Association's website www.fpa.org.uk. You can also talk about methods with a healthcare professional.

Some things to consider:

- Whether you or a partner want to get pregnant fairly soon, many years away, or not at all.
- How you and your partner want contraception to fit your lifestyle.
- Whether you want to use a contraceptive method every day, every time you have sex, or less often.

Is contraception free and where can I get it from?

You can get free contraception, including emergency contraception, from:

- A contraception clinic or sexual health clinic
- Most GP surgeries
- A sexual health clinic, such as Provide.

You can also get emergency contraceptive pills free from:

- Some pharmacies: this may depend on where you live and may only be available for a certain age.
- Some genitourinary medicine (GUM) clinics
- Most NHS walk-in centres (England only)
- Some minor injuries units
- Some hospital accident and emergency departments (phone first to check).

In some areas of the UK, you can order some types of contraception and emergency contraception for free from an online sexual health service. They can send it by post and may offer a click and collect service. You usually need to be 16 or over and have an online or phone consultation.

You can buy, without a prescription:

- Desogestrel, the progesterone only pill over the counter from most pharmacies
- Emergency contraceptive pills from most pharmacies
- Condoms, diaphragms, and spermicide from most pharmacies.

You can also buy emergency contraceptive pills and some types of contraception from some online pharmacies, private online sexual health services and private clinics. You may need to be 16 or over to use some of these services.

How can I find a service?

The Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday-Friday from 9.00am-8.00pm and at weekends from 11.00am-4.00pm.

For more information on sexual health visit:

- www.fpa.org.uk
- www.brook.org.uk (information for young people)
- Suffolk Sexual Health Service <https://suffolksexualhealthservice.org.uk/>

Find details of contraception and sexual health services, GP surgeries and pharmacies at:

- England – www.nhs.uk
- Wales – www.111.wales.nhs.uk
- Scotland – www.nhsinform.scot

- Northern Ireland – <https://www.sexualhealthni.info/contraception> and <https://online.hscni.net>

Emergency contraception

If you've had sex without contraception, or you think your method might have failed, you can use emergency contraception. An intrauterine device (IUD) is the most effective option. Some people will get pregnant even when they take emergency pills correctly.

- An emergency IUD can be fitted up to five days after sex, or up to five days after the earliest time you could have ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA) can be taken up to five days (120 hours) after sex.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to three days (72 hours) after sex.

Emergency pills are available for free with a prescription or to buy from a pharmacy.

Try to get emergency contraception as soon as possible after unprotected sex.

How does emergency contraception work?

The emergency IUD stops an egg being fertilised or implanting in the uterus (womb). Emergency contraceptive pills work by delaying ovulation (the release of an egg). They won't work if you have already ovulated.

How effective is emergency contraception?

Only about 1 in 1,000 people will become pregnant after having an emergency IUD fitted. Emergency pills taken before ovulation (the release of an egg) can be effective, especially if taken soon after sex, but some people will still get pregnant even though they took the pill correctly. Emergency contraception isn't as effective as using other methods of contraception regularly and doesn't protect you from sexually transmitted infections. Further reading about emergency contraception is available on www.fpa.org.uk

Can I use breastfeeding as a form of contraception?

Breastfeeding can be up to 98% effective in preventing pregnancy for up to six months after giving birth if **all of the following apply**:

- You are fully, or nearly fully, breastfeeding, day and night – this means you are only giving your baby breast milk, or you are infrequently giving other liquids in addition to your breast milk
- Your baby is less than six months old
- You haven't had a period since birth.

Even if all of the above apply, certain situations increase your risk of pregnancy.

What if I get pregnant?

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 so you may get a negative result even though you are pregnant. If you do not 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 can choose to:

- Continue with the pregnancy
- End the pregnancy by having a termination
- Continue with the pregnancy and choose adoption.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections (STIs). Condoms used correctly and consistently, can help protect against STIs. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called nonoxynol-9, which may increase the risk of HIV and other infections.

This leaflet can only give you general information. The information is based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and the World Health Organization.

All methods of contraception come with a patient Information leaflet which provides detailed information about the method.

Contact your doctor, practice nurse or sexual health clinic if you are worried or unsure about anything.

Different methods

Methods with no user failure refers to methods that don't depend on you remembering to take or use them.

Methods with user failure refers to methods you have to use and think about regularly or each time you have sex. They **must** be used according to instructions.

Methods with no user failure include:

- Contraceptive implant
- Intrauterine system (IUS)
- Intrauterine device (IUD)
- Contraceptive injection
- Sterilisation.

Methods with user failure include:

- Combined pill
- Progesterone only pill
- Condoms
- Internal condoms
- Contraceptive patch
- Contraceptive vaginal ring
- Diaphragm/cap with spermicide
- Fertility awareness methods.

Figures are given for perfect and typical use:

- Perfect use means using the method correctly and consistently each time.
- Typical use is when you don't always use the method correctly and consistently.

Contraceptive implant

How does it work?

A small flexible rod in the arm which releases progestogen, which stops ovulation, thickens cervical mucus to stop sperm reaching the egg and thins the lining of the uterus to stop a fertilised egg implanting.

How effective is it?

The implant is the most effective method of contraception. It's well over 99% effective. Fewer than 1 in 1,000 users will get pregnant in the first year of use. It lasts for three years.

Advantages	Disadvantages
Lasts for three years but can be taken out sooner	Inserted using local anaesthetic
Don't have to think about contraception	Tenderness, bruising and some swelling may occur
When removed, periods and fertility return to normal	Some medicines may stop implant from working
	Can feel implant with your fingers, but it cannot be seen
	Can experience side effects such as headache, nausea, skin changes
	Can cause irregular and/ or prolonged bleeding

Intrauterine system (IUS)

How does it work?

A small, flexible T-shaped plastic device is put into the uterus, and it releases the hormone progesterone. This thins the lining of the uterus to stop a fertilised egg implanting and thickens cervical mucus to stop sperm reaching the egg.

How effective is it?

Over 99% effective. Fewer than 1 in 100 IUS users will get pregnant a year. Once fitted, it works as contraception for three, five or six years, dependent on type.

Advantages	Disadvantages
Can last for years dependent on type, and can be removed sooner	Irregular bleeding or spotting is very common in the first six months

Bleeding usually becomes lighter, shorter, and sometimes less painful, or bleeding may even stop	Insertion can be uncomfortable
Don't have to think about contraception whilst IUS in place	Small chance of getting an infection during first 20 days after insertion
When removed, periods and fertility return to normal	Hormonal side effects: headaches, skin changes, breast tenderness
	Can dislodge- need to check the strings regularly

Things to consider:

- You're taught to check the IUS is in place.
- A check for any existing infection may be advised before IUS is put in.
- Not affected by other medicines.
- If fitted at or after age of 45, the Mirena IUS can stay in place as contraception until menopause.

Intrauterine device (IUD)

How does it work?

A small flexible plastic and copper device is put into the uterus. The copper stops sperm and eggs from surviving. It also changes your cervical mucus to stop sperm from reaching the egg. An IUD may also stop a fertilised egg implanting in the uterus.

How effective is it?

Over 99% effective; fewer than 1 in 100 IUD users will get pregnant in a year. Once fitted, it works as contraception for five or 10 years, depending on type.

Advantages	Disadvantages
Works as soon as it is put in	Periods may be heavier or longer or more painful
Works for five or 10 years depending on its type, but can be taken out sooner	Very small chance of getting an infection during first 20 days after insertion
Don't have to think about contraception whilst IUD in place	Insertion can be uncomfortable
When removed, periods and fertility return to normal	To check the strings regularly as they can dislodge

No hormones	
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Things to consider:

- You are taught to check the IUD is in place.
- A check for any existing infection may be advised before IUD is put in.
- Not affected by other medicines.
- If fitted at or after age of 40, both the five or 10 year IUD, can stay in place as contraception until menopause.

Contraceptive injection

How does it work?

The injection releases the hormone progesterone which stops ovulation, thickens cervical mucus to stop sperm reaching the egg, and thins the lining of the uterus to stop a fertilised egg implanting.

How effective is it?

Over 99% effective with perfect use; fewer than 1 in 100 injection users will get pregnant in a year. With typical use, about 94% effective, around 6 in 100 injection users will get pregnant in a year.

Advantages	Disadvantages
Lasts for 13 weeks (Depo provera and Sayana Press)	Bleeding may stop, be irregular or last longer
May reduce heavy, painful periods for some women	Periods and fertility may take time to return to normal after stopping the injections
You don't have to think about contraception for as long as the injection lasts	Some people gain weight
Stops periods for duration of use	Long term use can affect bone density
Can be used to help manage endometriosis pain	Changes to mood, skin and sex drive

Things to consider:

- 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, diarrhoea and vomiting.
- It is important to have your injection at the right time.

Sterilisations

This can be female and male.

Female

Sterilisation for women is often called tubal occlusion; this refers to the permanent surgical contraception for women who will not want more children.

The overall failure is about 1 in 200. This is a permanent method and is suitable for people who are sure they never want to have children or do not want more children.

The fallopian tubes are cut, sealed, or blocked by an operation. Eggs from the ovaries cannot move down the tube, and so they do not meet sperm.

Male

Sterilisation for men, also known as a vasectomy, affects the vas deferens (tubes that carry sperm from the testicles to the penis).

Intended to provide life-long, permanent, and very effective protection against pregnancy. Reversal is usually not possible.

About 1 in 2,000 vasectomies fail. This is a permanent method and is suitable for people who are sure they never want to have children or don't want more children.

It works by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy.

Things to consider about sterilisations:

- It should not be chosen if you are 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.

Advantages	Disadvantages
It cannot be easily reversed	You will need other contraception until the sterilisation is effective
Once the sterilisation has worked you do not have to think about contraception	All operations carry some risks, but risk of complication is low
Periods are unaffected (female sterilisation)	There is a small increased risk of an ectopic pregnancy if the sterilisation fails (female sterilisation)

Vasectomies normally performed under local anaesthetic (male sterilisation).	You may need a general or local anaesthetic
	Contraception must be used until a semen test shows that no sperm are left. A test is usually done after 12 weeks. Further tests may be needed (Male sterilisation).
	Some people may experience ongoing testicle pain but this is not common. Treatment for this is often unsuccessful (male sterilisation).

Methods with user failure – methods you have to use and think about regularly or each time you have sex. They must be used according to instructions.

Some examples of these would be:

- Contraceptive pill (both COCP or POP)
- Condoms
- Patch
- Vaginal ring
- Diaphragm.

Combined pill

How does it work?

The combined pill contains two hormones; oestrogen and progesterone. It stops ovulation, thickens cervical mucus to stop sperm reaching an egg and thins the lining of the uterus to stop a fertilised egg implanting.

How effective is it?

Over 99% effective if always taken according to instructions (perfect use): fewer than 1 in 100 pill users will get pregnant in a year. With typical use, about 91% effective; around 9 in 100 pill users will get pregnant in a year.

Advantages	Disadvantages
It usually makes bleeding regular, lighter, and less painful	Not suitable if you're a smoker, aged over 35, very overweight or have certain medical conditions

Reduces risk of cancer of the ovary, uterus, and colon	A small risk of serious side effects such as blood clots, breast, and cervical cancer
Suitable until aged 50 for non-smokers with no health concerns	Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness
When you stop using the combined pill your fertility will return to normal	Need to take regularly
Can be used to treat symptoms of endometriosis	Change in mood, sex drive
Easy to take	

Things to consider:

- Missing pills, vomiting, or severe long-lasting diarrhoea can make it less effective.
- Some medicines make it less effective.
- Breakthrough bleeding and spotting is common in the first few months.
- You can choose not to have a monthly bleed.

Progesterone only pill (POP)

How does it work?

POP contains the hormone progesterone. POPs that contain either desogestrel or drospirenone stop ovulation. Other POPs may sometimes do this. All POPs thicken cervical mucus to help stop sperm reaching an egg and thin the lining of the uterus to stop a fertilised egg implanting.

How effective is it?

Over 99% effective if always taken according to instructions (perfect use); fewer than 1 in 100 pill users will get pregnant in a year. With typical use, about 91% effective; around 9 in 100 pill users will get pregnant in a year.

Advantages	Disadvantages
Can be used if you cannot use oestrogen	Bleeding can be unpredictable. It may happen more or less often, and may be irregular, lighter, shorter, last longer or stop completely

Can be used if smoke and are aged over 35	May be temporary side effects such as acne, breast tenderness, mood changes, sex drive and headaches
Can be used if you are overweight, if you have migraines, or if you have certain medical conditions that stop you using the combined pill	
May help with with premenstrual symptoms and painful periods	
The drug is out of the system quickly when its not being taken	

Things to consider:

- It **must** be taken at the same time each day.
- Not effective if taken more than 24 hours late (drospirenone POP), 12 hours late (desogestrel POP), or three hours late (other types of POP).
- Vomiting or severe diarrhoea can make it less effective.
- Some medications make it less effective.

Condoms

How does it work?

Condoms are also known as external condoms or male condoms. A condom is made of a very thin latex (rubber), polyurethane (plastic), or polyisoprene (synthetic latex). It is put over an erect penis and stops sperm from entering the vagina.

How effective is it?

98% effective if always used according to instructions (perfect use): 2 in 100 people using external condoms as their only contraception will get pregnant in a year. With typical use, around 82% effective; around 18 in 100 people using external condoms as their only contraception will get pregnant in a year.

Advantages	Disadvantages
Free from contraception and sexual health clinics, young people's services, and some GP	May slip off or split if not used correctly or if the wrong size or shape is used

surgeries and GUM clinics, and is sold widely	
Can help protect from sexually transmitted infections	The penis needs to be withdrawn from the vagina straight after ejaculation before the penis goes soft, being careful not to spill any semen
No serious side effects	Can split or come off
Available in different sizes and shapes	

Things to consider:

- Use a new condom each time and follow instructions carefully.
- Must be put on before the penis touches a partner's genital area.
- Oil based products damage latex condoms but can be used with polyurethane condoms.
- Use extra lubricant when using condoms for anal sex.

Internal condoms

Also known as female condoms.

How does it work?

An internal condom is made of soft, thin polyurethane (plastic). It loosely lines the vagina and covers the area just outside. It stops sperm from entering the vagina.

How effective is it?

95% effective if always used according to instructions (perfect use); 5 in 100 people using internal condoms as their only contraception will get pregnant in a year. With typical use, about 79% effective; around 21 in 100 people using internal condoms as their only contraception will get pregnant in a year.

Advantages	Disadvantages
Can be put in any time before sex	Need to make sure the penis enters the condom and doesn't go between the vagina and the condom
Can help protect from sexually transmitted infections	May get pushed into the vagina

Oil based products can be used with internal condoms	Not as widely available as external condoms
No serious side effects	

Things to consider:

- Use a new condom each time and follow the instructions carefully.
- Sold online and in some pharmacies, free from contraception and sexual health clinics, young people's services and some GP surgeries and GUM clinics.

Contraceptive patch

How does it work?

A small patch is stuck to the skin releasing two hormones: oestrogen and progesterone. It stops ovulation, thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus (womb) to stop a fertilised egg implanting.

How effective is it?

Over 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 patch users will get pregnant in a year. With typical use, about 91% effective; around 9 in 100 patch users will get pregnant in a year.

Advantages	Disadvantages
You do not have to think about contraception everyday	Not suitable if you are a smoker aged over 35, very overweight, or have certain medical conditions
It is not affected if you vomit or have diarrhoea	A small risk of serious side effects such as blood clots, breast, and cervical cancer
It usually makes bleeding regular, lighter, and less painful	Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness, change in sex drive
It improves acne for some people	Possible skin irritation
Suitable until age 50 for non-smokers with no health concerns	Spotting/ bleeding between periods

Things to consider:

- May be seen.
- A new patch is used each week for at least three weeks at a time.
- Some medicines can make it less effective.

Contraceptive vaginal ring

How does it work?

You put a small flexible plastic ring into your vagina, where it releases two hormones: oestrogen and progestogen. It stops ovulation, thickens cervical mucus to stop sperm reaching the egg, and thins the lining of the uterus to stop a fertilised egg implanting.

How effective is it?

Over 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 ring users will get pregnant in a year. With typical use, around 91% effective; around 9 in 100 ring users will get pregnant in a year.

Advantages	Disadvantages
You do not have to think about contraception everyday	Not suitable if you are a smoker aged over 35, very overweight, or have certain medical conditions
It is not affected if you vomit or have diarrhoea	A small risk of serious side effects such as blood clots, breast, and cervical cancer
It usually makes bleeding regular, lighter, and less painful	Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness and sex drive
It improves acne for some people	Need to remember to change the ring
Suitable until age 50 for non-smokers with no health concerns	

Things to consider:

- You must be comfortable inserting and removing the ring.
- One ring is used for three weeks.
- Some medicines can make it less effective.
- Breakthrough bleeding and spotting may occur in the first few months.
- You can choose not to have a monthly bleed.

Diaphragm/cap with spermicide

How does it work?

A flexible silicone device, used with spermicide, is put into the vagina to cover the cervix (the entrance of the uterus). This stops the sperm from entering the uterus and meeting an egg.

How effective is it?

92-96% effective when used with spermicide, according to instructions (perfect use); between 4 and 8 in 100 users will get pregnant in a year. With typical use, about 71-88% effective; between 12 and 29 in 100 users will get pregnant in a year.

Advantages	Disadvantages
Can be put in up to three hours before sex, or earlier as long as you then add more spermicide before having sex	Needs to be left in for six hours after sex
You only have to use it when you have sex	Extra spermicide is needed if you have sex again
No serious side effects	Some people can be sensitive to spermicide
Hormone free	Can take time to learn how to use correctly
	Spermicide can increase the risk of HIV transmission
	Less effective than other methods

Things to consider:

- You need to use the correct size.
- You may need a different size after you've had a baby or if you gain or lose more than 3kg (7lbs) in weight.

Fertility awareness methods

How does it work?

The fertile and infertile times of the menstrual cycle are identified by noting the different fertility indicators. This shows when you can have sex without risking pregnancy.

How effective is it?

Up to 99% effective if used according to teaching and instructions (perfect use); up to 1 in 100 users will get pregnant in a year. With typical use, about 76% effective; around 24 in 100 users will get pregnant in a year.

Advantages	Disadvantages
No physical side effects	Need to avoid sex or use condoms, or another barrier method of contraception, at fertile times of the cycle
Gives you greater awareness of your body and menstrual cycle	It takes 3-6 menstrual cycles to learn effectively
Can also be used to plan a pregnancy	You have to keep daily records of temperature
Hormone free	

Things to consider:

- There are different contraception and fertility apps available. More research is needed to say how effective these are. Talk to a professional for support using an app to prevent pregnancy.
- Devices are available that predict your fertile days. If used correctly they can be 94% effective.

How effective are contraception methods?

[How well contraception works at preventing pregnancy - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Method	Correct use	Incorrect use or typical use
Contraceptive implant	Over 99%	Over 99%
Hormonal coil	Over 99%	Over 99%
Copper coil	Over 99%	Over 99%
Contraceptive injection	Over 99%	94%
Combined pill	Over 99%	91%
Progesterone only pill	Over 99%	91%
Contraceptive patch	Over 99%	91%
Vaginal ring	Over 99%	91%
Condoms	98%	82%
Internal female condoms	95%	79%
Diaphragms and caps	92-96% (estimate)	unknown
Natural family planning	91-99% (estimate)	76%

Gynae info hub

Information and resources to support your gynaecological health - scan the QR code or go to wsh.nhs.uk/gynaeinfohub



If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo)
<https://www.accessable.co.uk>



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