


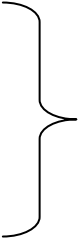
# Contraception

## Management Options

### Brief Decision Aid

There are **several** options, some of which you may be able to decide on quite quickly and others may take more time to consider. The options are divided into two groups: short acting and longer acting

- **Natural methods.**
  - **Combined pill** (also just known as 'the pill').
  - **Progestogen only pill**
  - **Contraceptive patch**
  - **Combined vaginal ring**
  - **Barrier methods** - e.g. male condom.
- 
- Short acting, and rely on you to remember**

- **Contraceptive injections**
  - **Contraceptive implants**
  - **Intrauterine device (IUD)** (sometimes called a coil) **or**  
**Hormone-releasing intrauterine system (IUS)**
  - **Sterilisation** e.g. Tubal tie or Vasectomy
- 
- Longer acting, and do not rely on you to remember**

**Remember:** in general your chance of getting pregnant gets less as you get older, and the longer you use any particular method. So, failure rates will also tend to be lower for all options in these circumstances; however, the more effective options will still be more effective than the less effective ones.

In making a decision you need to ask yourself - What is important to me? This BDA and your health professional can tell you the evidence and give their suggestions, but you need to make a decision that is right for you. What are your preferences?

You may wish to think about;

- How effective is each option at preventing pregnancy?
- Do I want a method that does not need me to remember to take or use it every time, day or week?
- Do I want to use something all the time or just when I have sex?
- Do I want contraception for a short time (months), a long time (years) or permanently?
- Do I mind irregular periods, or having no periods at all?
- What are my plans for future pregnancies?
- Do I need added protection from sexually transmitted infections?
- Do I have a medical condition, am I overweight, or do I take medicines, all of which might influence which option is best for me?

**NOTE:** - For success and failure of most of the options there is a range to show that the effectiveness of most methods depends on how accurately they are used. When describing failure rates the lower number is the failure rate for a 'perfect user' and the higher number is the failure rate for a 'typical or normal user'. This system is used for all the figures in this BDA.

## Short acting methods (Rely on you to remember)

### Benefits and risks of natural methods

Treatment Option	Benefits	Risks or Consequences
<b>Natural Method</b> Trying to predict when more likely to get pregnant by looking at vaginal discharge (mucus method), temperature changes, or testing urine for hormone changes.	960-750 in 1000 women using this method for a year will not become pregnant.  No chemicals or hormones used.  No side effects.  Gives you personal control and you become more familiar with the way your body behaves.	40-250 in 1000 women using this method for a year will become pregnant.  You may need specialist advice on how to do it well.  It requires a lot more motivation than other methods, and may take several months to get the technique right.  You have to keep daily records.  Sex must be avoided at certain times.

### Benefits and risks of combined pill

Treatment Option	Benefits	Risks or Consequences
<b>Combined pill (COCP)</b> Usually taken daily for 21 days, with a seven day break before starting the next packet.	Between 997- 910 in 1000 women taking the pill for a year will not become pregnant.  Side effects are uncommon (e.g. nausea, headaches or sore breasts) and these usually go away within a few weeks.  Eases painful and heavy periods for some people.  Reduces risk of some cancers (ovary in particular, but also colon and womb).  Does not interfere with sex.	3-90 in 1000 women taking the pill for a year will become pregnant.  Forgetting to take the pill is a problem for some people.  On average 9-10 in every 10,000 women will get thrombosis (blood clot in the leg or lung) every year compared to 4-5 in every 10,000 women not taking contraception.  There may be a very small increased risk of getting breast cancer.  It sometimes causes a rise in blood pressure (which needs checking regularly).  How well it works can be affected by other medication and by stomach upsets like diarrhoea.

### Benefits and risks of progestogen only pill

Treatment Option	Benefits	Risks or Consequences
<b>Progestogen only pill</b> This is taken once daily with no breaks.	Between 997-910 in 1000 women taking the pill for a year will not become pregnant.  Lower risk of serious problems than combined pill (e.g. blood clots - thrombosis).  Does not interfere with sex.	3-90 in 1000 women taking for a year will become pregnant.  Periods often irregular: 200 in 1000 women have no bleeding, 400 in 1000 have regular bleeding and 400 in 1000 have irregular bleeding.  Side effects include mood swings,

	<p>Can be taken when breastfeeding.</p> <p>Less risk than combined pill in smokers over 35 and people with migraine.</p>	<p>increase in acne, and breast discomfort, but these usually settle within a couple of months.</p> <p>Have to remember to take it regularly each day.</p> <p>How well it works can be affected by other medication and by stomach upsets like diarrhoea.</p>
--	--	---

### Benefits and risks of contraceptive patch

Treatment Option	Benefits	Risks or Consequences
<p><b>Contraceptive patch</b> Involves placing a patch (e.g. on the arm) once a week for three weeks and then removing for a one week break.</p>	<p>Between 997-910 in 1000 women using the patch for a year will not become pregnant.</p> <p>Don't have to remember to take pill daily, but still need to remember to put patch on weekly.</p> <p>Periods often lighter, less painful, more regular.</p> <p>Still effective even if you vomit or have diarrhoea.</p>	<p>3-90 in 1000 women using the patch for a year will become pregnant.</p> <p>Some women have skin irritation - about 20 in 1000 women stop because of itching, redness or soreness.</p> <p>Very occasionally the patch will not stick well and some worry that it can be seen.</p> <p>Some people have mild side effects such as breast discomfort, headache, nausea, breakthrough bleeding. These tend to settle down within the first few months.</p> <p>On average 9-10 in every 10,000 women will get thrombosis (blood clot in the leg or lung) every year compared to 4-5 in every 10,000 women not taking contraception.</p> <p>There may be a very small increased risk of getting breast cancer.</p>

### Benefits and risks of vaginal ring

Treatment Option	Benefits	Risks or Consequences
<p><b>Vaginal ring</b> Involves placing a vaginal ring in the vagina for three weeks and then having one week break.</p>	<p>Between 910 - 997 women in every 1000 using the vaginal ring for a year will not become pregnant.</p> <p>Don't have to remember to take a pill every day, but do need to remember to change the ring every month.</p> <p>Periods often lighter, less painful, more regular.</p>	<p>3-90 in 1000 women using a ring for a year will become pregnant.</p> <p>Some women have a vaginal discharge with the vaginal ring (about 40 in 1000 women).</p> <p>Some worry that it may be felt, but most women and their partners cannot feel it when in the correct position.</p> <p>Some people have mild side effects such as breast discomfort, headache, nausea, breakthrough bleeding. These tend to settle down within the first few months.</p>

	Still effective even if you vomit or have diarrhoea.	On average 9-10 in every 10,000 women will get thrombosis (blood clot in the leg or lung) every year compared to 4-5 in every 10 000 women not taking contraception.  There may be a very small increased risk of getting breast cancer.
--	--	--

### Benefits and Risks/Cons of barrier methods (male condom/cap)

Treatment Option	Benefits	Risks or Consequences
<p><b>Barrier methods such as male or female condoms and the diaphragm or 'cap'</b></p> <p>These are used just at the time of having sexual intercourse.</p>	<p>Between 980-800 in 1000 women using barrier methods for a year will not become pregnant.</p> <p>No medical side effects, except occasionally some irritation of the vagina with the diaphragm.</p> <p>Protect against sexually transmitted infections and possibly cervical cancer.</p> <p>Condoms are widely available.</p>	<p>20 - 200 in 1000 women using correctly for a year will become pregnant.</p> <p>Needs to be used properly and used every time you have sexual intercourse.</p> <p>Male condoms occasionally split or come off. The cap can be wrongly positioned.</p> <p>Some people find that having to 'prepare' before having sex is a disadvantage.</p> <p>The diaphragm needs to be fitted by a trained practitioner first time.</p>

### Longer acting methods (do not rely on you to remember so much)

#### Benefits and risks of contraceptive injections

Treatment Option	Benefits	Risks or Consequences
<p><b>Progestogen only injection</b></p> <p>Involves an injection every 8-12 weeks which is usually put in the buttock or upper arm.</p>	<p>998-940 in 1000 women using for a year will not become pregnant.</p> <p>Don't have to remember to take a pill daily.</p> <p>Only need to think about contraception every 10-12 weeks.</p> <p>Does not interfere with sex.</p> <p>Can be used when breastfeeding.</p> <p>It may help problems such as pre-menstrual tension, heavy periods and painful periods.</p>	<p>2-60 in 1000 women using injection for a year will become pregnant.</p> <p>You have to remember to go to the GP/clinic every 10-12 weeks.</p> <p>Periods may become irregular, but they may be lighter or stop altogether - about 550 in 1000 women will not have a period after one year.</p> <p>Some women have side effects but these are uncommon (e.g. weight gain, mood changes, and breast discomfort).</p> <p>Can lead to thinning of the bones in some women who are already at risk - smokers, people taking steroids or with family history of thin bones.</p> <p>If you stop, your normal ability to become pregnant may take several months to return. Some women take 6-8 months, rarely up to two years, for this to return.</p>

		Cannot undo, so if side effects occur they may last at least 8-12 weeks.
--	--	--

### Benefits and Risks/Cons of contraceptive implants

Treatment Option	Benefits	Risks or Consequences
<b>Implant</b> Involves putting a small 'rod' under the skin usually of the inner upper arm. A local anaesthetic is used and it takes about 10 minutes to do. It must be replaced every three years.	It is very effective. 1999 in every 2000 women using an implant for a year will not become pregnant.  Don't have to remember to take pill daily.  Only need to think about contraception every three years.  Does not interfere with sex.  Can be used when breastfeeding.  Can be removed if side effects troublesome; loses effect immediately after being removed.	1 in every 2000 women using implant for a year will become pregnant.  Some women do not like the idea of the procedure, or of being able to feel the 'rod'.  Most women will have unpredictable periods (sometimes heavier but usually lighter than a normal period).  2 in 10 have no bleeding.  Some women have side effects such as breast discomfort, fluid retention and increase in acne, but these tend to settle after a few months.

### Benefits and risks of intrauterine device

Treatment Option	Benefits	Risks or Consequences
<b>IUD (coil)</b> Involves placement of IUD (coil) into the womb (uterus).  Procedure is done in GP surgery/sexual health clinic and takes 20-30 minutes.  Removal is usually very simple.	It is very effective. 994-992 in 1000 women using an IUD for a year will not become pregnant.  Can keep it in for 5-10 years - depending on the type fitted.  Don't have to remember to take pill daily.  Does not interfere with sex.  Has no hormonal side effects.	6-8 in 1000 women using an IUD for a year will become pregnant.  Periods may get heavier and/or more painful.  Small risk of pelvic infection if you have a sexually transmitted infection (STI) when it is fitted or have unprotected sex with a new partner who has an STI.  If you do become pregnant, there is a 50 in 1000 chance of it being an ectopic pregnancy (pregnancy outside womb).  IUD may come out (50 in 1000 women in the first year).  At the time of fitting an IUD may rarely perforate the wall of the womb (1 in 1000 placements).

### Benefits and risks of hormone releasing intrauterine system (IUS)

Treatment Option	Benefits	Risks Consequences
<b>IUS (hormonal coil)</b> Involves placement of IUS (hormonal	It is very effective. 998 in 1000 women using for a year will not become pregnant.	2 in 1000 women using an IUS for a year will become pregnant.

<p>coil) into the womb. Procedure is done in GP surgery/sexual health clinic and takes 20-30 minutes.</p> <p>An IUS contains hormone called progesterone which is released very slowly.</p>	<p>Don't have to remember to take pill daily.</p> <p>Periods become light or disappear altogether. 200 in 1000 users have no bleeding at all at one year.</p> <p>Does not interfere with sex.</p>	<p>Progesterone related side effects may occur, but much less likely since locally released.</p> <p>Occasional irregular bleeding.</p> <p>IUS may come out (50 in 1000 women).</p> <p>At the time of fitting an IUS may rarely perforate the wall of the womb (1 in 1000 placements).</p>
---	---	---

### Benefits and Risks of Female sterilisation e.g. tubal tie

Treatment Option	Benefits	Risks Consequences
<p><b>Female Sterilisation</b> This means an operation in hospital where the tubes from the ovary to the womb are tied or clipped.</p>	<p>995 in 1000 women will not get pregnant in the first year.</p> <p>You are protected from pregnancy immediately.</p> <p>You do not have to think about contraception again and you should think of it as permanent.</p>	<p>5 in 1000 women will get pregnant in the first year.</p> <p>Usually requires a general anaesthetic and one week off work.</p> <p>It can sometimes fail even years later.</p>

### Benefits and Risks of Male sterilisation e.g. Vasectomy

Treatment Option	Benefits	Risks Consequences
<p><b>Male Sterilisation</b> This means an operation in a clinic or at hospital, where the tubes from the testicles (vas deferens), which carry sperm to the penis, are tied, cut or sealed.</p>	<p>991 in 1000 men will have a successful result and be infertile.</p> <p>After the three month check to make sure you are not producing sperm you will not have to think about contraception again and you should think of it as permanent.</p> <p>It does not reduce your sex drive, and you will still ejaculate normally.</p> <p>It does not increase the risk of prostate or testicular cancer.</p>	<p>1 in 1000 operations will fail at or soon after the operation. This is usually picked up by the sperm count checks that are done at around 3 months after the operation.</p> <p>Usually requires a local anaesthetic and maybe a day or two off work.</p> <p>There is often some bruising after the operation, and a few men will get a dull ache in the testicles for a few months. This usually gradually goes away.</p> <p>You have to wait a few months for the 'all clear' which confirms you are infertile.</p>

**Brief Decision Aids** are designed to help you answer three questions: **Do I have options? What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?**