

What is Contraception?

Contraception refers to the range of methods and devices which can prevent pregnancy. Contraception is sometimes called 'Birth Control' – you may also come across the term 'Family Planning', which refers to the range of individual and social strategies involved in planning when to have children, and how many children to have. As well as preventing pregnancy, male and female condoms can help protect against some STIs. This fact-sheet will only cover reversible forms of contraception (male and female sterilisation are not covered).

How many types of contraception are there?

There are at least 13 types of reversible contraception available in the UK. These range from hormonal treatments which are taken by mouth, ('The Pill') to surgical implants, intra-uterine devices and injections. 12 of these types are for women and one, (the male condom) for men. Different types of contraception suit different individuals – some factors which you might need to think about are - pre-existing medical conditions, how easy you find it to take medications regularly, and whether or not you want your sexual partners to know whether you are using contraception. This fact sheet is not designed to provide all the information you might need to choose the best form of contraception for you. However, it should provide you with some idea of the range of contraceptive devices and techniques available, and some of their advantages and disadvantages. For further information you may wish to consult the Family Planning Association at fpa.org.uk

- **The Male Condom**

How does it work?

The male condom acts as a physical barrier preventing sperm from entering the vagina, and eventually fertilising an egg.

What do I need to do/remember?

You need to check that condoms are in date, carry the 'kite mark', and that you use them correctly. Condoms should be put on to the erect penis immediately before having sex, and taken off immediately after withdrawal. In particular, it is important that any lubricant you use is water-based, oil-based lubricants will cause condoms to fail. Condoms must not be re-used, so you need to wear a new condom every time you have sex if you want to prevent pregnancy and STIs.' If you are allergic to latex, non-latex condoms are available.

Advantages/Disadvantages

If used correctly male condoms can help to protect against some STIs'. Condoms are 98% effective if used correctly.

Where can I get them?

Condoms are available commercially from stores and pharmacies. You can get free condoms from sexual health clinics, GP surgeries, young people's services and sexual health charities such as DHIVERSE.

- **The Female Condom**

How does it work?

The female condom also works as a barrier protection – it prevents sperm from entering the vagina and ultimately fertilising an egg.

What do I need to do/remember?

A female condom needs to be used every time you have penetrative vaginal sex, it cannot be re-used. Check that the penis enters the condom and does not slide between the wall of the vagina and the condom.

Advantages/disadvantages

If used correctly female condoms can help to protect against some STIs'. Female condoms are 95% effective if used correctly. However they are not as widely available as male condoms.

Where can I get one?

Female condoms are available from stores and pharmacies, but may be more difficult to find than male condoms. They can also be obtained free from sexual health clinics, family planning clinics and young people's services.

- **Vaginal Ring**

How does it work?

It releases hormones, (oestrogen and progesterone), which prevent eggs from developing and being fertilised by sperm.

What do I need to do/remember?

You need to know how to insert and remove the ring. Vaginal rings are worn for three weeks out of every four – you are still protected during the week when you are not wearing the ring.

Advantages/disadvantages

The vaginal ring is less likely to cause serious side effects, (such as blood clots) than the contraceptive pill. Also, if you are sick or have diarrhoea it will not be any less effective. However some medications can reduce its effectiveness. It is not recommended for women who are overweight or smokers over 35. The vaginal ring can make painful periods regular and lighter. The vaginal ring is 99% effective. The vaginal ring will not protect against sexually transmitted infections!

Where can I get it?

You can get the vaginal rings from a sexual health clinics, family planning clinics or GP

- **The Contraceptive Patch**

How does it work?

The contraceptive patch is applied to the skin, and it slowly releases hormones, (oestrogen and progesterone) which prevent the egg from developing and being fertilised by sperm. Most hormonal contraceptives work through a combination of the following: by thickening the mucus in the cervix to prevent sperm from moving through it to reach an egg, by thinning the lining of the uterus so it is less likely to accept a fertilised egg and by stopping the ovaries from releasing an egg each month (ovulation).

What do I need to do/remember?

The patch is not affected by vomiting or diarrhoea, though it can interact with some medications. The patch is used for three weeks out of four, so you need to remember to remove and replace it **every week**, for three weeks.

Advantages/disadvantages

The patch has a low risk of long term side effects such as blood-clots, but is not recommended for women who are over-weight or smokers over 35. It can also make heavy periods lighter and less painful. The contraceptive patch is 99% effective if used correctly.

Where can I get it?

You can obtain the contraceptive patch from a sexual health clinic, family planning clinic or GP.

- **Progestogen-only Pill**

How does it work?

This is a pill which contains the hormone progestogen. Most hormonal contraceptives work through a combination of the following: by thickening the mucus in the cervix to prevent sperm from moving through it to reach an egg, by thinning the lining of the uterus so it is less likely to accept a fertilised egg and by stopping the ovaries from releasing an egg each month (ovulation).

What do I need to do remember?

You need to remember to take the pill at the same time every day. Vomiting, diarrhoea, and some medications will reduce the effectiveness of the pill.

Advantages/disadvantages

This pill, unlike combined hormonal treatments which contain oestrogen, can be taken by women who are overweight or smokers over 35, and can also be taken by women who are breast-feeding. However, it can stop periods or make them more irregular, and it can also produce side-effects such as breast tenderness and weight gain. The progestogen-only pill is 99% effective if taken correctly. Another advantage is that, unlike the combined pill, it can be taken by people who suffer from migraines

Where can I get it?

The progestogen-only pill can be obtained from sexual health and family planning clinics or GPs.

- **The combined pill**

How does it work?

The combined pill contains two hormones, oestrogen and progestogen. 'Most hormonal contraceptives work through a combination of the following: by thickening the mucus in the cervix to prevent sperm from moving through it to reach an egg, by thinning the lining of the uterus so it is less likely to accept a fertilised egg and by stopping the ovaries from releasing an egg each month (ovulation).

What do I need to do/remember?

You need to remember to take the pills each day at the appropriate time. Missing a dose will reduce its effectiveness. Vomiting and diarrhoea may also reduce the effectiveness of the pill, as may some medications.

Advantages/disadvantages

The combined pill is not suitable for women who are overweight or smokers over 35. It may also produce temporary side effects such as headaches, mood changes and breast tenderness. However it often makes periods more regular and less painful. The combined pill is more than 99% effective when used correctly.

Where can I get it?

You can obtain the combined pill from sexual health and family planning clinics, and from GPs.

- **Diaphragm/cap**

How does it work?

The cap is a small device which fits over the cervix – it is used with spermicide, and prevents sperm from entering the uterus and fertilising an egg.

What do I need to do/remember?

You will need to put the cap on before you have sex, and leave it on for six hours after sex.

Advantages/disadvantages

You only need to use a cap when having sex, and caps have few side effects. However caps work in conjunction with spermicide, which can irritate the vagina and make you more vulnerable to

sexually transmitted infections. Also, if you having sex again, you will need to use more spermicide. You may need some practice in adjusting caps so that they fit over the cervix. Caps have a 92-96% effectiveness when used correctly.

Where can I get one?

Caps are available from sexual health and young people's clinics and from some GP surgeries. A nurse or doctor will usually show you how to insert a cap, make sure that it is the right size, and tell you how to care for your cap when it is not being used.

- **Contraceptive Injection**

How does it work?

The injection contains the hormone progestogen, which make it more difficult for sperm to fertilise an egg. Most hormonal contraceptives work through a combination of the following: by thickening the mucus in the cervix to prevent sperm from moving through it to reach an egg, by thinning the lining of the uterus so it is less likely to accept a fertilised egg and by stopping the ovaries from releasing an egg each month (ovulation).

What do I need to do/remember?

You need to know for how long your injection will be effective – this can vary from 8 to 12 weeks.

Advantages/disadvantages

You don't need to worry about contraception for as long as it works (8-12 weeks), and the treatment is not affected by vomiting, diarrhoea or other medications, you can also use it if you are breast-feeding. It will probably stop periods, and it may take a little while for these to return to normal once you have stopped taking the injections. You may also experience weight gain. The injection is more than 99% effective.

Where can I get it?

The injection is available from sexual health and family planning clinics, and from GPs.

- **The Implant**

How does it work?

The implant is a small rod which is placed under the skin and which releases the hormone progestogen. This prevents sperm from fertilising an egg. Most hormonal contraceptives work through a combination of the following: by thickening the mucus in the cervix to prevent sperm from moving through it to reach an egg, by thinning the lining of the uterus so it is less likely to accept a fertilised egg and by stopping the ovaries from releasing an egg each month (ovulation).

What do I need to do/remember?

Your implant will last for three years (but it can be taken out sooner).

Advantages/disadvantages

The implant is not affected by vomiting or diarrhoea but it may be affected by some medications. It does however need a small surgical procedure to be fitted and removed. The implant may make your periods stop or become more irregular, but this will return to normal after the implant has been removed. The implant is over 99% effective.

Where can I get it?

The implant is available from sexual health and family planning clinics and at GP surgeries.

- **The Intra-Uterine-System (IUS)**

How does it work?

The IUS is a small plastic device which is fitted into the uterus and releases the hormone progestogen, which prevents sperm from fertilising an egg.

What do you need to do/remember?

An IUS will last for five years, so you don't need to worry about contraception during this period. You do need to check that the IUS is still in place - a doctor or nurse will show you how to do this when the device is fitted.

Advantages/disadvantages

You don't need to worry about contraception while the IUS is working, (for five years) and if you are over 45 the IUS can be used until the menopause. The IUS is not affected by vomiting, diarrhoea or other medications. Fitting the IUS can be slightly uncomfortable, and there is a small risk of infection after the device has been fitted. Your periods may stop or become lighter, but this will go back to normal once the IUS has been removed. The IUS is over 99% effective.

Where can I get it?

The IUS can be fitted at sexual health or family planning clinics, or at GPs

- **The Intra-Uterine Device (IUD)**

How does it work?

The Intra-Uterine-Device is a small plastic and copper device which is placed in the uterus. It stops sperms from fertilising an egg by stopping sperm from surviving in the fallopian tube, uterus or cervix. The IUD does not work by releasing hormones.

What do I need to do/remember?

The IUD can last for 5-10 years – during which time you do not need to worry about contraception. However you do need to check to see whether it is still in place and the doctor or nurse who fits the device will explain how to do this.

Advantages/Disadvantages

The IUD does not work by releasing hormones, and is unaffected by medications, vomiting or diarrhoea. It can, however, sometimes increase bleeding during periods and make them more painful. There is also a slightly increased risk of sexually transmitted infections, particularly just after the IUD has been fitted. Your doctor will usually give you a sexual health check up before fitting the device. The device can be removed at any time, after which your fertility will return to normal. IUDs are more than 99% effective.

Where can I get it?

IUDs can be fitted at sexual health clinics, family planning clinics and at some GP surgeries.

- **Natural Family Planning**

How does it work?

You need to identify what stage you are in the menstrual cycle, and avoid having sex when you are fertile. There are a variety of subtle indicators which can help identify where you are in the menstrual cycle and you will usually need instruction/training and the use of monitoring devices to use natural family planning effectively.

What do I need to do/remember?

You need to take daily records of a variety of biological indicators such as temperature. A variety of computerised monitors and products are available to take these readings and process the results. It will normally take 3-6 menstrual cycles to learn these techniques effectively.

Advantages/disadvantages

There are no hormonal/chemical side effects or intrusive medical procedures. You will need to take regular methodical records and avoid sex during the appropriate times in your menstrual cycle (or use barrier protection). Natural family planning can be up to 99% effective, but this depends on adhering very strictly to the relevant instructions and guidelines.

Where can I get it?

The Family Planning Association website (fpa.org.uk) should be consulted for more detailed information on techniques and products which are available to monitor fertility.

What is emergency contraception and how can I access it?

If you have had sex without using contraception, and are worried about pregnancy you can access emergency contraception. This can take the form of a pill or emergency intra-uterine device. All these methods are most effective if taken soon after unprotected sex. Levonelle (a pill) must be taken within 72 hours of unprotected sex, and EllaOne (also a pill) or the emergency IUD within 120 hours of unprotected sex.

Emergency contraception works by preventing an egg from being fertilised, or from implanting in the lining of the womb – emergency contraception is not a form of abortion!

Free emergency contraception is available from sexual health and family planning clinics, some pharmacies GP surgeries, and young peoples' services. The emergency contraceptive pill can also be bought at pharmacies.

Confidentiality and Contraception

Contraceptive services are completely confidential. Although the legal age of consent for sex is 16 in the UK, you do not need to be over 16 to access free and confidential contraceptive services. If you are under 16 medical professionals will not pass on any information you may disclose to third parties if they believe that you are capable of understanding advice around sexual health and contraception, are aware of the risks involved and are not the victim of sexual abuse or exploitation. For more detailed information about the legal criteria involved, (often called the 'Fraser Guidelines'), you may wish to consult the Family Planning Association Website – www.fpa.org.uk or the NSPCC website www.nspcc.org.uk link http://www.nspcc.org.uk/Inform/research/briefings/gillick_wda101615.html

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