

your guide to contraception

Helping you choose the method
of contraception that's best for you



Your guide to contraception

This leaflet shows the available contraceptive methods, explains how they work, how effective they are and the main advantages and disadvantages. The figures for how well each method works are from independent research. Figures are given for perfect use and typical use.

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

Contraception needs to be used until the menopause. This is 2 years after last having a natural period if you're aged under 50, or 1 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. By finding out more about each method, you can choose contraception that suits you. There's detailed information about each at FPA's website www.fpa.org.uk or sexwise.org.uk. You can also talk about the methods with a healthcare professional.

Some things to consider are:

- whether you (or a partner) want to get pregnant fairly soon, many years away or not at all
- how you (and/or a partner) want contraception to fit your lifestyle
- whether you (or a partner) 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?

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

- A contraception clinic or sexual health clinic.
- Most GP surgeries.
- A young people's service or Brook clinic (these will have an upper age limit).

You can also get emergency contraceptive pills **free** from:

- Some pharmacies. This depends on where you live and may only be available for certain age groups.
- 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:

- The desogestrel progestogen-only pill over the counter from most pharmacies.
- Emergency contraceptive pills from most pharmacies.
- Condoms, diaphragms and spermicide from some 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 to Friday from 9am-8pm and at weekends from 11am-4pm.

For more information on sexual health visit www.fpa.org.uk or sexwise.org.uk

Information for young people can be found at www.brook.org.uk

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

- England, www.nhs.uk
- Wales, 111.wales.nhs.uk
- Scotland, www.nhsinform.scot
- Northern Ireland, www.sexualhealthni.info and online.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might've 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 5 days after sex, or up to 5 days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA) can be taken up to 5 days (120 hours) after sex.

- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to 3 days (72 hours) after sex.

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

Try and 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 (release of an egg). They won't work if you've 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 (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. See FPA's *Emergency Contraception* leaflet at 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 6 months after giving birth if **all** of the following apply:

- you're fully, or nearly fully, breastfeeding, day and night - this means you're only giving your baby

breast milk, or you're infrequently giving other liquids in addition to your breast milk

- your baby is less than 6 months old
- you haven't had a period since the birth.

Even if all the above apply, certain situations increase your risk of pregnancy. For more detailed information, see FPA's *Contraceptive Choices After You've Had Your Baby* leaflet at www.fpa.org.uk

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 don't know when your next period is due, the earliest time to do a test is 21 days after unprotected sex.

If you're pregnant, you can choose to:


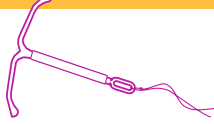
- continue with the pregnancy and be a parent
- end the pregnancy by having an abortion
- continue with the pregnancy and choose adoption.

Sexually transmitted infections

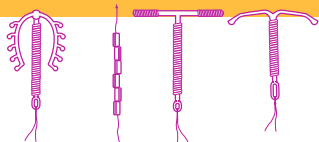
Most methods of contraception don't protect you from sexually transmitted infections (STIs).

Condoms and internal condoms (also known as female 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 nonoxinol-9, which may increase the risk of HIV and other infections.

Methods with no user failure – more

	 <p>Contraceptive implant</p>	 <p>Intrauterine system (IUS)</p>
Effectiveness	<p>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. Once it's fitted, it works for contraception for 3 years.</p>	<p>Over 99% effective. Fewer than 1 in 100 IUS users will get pregnant in a year. Once it's fitted, it works for contraception for 3, 5 or 6 years, depending on type.</p>
How it works	<p>Small flexible rod put under the skin of the upper arm. Releases the hormone progestogen, which 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.</p>	<p>A small, flexible T-shaped plastic device is put into the uterus (womb) where it releases the hormone progestogen. It thins the lining of the uterus to stop a fertilised egg implanting and thickens cervical mucus so it's difficult for sperm to reach an egg.</p>
Advantages	<ul style="list-style-type: none"> • Works for 3 years but can be taken out sooner. • You don't have to think about contraception for as long as the implant's in place. • When the implant's removed your periods and fertility will return to normal. 	<ul style="list-style-type: none"> • Works for 3, 5 or 6 years depending on type, but can be taken out sooner. • Bleeding usually becomes lighter, shorter and sometimes less painful, or it may stop. • You don't have to think about contraception for as long as the IUS is in place. • When it's removed, periods and fertility return to normal.
Disadvantages	<ul style="list-style-type: none"> • Bleeding is unpredictable. It may be irregular, stop or last longer. • Requires a small procedure to fit and remove it. 	<ul style="list-style-type: none"> • Irregular bleeding or spotting is common in the first 6 months. • Very small chance of getting an infection during the first 20 days after insertion. • Insertion can be uncomfortable.
Comments	<ul style="list-style-type: none"> • Inserted using a local anaesthetic and no stitches are needed. • Tenderness, bruising and some swelling may occur. • You should be able to feel the implant with your fingers, but it can't be seen. • Some medicines may stop the implant from working. 	<ul style="list-style-type: none"> • You're taught to check the IUS is in place. • A check for any existing infection may be advised before an IUS is put in. • Not affected by other medicines. • If fitted at or after age 45, the Mirena IUS can stay in place as contraception until the menopause.

Methods that don't depend on you remembering



Intrauterine device (IUD)

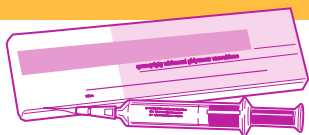
Over 99% effective.
Fewer than 1 in 100 IUD users will get pregnant in a year.
Once it's fitted, it works for contraception for 5 or 10 years, depending on type.

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

- Works as soon as it's put in.
- Works for 5 or 10 years depending on type, but can be taken out sooner.
- You don't have to think about contraception for as long as the IUD is in place.
- When the IUD is removed your periods and fertility will return to normal.

- Periods may be heavier or longer and more painful.
- Very small chance of getting an infection during the first 20 days after insertion.
- Insertion can be uncomfortable.

- You're taught to check the IUD is in place.
- A check for any existing infection may be advised before an IUD is put in.
- Not affected by other medicines.
- If fitted at or after age 40, both the 5 year and 10 year IUD can stay in place as contraception until the menopause.



Contraceptive injection

With perfect use, over 99% effective; 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.

Releases the hormone progesterone which 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.

- Lasts for 13 weeks (Depo Provera and Sayana Press).
- You don't have to think about contraception for as long as the injection lasts.
- May reduce heavy, painful periods for some people.

- Bleeding may stop, be irregular or last longer.
- Periods and fertility may take time to return after stopping the injection.
- Some people gain weight.

- The injection can't 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 or vomiting.
- It's important to have your next injection at the right time.

Remembering to take or use them.



Sterilisation: fallopian tubes (tubal occlusion)

The overall failure rate is about 1 in 200.

This is a permanent method, suitable for people who are sure they never want children or don't want more children.

The fallopian tubes are cut, sealed or blocked by an operation. This stops the egg and sperm meeting.

- It can't easily be reversed.
- Once the sterilisation has worked, you don't have to think about contraception.
- Periods are unaffected.

- You'll need other contraception until the sterilisation is effective.
- All operations carry some risk, but the risk of serious complications is low.
- There's a small increased risk of ectopic pregnancy if the sterilisation fails.
- You may need a general or local anaesthetic.

- Shouldn't be chosen if in any doubt, and counselling is important.
- You may experience discomfort or some pain for a short time after sterilisation. It's important to rest and avoid strenuous activity for a while after the procedure.



Sterilisation: vas deferens (vasectomy)

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

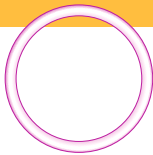
The tubes (vas deferens) that carry sperm from the testicles to the penis are cut, sealed or tied.

- It can't easily be reversed.
- Once the sterilisation has worked, you don't have to think about contraception.
- Usually performed under a 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.
- Some people may experience ongoing testicle pain but this isn't common. Treatment for this is often unsuccessful.

- Shouldn't be chosen if in any doubt, and counselling is important.
- You may experience discomfort or some pain for a short time after sterilisation. It's important to rest and avoid strenuous activity for a while after the procedure.
- Some people also experience ongoing pain (see above).

Methods with user failure – methods



Contraceptive vaginal ring

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, about 91% effective; around 9 in 100 ring users will get pregnant in a year.

You put a small, flexible plastic ring into your vagina, where it releases 2 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.

- You don't have to think about it every day.
- It's not affected if you vomit or have diarrhoea.
- It usually makes bleeding regular, lighter and less painful.
- It improves acne for some people.
- Suitable until aged 50 for non-smokers with no health concerns.

- Not suitable if you're a smoker aged over 35, very overweight, or have certain medical conditions.
- A small risk of serious side effects such as blood clots, breast and cervical cancer.
- Can be temporary side effects such as increased vaginal discharge, headaches, nausea, mood changes and breast tenderness.

- You must be comfortable with inserting and removing it.
- One ring is used for 3 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.



Contraceptive patch

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.

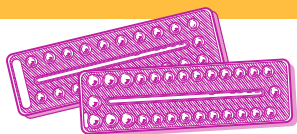
A small patch stuck on the skin releases 2 hormones, oestrogen and progesterone. It stops ovulation, thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus (womb) to stop a fertilised egg implanting.

- You don't have to think about it every day.
- It's not affected if you vomit or have diarrhoea.
- It usually makes bleeding regular, lighter and less painful.
- It improves acne for some people.
- Suitable until aged 50 for non-smokers with no health concerns.

- Not suitable if you're a smoker aged over 35, very overweight, or have certain medical conditions.
- A small risk of serious side effects such as blood clots, breast and cervical cancer.
- Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness.
- Possible skin irritation.

- May be seen.
- A new patch is used each week for at least 3 weeks at a time.
- Some medicines can make it less effective.
- Breakthrough bleeding and spotting is common in the first few months.
- You can choose not to have a monthly bleed.

you have to use and think about regula



Combined pill

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.

Contains 2 hormones – oestrogen and progestogen. 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.

- It usually makes bleeding regular, lighter and less painful.
- Reduces risk of cancer of the ovary, uterus and colon.
- Suitable until aged 50 for non-smokers with no health concerns.
- When you stop using the combined pill your fertility will return to normal.

- Not suitable if you're a smoker aged over 35, very overweight, or have certain medical conditions.
- A small risk of serious side effects such as blood clots, breast and cervical cancer.
- Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness.

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



Progestogen-only pill (POP)

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.

Contains the hormone progestogen. 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 (womb) to stop a fertilised egg implanting.

- Can be used if you can't use oestrogen.
- Can be used if you smoke and are aged over 35.
- Can be used if you're overweight, if you have migraines, or if you have certain medical conditions that stop you using the combined pill.
- May help with premenstrual symptoms and painful periods.

- Bleeding can be unpredictable. It may happen more or less often and may be irregular, lighter, shorter, last longer or stop completely.
- May be temporary side effects such as acne, breast tenderness, mood changes and headaches.

- 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 3 hours late (other types of POP).
- Vomiting or severe diarrhoea can make it less effective.
- Some medicines may make it less effective.

Early or each time you have sex. **Must b**



Condoms

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.

Condoms are also known as external condoms or male condoms.

A condom's made of very thin latex (rubber), polyurethane (plastic), or polyisoprene (synthetic latex). It's put over the erect penis and stops sperm from entering the vagina.

- Free from contraception and sexual health clinics and young people's services, and some GP surgeries and GUM clinics, and sold widely.
- Can help protect from sexually transmitted infections.
- Available in different shapes and sizes.
- No serious side effects.

- May slip off or split if not used correctly or if the wrong size or shape is used.
- The penis needs to be withdrawn from the vagina straight after ejaculation before the penis goes soft, being careful not to spill any semen.

- Use a new condom each time and follow the 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

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.

Internal condoms are also known as female condoms.

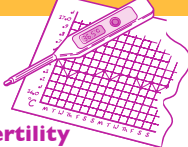
An internal condom's made of soft, thin polyurethane (plastic). It loosely lines the vagina and covers the area just outside. It stops sperm from entering the vagina.

- Can be put in any time before sex.
- Can help protect from sexually transmitted infections.
- Oil-based products can be used with internal condoms.
- No serious side effects.

- Need to make sure the penis enters the condom and doesn't go between the vagina and the condom.
- May get pushed into the vagina.
- Not as widely available as external condoms.

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

Be used according to instructions.

 <p>Diaphragm/cap with spermicide</p>	 <p>Fertility awareness methods</p>	
<p>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.</p>	<p>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.</p>	<p>Effectiveness</p>
<p>A flexible silicone device, used with spermicide, is put into the vagina to cover the cervix (entrance to the uterus). This stops sperm from entering the uterus (womb) and meeting an egg.</p>	<p>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.</p>	<p>How it works</p>
<ul style="list-style-type: none"> • Can be put in up to 3 hours before sex, or earlier as long as you then add more spermicide before having sex. • You only have to use it when you have sex. • No serious side effects. 	<ul style="list-style-type: none"> • No physical side effects. • Gives you a greater awareness of your body and menstrual cycle. • Can also be used to plan a pregnancy. 	<p>Advantages</p>
<ul style="list-style-type: none"> • Needs to be left in for 6 hours after sex. • Extra spermicide is needed if you have sex again. • Some people can be sensitive to spermicide. • Can take time to learn how to use correctly. 	<ul style="list-style-type: none"> • Need to avoid sex or use condoms, or another barrier method of contraception, at fertile times of the cycle. • It takes 3–6 menstrual cycles to learn effectively. • You have to keep daily records. 	<p>Disadvantages</p>
<ul style="list-style-type: none"> • 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 (7lb) in weight. 	<ul style="list-style-type: none"> • 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. • Persona is a device that predicts your fertile days. If used correctly it can be 94% effective. 	<p>Comments</p>

A final word

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 a sexual health clinic if you're worried or unsure about anything.

**Scan this QR code to download
the digital version of this leaflet**



the sexual health company



sexwise.org.uk

www.fpa.org.uk

To order more copies of this booklet go to fpa.org.uk/shop

This leaflet was originally produced by the sexual health charity FPA and is now published by McCorquodale trading as FPA.

FPA is owned by McCorquodale (Midlands) Ltd, a company limited by guarantee, registration number 11912315.

© FPA November 2022.

© Crown Copyright, Office for Health Improvement and Disparities
ISBN 978-1-912202-74-4

The information in this leaflet was accurate at the time of going to print. Leaflets are reviewed regularly.

If you'd like information on the evidence used to produce this leaflet or would like to give us feedback, email fpadirect@fpa.org.uk