The Centre for Reproductive Medicine
PO Box 20559
Nimbin NSW 2480
Australia

Maxwell Brinsmead **MB BS PhD FRANZCOG**
Retired Obstetrician & Gynaecologist

Phone +61 409 870 346
E-mail max@brinsmead.net.au
Website www.brinsmead.net.au

CONTRACEPTIVE CHOICES

There are many different methods of contraception. The reason for this is that there is no "ideal" or "perfect" method of preventing an unwanted pregnancy. All methods have advantages and disadvantages and different methods suit people at different times of their lives. This information is written to help women and their partners to decide on the method of contraception that is best for them. It raises most of the methods available in Australia, explains how they work, how effective they are, and the main advantages and disadvantages of each.

How effective any contraceptive is depends on how carefully and consistently the method is used. If 100 sexually active women don't use any contraception then 80 to 90 of them will become pregnant in a year. The table on the next page provides an overview of the methods of contraception and their effectiveness. Information concerning effectiveness is provided in two columns, the first with "perfect use" and the second with "typical use" i.e. as occurs in the real world because perfect use is difficult to achieve. The final column concerns the proportion of women or couples who are still using this method after 12 months. It provides some measure of the acceptability of the method.

Some Facts about Avoiding Pregnancy

There are a lot of myths around about how to avoid pregnancy. Be aware that a woman can sometimes get pregnant:

- if it is the first time she has sex
- if she does not have an orgasm
- if a man pulls out of her vagina before he comes (ejaculates)
- if she has sex when she has a period
- if she is still breastfeeding a baby
- if she douches (rinses the vagina with any solution). This practice can be harmful
- whatever position the couple has sex in.

DR MAX BRINSMEAD PTY LTD ABN 24 474 321 995

Contraception and the Menopause

Contraception needs to be used until the menopause. Contraception should continue to be used until a woman has not had a period or any bleeding for two years if aged less than 50 and for one year if over 50.

Contraception and Breastfeeding

Breastfeeding can act as a very effective contraceptive when you are fully breastfeeding a baby under six months. This means that you must:

- be breastfeeding at regular intervals, day and night
- be giving your baby no other food or drink, so no breastfeeds are missed
- have no periods

Table 1: Effectiveness of Different Methods of Contraception Compared

Contraceptive Method	% Pregnant in each 12 months of Use		% Still Using after 12 months
	Typical Use	Perfect Use	
No contraception	85	85	
Spermicides	30	15	40
Withdrawal	30	4	40
Periodic Abstinence	25	1-3	50
Female Barriers	20	5	50
Male Condom	15	1-3	50
The Pill	8	0.3	66
Injection	3	0.3	56
Implanon	0.1	0.5	80
Copper IUCD	1	0.6	80
Mirena IUS	0.1	0.1	80
Female Sterilisation	0.5	0.5	99
Vasectomy	0.15	0.1	97

Emergency Contraception

Emergency contraception refers an intervention that is used after coitus without contraception or contraceptive failure e.g. "the condom broke". There are two methods of Emergency Contraception.

Postinor (The emergency hormonal pill)

Often called "The Morning after Pill" this specially formulated progestin-only pill is taken in two doses 12 hours apart. It should be taken as soon after sex occurs as is possible. It is 95 - 98% effective if taken within 24 hours of sex but can also be effective if taken up to 72 hours (3 days) after sex.

This not recommended as a routine or regular method of contraception.

An intrauterine device

An inert or copper-containing IUD fitted up to 5 days after sex, or up to 5 days after the earliest time you could have released an egg is a very reliable means of preventing pregnancy. The Mirena is not suitable for emergency contraception.

Sexually transmitted Infections

Most methods of contraception do not protect from sexually transmitted infections. Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. Diaphragms and caps may also protect against some sexually transmitted infections. *(If you can, avoid using condoms containing Nonoxinol 9 (spermicidally lubricated), as this does not protect against HIV and may even increase the risk of this infection).*

It is ALWAYS best to use condoms to protect from sexually transmitted infections at the beginning of a new relationship, even if the woman is using another effective means of contraception. The only exception is when it is certain that BOTH partners have never had sex with another partner before. Many couples, at the beginning of a relationship, use condoms even when the female partner is taking the Pill (an oral contraceptive). This is sometimes called the Double Dutch method. It is best continued until the risk of sexually transmitted infection can be excluded by either history or testing.

The Combined Pill

The combined pill is often just called the Pill. It contains two hormones – oestrogen and progestin. These are similar to the natural hormones that women produce in their ovaries. There are a number of different combined pills.

How effective is the pill?

The apparent effectiveness of any method of contraception depends on the woman's age, the frequency with which intercourse occurs, the fertility of her partner and compliance i.e. how well they follow sometimes complex instructions. If the pill is taken according to instructions it is over 99% effective. This means that less than 1

woman in 100 will get pregnant in a year. If the pill is not taken according to instructions, more women will become pregnant.

How does the pill work?

The main way the pill works is to stop the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of your womb thinner so it is less likely to accept a fertilised egg.

Can anyone use the pill?

Not everyone can use the combined pill so your doctor will need to ask you about your own and your family's medical history. Do mention any illness or operations you have had. Some of the conditions which may mean you should not use the combined pill include:

- you think you might already be pregnant
- you smoke and are 35 or older
- you take certain medicines
- You have now or have had in the past:

    - thrombosis (blood clots) in any vein or artery
    - some heart abnormalities or circulatory disease, including raised blood pressure
    - very severe migraines or migraines with aura
    - breast cancer
    - active disease of the liver or gall bladder
    - diabetes with complications.

If you cannot use the combined pill you may be able to use the progestin-only pill, or another progestin-only method of contraception.

If you are healthy, don't smoke and there are no medical reasons for you not to take the pill, you can take it until your menopause. At the age of 50, if you are still having periods, you may be advised to change your method.

What are the advantages of the pill?

Some of the advantages of the pill are, it:

- doesn't interrupt sex
- usually makes your bleeds regular, lighter and less painful
- may help with pre-menstrual symptoms
- reduces the risk of cancer of the ovary, womb and colon
- may protect against pelvic inflammatory disease
- may reduce the risk of fibroids, ovarian cysts and breast disease that is not cancer.

What are the disadvantages of the pill?

There are some serious side-effects that your doctor will monitor for, for example, a marked rise in blood pressure. More commonly there are troublesome side-effects that include headaches, nausea, breast tenderness, acne and mood changes. Many women have some irregular or break through bleeding i.e. bleeding between periods when they first start a new pill. *Most of these side effects are temporary and will disappear after a few months of use*. If these do not stop then changing the type of pill may help.

A few women have a problem with recurrent thrush infections (vaginal candidiasis) or pigment changes on their face (chloasma) when taking the pill.

Will I put on weight if I take the pill?

Research has not shown evidence of weight gain in women using the combined pill. Some women may find that their weight changes throughout their cycle due to retention of fluid. Other women gain weight because of inappropriate diet and exercise habits that are quite unrelated to use of the pill.

Are there any risks?

The pill can have some serious side-effects, but these are not common. For most women the benefits of the pill outweigh the possible risks. A very small number of women may develop a blood clot which can block a vein (venous thrombosis) or an artery (arterial thrombosis or heart attack or stroke). Pills that use a 3rd or 4th generation progestin appear to be associated with a slightly higher risk of venous thrombosis.

The risk of venous thrombosis is greatest during the first year that you take the pill and if any of the following apply to you: you are very overweight, are immobile for a long period of time or use a wheelchair, have severe varicose veins or a member of your immediate family had a venous thrombosis before the age of 45 years.

The risk of arterial thrombosis is greatest if any of the following apply to you: you smoke, are diabetic, have high blood pressure, are very overweight, have migraine with aura, or a member of your immediate family had a heart attack or stroke before the age of 45 years.

Research into the risk of breast cancer and hormonal contraception is complex and contradictory. Current research suggests that users of all hormonal contraception appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception. The absolute risk is small (about one woman in every 1000 users). Furthermore, the breast cancers that are diagnosed are less advanced than most when discovered, the risk is unrelated to the duration of use, unrelated to other risk factors (such as a family history of breast cancer) and the increased risk disappears 10 years after cessation of use.

Research suggests that there is a small increase in risk of developing cervical cancer if the pill is used continuously for more than five years. Some research suggests a link between using the combined pill and developing a very rare liver tumour.

Contraceptive Implant (Implanon)

An implant is a small flexible rod that is placed just under your skin in your upper arm. It releases a progestin hormone similar to the natural hormone progesterone that women produce in their ovaries. It works for up to 3 years.

How effective is an Implanon?

The implant is a long-acting reversible method of contraception. All long-acting methods are very effective because, while they are being used, you do not have to remember to take or use contraception. Very few pregnancies occur with an Implanon provided that care is taken to ensure that you are not pregnant at the time of the insertion and provided that the insertion is properly carried out. You should be able to palpate or feel the rod just under the skin after its insertion. It will never move or disappear thereafter until it is removed by a doctor.

How does an Implanon work?

The main way that Implanon works is to stop the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of your womb thinner so it is less likely to accept a fertilised egg.

Can anyone use Implanon?

Most women who want to use this method of contraception can do so. You should tell the doctor about any illnesses or operations you have had and some information about your family is sometimes sought.

An implant may not be suitable for you if:

- you think you might already be pregnant
- you do not want your periods to change
- you take certain medicines.
- You have now, or have had in the past:
    - breast cancer
    - unexplained vaginal bleeding (for example, bleeding between periods or after sex)
    - thrombosis (blood clots) in any vein
    - a heart attack or stroke (serious arterial disease)
    - active liver disease

What are the advantages of Implanon?

It works for three years. It does not interrupt sex. You can use it if you are breastfeeding. It is a good method if you cannot use oestrogens (hormones), like those in the combined pill. Your normal fertility will return as soon as the implant is taken out. It offers some protection against pelvic inflammatory disease. It may give you some protection against cancer of the womb. It may reduce heavy, painful periods.

What are the disadvantages of Implanon?

Your periods may change in a way that is not acceptable to you In an Australian or New Zealand society about one woman in six using an Implanon for contraception will ask to have it removed because of unpredictable vaginal bleeding.

Other side-effects include acne and headaches. A few women report having tender breasts, bloating, and changes in mood and sex drive. It requires a small procedure to fit and remove it. Local anaesthesia is used and it is practically painless.

An implant does not protect you against sexually transmitted infections, so you may need to use condoms as well.

Are there any risks with Implanon?

Research about the risk of breast cancer and hormonal contraception is complex and contradictory. Current research suggests that women who use hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to women who don't use hormonal contraception. This is explained in greater detail in the section above about the combined pill.

Contraceptive Injections (Depo-Provera)

Contraceptive injections contain a progestin hormone which is similar to the natural progesterone that women produce in their ovaries. Depo-Provera is an injection that protects you from pregnancy for 12 weeks.

How effective is Depo-Provera?

Very few pregnancies occur after Depo-Provera provided that care is taken to ensure that you are not pregnant at the time it is administered and provided that you return regularly every 10 – 12 weeks to have another injection.

How does Depo-Provera work?

The main way that Depo-Provera works is to stop the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of your womb thinner so it is less likely to accept a fertilised egg.

Can anyone use Depo-Provera?

Most women who want to use this method of contraception can do so. You should tell the doctor about any illnesses or operations you have had and some information about your family is sometimes sought.

The injection may not be suitable for you if:

- you think you might already be pregnant
- you do not want your periods to change
- you have or are at risk of osteoporosis
- You have now, or have had in the past:
    - breast cancer
    - unexplained vaginal bleeding (for example, bleeding between periods or after sex)
    - thrombosis (blood clots) in any vein
    - a heart attack or stroke (serious arterial disease)
    - active liver disease

What are the advantages of a contraceptive injection?

You don't have to think about contraception for as long as the injection lasts. It doesn't interrupt sex. You can use it if you are breastfeeding. It may reduce heavy painful periods and help with premenstrual symptoms for some women. It may give you some protection against cancer of the womb. It gives some protection against pelvic inflammatory disease.

It is a good method if you cannot use oestrogens (hormones), like those in the combined pill.

What are the disadvantages of Depo-Provera?

Your periods may change in a way that is not acceptable to you. Irregular bleeding may continue for some months after you stop the injections. Women may put on weight when they use Depo-Provera . A few women report headaches, abdominal pain or discomfort, dizziness, spotty skin, tender breasts, bloating, and changes in mood and sex drive after Depo-Provera. It cannot be removed from your body so, if you have any side effects, you have to be prepared for them to continue for some time. Your periods, and fertility, may take a few months to return after stopping Depo-Provera injections. Sometimes it can take more than a year for your periods and fertility to get back to normal.

Contraceptive injections do not protect you against sexually transmitted infections, so you may have to use condoms as well.

Are there any risks?

You can have an allergic reaction to the injection, but this is rare. Using Depo-Provera for prolonged periods of time can lead to osteoporosis (see below). Research about the risk of breast cancer and hormonal contraception is complex and contradictory. Current research suggests that women who use hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to women who don't use hormonal contraception.

How does Depo-Provera affect my bones?

Using Depo-Provera affects your natural oestrogen levels, causing thinning of the bones. This is not normally a problem for most women as the bone replaces itself when you stop the injection and it does not appear to cause any long-term problems. It does not cause an increase in bone fracture. Thinning of the bones may be more of a

problem for women who already have risk factors for osteoporosis. It is also a concern for young women as the body is still making bone at this age. Although young women can use Depo-Provera, it is recommended that they should first consider other suitable methods of contraception.

Your periods will probably change after Depo-Provera and Implanon.

In some women periods will stop completely (this does not mean you are pregnant). Some women will have irregular periods or spotting (bleeding between periods), especially to begin with. Some women will have periods that last longer and are heavier. These changes may be a nuisance but they are not harmful.

If you do have prolonged bleeding it may be possible for the doctor to give you some additional hormone or medicine that can help control the bleeding. It may also be necessary to check that the bleeding is not due to other causes.

When should Implanon or Depo-Provera be started?

Implanon or the injection should be given within 5 days of the start of a period and then you will be immediately protected against pregnancy.

They can be given within 3 weeks of the birth of a baby but are probably better left until 6 weeks if you are breast feeding. They do not affect the milk supply. Small amounts of the hormone are present in breast milk but this is harmless to a baby

The injection can be started immediately after an abortion or miscarriage if you were pregnant for less than 24 weeks. You will be protected against pregnancy immediately.

Can anything make the injection less effective?

While the injection is working there is nothing that will make it less effective. They are not affected by:

- prescribed medicines, including antibiotics
- Any medicines which you can buy over the counter at a pharmacy
- diarrhoea
- vomiting.

Male and Female Condoms

Male and female condoms are barrier methods of contraception. They stop sperm meeting an egg. A male condom fits over a man's erect penis and is made of very thin latex (rubber) or polyurethane (plastic). A female condom is made of very thin polyurethane. It is put into the vagina and loosely lines it.

How effective are condoms?

How effective any contraceptive is depends on how old you are, how often you have sex and whether the method is used according to instructions. If used according to instructions then male condoms are 98% effective and female condoms are 95% effective. This means that 2 - 5 women in 100 will get pregnant in a year using these methods of contraception. In actual practice many more women become pregnant because barrier methods are often not used appropriately.

Sperm can get into the vagina during sex, even if you use a condom. This may happen if:

- the penis touches the area around the vagina before a condom is put on (pre-ejaculation fluid, which leaks out of the penis before ejaculation, may contain sperm)
- the condom splits
- the male condom slips off
- the female condom gets pushed too far into the vagina
- the man's penis enters the vagina outside the female condom by mistake
- the condom gets damaged, for example by sharp fingernails or jewellery
- you use oil-based products (such as baby lotions) with latex condoms. These damage the condoms.

If any of these happen, or if you have had sex without using contraception, you can get advice about emergency contraception.

What are the advantages of condoms?

You only need to use them when you have sex. They help to protect both partners from some sexually transmitted infections, including HIV. There are no medical side-effects from using condoms. Male condoms come in a variety of types, shapes and sizes to suit everyone. Male condoms are easily available. A female condom can be put in any time before sex.

What are the disadvantages of condoms?

Putting them on can interrupt sex. A male condom can sometimes slip off or split. Research shows that polyurethane condoms split more often than latex ones. Some people are sensitive to the chemicals in latex condoms, though this is rare. When using a male condom, the man has to pull out with the condom still on as soon as he has ejaculated. He must be careful not to spill any semen.

Can anyone use condoms?

Yes, male and female condoms are suitable for most people. Some men and women are sensitive to the chemicals in latex male condoms. If this is a problem you can use polyurethane condoms.

Men who do not always keep their erection during sex may find it difficult to use a male condom.

Female condoms may not be suitable for women who do not feel comfortable touching their genital area.

Do I need to use spermicide?

No. If used correctly, condoms are an effective method of contraception and you do not need additional spermicide.

Some male condoms are lubricated with spermicide, a chemical that kills sperm. These types of condom are being phased out as research has shown that the spermicide Nonoxinol 9 (sometimes spelt Nonoxynol) does not protect against sexually transmitted infections such as chlamydia and HIV and may even increase the risk of infection. If you can, avoid using spermicidally lubricated condoms and don't use additional spermicide as a lubricant.

What about other lubricants?

Most condoms come ready lubricated to make them easier to use. Some people also like to use additional lubrication. Any lubricant can be used with male or female polyurethane condoms. If you are using a male latex condom, you should never use oil-based products — such as body oils, creams, lotions or petroleum jelly — as a lubricant. This is because they can damage the latex and make the condom more likely to split. Some ointments can also damage latex. If you are using medication in the genital area — for example, creams, pessaries or suppositories — ask your doctor, nurse or pharmacist if it will affect latex condoms.

Diaphragms

Diaphragms are a barrier methods of contraception. They fit inside your vagina and cover your cervix (entrance to the womb). They come in different shapes and sizes. Vaginal diaphragms are circular domes made of thin, soft latex (rubber) or silicone with a flexible rim.

How effective are diaphragms?

How effective any contraceptive is depends on how old you are, how often you have sex and whether the method is used according to instructions. If used according to instructions then diaphragms are 95% effective. This means that 5 women in 100 will get pregnant in a year using this method of contraception. In actual practice many more women become pregnant because barrier methods are often not used appropriately.

A diaphragm will be less effective if:

- you don't use it every time you have sex
- it doesn't cover your cervix
- you don't have the right size
- you remove it too soon (less than six hours after the last time you had sex)
- you use oil-based products such as baby lotion, bath oils or some vaginal medicines (pessaries) with latex diaphragms. These can damage the latex.

If any of these happen, or if you have had sex without using contraception, you can get advice about emergency contraception.

What are the different types of diaphragm?

There are three types of latex vaginal diaphragm: flat, coil, or arcing spring. There are two silicone diaphragms – a coil and arcing spring type. All types come in different sizes.

What are the advantages of a diaphragm?

You only have to use it when you have sex. It has no serious health risks. You are in control of your contraception. There is a choice of different types. You can put it in at any convenient time before you have sex. It may give you some protection against cervical cancer and some sexually transmitted infections.

What are the disadvantages of a diaphragm ?

Putting it in at the time of sex can be an interruption. It can take time to learn how to use it. Cystitis or bladder infections can be a problem for some women who use a diaphragm. Changing to a slightly smaller or softer-rimmed (coil spring) diaphragm or to a cervical cap may help. Some people are sensitive to the chemicals in latex or spermicide. This may cause irritation in some women and their partners.

Can anyone use a diaphragm?

Most women can use a diaphragm or cap. A diaphragm or cap may not be suitable if you:

- have vaginal muscles which can't hold a diaphragm
- have a cervix of an unusual shape or in an awkward position or you cannot reach it
- are sensitive to the chemicals in latex or spermicide
- have repeated urinary infections
- have a vaginal infection (wait until after the infection has cleared)
- have ever had toxic shock syndrome
- do not feel comfortable touching your vagina.

The Mirena Intrauterine System

The Mirena is a small T-shaped plastic device which slowly releases a progestin hormone. This is similar to the natural progesterone that women produce in their ovaries. It has two soft threads at one end that are available through the opening at the entrance of your womb (cervix) into the top of your vagina. This makes for easy removal when required.

It works for up to five years. If you are aged 45 or older when the IUS is fitted, it can sometimes be left in longer than five years.

They are fitted as an office procedure with a vaginal examination much like having a Pap smear. Some minor discomfort is involved. A few women will require general anaesthesia for the insertion of a Mirena or it may be done at the time of hysteroscopy, curette or termination of pregnancy.

How effective is the Mirena?

The Mirena is over 99% effective. This means that fewer than one woman in every 100 women who use the Mirena will get pregnant in a year. It is a long-acting reversible method of contraception. All long-acting methods are very effective because, while they are being used, you do not have to remember to take or use contraception.

When will a Mirena start to work?

The IUS can be fitted any time in your menstrual cycle if it is certain that you are not pregnant. If it is fitted in the first five days of your menstrual cycle you will be immediately protected against pregnancy. If it is fitted at any other time, you will need to use an extra contraceptive method for the first seven days.

How does Mirena work?

- It makes the lining of your womb thinner so it is less likely to accept a fertilised egg.
- It also thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg.

In some women it stops the ovaries releasing an egg (ovulation), but most women who use the Mirena IUS will ovulate.

What are the advantages of a Mirena?

The Mirena has all of the advantages of hormonal contraception but the hormone is concentrated within the uterus where it is needed. Very little of the progestin is circulated through the rest of the body. It works for five years. It doesn't interrupt sex. Your periods usually become much lighter and shorter, and often less painful. They may stop completely after the first year of use. A Mirena can be particularly useful if you have heavy, painful periods or endometriosis. It can be used if you are breastfeeding. Your normal fertility returns quickly when the Mirena is removed. It is useful if you cannot use estrogens (hormones), like those found in the combined pill. The Mirena is not affected by other medicines.

What are the disadvantages of a Mirena?

Your periods may change in a way that is not acceptable to you. Other side-effects may include acne and headaches. A few women report breast tenderness. The rate of these side effects is no more than one woman in every 100. Some women develop small fluid-filled cysts on their ovaries. These are not dangerous and usually disappear without treatment.

A Mirena does not protect you against sexually transmitted infections, so you may need to use condoms as well. If you get an infection when an intrauterine device is in place then this can lead to a serious pelvic infection.

Are there any risks?

There is a very small chance of your getting an infection during the first 21 days after a Mirena is put in. You may be advised to have a check for any possible existing infection before it is fitted. The Mirena can be pushed out by your womb (expulsion) or it can move down into the cervix(displacement). This is not common.

There is a small risk that a Mirena might go through (perforate) your womb or cervix when it is put in. This may cause pain, but often there are no symptoms. If this happens, then the Mirena may have to be removed by surgery. The risk of perforation is low when a Mirena is fitted by an experienced doctor.

Can anyone use a Mirena?

Most women who want to use an IUS can do so, including women who have never been pregnant. Some of the conditions which may mean you should not use a Mirena are:

- you think you might already be pregnant
- You have now or had in the past:
  - cancer of the womb, ovary or breast
  - active liver disease
  - unexplained bleeding from your vagina (for example between periods or after sex)
  - an untreated sexually transmitted infection or pelvic infection
  - malformation or deformation of your womb or cervix.

The Intrauterine Device (IUD)

An IUD is a small plastic and copper device that is put into your womb. They have one or two soft threads at one end that are available through the opening at the entrance of your womb (cervix) into the top of your vagina. This makes for easy removal when required.

They are fitted as an office procedure with a vaginal examination much like having a Pap smear. Some minor discomfort is involved. A few women will require general anaesthesia for the insertion of a IUD or it may be done at the time of hysteroscopy, curette or termination of pregnancy.

There are different types and sizes of IUD to suit different women. An IUD can stay in for three to ten years, depending on type. If you are aged 40 or older when the IUD is fitted, it can be left in until the menopause.

How effective is an IUD?

Most IUDs contain copper and these are more than 99% effective. The IUD is a long-acting reversible method of contraception. All long-acting methods are very effective because, while they are being used, you do not have to remember to take or use contraception.

When will the IUD start to work?

An IUD can be put in at any time in your menstrual cycle if it is certain that you are not pregnant. It will be effective immediately.

How does an IUD work?

- The main way an IUD works is to stop sperm reaching an egg. It does this by preventing sperm from surviving in the cervix, womb or fallopian tube.
- It may also work by stopping a fertilised egg from implanting in the womb.
- An IUD does not cause an abortion.

What are the advantages of an IUD?

It works as soon as it is put in. It works for three to ten years depending on type. It doesn't interrupt sex. It can be used if you are breastfeeding. Your normal fertility returns as soon as the IUD is taken out. It is not affected by other medicines.

What are the disadvantages of an IUD?

Your periods may be heavier, longer or more painful. Indeed up to 50% of women request the removal of their IUCD within 5 years of its insertion because of heavier than before menstrual bleeding.

The IUD does not protect you from sexually transmitted infections, so you may have to use condoms as well. If you get an infection when an IUD is in place this could lead to a pelvic infection if it is not treated.

Are there any risks?

There is a very small chance of you getting an infection during the first 21 days after an IUD is put in. You may be advised to have a check for any possible existing infection before an IUD is fitted. For a woman at low risk of pelvic infection then the risk of a pelvic infection with a copper-containing IUCD is no greater than that for any woman using no contraception (about 1.6 per 100 women per year). The IUD can be pushed out by your womb and expelled. The rate is about one in every 20 insertions. The device can also move into the cervix. This is called displacement and the device is then not expelled but is much less effective. Expulsion and displacement usually occur within 3 months of insertion.

There is a small risk that the IUD might go through (perforate) your womb or cervix when it is put in. The rate of perforation is about one in every 500 insertions. This may cause pain, but often there are no symptoms. If this happens, then the IUD may have to be removed by surgery. The risk of perforation is low when an IUD is fitted by an experienced doctor.

If you do become pregnant while you are using an IUD there is a small increased risk of you having an ectopic pregnancy. However, this risk of ectopic pregnancy is less in women using an IUD than in women using no contraception at all. If you fall pregnant with an IUCD there is a one in 20 chance that it is ectopic.

Fertility after using a copper-containing IUCD is no different from that of women who have never used an IUCD.

Can anyone use an IUD?

Most women who want to use an IUD can do so, including women who have never been pregnant. Some of the conditions which may mean you should not use a Mirena are:

- you think you might already be pregnant
- You have now or had in the past:
  - unexplained bleeding from your vagina (for example between periods or after sex)
  - an untreated sexually transmitted infection or pelvic infection
  - malformation or deformation of your womb or cervix.

The Progestin-only Pill (POP)

This pill contains a progestin hormone which is similar to the natural progesterone women produce in their ovaries. Progestin-only pills are different to combined pills because they do not contain any oestrogen. There are two different types of POP available containing different progestins.

How effective is the POP?

If taken according to instructions the POP is 99% effective. This means that 1 woman in 100 will get pregnant in a year. In practice the POP is often not taken according to instructions, so some 8-10 women in every 100 become pregnant.

POPs are less effective in women who weigh over 70kg (11 stone).

How does the POP work?

The pill works in a number of ways: It works mainly by thickening the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg. It makes the lining of your womb thinner so it is less likely to accept a fertilised egg. It sometimes stops your ovaries releasing an egg (ovulation).

Can anyone use the POP?

Not all women can take the POP. Some of the conditions that sometimes mean you cannot use the POP are:

- you think you might already be pregnant
- you could not cope with any changes to your periods
- You have now or have had in the past:

- a heart attack or stroke (severe arterial disease)
- an active disease of the liver or gall bladder
- breast cancer
- unexplained bleeding from your vagina (for example, between periods or after sex)
- a history of ovarian cysts
- an ectopic pregnancy.
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What are the advantages of the POP?

There are no serious side-effects with the POP. It doesn't interfere with sex. You can use it if you are breastfeeding. It is useful if you cannot take oestrogens, like those found in the combined pill. You can use it at any age, but it is especially useful if you are over 35 and you smoke. It may help with pre-menstrual tension and painful periods.

What are the disadvantages of the POP?

You may not have regular periods while you are taking the POP. Your periods may stop altogether or be irregular, light, or more frequent. This may settle down and is not harmful but you may find it annoying. You may also worry that you are pregnant. Changing to a different POP may help.

The POP does not protect you against sexually transmitted infections, so you may need to use condoms as well.

You have to remember to take the pill at the same time every day. You should take a POP within 3 hours of the same time every day to be effective. You may get some temporary side-effects when you first starting taking the POP, these should stop within a few months. They include:

- spotty skin
- breast tenderness
- weight gain
- headaches.

Are there any risks?

The POP is a very safe pill to take but there are some risks. Some women may develop small fluid-filled cysts on their ovaries. These are not dangerous and do not usually need to be removed. Often there are no symptoms, but some women may have pelvic pain. These cysts usually disappear without treatment.

If you do become pregnant while you are taking the POP there is a small increased risk of you having an ectopic pregnancy. An ectopic pregnancy develops outside your womb, usually in a fallopian tube. Although this is not common, it is dangerous. This risk of ectopic pregnancy is less in women using the POP than in women using no contraception at all.

Research about the risk of breast cancer, cervical cancer and hormonal contraception is complex and contradictory. Current research suggests that users of all hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to non-users of hormonal contraception

Natural Family Planning (Periodic Abstinence)

This information tells you how natural family planning can help you to avoid pregnancy. Fertility awareness involves being able to identify the signs and symptoms of fertility during the menstrual cycle so you can plan or avoid pregnancy.

What is the menstrual cycle?

The menstrual cycle is the time from the first day of your period to the day before your next period starts. The average length of the menstrual cycle is around 28 days, although many women have longer or shorter cycles and this is normal. Regardless of how long or short the cycle is, ovulation (when the ovaries release an egg) will usually happen around 10–16 days before the start of the next period.

During your menstrual cycle:

- Eggs develop in your ovaries and usually one is released.
- The mucus in the cervix (entrance to the womb) changes to allow sperm to pass more easily through the cervix to reach the egg.
- The lining of the womb thickens to prepare for a possible pregnancy.
- If the egg is not fertilised by sperm and you don't get pregnant the womb sheds its lining as your period. This signals the beginning of a new menstrual cycle.
- The menstrual cycle is controlled by your body's natural hormones – oestrogen and progesterone.

How does natural family planning work?

Natural family planning works by observing and recording your body's different natural signs or fertility indicators on each day of your menstrual cycle. The main fertility indicators are:

- recording your body temperature
- monitoring cervical secretions (cervical mucus)
- calculating how long your menstrual cycle lasts.

Changes in these fertility indicators can help you to identify your fertile time. You can also use fertility monitoring devices.

How long does the fertile time last?

The fertile time lasts for around 8 to 9 days of each menstrual cycle. This is because the egg lives for up to 24 hours and sperm can live inside a woman's body for up to 7 days. This means that if you have sex as much as 7 days before the egg is released you may still get pregnant.

How effective is natural family planning?

How effective any contraceptive method is depends on how old you are, how often you have sex and whether you follow the instructions. If used according to teaching and instructions, natural family planning methods are up to 98% effective, depending on which method is used. This means that up to 2 women in 100 will get pregnant in a year. If natural family planning methods are not used according to instructions, more women will get pregnant.

Natural family planning is more effective when taught by a specialist natural family planning teacher, and when more than one fertility indicator is used.

Some people choose to combine their fertility awareness knowledge with male or female condoms – this is sometimes known as fertility awareness combined methods. The effectiveness of this depends on how well you use male or female condoms.

What are the advantages of natural family planning?

Using fertility awareness makes you more aware of your fertility and can help to plan a pregnancy or to avoid a pregnancy. It does not involve using any chemicals or physical products. There are no physical side effects. It can help you recognise normal and abnormal vaginal secretions. It can help you to communicate about your fertility and sexuality. It is acceptable to all faiths and cultures.

What are the disadvantages of natural family planning?

It takes 3 to 6 menstrual cycles to learn effectively. You have to keep daily records. Some events, such as illness, lifestyles, stress or travel, may make fertility indicators harder to interpret. You need to avoid sex or use male or female condoms during the fertile time. Natural methods don't protect you against sexually transmitted infections (STIs).

Can anyone use natural family planning?

Most women can use natural methods as long as they receive good instructions and support. They can be used at all stages of your reproductive life, whatever age you are. Natural family planning may not be a suitable method for some women who do not have periods.

It may take longer to recognise your fertility indicators and to start to use natural family planning if you have irregular cycles, or at certain times, for example after stopping hormonal contraception, after having a baby, during breastfeeding, after an abortion or miscarriage, or when approaching the menopause.

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