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# Contraception Guide

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Contraception is the process of taking steps to ensure you do not become pregnant when you have sex. There are many options for doing this. They all have pros and cons. Different methods will be right for different couples, or right for you at different times in your life. This leaflet gives a brief summary of the methods of contraception. A more detailed leaflet is available for each of the methods described.

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## How effective is contraception?

All the methods of contraception listed below are effective. However, no method is completely (100%) reliable. The reliability for each method is given in percentages, or in numbers of women per 100 women. If the method fails in less than 1 in 100 women, the number of women who fall pregnant may be given per 1,000 women.

For example, the contraceptive injection is more than 99% effective. In other words it is effective for more than 99 women in 100. This means less than 1 woman in 100 will become pregnant each year using this method of contraception. It is hard to understand the concept of less than one woman, so in this case the number is given out of 1,000 women instead of 100. For the example of injections, between 3 and 60 women out of every 1,000 using this method will fall pregnant.

When no contraception is used, around 85 in 100 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. These are called "user-dependent methods". You have to use them properly or they do not work as well. For example, the combined oral contraceptive pill (COCP) - often referred to as "the pill" - is more than 99% effective if taken correctly. However, if you miss pills or are sick (vomit) then it becomes less effective. Other user-dependent methods include:

- Barrier methods (male and female condoms, diaphragms and caps).
- The progestogen-only contraceptive pill (POCP).
- Natural family planning.

Some methods are not so user-dependent and need to be renewed only infrequently or never. These methods tend to be more reliable and include:

- The contraceptive injection.
- Contraceptive implant.
- Intrauterine contraceptive devices (IUCDs) - also known as 'coils'.
- Sterilisation.

## What are the different methods of contraception?

When you choose a method of contraception, you need to think about:

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- Whether you have a medical condition that might affect which options are safe for you.
- Whether you take medicines that interact with the method.

## Combined oral contraceptive pill (COCP)

The COCP is often just called the pill. Between 3 and 90 women in 1,000 using the pill will become pregnant each year. The difference is due to how well the woman uses the pill. The pill contains two female hormones called oestrogen and progestogen. It works mainly by stopping egg production (ovulation). It is very popular. Different brands suit different people.

### Some advantages

- It is very effective.
- Side-effects are uncommon.
- It helps to ease painful and heavy periods.
- It slightly reduces the chance of some cancers - cancers of the ovary and womb (uterus).
- The effects go away quickly when you stop it.

### Some disadvantages

- There is a small risk of serious problems (particularly blood clots).
- Some women have side-effects. The most common ones are bleeding between periods, mood swings and breast tenderness.
- You must remember to take it.
- It can't be used by women with certain medical conditions. Examples include uncontrolled high blood pressure, certain types of migraine and women with a past history or family history of blood clots.
- There is a very slightly higher risk of breast cancer for women who take it.

## Progestogen-only contraceptive pill (POCP)

The POCP used to be called "the mini-pill". It contains just a progestogen hormone. It is commonly taken if the COCP is not suitable, such as in breast-feeding women, smokers over the age of 35 and some women with migraine. It works mainly by causing a plug of mucus in the neck of the womb (cervix) that blocks sperm. It also thins the lining of the womb (uterus), making it less likely the egg will implant. Sometimes ovulation is stopped. This happens more in some types of POCPs than others. Between 3 and 90 women in 1,000 using the POCP will become pregnant. If it is used well you have less chance of becoming pregnant (about 3 in 1,000).

### Some advantages

- Less risk of serious problems than the COCP.
- Many women who can't take the COCP due to a medical condition are safe to use the POCP.
- You can use it when you are breast-feeding.

### Some disadvantages

- Periods often become irregular.
- Some women have side-effects.
- You have to be more exact about the time you take it each day than you do with the COCP. With some POCPs you have to take it within three hours of the time you took it the day before. In others there is a 12-hour window before it becomes a "missed pill".
- There may be a very small extra risk of breast cancer.

## Contraceptive patch

The contraceptive patch contains the same hormones as the COCP but in patch form. It works in the same way and has many of the same pros and cons. Between 3 and 90 women in 1,000 will become pregnant using it. The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body. There is one combined contraceptive patch available in the UK, called Evra®.

### Some advantages

- It is very effective and easy to use.
- You do not have to remember to take a pill every day.
- Your periods are often lighter, less painful and more regular.
- If you have sickness (vomiting) or runny stools (diarrhoea), the contraceptive patch is still effective.

## Some disadvantages

- Some women have skin irritation.
- Despite its discreet design, some women still feel that the contraceptive patch can be seen.
- It may come off and then not be so effective.
- It has similar risks (such as blood clots) as the pill.

## Contraceptive vaginal ring

The contraceptive vaginal ring also contains the same hormones as the COCP. These hormones have effects on your body which prevent you from becoming pregnant. It is a flexible, see-through ring which is just over 5 cm in diameter. It sits in your vagina for three weeks and then you have one week without it. After exactly one week, you put a new ring into your vagina. It is about as effective as the COCP at preventing pregnancy.

## Some advantages

- It is effective and easy to use.
- You do not have to remember to take a pill every day.
- If you have sickness (vomiting) or runny stools (diarrhoea), the contraceptive vaginal ring is still effective.
- Your periods are very regular.

## Some disadvantages

- Some women (and their partners) feel it during sex.
- It may irritate your vagina and cause soreness or discharge.
- It has similar risks as the pill (such as blood clots.)

## Barrier methods

Barrier methods include male condoms, the female condom and diaphragms and caps. They prevent sperm entering the womb (uterus). They are effective as follows:

- Male condoms: if used correctly, about 2 women in 100 will become pregnant. In normal (not perfect) use, 15-18 women in 100 will become pregnant.
- Female condoms: if used correctly, about 5 women in 100 will become pregnant. In normal use, 21 women in 100 will become pregnant.
- Diaphragms: if used correctly, about 6 women in 100 will become pregnant. In normal use, 12-16 women in 100 will become pregnant.
- Caps: if used correctly, about 9 women in 100 will become pregnant. In normal use, 16 women in 100 will become pregnant. If you have had a baby in the past, they are less effective. In this case if used correctly, about 20 women in 100 will become pregnant. In normal use, 32 women in 100 will become pregnant.

## Some advantages

- There are no serious medical risks or side-effects.
- Condoms help to provide protection from sexually transmitted infections.
- Male condoms are widely available.

## Some disadvantages

- They are not quite as reliable as other methods.
- They need to be used properly every time you have sex.
- Male condoms occasionally split or come off.
- You have to use spermicide when using a diaphragm, which may be messy or cause some irritation.
- Diaphragms and caps need to be fitted.
- They may interrupt sex or make it feel less spontaneous.

## Contraceptive injections

**Contraceptive injections** contain a progestogen hormone which slowly releases into the body. They are very effective. Between 3 and 60 women in every 1,000 using it will become pregnant. It works by preventing ovulation and also has similar actions as the POCP. An injection is needed every 8-13 weeks, depending on which injection is used.

### Some advantages

- They are very effective.
- You do not have to remember to take pills.
- Once your body is used to the hormone, you often have no periods or very light periods. Particularly if you had heavy or painful periods, this is an advantage.
- You can have contraceptive injections whilst breast-feeding.

### Some disadvantages

- Periods may become irregular (but often lighter or stop altogether).
- After stopping, there may be a delay in your return to normal fertility for several months. It may take up to a year for your period to come back.
- Some women have side-effects. Common side effects are gaining weight, mood changes and headaches. You cannot undo the injection, so if side-effects occur they may persist for longer than 8-13 weeks.
- The injections cause a very slight thinning of your bones.
- There may be a very small increase in the risk of breast cancer and cancer of the neck of the womb (cervix).

## Contraceptive implants

**A contraceptive implant is a small device placed under the skin.** It contains a progestogen hormone which slowly releases into the body. Around 1 woman in 2,000 using the implant will become pregnant each year. It works in a similar way to the contraceptive injection. It involves a small minor operation. An injection of local anaesthetic is used to numb the skin. Each implant lasts three years.

Implants mainly work by stopping eggs from being released (ovulation.) They also cause a plug of mucus in the neck of the womb (cervix) that blocks sperm. The lining of the womb (uterus) is made thinner, making it less likely the egg will implant.

### Some advantages

- It is very effective.
- You do not have to remember to take pills.
- They are reversible and periods return quickly once they are removed.
- Your periods tend to be very light or non-existent.

### Some disadvantages

- Periods may become irregular (but more often are lighter or stop altogether).
- Some women develop side-effects but these tend to settle after the first few months.

## Intrauterine contraceptive device (IUCD)

**An IUCD is also known as a coil.** A plastic and copper device is put into the womb (uterus). It lasts for five or more years. Between 6 and 8 women in 1,000 will become pregnant in one year of use of this method. It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the uterus. The copper has a spermicidal effect, meaning it kills sperm.

### Some advantages

- It is very effective.
- You do not have to remember to take pills.
- It lasts a long time - 5-10 years.
- There are no hormones, so there are no side-effects due to hormonal changes in your body.

### Some disadvantages

- Your periods may become heavier or more painful.
- There is a small risk of serious problems.
- It is uncomfortable having the coil put in. (However this is only once in 5-10 years.)

## Intrauterine system (IUS)

With the IUS, a plastic device that contains a progestogen hormone is put into the womb (uterus). The progestogen is released at a slow but constant rate. Around 1-2 women in 1,000 will become pregnant with one year of use of this method. It works by making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from the neck of your womb (cervix). This stops the sperm from meeting the egg. The IUS is also used to treat heavy periods (menorrhagia).

### Some advantages

- It is very effective.
- You do not have to remember to take pills.
- Periods become light or stop altogether.

### Some disadvantages

- Side-effects may occur as with other progestogen methods such as the POCP, implant and injection. However, they are much less likely, as little hormone gets into the bloodstream.
- It is uncomfortable having it put in and does not last as long as the other type of coil.

## Natural methods

Most natural family planning methods involve getting to know your cycle and when you are fertile. You can then use barrier methods of contraception, or not have sex, at these times. This has very variable effectiveness, as it depends how careful you are. As many as 25 women in 100 can become pregnant using this method. However, when used very carefully, this number can be much, much lower. You have to be very committed and check your fertility regularly. This is done by checking your temperature or the secretions from the neck of your womb (cervix). There are kits available to buy which can help you plot where you are in your monthly cycle.

### Some advantages

- There are no side-effects or medical risks.
- Anybody can use this method safely as long as they are taught how to do it.

### Some disadvantages

- It is not as reliable as other methods.
- Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.
- If your cycles are not very regular, this can be very unreliable.

### The lactational amenorrhoea method (LAM)

LAM is another type of natural family planning. Lactational means breast-feeding, so it is only suitable for breast-feeding women. Amenorrhoea means not having any periods. So this means if you are breast-feeding and if you are not having any periods, you are unlikely to become pregnant, and this can be your method of contraception. You can only rely on it until your baby is 6 months old. 2 women in 100 will conceive during those six months using this method.

## Sterilisation

Sterilisation involves an operation. It is very effective but this can vary from surgeon to surgeon. **Male sterilisation (vasectomy) stops sperm travelling from the testicles (testes).** **Female sterilisation prevents the egg from travelling along the Fallopian tubes to meet a sperm.** Vasectomy is easier, as it can be done under local anaesthetic. These methods are often used when your family is complete. You should be sure of your decision, as they are difficult to reverse. Both forms of sterilisation can fail occasionally. Vasectomies are more reliable than female sterilisation.

### Some advantages

- It is very effective.
- You do not have to think further about contraception.

### Some disadvantages

- It is very difficult to reverse. Indeed, when considering sterilisation, you should assume it is irreversible. You may regret your decision if you change your mind in the future.
- Female sterilisation usually needs a **general anaesthetic**. This comes with the small risks which are associated with general anaesthetics. Your tummy may feel bloated and sore for a few days after the operation.
- Men can have discomfort, bruising and swelling after the operation for a week or so.
- It takes a while before a vasectomy becomes effective. During this time you have to use another form of contraception.

## Emergency contraception

**Emergency contraception can be used if you had sex without using contraception;** or, if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills. Emergency contraception options are:

- **Emergency contraception pills** - are usually very effective if started within 3-5 days of unprotected sex. The earlier you take this pill, the more effective it is. The emergency contraception pill can be prescribed by a GP or family planning clinic. One type of pill can also be bought, without a prescription, from pharmacies. It works either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb (uterus).
- **An IUCD** - is inserted by a doctor or nurse and can be used for emergency contraception up to five days after unprotected sex.

## Further information

This leaflet is just a very brief account of each method of contraception. All these methods have their own detailed leaflet for more information. Or you can contact your practice nurse, doctor or pharmacist if you want more detailed information about any of these methods. There is also more information available from the websites and references below.

## Further help & information

### FPA

23-28 Penn Street, London, N1 5DL

Web: [www.fpa.org.uk](http://www.fpa.org.uk)

### Brook

50 Featherstone Street, London, EC1Y 8RT

Tel: (Textline) 07717 989 023

Web: [www.brook.org.uk](http://www.brook.org.uk)



## Further reading & references

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- Combined Hormonal Contraception; Faculty of Sexual and Reproductive Healthcare (2011 updated August 2012)
- Contraception - natural family planning; NICE CKS, June 2012 (UK access only)
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- Contraception - progestogen-only methods; NICE CKS, Feb 2015 (UK access only)
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- Progestogen-only implants; Faculty of Sexual and Reproductive Healthcare (Feb 2014)
- Intrauterine Contraception; Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit (2015)
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- Contraception - emergency; NICE CKS, February 2015 (UK access only)
- Contraception - sterilization; NICE CKS, June 2012 (UK access only)

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