

Methods of Birth Control

Contraception (or birth control), the voluntary prevention of pregnancy, is one of the most frequent reasons for gynecological visits at the University Health Service. Using contraception reflects the maturity of a couple engaging in sexual intercourse, ensuring that conception occurs by choice rather than chance.

You may have heard that "You can't get pregnant the first time." This is a myth. Fertilization can take place any time sperm are present in a woman's genital tract when an egg is present. Although some women ovulate and menstruate with precise regularity, most women will experience some variability in their cycle length, making it difficult to determine when they are fertile. A woman is usually considered fertile "in the middle" of the cycle, but unexpected ovulation can occur any day of the cycle, occasionally even during her period. Statistics show that 80-90% of sexually active women not using a birth control method will become pregnant within one year.

QUESTIONS TO CONSIDER

- How safe is the method? Are there any side effects?
- How effective is the method?
- How will my lifestyle and my sexual relationship(s) be affected?
- Will I use the method consistently?
- Do I have past or present health problems that may affect my choice?
- Is the cost of the method ok with me?
- Am I (or my partner) opposed to any of the methods?
- Are there non-contraceptive benefits of a method?
- Will this method protect me from the transmission of sexually transmitted diseases (STIs)?

STIs AND CONTRACEPTION

If you are sexually active, you should be concerned about protection against sexually transmitted infections (STIs) as well as unintended pregnancy. Hormonal methods of birth control, such as birth control pills, are very effective for preventing unplanned pregnancy, but they do not offer protection from STIs. As you choose the method of birth control that is best for you, you should also think about protecting yourself against the transmission of STIs by using a barrier method/condom.

SCHEDULING AN APPOINTMENT

UHS offers a full range of gynecological and contraceptive services. You can schedule an appointment with your primary care provider (PCP) or one of the women's health nurse practitioners for gynecological care and to discuss contraceptive options. All visits to UHS are confidential.

Both men and women are encouraged to seek information about the various contraceptive methods from a UHS health care provider. On the UHS web site, you will find fact sheets about contraceptive choices.

Some prescription and non-prescription contraceptive products are available for purchase at UHS. You can purchase birth control pills at UHS at a cost lower than in area pharmacies. To purchase birth control pills, you will need a prescription written by a UHS health care provider. Women who are on Depo-Provera may receive injections at UHS. Condoms are available in the University Health Service medical offices.

CONTRACEPTION OPTIONS

In order to make an informed decision about contraception, it is important to weigh the pros and cons of each option. Many factors influence the selection and use of contraceptives. There are a variety of contraceptive methods that can be discussed with your health care provider.

The chart on the following page provides an overview of the following contraceptive options. Fact sheets are available on the UHS web site for the options noted with a *.

- Birth Control Pills (Oral Contraceptives) *
- Condoms and Spermicidal Foam *
- Contraceptive Patch *
- Depo-Provera *
- I.U.D.
- Nexplanon
- Vaginal Contraceptive Ring

The following methods of contraception are described briefly below. Fact sheets are available for methods noted with a *.

- Abstinence *
- Fertility Awareness (Natural Family Planning) *
- Withdrawal
- Sterilization

If you have questions regarding other options, please make an appointment with your UHS health care provider.

Abstinence: Abstinence is the most effective method of birth control. With abstinence, pregnancy is avoided by choosing not to have sexual intercourse with another person. Abstinence is 100% effective in preventing pregnancy. The effectiveness of abstinence in preventing sexually transmitted infections varies depending on one's definition of abstinence. It is possible to contract STIs during oral sex. If you choose to engage in oral sex, use a barrier (i.e., condom, dental dam) to protect yourself from secretions that contain bacteria and viruses.

Fertility Awareness: This method involves monitoring basal body temperature, cervical position, and cervical mucous to determine when fertility is most likely. Abstinence is required for a period of time when using this method. This method, which is about 80% effective, is considered most appropriate for committed couples who strongly wish to avoid other forms of birth control and for whom avoiding a pregnancy is not essential.

Withdrawal: With withdrawal, the male does not ejaculate inside the woman or around the woman's vagina. Withdrawal is not an effective form of birth control. It is unreliable and ineffective. Even if this method is used perfectly every time, 25% of women will become pregnant the first year.

Sterilization: Since sterilization is a permanent method of contraception, the decision to choose sterilization as the method of contraception should be made after the decision to have no more children has been well thought through. Sterilization involves a brief surgical procedure for the man (vasectomy) or the woman (tubal ligation) or Essure, a permanent non-surgical procedure that is placed in the Fallopian tube. Sterilization procedures are very difficult and expensive to try to reverse to become fertile again. They do not provide protection from sexually transmitted diseases.

Source: "Choosing a Contraceptive," produced by the University Health Services of the University of Massachusetts at Amherst.

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STIs and Pregnancy: Prevention includes the combination of a barrier (condom) and contraception.

METHOD	HOW IT WORKS	HOW IT IS USED	EFFECTIVENESS IF USED CORRECTLY	ADVANTAGES	DISADVANTAGES
Birth Control Pills (Oral Contraceptives) <i>Available by prescription at UHS, SMH Pharmacy, and area pharmacies.</i>	A small pill made of synthetic hormones. Taken daily. Regulates fertility by altering woman's hormone levels. Inhibits ovulation & prevents ovaries from releasing egg cells. When an egg cell is not present for a sperm cell to fertilize, pregnancy cannot begin.	They are taken according to the health care provider's advice and the instructions on the package. A nurse practitioner or physician must prescribe birth control pills. There are many different kinds.	When used correctly and consistently, 99.5% effective.	<ul style="list-style-type: none"> ▪ Lighter, more regular menstrual periods ▪ Decreased premenstrual problems ▪ No interruption at time of intercourse ▪ Some protection against endometrial and ovarian cancer ▪ High rate of effectiveness 	<ul style="list-style-type: none"> • Must remember to take pill every day • Minor side effects (usually disappear within 3 months): headaches, nausea, water retention, light bleeding • Some major side effects (<i>very rare</i> in non-smokers and those under age 40): elevated blood pressure, gallbladder disease, heart attack, and liver tumors • No protection against STIs
Condoms & Spermicides <i>Male & female condoms are available at UHS.</i>	Latex sheath worn over the penis during intercourse. The condom catches sperm cells, so they cannot enter the vagina. Spermicidal foams are inserted into the vagina before intercourse to kill sperm in the vagina. The foam forms a chemical barrier over the cervix. Sperm cells die in the presence of spermicide.	The condom is unrolled over the erect penis before the penis nears the vagina. Foam is inserted deep into the vagina near the cervix. If using a suppository form, you must wait 15-20 minutes for the release of effervescent foam. Female condom is inserted in vagina.	<p>When condoms are used correctly and with spermicidal foam, the rate of effectiveness is as high as 98%.</p> <p>If used alone, condom effectiveness is about 90%. Foam used alone is 70-80% effective.</p>	<ul style="list-style-type: none"> ▪ Used only when needed ▪ No hormonal or chemical changes in the body ▪ Some protection against STIs ▪ Less expensive than other methods ▪ No prescription or visit required 	<ul style="list-style-type: none"> ▪ Condom must be put on and foam inserted just before intercourse ▪ Dry condoms may cause irritation for women unless extra lubrication is added ▪ Possible allergy to the condom or spermicide ▪ Taste of spermicide may be unpleasant
Contraceptive Patch <i>Available by prescription at area pharmacies.</i>	The contraceptive patch is a small, thin, smooth patch that you attach directly to your skin in one of four places: the buttocks, abdomen, upper torso, or upper, outer arm. It releases a continuous, low dose of hormones similar to those found in oral contraceptives.	Patch is applied on the same day each week for three consecutive weeks. The fourth week is patch-free, during which the woman will have her menstrual period.	When used according to directions, it is 99% effective.	<ul style="list-style-type: none"> ▪ Continuous protection for one month. ▪ No interruption at time of intercourse 	<ul style="list-style-type: none"> ▪ Potential side-effects similar to birth control pills ▪ Women over 198 lbs. may have decreased pregnancy protection ▪ Potential for skin irritation at the patch site ▪ Risk for blood clots is slightly higher than if on BC pills. ▪ No protection against STIs
Depo-Provera <i>Available at UHS. Schedule an appointment with a UHS Nurse Practitioner or with your UHS Primary Care Provider.</i>	An artificial hormone given as a shot every 12 weeks. It is slowly released into the body. Depo-Provera must be prescribed.	Depo-Provera is an injection you get every three months. (If the shot is more than two weeks late, extra testing and not having sex for two weeks is necessary before the next shot.)	When taken as scheduled (4 times a year/every 12 weeks), it is more than 99% effective.	<ul style="list-style-type: none"> ▪ Very effective ▪ Just need a shot every 12 weeks ▪ It is reversible. Once you stop using it, you can usually become pregnant within 1 year. ▪ Can be used by some women who cannot use the pill. 	<ul style="list-style-type: none"> • Irregular menstrual bleeding • Can cause headaches, acne, depression, weight gain, decrease in bone density, with increased risk of osteoporosis). • Should not be used if blood clots, liver disease, or breast cancer. • No protection from STIs. • Low birth weight baby possible if given during pregnancy • Ability to get pregnant may be slow to return. • No protection against STIs
I.U.D. <i>Available at UHS. If interested in this method, talk with your health care provider.</i>	Small device inserted into uterus by a physician or nurse practitioner.	A string which dangles through the opening of the cervix is attached to the IUD and checked monthly. Remains there until the woman wants or needs to have it removed.	The IUD is 99% effective. There are three types of IUDs: ParaGard (copper IUD) lasts 10 years and hormone containing devices: Mirena/5 years and Kyleena/5 years.	<ul style="list-style-type: none"> ▪ Continuous protection ▪ No interruption at the time of intercourse ▪ Nothing to do except check the string. 	<ul style="list-style-type: none"> ▪ Spotting with Mirena IUD ▪ Pain at the time of IUD insertion and removal ▪ Perforation of the uterus possible. ▪ Expulsion from uterus ▪ No protection against STIs
Nexplanon <i>Available at UHS. If interested, talk with your health care provider.</i>	A single rod is inserted in upper arm that contains Progestin.	A rod is inserted and is kept in place for three years.	Nexplanon is 99% effective and lasts 3 years.	<ul style="list-style-type: none"> ▪ Continuous protection if inserted week of menses. 	<ul style="list-style-type: none"> ▪ Spotting/Bleeding ▪ Headaches ▪ Acne ▪ Weight gain ▪ No protection against STIs
Vaginal Contraceptive Ring <i>Available by prescription at area pharmacies.</i>	Flexible, transparent, colorless, thin vaginal ring about 2.1 inches in diameter. It releases a continuous low dose of hormones similar to those found in birth control pills.	Inserted by the woman. Remains in vagina for 3 weeks. Ring removed for one week, during which she will have her menstrual period.	When used according to directions, it has a 98-99% effectiveness rate	<ul style="list-style-type: none"> ▪ Continuous protection for one month. ▪ Usually lighter menstrual flow with less cramping. 	<ul style="list-style-type: none"> ▪ Potential side effects like birth control pills ▪ Potential for vaginal irritations ▪ Issues related to inserting and replacing ▪ No protection against STIs