BIRTH CONTROL METHOD COMPARISON CHART

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Abstinence	100%	/	 Highly effective No side effects, as with other methods No cost Can increase intimacy between partners 	May be difficult to abstain from all sexual activity for extended periods of time	
Implant	99.9%	X	 Do not have to take every day Progestin only-no estrogen related side-effects Lasts up to 3 years 	 Insertion may be uncomfortable (The implant is a small flexible rod that is inserted right under the skin of the inner arm.) Progestin-related side effects Large initial cost 	Prescription
IUD	Hormonal: 99.9% Nonhormonal: 99.2%	X	 Nothing to put in place before intercourse Some do not change hormone levels Some may reduce period cramps and make your period lighter. For some women, periods stop entirely Can be used while breastfeeding Can be used for an extended period of time (5 years and up) The ability to become pregnant returns quickly once IUD is removed 	 Large initial cost Some IUDs can can cause hormonal side effects similar to those caused by oral contraceptives, such as breast tenderness, mood swings, and headaches 	Prescription (Must be inserted and removed by a clincian)
Depo-Provera*	99.7%	X	 Convenient. One injection prevents pregnancy for 11-13 weeks Birth control effects begin as soon as first injection Reversible. Most women can get pregnant within 12-18 months of last injection. Can be used while breastfeeding 	 May cause adverse effects, including: irregular bleeding; amenorrhea; weight gain; headache; nervousness; stomach pain; dizziness; weakness; depression; decreased libido. Many women who experience side effects during the first few months of use report that these decrease over time Ovulation may not recur for a year after injection May cause significant bone mineral density loss 	Prescription

^{*}Depo-Provera can be used in patients with sickle cell disease.



BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Sterilization▲	99.5%	X	Highly effectiveLong lasting contraceptive solution	 Usually permanent Reversal procedures are expensive and complicated 	Surgical procedure
Oral contraceptives• ("The Pill")	92-97%	X	 Very effective against pregnancy if used correctly Makes menstrual periods more regular and lighter Decreases menstrual cramps and acne Does not interfere with spontaneity 	 Must be taken every day at the same time Can't be used by women with certain medical problems or with certain medications Can occasionally cause side effects such as nausea, increased appetite, headaches, and, very rarely, blood clots 	Prescription
Contraceptive patch	92%	X	Easy to useSmallStays on well (but must be replaced weekly)	Possible skin reactions	Prescription
Vaginal ring	92%	X	 Easy to use Can be worn for three weeks (Must be taken out and replaced monthly) Effects fertility one month at a time Does not interfere with spontaneity 	 Increased risk of heart attack and stroke Possibility of expulsion from the body 	Prescription
Emergency contraception* ("Morning after pill" or Plan B)	89%	X	 Reduces the risk of pregnancy by 89 percent when started within 72 hours after unprotected intercourse Available over the counter to women 15 and older 	 Must be taken as soon as possible after unprotected intercourse Possible side effects, including nausea, vomiting, and iregular bleeding 	Over the counter

[▲] Female sterilization involves tying off or removing portion or all of the passageway for the eggs. Male sterilization tying off or removing portion of the passageway for the sperm (vasectomy).



[•] While birth control works after 7-10 days with the pill, it may take the body up to 3 months to get used to the pill and for side effects to subside.

^{*} Plan B should be taken within 120 hours (5 days) of unprotected sex, but the sooner it is taken the more effective it is. It should not be used as a primary method of birth control.

BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Diaphragm with spermicide	88%	X	 Can be carried in pocket or purse Can be used while breastfeeding Can't be felt by you or your partner Has no effect on natural hormones Immediately effective Can be inserted hours ahead of time (Should be left in place at least 8 hrs after intercourse to allow spermicide to work fully) 	 Requires fitting and periodic refitting Requires insertion of additional spermicide before each sex act or after 2 hours have passed 	Prescription
Male condom [●]	84%	1	 Widely available over the counter Easy to carry Actively involves the male partner in contraception Helps prevent STIs 	 Decreases spontaneity May break during use, especially if it is used improperly 	Over the counter
Cervical cap with spermicide	60-80%	X	 Smaller version of the diaphragm Can be placed up to 6 hrs before sex Few side effects Reusable and relatively inexpensive Requires less spermicide than a diaphragm Rarely hinders the sexual experience 	 Requires consistent use May need to be resized While it should be left in place at least 8 hrs after intercourse, may cause toxic shock syndrome if left in for more than 24 hrs May be difficult to insert or remove May produce an allergic reaction 	Prescription
Sponge	60-80%	X	 Immediate and continuous protection for 24 hours 	 May be difficult for some women to insert or remove May cause vaginal irritation. May make sex too messy or too dry (water-based lubricants can help with dryness) 	Over the counter

[•] Male condoms are available in latex, polyurethane, polyisoprene, and lamb skin. Lamb skin condoms do not protect against STIs. If using latex condoms, use only water-based lubricants, not oil-based ones.



BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Female condom≜	79%	*	 Female-controlled More comfortable to men, less decrease in sensation than with the male condom Offers protection against STIs (covers both internal and external genitalia) Can be inserted before sex Stronger than latex 	 Not aesthetically pleasing Can slip into the vagina or anus during sex Difficulties in insertion/removal Not easy to find in drugstores or other common sources of condoms Higher cost than male condoms 	Over the counter, where available (available online)
Withdrawal ("Pulling Out")	78%	X	FreeCan be used in combination with other birth control method	 May not withdraw in time Pre-ejaculate can still contain viable sperm Very ineffective in pregnancy prevention 	
Fertility Awareness Rhythm (Calendar) Method, Basal Body Temperature (BBT), Cervical Mucus (Ovulation) Method	76%	X	 Requires no drugs or devices, but does require abstaining from sex during the entire first cycle to chart mucus characteristics Inexpensive May be acceptable to members of religious groups 	 Calendar: Requires good record keeping before and during use of method Mucus: Restricts sexual spontaneity during fertile period Requires extended periods of abstinence Unpredictability of cycle 	
Vaginal Spermicide* (used alone)	74%	X	Easy to insert (foam, cream, suppository, or jelly)Enhances vaginal lubrication	 Must be inserted before each act of intercourse May leak from vagina 	Over the counter

 $[\]mbox{\Large \blacktriangle}$ Do not use the female condom together with a male condom.

NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use.



[•] Calendar method: Determine high-risk days or ovulation through keeping a calendar. Mucus method: Must keep daily chart of color and consistency of vaginal secretions. BBT: Body temp in the morning tends to drop slightly immediately before ovulation.

^{*} Follow package instructions for insertion time, which may vary.