Contraception - Your Choice Contact Family Planning for detailed information on any of these methods



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Method	What is it? How does it work?	Chance of getting pregnant	Health concerns	Advantages	Disadvantages
LONG ACTING REVERSIBLE CONTRACEPTION					
IMPLANT	 progestogen is released from 1 or 2 rods implanted under the skin of the arm by thickening mucus in cervix and may stop ovaries from releasing an egg each month 	• less than 1%	• no serious risk	 lasts 3 - 5 years - fit and forget useful for women who can't take combined pill useful for those who forget pills or injection appointments 	irregular bleeding which often gets better with time and can be controlled with medication
INTRA UTERINE DEVICE - IUD	 put inside the womb Copper IUD or progestogen- releasing IUD (Mirena or Jaydess) stops sperm reaching an egg 	• less than 1%	very small chance of pelvic infection when IUD put in	 can stay in place for 3 years or more - fit and forget doesn't interfere with sexual intercourse Mirena – lighter periods or no period at all, suitable for women with heavy periods 	 needs to be inserted by an experienced doctor or nurse Copper IUDs may cause heavier periods or cramping Hormone releasing IUDs may cause irregular bleeding in the first few months
HORMONAL CONTRACEPTION					
DEPO PROVERA	 an injection of progestogen stops ovaries from releasing an egg each month 	typically 3% but less than 1% if next injection given on time	no serious concerns	 one injection lasts 12 weeks doesn't interfere with sexual intercourse usually no periods useful for women who can't take combined pill 	 irregular bleeding, no periods or occasional heavy bleeding periods and fertility take an average of 6 months to return after stopping the injection may have change in weight
COMBINED PILL	 pill made of two hormones, oestrogen and progestogen stops ovaries from releasing an egg each month 	typically 8% but less than 1% if used perfectly	 very small chance of blood clots, heart attacks and strokes. More likely in women over 35 who smoke, are overweight or have a family history of the above conditions very slight increased risk of cervical cancer 	simple and easy to take doesn't interfere with sexual intercourse periods usually regular, shorter, lighter and less painful less chance of cancer of lining of the womb or ovaries can be taken up to menopause if a healthy non smoker	should not be used by women over 35 who smoke must remember to take it daily may have irregular bleeding
PROGESTOGEN ONLY PILL	 pill made of one hormone – progestogen by thickening mucus in cervix and may stop ovaries from releasing an egg each month 	typically 8% but less than 1% if used perfectly	• no serious risk	doesn't interfere with sexual intercourse can be used at any age can be used by breast-feeding women useful for women who can't take combined pill	may have irregular bleeding
BARRIERS					
MALE CONDOM	 a thin rubber barrier fits over erect penis and catches sperm when the man ejaculates best used with lubricant (water based) 	 typically 15% but 2% if used perfectly every time DO NOT USE oil-based lubricant or some anti thrush creams 	none known	 easy to use, easy to carry used only when needed helps protect against STIs available from Family Planning clinics and other health care providers can buy from pubs, clubs, pharmacies and many shops cheaper on prescription 	some people are allergic to rubber must be put on when penis is erect and before sexual intercourse some people say it reduces sexual feeling can slip off or break
FEMALE	 a thin polyurethane barrier goes into the vagina and prevents sperm entering the woman's body 	typically 21% but 5% if used perfectly	none known	 helps protect against STIs women can use it easy to use 	 relatively expensive can get them from the internet need to insert every time
FERTILITY AWARENESS					
EMERGENCY CONTRACE	woman checks body temperature, cervical mucus and periods. These body signs show when you are more likely to get pregnant PTION	typically 25% but can be 3% if used perfectly	• none	after learning method, no further costs or visits to health professionals required helps you understand how your body works	 expert instruction needed to learn method no sexual intercourse during fertile time must chart temperature and cervical mucus daily body signs can be difficult to recognise and may vary
	Emergency Contraceptive	ECP – 2% for women of	ECP – none known	reduces chance of pregnancy	ECP should be taken within
	Pills (ECP) or copper IUD used after unprotected sexual intercourse delays ovulation or stops sperm reaching an egg	average weight, may be higher if overweight • IUD – less than 1%	IUD – risk of pelvic infection if STI present	after unprotected sexual intercourse ECP – can be used up to 72 hours after unprotected sexual intercourse can have ECP at home for future use can be used if other method fails, eg. broken condom or missed pill can buy from pharmacies	72 hours of unprotected sexual intercourse • Double dose needed for overweight women and failure rate may be higher • IUD needs to be fitted by an experienced doctor or nurse and can be uncomfortable
PERMANENT CONTRACEPTION					
VASECTOMY & TUBAL LIGATION	permanent contraception an operation vasectomy – male tubes cut to stop the sperm getting to the penis tubal ligation – clips put on female tubes to stop the egg getting to the uterus	• less than 1%	 vasectomy – rare possibility of long term scrotal pain tubal ligation – very slight risk from reaction to anaesthetic or damage to internal organs 	once onlypermanent	 not easily reversible requires an operation may have short term side effects, eg. pain, bruising