



Combined Pill

What is it? The combined birth control is a pill that contains estrogen and progesterone. It works by preventing ovulation, thickening cervical mucus to prevent sperm from entering the uterus and thinning the lining of the uterus

How effective is it? About 91% effective based on typical use.

Other benefits? More regular, lighter and less painful periods. Decreased ovarian cysts. Lowers risk of uterine, ovarian and colon cancer.

Possible risks? Risk of blood clots in women with cardiovascular risk factors. May increase blood pressure. Can cause headaches, nausea, breast tenderness. You may also experience breakthrough bleeding, especially the first 3 after starting the pills or if you are on a low-dose estrogen containing pill.

NuvaRing

What is it? A flexible plastic ring that contains estrogen and progesterone. The ring is folded and inserted in the vagina and releases hormones into the bloodstream. It is left in place for 21 days and then taken out for 7 days. It works by preventing ovulation, thickening cervical mucus to prevent sperm from entering the uterus and thinning the lining of the uterus.

How effective is it? About 91% effective based on typical use.

Other benefits? More regular, lighter and less painful periods. Decreased ovarian cysts. Lowers risk of uterine, ovarian and colon cancer.

Possible risks? Risk of blood clots in women with cardiovascular risk factors. May increase blood pressure. Can cause headaches, nausea, breast tenderness, vaginal discharge/irritation. You may also experience breakthrough bleeding, especially the first 3 months after starting the ring.

Birth Control Patch

What is it? An adhesive patch that contains estrogen and progesterone. It is applied to the abdomen, buttocks, back or upper outer arm and worn for a week. You will wear the patch for 3 weeks in a row and then do a week without the patch which is

when you will typically have a period. It works by preventing ovulation, thickening cervical mucus to prevent sperm from entering the uterus and thinning the lining of the uterus.

How effective is it? About 91% effective based on typical use.

Other benefits? More regular, lighter and less painful periods. Decreased ovarian cysts. Lowers risk of uterine, ovarian and colon cancer.

Possible risks? Risk of blood clots in women with cardiovascular risk factors. May increase blood pressure. Can cause headaches, nausea, breast tenderness, skin irritation. You may also experience breakthrough bleeding, especially the first 3 months after starting the patch.

Mirena IUD

What is it? A T-shaped device that is inserted into the uterus and secretes progesterone into the uterus. It thickens cervical mucus and prevents sperm from entering the uterus. It also will thin the lining of the uterus. The Mirena lasts for 5 years but can be removed at any time without affecting fertility. The device stays in the uterus, but strings protrude through the cervix. You and your partner should not feel them. When it is time to have the IUD removed, your provider will gently grasp the strings and pull out the IUD.

How effective is it? It is 99% effective once it is placed.

Other benefits? It should not affect daily activities. You can use tampons and have intercourse but it will not protect from sexually transmitted infections (STIs.) It should make your periods lighter and improve cramping. It decreases the risk of uterine and to a smaller extent, cervical cancer.

Possible risks? You may have cramping and light bleeding during insertion (For up to 6 months.) The light bleeding can last 3-6 months but is typically lighter than a normal period but may even occur every day. In 1/1,000 cases, the IUD can go through the wall of the uterus and need to be removed, possibly surgically. Also it can fall out, but typically a new one can be replaced. Rarely, you can get an infection inside the uterus or fallopian tubes, especially if you are at higher risk for STIs. Also if you are to get pregnant, there is a higher chance of an ectopic pregnancy (pregnancy inside the fallopian tube) which needs medical attention right away.

Nexplanon

What is it? A flexible plastic rod about the size of a matchstick that releases progesterone into the body. It works by thickening cervical mucus (making it harder for sperm to enter the uterus,) thinning the lining of the uterus and sometimes stopping ovulation (more frequent at the beginning of use.) It works for 3 years.

How effective is it? It is the most effective form of contraception with over 99% pregnancy prevention rate.

Other benefits? It is easy to use- once it is implanted, you don't need to do anything to prevent pregnancy. Decreased pain during periods and lighter periods.

Possible risks? Irregular bleeding- Periods can become very unpredictable and may last longer. Also you may get headaches, breast tenderness, weight gain and acne. If the implant is placed too deeply or you gain weight, it may be difficult to remove.

Progestin-only Pill (Mini Pill)

What is it? A hormone that is taken daily. It works by thickening cervical mucus (making it harder for sperm to enter the uterus,) thinning the lining of the uterus and sometimes stopping ovulation in about 60% of users. It must be taken at the same time of day. If it is missed by more than 3 hours, you do need to use back-up (condoms) for 2 days.

How effective is it? It is about 91% effective, mostly due to forgotten or late pills.

Other benefits? Shorter cycles and less cramping during periods. Safe to use with certain medical conditions (ie: hypertension, blood clotting disorders)

Possible risks? Irregular bleeding or longer periods, headaches, breast tenderness.

Permanent Surgical Options

What is it? Surgical procedures called “tubal ligations” or “vasectomies.” For tubal ligations, an operation is scheduled at the hospital. A camera is inserted into the abdomen and small incisions are made for instruments. These are used to cut, burn or remove either a portion or the complete fallopian tube. Most patients go home the same day.

A vasectomy is typically done in an office or outpatient surgical suite by a Urologist. Small incisions are made and a portion of the tubes that carry semen in men are removed. This is an outpatient procedure so there is no hospital time.

How effective is it? About 99%. For vasectomies, a semen analysis is performed several months after the procedure to confirm that no semen are present.

Other benefits? For women undergoing removal of their fallopian tubes, there is a small decrease in ovarian cancer risk.

Possible risks? Some women who were taking birth control previously report that their periods become heavier once stopping. The increase in menses is not due to the surgery but rather due to lack of hormonal contraception. There is a small risk of an ectopic pregnancy (fallopian tube pregnancy) if pregnancy does occur.

Depo-Provera Injection

What is it? An injection of progesterone given every 3 months. It works by stopping ovulation, thickens and decreases cervical mucus (making it harder for sperm to enter the uterus) and thins the lining of the uterus.

How effective is it? About 94%.

Other benefits? Decreased bleeding during periods with some patients having no periods at all, decreased risk of pelvic inflammatory disease, improvement in endometriosis-related pain.

Possible risks? Irregular bleeding, weight gain (average <5 lbs.) It may take up to 6 months before ovulation returns. Decrease in bone density. This reverses to normal once the injection is stopped and earlier screening for osteoporosis is not warranted.

Barrier Methods

In general these are considered less effective forms of contraception with rates ranging from 82-72%.

Spermicide- A chemical that inactivates sperm. It can be used with other contraceptives (except sponge.) It is inserted into the vagina close to the cervix. It takes 10-15 min to become effective and lasts only 1 hour after insertion. You must reinsert spermicide each time intercourse is performed and cannot clean inside the vagina for 6 hours after use.

Male condom- Sheath of membrane worn around the erect penis during intercourse. They do provide protection against sexually transmitted infections. Must be removed immediately after intercourse. Latex condoms should be used with water or silicone lubrication.

Female condom- Thin plastic pouch that lines the vagina held in place by an inner ring at the cervix. It does provide some protection against sexually transmitted infections. Should not be used together with male condom.

Sponge- A soft, round foam device that contains spermicide which is inserted into the vagina and stops sperm from entering the cervix. It can be worn for 24 hours but does not protect against sexually transmitted infections and can actually increase the risk of HIV transmission. It should not be worn during your period or left in longer than 24 hours.

Diaphragm- Small dome shaped device that sits inside vagina and covers cervix. It must stay in for 6-24 hours after sexual activity and spermicide must be used with it. Usually your doctor will fit you for a diaphragm. It does not prevent against sexually transmitted infections and can increase the risk of HIV transmission. It should not be left in longer than 24 hours.

Cervical cap- A plastic cup that is fitted to your cervix by a healthcare provider. Spermicide must be used with it and it must be left in place for 6-48 hours after use. This can be placed up to 40 hours before sex but should not be used during your period. Also it must be removed by 48 hours of use. It does not protect against sexually transmitted infections and may increase the risk of HIV.