

Barrier Contraceptive Methods



This decision aid is to help you and your healthcare provider talk about methods of contraception and choose what's right for you. Most people can safely use these methods. Your healthcare provider can tell you whether these methods are safe for you.

	MALE CONDOM	FEMALE CONDOM	DIAPHRAGM
How is it used?	A thin latex or non-latex sheath is put on the erect penis before sex ¹	You put a thin nitrile (non-latex) sheath in your vagina before sex ¹	You put a silicone device in your vagina before sex to cover the cervix ¹
How often?	Every time you have sex ¹	Every time you have sex ¹	Every time you have sex (stays in for 6 hours after sex) ^{1,2}
How does it work?	Prevents sperm from entering the uterus ¹	Prevents sperm from entering the uterus ¹	Prevents sperm from entering the uterus ^{1,2}
When does it start working?	Immediately ¹	Immediately ¹	Immediately ¹
How many people become pregnant in the first year?			
Not always following the instructions:	18 in 100 people ³ ● ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	21 in 100 people ³ ● ● ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	18 in 100 people ⁴ ● ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always following the instructions:	2 in 100 people ³ ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	5 in 100 people ³ ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	14 in 100 people ⁴ ● ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
What are some of the side effects?			
Allergic reaction?	Unlikely ¹ (people who are allergic to latex might have allergic reactions)	Very unlikely ¹ (allergy to nitrile is rare)	Very unlikely ¹ (allergy to silicone is rare)
Vaginal symptoms (e.g., odour, irritation, infection, vaginitis)?	Unlikely ¹	Unlikely ¹	Possible ⁴
Toxic shock syndrome?	No reports of association ¹	No reports of association ¹	Extremely unlikely ¹
Does it protect against sexually transmitted infections (STIs)?	Provides protection ⁵	Provides protection ⁵	No ⁵

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Supporting Document

- Decision aids:** The following decision aids are part of this collection:
1. Types of contraceptive methods
 2. Long-acting reversible contraceptive methods
 3. Shorter-acting reversible contraceptive methods
 4. Barrier contraceptive methods
 5. Fertility awareness and traditional contraceptive methods
 6. Permanent contraceptive methods
 7. Emergency contraceptive methods
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- The authors do not stand to gain or lose anything by the contraceptive choices people make after using this decision aid
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- Acknowledgement:** This decision aid is adapted from the 'Right For Me' decision aid tool.
Thompson R, Donnelly K, Foster T, Stern L, Trevena L, Elwyn G, et al. Right For Me decision aids [English language] [Internet]. Hanover, NH: Dartmouth College; 2016. Available from: <https://www.rightforme.org/decision.html>
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Notes:

- This decision aid includes a statement about the general safety of the contraceptive methods described. The *UK Medical Eligibility Criteria for Contraceptive Use*⁶ and published updates provide guidance on who can safely use each contraceptive method and may be used to facilitate the provision of individualized information on method safety.
- For the Male Condom, natural membrane condoms (lamb skin) are not included in the description so as not to imply that they provide the same protection against sexually transmitted infections as latex and polyurethane condoms.
- For diaphragm, the 12-month typical-use and perfect-use effectiveness data are for single-size diaphragm Caya™.
- To enhance comprehension, 12-month typical-use and perfect-use effectiveness data are displayed both using raw numbers ("X in 100 people") and using a visual aid based on the following:
 - Less than 1%: ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
 - 1% to 9%: ● ○ ○ ○ ○ ○ ○ ○ ○ ○
 - 10% to 19%: ● ● ○ ○ ○ ○ ○ ○ ○ ○
 - 20% to 29%: ● ● ● ○ ○ ○ ○ ○ ○ ○

Information sources:

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4. Schwartz JL, Weiner DH, Lai JJ, Frezieres RG, Creinin MD, Archer DF, et al. Contraceptive efficacy, safety, fit, and acceptability of a single-size diaphragm developed with end-user input. *Obstet Gynecol*. 2015 Apr;125(4):895-903.
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