

# Types of 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.

	LONG-ACTING	SHORTER-ACTING	BARRIER	FERTILITY AWARENESS AND TRADITIONAL*	PERMANENT	EMERGENCY
<b>What are they?</b>	Contraceptive methods that are inserted by a healthcare provider and last between 3 and 10 years	Contraceptive methods that are used every day, every 4 weeks, or every 12 weeks	Contraceptive methods that are used every time you have sex	Contraceptive methods that do not involve any hormones or devices but require cooperation from sexual partner or daily monitoring and avoidance of sex on certain days during menstrual cycle	Contraceptive methods that involve a procedure to close off the tubes that carry eggs or sperm	Contraceptive methods that are used after unprotected sex
<b>What are the options?</b>	<ul style="list-style-type: none"> <li>• Implant</li> <li>• Hormonal IUD</li> <li>• Copper IUD</li> </ul>	<ul style="list-style-type: none"> <li>• Progestogen only pill</li> <li>• Combined Pill</li> <li>• Vaginal Ring</li> <li>• Injection</li> </ul>	<ul style="list-style-type: none"> <li>• Male Condom</li> <li>• Female Condom</li> <li>• Diaphragm</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal Method</li> </ul> <p><i>Fertility Awareness Methods e.g.:</i></p> <ul style="list-style-type: none"> <li>• Symptothermal Method</li> <li>• Billings/Ovulation Method</li> <li>• Standard Days Method</li> </ul>	<p><i>Female Sterilisation:</i></p> <ul style="list-style-type: none"> <li>• By Laparoscopy</li> <li>• By Mini-laparotomy</li> </ul> <p><i>Male Sterilisation:</i></p> <ul style="list-style-type: none"> <li>• Vasectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Copper IUD</li> <li>• Ulipristal acetate pill</li> <li>• Levonorgestrel emergency contraceptive pill</li> </ul>
<b>Who might choose them?</b>	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> <li>• Almost no chance of pregnancy (fewer than 1 in 100 people become pregnant in the first year)</li> <li>• A method they can almost forget about</li> <li>• A procedure to start and stop using the method</li> </ul>	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> <li>• Some chance of pregnancy (between 1 and 9 in 100 people become pregnant in the first year)</li> <li>• A method they need to remember</li> <li>• A hormonal method</li> <li>• A method they can stop without a health care visit</li> </ul>	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> <li>• A higher chance of pregnancy (between 2 and 21 in 100 people become pregnant in the first year)</li> <li>• A method they need to remember</li> <li>• A non-hormonal method</li> <li>• Protection against sexually transmitted infections (STIs) from condoms (no other methods offer this)</li> </ul>	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> <li>• A higher chance of pregnancy (between 1 and 24 in 100 people become pregnant in the first year)</li> <li>• A method they need to remember and commit</li> <li>• A non-hormonal method</li> <li>• A method that does not involve contraceptive devices</li> </ul>	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> <li>• Almost no chance of pregnancy (fewer than 1 in 100 people become pregnant in the first year)</li> <li>• A method they can forget about</li> <li>• A surgical procedure</li> <li>• Never becoming pregnant in the future</li> </ul>	<p>People who:</p> <ul style="list-style-type: none"> <li>• Have had unprotected sex and don't want to become pregnant</li> </ul>

\*The Lactational Amenorrhea Method is another traditional contraceptive method that may be used by some people who are breastfeeding. Your healthcare provider can tell you about this method

## Long-Acting Reversible 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.



	IMPLANT	HORMONAL IUD (52MG LEVONORGESTREL IUD)	COPPER IUD
<b>How is it used?</b>	A healthcare provider puts a flexible device the size of a matchstick under the skin of your arm	A healthcare provider puts a small, T-shaped, plastic device with small amount of hormone in your uterus	A healthcare provider puts a small, T-shaped plastic and copper device in your uterus
<b>How often?</b>	Every 3 years	Every 5 years	Every 5 or 10 years depending on the type
<b>How does it work?</b>	Releases a progestogen hormone to <ul style="list-style-type: none"> <li>• stop ovaries from releasing an egg</li> <li>• stop sperm from entering the uterus by thickening the mucus at the cervix</li> </ul>	Releases a progestogen hormone to <ul style="list-style-type: none"> <li>• stop sperm from entering the uterus by thickening the mucus at the cervix</li> <li>• prevent sperm meeting an egg by stopping its movement</li> <li>• stop a fertilized egg from implanting by thinning the lining of the uterus</li> </ul>	Releases copper to <ul style="list-style-type: none"> <li>• prevent sperm meeting an egg by stopping its movement</li> <li>• stop a fertilized egg from implanting by thinning the lining of the uterus</li> </ul>
<b>When does it start working?</b>	Immediately or after 7 days (depends on when you get the implant)	Immediately or after 7 days (depends on when you get the IUD)	Immediately
<b>How long does it take to return to previous level of fertility after taking it out?</b>	Returns immediately after removal	Returns immediately after removal	Returns immediately after removal
<b>How many people become pregnant in the first year?</b>	Fewer than 1 in 100 people ○○○○○○○○○○○○	Fewer than 1 in 100 people ○○○○○○○○○○○○	Fewer than 1 in 100 people ○○○○○○○○○○○○
<b>What are some of the side effects?</b>			
A change in bleeding or period?	<ul style="list-style-type: none"> <li>• Unscheduled bleeding is likely in the first 3 months, may or may not improve overtime</li> <li>• Around 20 in 100 women have no bleeding at 12 months of use</li> <li>• Around 35 in 100 women have infrequent bleeding, 7 have frequent bleeding, 18 have prolonged bleeding at 12 months of use</li> </ul>	<ul style="list-style-type: none"> <li>• Unscheduled bleeding is likely in the first 3 to 6 months, usually improves over time</li> <li>• Around 20 in 100 women have no bleeding at 12 months of use</li> <li>• Can be used to treat heavy and painful periods</li> </ul>	<ul style="list-style-type: none"> <li>• Unscheduled bleeding is likely in the first 3 months, usually improves over time</li> <li>• Not associated with absent periods</li> <li>• Around 50 in 100 women have heavier periods than before</li> <li>• Around 30 in 100 women have more painful periods than before</li> </ul>
Mood change?	Possible but no clear evidence of a causal link	Possible but no clear evidence of a causal link	No
Weight gain?	Unlikely	Unlikely	No
Device comes out?	No	Very unlikely (around 5 in 100 people in the first year, mostly in the first 3 months )	Very unlikely (around 5 in 100 people in the first year, mostly in the first 3 months )
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No	No	No

## Shorter-Acting Reversible 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.



	PROGESTOGEN ONLY PILL	COMBINED PILL	VAGINAL RING	INJECTION
<b>How is it used?</b>	You swallow a small pill	You swallow a small pill	You put a flexible, plastic ring in your vagina	A healthcare provider gives you a shot in your arm or buttock
<b>How often?</b>	Every day at the same time	Every day at the same time	Every 4 weeks	Every 12 weeks
<b>How does it work?</b>	Releases a progestogen hormone to <ul style="list-style-type: none"> <li>stop sperm from entering the uterus by thickening the mucus at the cervix</li> <li>sometimes stop ovaries from releasing an egg</li> </ul>	Releases progestogen and oestrogen hormones to <ul style="list-style-type: none"> <li>stop ovaries from releasing an egg</li> <li>stop sperm from entering the uterus by thickening the mucus at the cervix</li> </ul>		Releases a progestogen hormone to <ul style="list-style-type: none"> <li>stop ovaries from releasing an egg</li> <li>stop sperm from entering the uterus by thickening the mucus at the cervix</li> </ul>
<b>When does it start working?</b>	Immediately or after 3 pills have been taken (depends on when you start taking the pill)	Immediately or after 7 days (depends on when you start taking the pill)	Immediately or after 7 days (depends on when you start using the ring)	Immediately or after 7 days (depends on when you get the first shot)
<b>How long does it take to return to previous level of fertility after stopping?</b>	Returns immediately after stopping	Returns immediately after stopping	Returns immediately after removing	May take up to 18 months
<b>How many people become pregnant in the first year?</b>				
Not always following the instructions:	9 in 100 people ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	9 in 100 people ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	9 in 100 people ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	6 in 100 people ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always following the instructions:	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
<b>What are some of the side effects?</b>				
A change in bleeding?	<ul style="list-style-type: none"> <li>Unscheduled bleeding is likely, may or may not improve over time</li> <li>At 12 months of use, in 100 women               <ul style="list-style-type: none"> <li>20 have no bleeding</li> <li>30 have infrequent bleeding</li> <li>40 have regular bleeding</li> <li>10 have frequent bleeding</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Unscheduled bleeding is likely in first three months, usually improves over time</li> <li>Can be used to manage heavy and painful periods</li> </ul>		<ul style="list-style-type: none"> <li>Unscheduled bleeding is likely in the first month of injection, usually improves over time</li> <li>Around 50 in 100 women have no bleeding by 12 months of use</li> </ul>
Other side effects?	May cause acne	May improve acne		Bone loss is possible, usually recovers after stopping
Mood change?	Possible but no clear evidence of a causal link	Possible but no clear evidence of causal link		Possible (little evidence of causal link)
Weight gain?	Unlikely	Unlikely		Possible
Chance of developing blood clot?	No (no evidence of increased chance)	Around 9-10 in 10000 women in a year (4-5 in non-users).		No (no evidence of increased chance)
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No	No	No	No

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

## Fertility Awareness and Traditional 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.

	WITHDRAWAL METHOD	SYMPTOTHERMAL METHOD	BILLINGS/OVULATION METHOD®	STANDARD DAYS METHOD®
<b>How is it used?</b>	During sex, the penis is removed from your vagina and away from your genitals before ejaculation	You monitor your cervical secretions and your body temperature. You use a set of rules to know what days to avoid sex.	You monitor your cervical secretions. You use a set of rules to know what days to avoid sex.	You monitor the days of your menstrual cycle. You avoid sex on days 8 through 19 of your cycle.
<b>How often?</b>	Every time you have sex	Every day	Every day.	Every day
<b>How does it work?</b>	Prevents sperm from entering vagina	Prevents sperm from entering vagina by avoiding sex during fertile days.	Prevents sperm from entering vagina by avoiding sex during fertile days.	Prevents sperm from entering vagina by avoiding sex during fertile days.
<b>When does it start working?</b>	Immediately	You can start monitoring your cervical secretions and your body temperature anytime. It may take time before it is a 'safe day' to have sex.	You can start monitoring your cervical secretions anytime. It may take time before it is a 'safe day' to have sex.	You can start monitoring the days of your menstrual cycle anytime. It may take time before it is a 'safe day' to have sex.
<b>How many people become pregnant in the first year?</b>	Between 4% to 22% chance of getting pregnant	Between less than 1% to 24% chance of getting pregnant; symptothermal methods are more effective than calendar based methods.		
<b>Are there side effects?</b>	No	No		
<b>Are there limitations?</b>	Requires cooperation from male sexual partner; may fail due to sperms being present in pre-ejaculatory fluid	Require understanding of fertility cycles (advice from an expert educator is recommended); needs cooperation of both partners; require daily monitoring and recording of physical changes (symptoms-based methods); might require long periods of abstinence; may not be suitable for women with irregular menstrual cycles; may not be reliable during life events such as illness or stress.		
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No	No		

*Note:* The Lactational Amenorrhea Method is another contraceptive method that may be used by some people who are breastfeeding. Your healthcare provider can tell you about this method.

## Permanent 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.



	FEMALE STERILISATION:		MALE STERILISATION:
	BY LAPAROSCOPY	BY MINILAPAROTOMY	VASECTOMY
<b>How is it used?</b>	A healthcare provider uses instruments inserted through one or two small incisions in your abdomen and closes your fallopian tubes	A healthcare provider makes an incision in your abdomen and closes your fallopian tubes	A healthcare provider makes one or two incisions or a small puncture in the skin of the scrotum and closes the vas deferens tubes that carry sperm
<b>What type of anaesthetic required?</b>	General anaesthetic	General anaesthetic	Usually local anaesthetic
<b>How often?</b>	Once	Once	Once
<b>How does it work?</b>	Prevents sperm from reaching an egg	Prevents sperm from reaching an egg	Prevents sperm from being released during ejaculation
<b>When does it start working?</b>	Immediately	Immediately	Approximately 3 months, when a test shows that there are no longer sperm in the semen
<b>Can it be reversed?</b>	No	No	Can be difficult to reverse and partner pregnancy after reversal is not guaranteed
<b>How many people become pregnant in the first year?</b>			
Not always following the instructions:	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always following the instructions:	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
<b>What are some of the side effects?</b>	<ul style="list-style-type: none"> <li>For a few days following the procedure, abdominal cramps and pain are possible due to incision in the abdomen.</li> <li>Following the procedure, dizziness, nausea or vomiting are possible due to general anaesthesia.</li> <li>Around 2-3 in 1000 women may have minor complications, such as urinary tract infection, uterine injuries or bleeding inside the abdominal wall.</li> <li>Around 1 in 1000 women may have major complications, such as blood loss, bowel or stomach injuries.</li> </ul>	<ul style="list-style-type: none"> <li>Following the procedure, abdominal cramps and pain are possible due to incision in the abdomen</li> <li>Following the procedure, dizziness, nausea or vomiting are possible due to general anaesthesia.</li> <li>Around 8 in 1000 women may have minor complications, such as urinary tract infection, incision reopening, or bleeding inside the abdominal wall.</li> <li>Around 4 in 1000 women may have major complications, such as blood loss, stomach injuries or febrile morbidity.</li> </ul>	<ul style="list-style-type: none"> <li>Following the procedure, mild pain and swelling around the incision site are possible</li> <li>Around 1-20 in 1000 men may have bleeding inside the scrotum</li> <li>Around 2-9 in 1000 men may have infection at the incision site</li> <li>Around 10-20 in 1000 men may have post-vasectomy pain syndrome that impact quality of life.</li> </ul>
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No	No	No

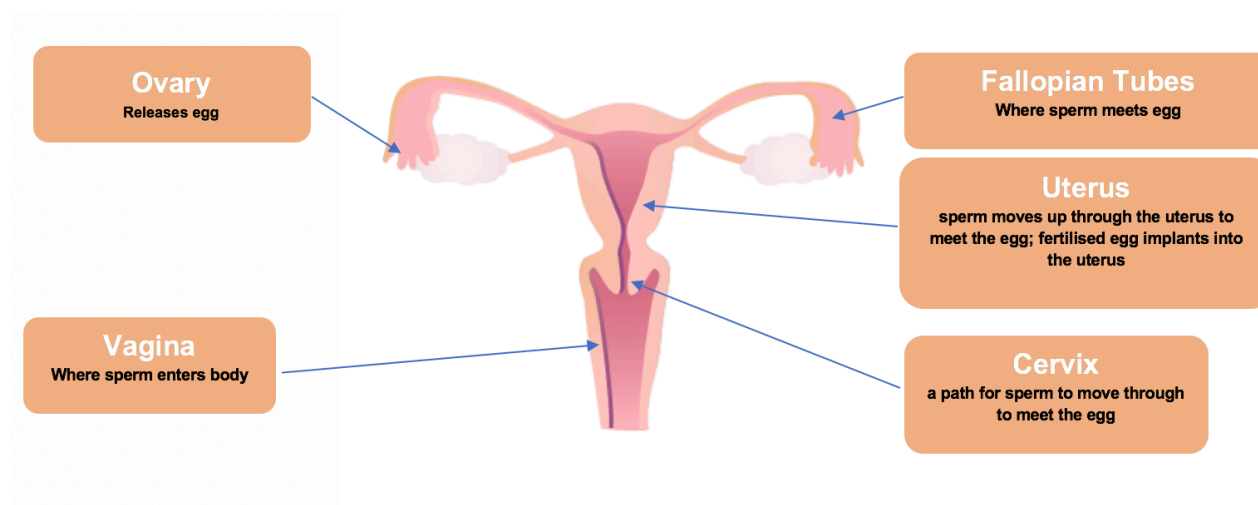
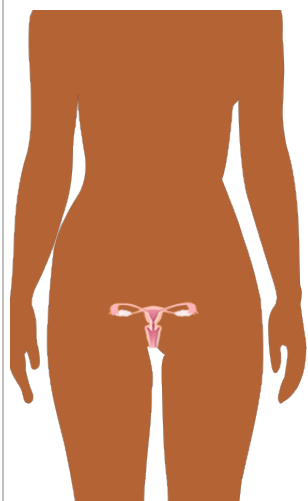
## Emergency Contraceptive Methods

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.



	LEVONORGESTREL EMERGENCY CONTRACEPTIVE PILL	ULIPRISTAL ACETATE PILL	COPPER IUD
<b>How is it used?</b>	You swallow one pill	You swallow one pill	A healthcare provider puts a small, T-shaped plastic and copper device in your uterus. You can then use this as regular contraception for up to 5 or 10 years (depends on the type).
<b>When?</b>	As soon as possible within 4 days after unprotected sex	As soon as possible within 5 days after unprotected sex	Within 5 days after unprotected sex
<b>How does it work?</b>	Stops or delays release of an egg from the ovaries	Stops or delays release of an egg from the ovaries	Releases copper to <ul style="list-style-type: none"> <li>• prevent sperm meeting an egg by stopping its movement</li> <li>• stop a fertilized egg from implanting by thinning the lining of the uterus</li> </ul>
<b>How effective is it at preventing pregnancy?</b>	Slightly less effective than the Ulipristal Acetate Pill; effective up to 4 days after unprotected sex	Slightly more effective than the levonorgestrel emergency contraceptive pill; effective up to 5 days after unprotected sex	Highly effective – the most effective method (more than 99%)
<b>What are some of the side effects?</b>	<ul style="list-style-type: none"> <li>• Temporary headache, nausea, fatigue, abdominal pain and breast tenderness are possible</li> <li>• 5 in 100 women may have their periods more than 7 days later than expected</li> <li>• On average, women have their periods 1.2 days earlier than expected</li> <li>• Around 70 in 100 women have their periods within 7 days of expected time</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary headache, nausea, fatigue, dizziness and abdominal pain are possible</li> <li>• Around 20 in 100 women may have their periods more than 7 days later than expected</li> <li>• Around 4 in 100 women may have their periods 20 or more days later than expected</li> <li>• Around 7 in 100 women may have their periods more than 7 days earlier than expected</li> <li>• Around 75 in 100 women have their periods within 7 days of expected time</li> </ul>	More information on the 'Long-Acting Reversible Contraceptive Methods' decision aid
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No	No	No

## FEMALE REPRODUCTIVE SYSTEM



## If you don't use contraception, you could get pregnant

If you don't use contraception every time you have sex, there's a chance you could get pregnant, even if:

- it's your first time having sex
- you don't have an orgasm
- your partner withdraws his penis from your vagina before he ejaculates
- you have sex when you have your period
- you wash your vagina after you have sex
- you and your partner have sex in a position that's different to normal.

## If you want to have sex but don't want to get pregnant, you will need to use contraception

(Reproduced with permission from Family Planning Victoria, Key facts about contraception, <https://www.fpv.org.au/for-you/contraception/key-facts-about-contraception>)



# 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

**Version:** 1.0

**Publication date:** 28 February 2020

**Next update:** These decision aids were adapted as part of Hankiz Dolan's PhD project and, at the time of publication, there are no plans to update them further.

**Funding:** National Health and Medical Research Council (NHMRC)/Centres of Research Excellence.

**Authors:** Hankiz Dolan, Deborah Bateson, Lyndal Trevena, Mu Li, Chun Wah Michael Tam, Carissa Bonner

The authors do not stand to gain or lose anything by the contraceptive choices people make after using this decision aid.

**Copyright:** © 2020 The University of Sydney

**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>

**Terms of use:** See <https://askshareknow.com.au/terms-of-use/>

All users: Reasonable efforts have been made to ensure that the content provided in these decision aids is up-to-date and accurate. However, none of the authors, their organisations, or the funders of these decision aids accepts any liability or responsibility for the accuracy, currency or completeness of the information contained in the decision aids.

## Notes:

- This decision aid includes a statement about the general safety of the contraceptive methods described. The **UK Medical Eligibility Criteria for Contraceptive Use** 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.
- 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%: ● ● ● ○ ○ ○ ○ ○ ○ ○