

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
What are they?	Contraceptive methods that are inserted by a healthcare provider and last between 3 and 10 years ^{1,2}	Contraceptive methods that are used every day, every 4 weeks, or every 12 weeks ³⁻⁵	Contraceptive methods that are used every time you have sex ⁶	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 ⁷	Contraceptive methods that involve a procedure to close off the tubes that carry eggs or sperm ⁸	Contraceptive methods that are used after unprotected sex ⁹
What are the options?	<ul style="list-style-type: none"> • Implant • Hormonal IUD • Copper IUD 	<ul style="list-style-type: none"> • Progestogen only pill • Combined Pill • Vaginal Ring • Injection 	<ul style="list-style-type: none"> • Male Condom • Female Condom • Diaphragm 	<ul style="list-style-type: none"> • Withdrawal Method <p><i>Fertility Awareness Methods e.g.:</i></p> <ul style="list-style-type: none"> • Symptothermal Method • Billings/Ovulation Method • Standard Days Method 	<p><i>Female Sterilisation:</i></p> <ul style="list-style-type: none"> • By Laparoscopy • By Mini-laparotomy <p><i>Male Sterilisation:</i></p> <ul style="list-style-type: none"> • Vasectomy 	<ul style="list-style-type: none"> • Copper IUD • Ulipristal acetate pill • Levonorgestrel emergency contraceptive pill
Who might choose them?	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> • Almost no chance of pregnancy (fewer than 1 in 100 people become pregnant in the first year)¹⁰ • A method they can almost forget about • A procedure to start and stop using the method 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> • Some chance of pregnancy (between 1 and 9 in 100 people become pregnant in the first year)¹⁰ • A method they need to remember • A hormonal method • A method they can stop without a health care visit 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> • A higher chance of pregnancy (between 2 and 21 in 100 people become pregnant in the first year)¹⁰ • A method they need to remember • A non-hormonal method • Protection against sexually transmitted infections (STIs) from condoms (no other methods offer this)¹¹ 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> • A higher chance of pregnancy (between 1 and 24 in 100 people become pregnant in the first year)¹⁰ • A method they need to remember and commit • A non-hormonal method • A method that does not involve contraceptive devices 	<p>People who want or are comfortable with:</p> <ul style="list-style-type: none"> • Almost no chance of pregnancy (fewer than 1 in 100 people become pregnant in the first year)¹⁰ • A method they can forget about • A surgical procedure • Never becoming pregnant in the future 	<p>People who:</p> <ul style="list-style-type: none"> • Have had unprotected sex and don't want to become pregnant

*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

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Supporting Document

Decision aids:	The following decision aids are part of this collection: <ol style="list-style-type: none">1. Types of contraceptive methods2. Long-acting reversible contraceptive methods3. Shorter-acting reversible contraceptive methods4. Barrier contraceptive methods5. Fertility awareness and traditional contraceptive methods6. Permanent contraceptive methods7. Emergency contraceptive methods
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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:	<ul style="list-style-type: none">• This decision aid includes a statement about the general safety of the contraceptive methods described. The <i>UK Medical Eligibility Criteria for Contraceptive Use</i>¹² 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.
Information sources:	<ol style="list-style-type: none">1. Faculty of Sexual & Reproductive Healthcare. Progestogen-only implants. London: FSRH; 2014 [cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-implants-feb-2014/2. Faculty of Sexual & Reproductive Healthcare. Intrauterine contraception. London: FSRH; 2015 [updated 2019 September; cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/3. Faculty of Sexual & Reproductive Healthcare. Progestogen-only injectable. London: FSRH; 2014 [updated 2019 April; cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/4. Faculty of Sexual & Reproductive Healthcare. Progestogen-only pills. London: FSRH; 2015 [updated 2019 April; cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-pop-mar-2015/5. Faculty of Sexual & Reproductive Healthcare. Combined hormonal contraception. London: FSRH; 2019 [updated 2019 July; cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/6. Faculty of Sexual & Reproductive Healthcare. Barrier methods for contraception and STI prevention. London: FSRH; 2015 [cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/ceuguidancebarriermethodscontraceptionsdi/7. Faculty of Sexual & Reproductive Healthcare. Fertility awareness methods. London: FSRH; 2015 [cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/ceuguidancefertilityawarenessmethods/8. Faculty of Sexual & Reproductive Healthcare. Male and female sterilisation. London: FSRH; 2014 [cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/9. Faculty of Sexual & Reproductive Healthcare. Emergency contraception. London: FSRH; 2017 [updated December 2017; cited 2020 February]. Available from: https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/10. Trussell J. Contraceptive failure in the United States. <i>Contraception</i>. 2011 May;83(5):397-404. doi: 10.1016/j.contraception.2011.01.02111. Workowski KA, Bolan GA. Sexually transmitted diseases treatment guidelines, 2015. <i>MMWR Recomm Rep</i>. 2015 Jun 5;64(Rr-03):1-137.12. Faculty of Sexual & Reproductive Healthcare. UK medical eligibility criteria for contraceptive use (UKMEC). 2016. Available from: https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016/