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The National Women's Health Information Center

A project of the U.S. Department of Health and Human Services, Office on Women's Health



Frequently Asked Questions about Birth Control Methods

What is the best method of birth control (or contraception)?

All women and men should have control over if and when they become parents. Making decisions about birth control, or contraception, is not easy – there are many things to think about. Learning about birth control methods you or your partner can use to prevent pregnancy and talking with your health care provider are two good ways to get started.

There is no “best” method of birth control. Each method has its own pros and cons. Some methods work better than others do at preventing pregnancy. Researchers are always working to develop or improve birth control methods.

The birth control method you choose should take into account:

- your overall health;
- how often you have sex;
- the number of sexual partners you have;
- if you want to have children;
- how well each method works (or is effective) in preventing pregnancy;
- any potential side effects; and
- your comfort level with using the method.

Bear in mind that NO method of birth control prevents pregnancy all of the time. Birth control methods can fail. But you can greatly increase a method's success rate by using it correctly all of the time. The only way to be sure you never get pregnant is to not have sex (abstinence).

What are the different birth control methods that I can use?

There are many methods of birth control that a woman can use. Talk with your health care provider to help you figure out what method is best for you. You can always try one method and if you do not like it, you can try another one.

Keep in mind that most birth control does NOT protect you from HIV or other sexually transmitted diseases (STDs) like *gonorrhea*, *herpes*, and *chlamydia*. Other than not having sex, the best protection against STDs and HIV is the male latex condom. The female condom may give some STD protection. Other birth control methods that involve using a spermicide (a cream or jelly that kills sperm) also may give some protection against chlamydia and gonorrhea.

Don't forget that all of the methods we talk about below work best if used correctly. Be sure you know the correct way to use them. Talk with your health care provider and don't feel embarrassed about talking with her or him again if you forget or don't understand.

Know that learning how to use some birth control methods can take time and practice. Sometimes health care providers do not explain how to use a method because they may think you already know how. For example, some people do not know that you can put on a male condom "inside out." Also, not everyone knows that you need to leave a "reservoir" or space at the tip of the condom for the sperm and fluid when a man ejaculates, or has an orgasm.

The more you know about the correct way to use birth control, the more control you will have over deciding if and when you want to become pregnant.

Here is a list of birth control methods with estimates of effectiveness, or how well they work in preventing pregnancy when used correctly, for each method:

- **Continuous Abstinence** – This means not having sexual intercourse at any time. It is the only sure way to prevent pregnancy. This method is 100% effective at preventing pregnancy.
- **Periodic Abstinence or Fertility Awareness Methods** – A woman who has a regular menstrual cycle has about nine or more fertile days, or days when she is able to get pregnant, each month. Periodic abstinence means you do not have sex on the days that you may be fertile. Fertility awareness means that you can be abstinent or have sex but you use a "barrier" method of birth control to keep sperm from getting to the egg. Barrier methods include condoms, diaphragms, or cervical caps, used together with spermicides, which kill sperm. These methods are 75 to 99% effective at preventing pregnancy.

Keep in mind that to practice these methods, you need to learn about your menstrual cycle (or how often you get your period). You keep a written record of when you get your period, what it is like (heavy or light blood flow), and how you feel (sore breasts, cramps). You also check your cervical mucus and take your basal body temperature daily, and record these in a chart. This is how you learn to predict, or tell, which days you are fertile or "unsafe." You can ask your health care provider for more information on how to record and understand this information.

- **The Male Condom** – Condoms are called barrier methods of birth control because they put up a block, or barrier, which keeps the sperm from reaching the egg. Only latex or polyurethane (because some people are allergic to latex) condoms are proven to help protect against STDs, including HIV. "Natural" or "lambskin" condoms made from animal products also are available. But lambskin condoms are not recommended for STD prevention because they have tiny pores that may allow for the passage of viruses like HIV, hepatitis B and herpes. Male condoms are 86 to 98% effective at preventing pregnancy. Condoms can only be used once. You can buy them at a drug store. Condoms come lubricated (which can make sexual intercourse more comfortable and pleasurable) and non-lubricated (which can also be used for oral sex). It is best to use lubrication with non-lubricated condoms if you use them for vaginal or anal sex. You can use KY jelly or water-based lubricants, which you can buy at a drug store. Oil-based lubricants like massage oils, baby oil, lotions, or petroleum jelly will weaken the condom, causing it to tear or break. Always keep condoms in a cool, dry place. If you keep them in a hot place (like a billfold, wallet, or glove compartment), the latex breaks down, causing the condom to tear or break.

- **Oral Contraceptives** – Also called “the pill,” it contains the hormones estrogen and progestin. A pill is taken daily to block the release of eggs from the ovaries. It also lightens the flow of your period and protects against pelvic inflammatory disease (PID), ovarian cancer, and endometrial cancer. It does not protect against STDs or HIV. The pill may add to your risk of heart disease, including high blood pressure, blood clots, and blockage of the arteries. If you are over age 35 and smoke, or have a history of blood clots or breast or endometrial cancer, your health care provider may advise you not to take the pill. The pill is 95 to 99.9% effective at preventing pregnancy if used correctly. You will need a prescription and visits with your health care provider to make sure you are not having problems.
- **The Mini-Pill** – Unlike the pill, the mini-pill only has one hormone, progestin, instead of both estrogen and progestin. Taken daily, the mini-pill reduces and thickens cervical mucus to prevent sperm from reaching the egg. It also prevents a fertilized egg from implanting in the uterus (womb). The mini-pill also can decrease the flow of your period and protect against PID and ovarian and endometrial cancer. Mothers who breastfeed can use it because it will not affect their milk supply. The mini-pill is a good option for women who can't take estrogen or for women who have a risk of blood clots. The mini-pill does not protect against STDs or HIV. Mini-pills are 95 to 99.9% effective at preventing pregnancy if used correctly. You will need a prescription and visits with your health care provider to make sure you are not having problems.
- **Copper T IUD (Intrauterine Device)** – An IUD is a small device that is shaped in the form of a “T.” Your health care provider places it inside the uterus. The arms of the Copper T IUD contain some copper, which stops fertilization by preventing sperm from making their way up through the uterus into the fallopian tubes. If fertilization does occur, the IUD would prevent the fertilized egg from implanting in the lining of the uterus. The Copper T IUD can stay in your uterus for up to 10 years. It does not protect against STDs or HIV. This IUD is 99% effective at preventing pregnancy. Requires visits with your health care provider to have it inserted and to make sure you are not having any problems. Not all health care providers insert IUDs.
- **Progestasert IUD (Intrauterine Device)** – This IUD is a small plastic T- shaped device that is placed inside the uterus by a health care provider. It contains the hormone progesterone, the same hormone produced by a woman's ovaries during the monthly menstrual cycle. The progesterone causes the cervical mucus to thicken so sperm cannot reach the egg, and so that a fertilized egg cannot successfully implant into the lining of the uterus. The Progestasert IUD can stay in your uterus for one year. This IUD is 98% effective at preventing pregnancy. Requires visits with your health care provider to have it inserted and to make sure you are not having any problems. Not all health care providers insert IUDs.
- **Intrauterine System or IUS (Mirena)** – The IUS is a small T-shaped device like the IUD and is placed inside the uterus by a health care provider. It releases a small amount of a hormone each day to keep you from getting pregnant. The IUS stays in your uterus for up to five years. It does not protect against STDs or HIV. The IUS is 99% effective. The Food and Drug Administration approved this method in December 2000. Requires visits with your health care provider to make sure you are not having any problems. Not all health care providers insert the IUS.

- **The Female Condom** – Worn by the woman, this barrier method keeps sperm from getting into her body. It is made of polyurethane, is packaged with a lubricant, and may protect against STDs, including HIV. It can be inserted up to 24 hours prior to sexual intercourse. Female condoms are 79 to 95% effective at preventing pregnancy. There is only one kind of female condom and its brand name is Reality. Purchase at a drug store.
- **Implant (Norplant and Norplant 2)** – This product was taken off the market in July 2002. If you are using the Norplant system, you should contact your health care provider about what your contraceptive options will be after the five year expiration date of your Norplant system. Norplant consists of small stick-like devices, or “rods,” that are placed under the skin. The rods release a very low, steady level of a steroid that prevents pregnancy for up to five years. However, the rods can be taken out at any time and you then can become pregnant. This method is 99.9% effective at preventing pregnancy. It does not protect against STDs or HIV. Requires visits with your health care provider to make sure you are not having any problems.
- **Depo-Provera** – With this method women get injections, or shots, of the hormone progestin in the buttocks or arm every 3 months. It does not protect against STDs or HIV. It is 99.7% effective at preventing pregnancy. Requires visits with your health care provider to make sure you are not having any problems.
- **Diaphragm or Cervical Cap** – These are barrier methods of birth control, where the sperm are blocked from reaching the egg. The diaphragm is shaped like a shallow latex cup. The cervical cap is a thimble-shaped latex cup. Both come in different sizes and you need a health care provider to “fit” you for one. Before sexual intercourse, you use them with spermicide (to block or kill sperm) and place them up inside your vagina to cover your cervix (the opening to your womb). You can buy spermicide gel or foam at a drug store. Spermicide will also help protect you from the STDs gonorrhea and chlamydia if they have nonoxynol-9 in them. Some women can be sensitive to nonoxynol-9 and need to use spermicides that do not contain it. The diaphragm is 80 to 94% effective at preventing pregnancy. The cervical cap is 80 to 90% effective at preventing pregnancy for women who have not had a child, and 60 to 80% for women who have had a child. Requires a visit with your health care provider for proper fitting.
- **The Patch (Ortho Evra)** – This is a skin patch worn on the lower abdomen, buttocks, or upper body. It releases the hormones progestin and estrogen into the bloodstream. You put on a new patch once a week for three weeks, then do not wear a patch during the fourth week in order to have a menstrual period. The patch is 99% effective at preventing pregnancy, but appears to be less effective in women who weigh more than 198 pounds. It does not protect against STDs or HIV. The Food and Drug Administration approved this method in 2001. You will need to visit your health care provider for a prescription and to make sure you are not having problems.
- **The Hormonal Vaginal Contraceptive Ring (NuvaRing)** – The NuvaRing is a ring that releases the hormones progestin and estrogen. You place the ring up inside your vagina to go around your cervix (the opening to your womb). You wear the ring for three weeks, take it out for the week that you have your period, and then put in a new ring. The ring is 98 to 99% effective at preventing pregnancy. The Food and Drug Administration approved this method in 2001. You will need to visit your health care provider for a prescription and to make sure you are not having problems.

- **Surgical Sterilization (Tubal Ligation or Vasectomy)** – These surgical methods are meant for people who want a permanent method of birth control. In other words, they never want to have a child or they do not want more children. Tubal ligation or “tying tubes” is done on the woman to stop eggs from going down to her uterus where they can be fertilized. The man has a vasectomy to keep sperm from going to his penis, so his ejaculate never has any sperm in it. They are 99 to 99.5% effective at preventing pregnancy.
- **Nonsurgical Sterilization (Essure Permanent Birth Control System)** – This is the first non-surgical method of sterilizing women and was approved by the Food and Drug Administration in November 2002. A thin tube is used to thread a tiny spring-like device through the vagina and uterus into each fallopian tube. Flexible coils temporarily anchor it inside the fallopian tube. A Dacron-like mesh material embedded in the coils irritates the fallopian tubes’ lining to cause scar tissue to grow and eventually permanently plug the tubes. It can take about three months for the scar tissue to grow, so it is important to use another form of birth control during this time. Then you will have to return to your health care provider for a test to see if scar tissue has fully blocked your tubes. In studies of more than 600 women, followed for a year, there so far have been no pregnancies in those whose Essure devices were implanted successfully.
- **Emergency Contraception** – This is NOT a regular method of birth control and should never be used as one. Emergency contraception, or emergency birth control, is used to keep a woman from getting pregnant when she has had unprotected vaginal intercourse. “Unprotected” can mean that no method of birth control was used. It can also mean that a birth control method was used but did not work – like a condom breaking. Or, a woman may have forgotten to take her birth control pills, or may have been abused or forced to have sex when she did not want to. Emergency contraception consists of taking two doses of hormonal pills taken 12 hours apart and started within three days after having unprotected sex. These are sometimes wrongly called the “morning after pill.” The pills are 75 to 89% effective at preventing pregnancy. Another type of emergency contraception is having the Copper T IUD put into your uterus within seven days of unprotected sex. This method is 99.9% effective at preventing pregnancy. Neither method of emergency contraception protects against STDs or HIV. You will need to visit your health care provider for either a prescription for the pills or for the insertion of the IUD, and to make sure you are not having problems.

Are there any foams or gels that I can use to keep from getting pregnant?

You can purchase what are called *spermicides* in drug stores. They work by killing sperm and come in several forms – foam, gel, cream, film, suppository, or tablet. They are inserted or placed in the vagina no more than one hour before intercourse and left in place at least six to eight hours after. You may protect yourself more against getting pregnant if you use a spermicide with a male condom, diaphragm, or cervical cap. There are spermicidal products made specifically for use with the diaphragm and cervical cap. Check the package to make sure you are buying what you want.

All spermicides have sperm-killing chemicals in them. Some spermicides also have an ingredient called *nonoxynol-9*, which can protect you from the STDs gonorrhea and chlamydia. Nonoxynol-9 will not protect you from HIV. Some women are sensitive to nonoxynol-9 and need to use spermicides without it. Spermicides alone are about 74% effective at preventing pregnancy.

How effective is withdrawal as a birth control method?

Withdrawal is not the most effective birth control method. It works much better when a male condom is used.

Withdrawal refers to when a man takes his penis out of a woman's vagina (or "pulls out") before he ejaculates, or has an orgasm. This stops the sperm from going to the egg. "Pulling out" can be hard for a man to do and it takes a lot of self-control. When you use withdrawal, you can also be at risk for getting pregnant BEFORE the man pulls out. When a man's penis first becomes erect, there can be fluid (called pre-ejaculate fluid) on the tip of the penis that has sperm in it. This sperm can get a woman pregnant. Withdrawal also does not protect you from STDs or HIV.

Everyone I know is on the pill. Is it safe?

Today's pills have lower doses of hormones than earlier birth control pills. This has greatly lowered the risk of side effects. However, there are both benefits and risks with taking birth control pills. Benefits include having more regular and lighter periods, fewer menstrual cramps; and a lower risk for ovarian and endometrial cancer, and pelvic inflammatory disease (PID). Serious side effects include an increased chance, for some women, of developing heart disease and high blood pressure. Minor side effects include nausea, headaches, sore breasts, weight gain, irregular bleeding and depression. Many of these side effects go away after taking the pill for a few months. Women who smoke, are over age 35, or have a history of blood clots or breast or endometrial cancer are more at risk for dangerous side effects and may not be able to take the pill. Talk with your health care provider about whether the pill is right for you.

Will birth control pills protect me from HIV, the virus that causes AIDS, and other STDs?

Some people wrongly believe that if they take birth control pills, they are protecting themselves not only from getting pregnant but also from infection with HIV and other sexually transmitted diseases (STDs). Birth control pills or other types of birth control, such as intrauterine devices (IUDs), Norplant, or tubal ligation will NOT protect you from HIV and other STDs.

The male latex condom is the only birth control method that is proven to help protect you from HIV and other STDs. If you are allergic to latex, there are condoms made of polyurethane that you can use. Condoms come lubricated (which can make sexual intercourse more comfortable and pleasurable) and non-lubricated (which can be used for oral sex). It is important to only use latex or polyurethane condoms to protect against HIV and other STDs. "Natural" or "lambskin" condoms have tiny pores that may allow for the passage of viruses like HIV, hepatitis B and herpes. If you use non-lubricated condoms for vaginal or anal sex, you can add lubrication with water-based lubricants that you can buy at a drug store (like KY jelly). Never use oil-based products, such as massage oils, baby oil, lotions, or petroleum jelly, to lubricate a condom. These will weaken the condom, causing it to tear or break.

It is very important to use a condom correctly and consistently – which means every time you have vaginal, oral, or anal sex. If you do not know how to use a condom, talk with your health care provider. Don't be embarrassed. Also do not assume that your partner knows how to use a condom correctly. Many men have never had anyone show them how. The biggest reason condoms fail is due to incorrect use. Male condoms can only be used once. Research is being done to find out how effective the female condom is in preventing HIV and other STDs.

I've heard my girlfriends talking about dental dams and I thought they were something only dentists used during oral surgery – what are they?

The dental dam is a square piece of rubber that is used by dentists during oral surgery and other procedures. It is not a method of birth control. But it can be used to help protect people from STDs, including HIV, during oral and anal sex. It is placed over the opening to the vagina before having oral sex. Dental dams can be purchased at surgical supply stores.

For More Information . . .

You can find out more about birth control methods by contacting the National Women's Health Information Center at (800) 994-WOMAN (9662) or the following organizations:

Food and Drug Administration

Phone Number(s): (888) 463-6332

Internet Address: <http://www.fda.gov>

Planned Parenthood Federation of America

Phone Number(s): (800) 230-7526

Internet Address: <http://www.plannedparenthood.org/>

American College of Obstetricians and Gynecologists (ACOG) Resource Center

Phone Number(s): (800) 762-2264 x 192 (for publications requests only)

Internet Address: <http://www.acog.org/>

Population Council

Phone Number(s): (212) 339-0500

Internet Address: <http://www.popcouncil.org/>

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November 2002