

Contraception is free on the NHS but it is important to decide which method is suitable for you. There are several contraception options available for women. Please speak to healthcare if you need further advice and support.

Why do you need it? If you don't want to get pregnant, you should use contraception when you have sex. If 100 women have regular sex over a year without using contraception, 85 will get pregnant.

Understanding FAILURE RATES: For each method, this is how many women on average would fall pregnant out of 100 when using this method of contraception. This can help you compare how reliable each method is.

Barrier Methods

- These create a physical barrier between sperm and the egg, preventing fertilization
- They are effective in preventing sexually transmitted infections (STIs) as well as pregnancies
- They should be used with spermicide to be effective

Condoms



- These are worn over the penis during intercourse
- Female condoms are inserted into the vagina
- **Should be used with spermicide.** Some condoms have spermicide in their lubricant, but you should check on the wrapper
- Easy to use, widely available with no hormones needed, can protect against sexually transmitted infections (STIs)
- Must be used correctly, and may reduce spontaneity and cause allergic reactions

FAILURE RATE
18 in 100

Diaphragm & cap



A small, dome-shaped device inserted into the vagina before sex to cover the cervix and block sperm. **Should be used with spermicide.**

FAILURE RATE
12-24 in 100

Using spermicide:

- Different kinds of spermicide are available, including creams, foams, suppositories, jellies, films, and sponges
- Each has different instructions, so always read the packet
- All need to be put into your vagina each time you have sex, except when you use condoms that include them in the lubricant

Pills and patches:

- Available on prescription only, these methods use hormones to prevent pregnancy
- Pills and patches are highly effective when used correctly and don't require interruption during sex
- They can help regulate menstrual cycles, reduce period cramps, and reduce the risk of certain cancers
- They may have side effects (e.g. mood changes, weight gain, nausea), and may not be suitable for individuals with certain health conditions
- **They don't protect against STIs**

Birth Control Pills



- These are taken regularly (with some you have a 7 day break) and contain hormones that prevent ovulation and thicken cervical mucus, making it difficult for sperm to reach the egg
- Some people use the combined pill to help control their menstrual cycles and some period symptoms
- Remembering to take the pill is important

FAILURE RATE
9 in 100

Patch



- A small adhesive patch is stuck to the skin and releases hormones to prevent pregnancy.
- Changed once a week.

FAILURE RATE
9 in 100

Vaginal ring



A ring that releases hormones is inserted into the vagina. At the beginning of each cycle, the woman inserts a ring, which is left in for 21 days then removed and another inserted 7 days later

FAILURE RATE
9 in 100

REMEMBER: you can still get pregnant whilst you are on your period, and for up to two years after the menopause if you are under 50 or 1 year if over 50.

LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

These provide long-term pregnancy prevention, lasting from 3 to 10 years, depending on the method. Highly effective, convenient, and reversible.

Implant	<ul style="list-style-type: none">A small rod inserted under the skin of the upper arm that release hormones to prevent pregnancy for several years		Failure Rate less than 1 in 1000
Injectables	<ul style="list-style-type: none">Long acting Injection of a progesterone hormone every 8-13 weeks		Failure Rate 6 in 100
Hormonal Coil (Intrauterine System, IUS)	<ul style="list-style-type: none">Inserted in the uterus (womb) by a medical professionalReleases progesterone to prevent ovulation and thicken cervical mucusCan be left for up to 5-8 yearsHighly effective, long-lasting reversible, low-maintenanceSuitable for most women; can reduce menstrual bleedingRequires a healthcare professional for insertion and removal, and can have side effects such as low moodNo protection against STIs		Failure Rate less than 1 in 100
Copper Coil (Intrauterine device, IUD)	<ul style="list-style-type: none">Inserted into the uterus (womb) by a medical professionalNo hormones - copper stops sperm surviving and prevents implantation of a fertilised eggCan be left for up to 5-10 yearsHighly effective, long-lasting - reduces the chance of user errorRequires a healthcare professional for insertion and removalMay cause irregular bleeding or spotting, doesn't protect against STIs		Failure Rate less than 1 in 100

Sterilisation:

A permanent, irreversible form of contraception and is suitable for individuals or couples who no longer wish to have children. They do not prevent STIs.

Tubal ligation:	<ul style="list-style-type: none">A surgical procedure that blocks or cuts the fallopian tubes to prevent eggs from reaching the uterus	Failure Rate 1 in 200
Vasectomy	<ul style="list-style-type: none">If you have a male partner, vasectomy is considered a permanent contraceptive methodUnprotected sex should only take place after your partner has had his semen analysed a few weeks after surgery	Failure Rate 1 in 2000

Fertility awareness-based methods

- Involves tracking cycles, periods, body temperature, and cervical mucus to determine whether fertile and infertile
 - Requires careful monitoring and self-awareness and is most effective when combined with other barrier or hormonal methods
 - It needs a specialist practitioner to teach the method
- Failure Rate
24 in 100**

Withdrawal method

Also known as "pulling out", the man withdraws his penis from the vagina before ejaculation. While it is simple, it is less effective in preventing pregnancy, and not recommended. Offers no protection against STIs.

**Failure Rate
22 in 100**

Emergency Contraception: Emergency contraception is used after unprotected sex or contraceptive failure

'The morning after pill' works best taken soon as possible after intercourse and, at the latest, within 5 days. Contains high doses of hormones that prevent or delay ovulation. Easy to get hold of. Free when prescribed or can be bought without prescription from NHS pharmacists. Less effective than regular contraception and *should not be relied upon as the main method* - may cause side effects (e.g. nausea, irregular bleeding).

**Failure rate
2 in 100**

A **copper coil** (IUD) can be fitted. Needs to be fitted within 5 days at a sexual health clinic. Most effective in an emergency and can be left in as a main form of contraception. Common side effects include pain, irregular periods and infection.

**Failure rate
1 in a 1000**