

# Contraception

Contraception, also known as birth control and fertility control, are methods or devices used to prevent pregnancy. There are many safe and effective contraception options available. Talk to your OB/GYN about which contraception is best for you based on your lifestyle, personal preferences and health status.

## **Barrier Methods**

Designed to prevent sperm from entering the uterus, barrier methods are removable and may be an option for women who cannot use hormonal methods of contraception. Types of barrier methods include:

**Male condoms.** This condom is a thin sheath that covers the penis to collect sperm and prevent it from entering the woman's body. Male condoms are generally made of latex or polyurethane, but a natural alternative is lambskin. Latex or polyurethane condoms also reduce the risk of spreading sexually transmitted diseases (STDs), but lambskin condoms do not. Male condoms should be disposed of after a single use.

**Female condoms.** These are thin, flexible plastic pouches. A portion of the condom is inserted into a woman's vagina before intercourse to prevent sperm from entering the uterus. The female condom also reduces the risk of STDs. Female condoms are disposed of after a single use.

**Diaphragms.** Each diaphragm is a shallow, flexible cup made of latex or soft rubber that is inserted into the vagina before intercourse, blocking sperm from entering the uterus. Spermicidal cream or jelly should be used with a diaphragm. The diaphragm should remain in place for 6 to 8 hours after intercourse to prevent pregnancy, but it should be removed within 24 hours. A diaphragm should be replaced after 1 or 2 years. Women also need to be measured again for a diaphragm after giving birth, having pelvic surgery, or gaining or losing more than 15 pounds.

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**Cervical caps.** These are similar to diaphragms, but smaller, more rigid, and less noticeable. The cervical cap is a thin silicone cup that is inserted into the vagina before intercourse to block sperm from entering the uterus. As with a diaphragm, the cervical cap should be used with spermicidal cream or jelly. The cap must remain in place for 6 to 8 hours after intercourse to prevent pregnancy, but it should be removed within 48 hours. With proper care, a cervical cap can be used for 2 years before replacement.

**Contraceptive sponges.** These are soft, disposable, spermicide-filled foam sponges. One is inserted into the vagina before intercourse. The sponge blocks sperm from entering the uterus, and the spermicide also kills the sperm cells. The sponge should be left in place for at least 6 hours after intercourse and then removed within 30 hours after intercourse.

**Spermicides.** A spermicide destroys sperm. A spermicide can be used alone or in combination with a diaphragm or cervical cap. The most common spermicidal agent is a chemical called nonoxynol-9 (N-9). It is available in several concentrations and forms, including foam, jelly, cream, suppository, and film. A spermicide should be inserted into the vagina close to the uterus no more than 30 minutes prior to intercourse and left in place 6 to 8 hours after intercourse to prevent pregnancy. Spermicides do not prevent the transmission of STDs and may cause allergic reactions or vaginitis.

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## **Hormonal Methods**

Hormonal methods of birth control use hormones to regulate or stop ovulation and prevent pregnancy. Hormones can be introduced into the body through various methods. Health care providers prescribe, monitor, and administer hormonal contraceptives.

**Combined oral contraceptives (“the pill”).** Combined oral contraceptive pills (COCs) contain different combinations of the synthetic estrogens and progestins, and are given to interfere with ovulation. A woman takes one pill at the same time each day. Use of COC pills is not recommended for women who smoke tobacco and are more than 35 years old or for any woman who has high blood pressure, a history of blood clots, or a history of breast, liver, or endometrial cancer.

**Progestin-only pills (POPs).** A woman takes one pill at the same time each day. Progestin-only pills may interfere with ovulation or with sperm function. POPs thicken cervical mucus, making it difficult for sperm to swim into the uterus or to enter the fallopian tube. POPs alter the normal cyclical changes in the uterine lining and may result in unscheduled or breakthrough bleeding.

**Contraceptive patch.** This is a thin, plastic patch that sticks to the skin and releases hormones through the skin into the bloodstream. The patch is placed on the lower abdomen, buttocks, outer arm, or upper body. A new patch is applied once a week for 3 weeks, and no patch is used on the fourth week to enable menstruation.

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**Injectable birth control.** This method involves injection of a progestin given in the arm or buttocks once every 3 months. Most patients using injectable birth control should eat a diet rich in calcium and vitamin D or take vitamin supplements as this method of birth control can cause a temporary loss of bone density.

**Vaginal rings.** The ring is thin, flexible, and approximately 2 inches in diameter. It delivers a combination of a synthetic estrogen and a progestin. The ring is inserted into the vagina, where it continually releases hormones for 3 weeks. The woman removes it for the fourth week and reinserts a new ring 7 days later.

**Implantable rods.** Each rod is matchstick-sized, flexible, and plastic. A physician surgically inserts the rod under the skin of the woman's upper arm. The rods release a progestin and can remain implanted for up to 5 years.

**Emergency Contraceptive Pills (ECPs).** ECPs are hormonal pills, taken either as a single dose or two doses 12 hours apart, that are intended for use in the event of unprotected intercourse. If taken prior to ovulation, the pills can delay or inhibit ovulation for at least 5 days to allow the sperm to become inactive. They also cause thickening of cervical mucus and may interfere with sperm function. ECPs should be taken as soon as possible after semen exposure and should not be used as a regular contraceptive method. Pregnancy can occur if the pills are taken after ovulation or if there is subsequent semen exposure in the same cycle.

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## **Intrauterine Methods**

An IUD is a small, T-shaped device that is inserted into the uterus to prevent pregnancy. A health care provider inserts the device. An IUD can remain and function effectively for many years at a time. After the recommended length of time, or when the woman no longer needs or desires contraception, a health care provider removes or replaces the device.

**Copper IUD.** Releases a small amount of copper into the uterus, causing an inflammatory reaction that generally prevents sperm from reaching and fertilizing the egg. If fertilization of the egg does occur, the physical presence of the device prevents the fertilized egg from implanting into the lining of the uterus. Copper IUDs may remain in the body for 12 years.

**Hormonal IUD.** Releases a progestin hormone into the uterus. The released hormone causes thickening of the cervical mucus, inhibits sperm from reaching or fertilizing the egg, thins the uterine lining, and also may prevent the ovaries from releasing eggs. Hormonal IUDs can be used for up to 5 years.

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## **Sterilization**

Sterilization is a permanent form of birth control that either prevents a woman from getting pregnant or prevents a man from releasing sperm. A health care provider must perform the sterilization procedure, which usually involves surgery. These procedures usually are not reversible.

**A sterilization implant** is a nonsurgical method for permanently blocking the tubes. A health care provider threads a thin tube through the vagina and into the uterus to place a soft, flexible insert into each fallopian tube. No incisions are necessary. During the next 3 months, scar tissue forms around the inserts and blocks the fallopian tubes so that sperm cannot reach an egg. After 3 months, a health care provider conducts tests to ensure that scar tissue has fully blocked the fallopian tubes. A backup method of contraception is used until the tests show that the tubes are fully blocked.

**Tubal ligation** is a surgical procedure in which a doctor cuts, ties, or seals the fallopian tubes. This procedure blocks the path between the ovaries and the uterus. The sperm cannot reach the egg to fertilize it, and the egg cannot reach the uterus.

**Vasectomy** is a surgical procedure that cuts, closes, or blocks the vas deferens. This procedure blocks the path between the man's testes and urethra. The sperm cannot leave the testes and cannot reach the egg. It can take as long as 3 months for the procedure to be fully effective. A backup method of contraception is used until tests confirm that there is no sperm in the semen.