

Birth Control Methods Chart

Contraceptive Method	Definition	Type	"Typical Use" Failure Rate (percentage of females who experience an unintended pregnancy during the 1st year of use)
Birth Control Pill (Oral)	A hormone pill taken by mouth.	Hormone	8%
Injection	A hormone injection given every 1-3 months.	Hormone	3%
Emergency Contraception	An emergency, high dose of birth control pills taken within 72 hours (three days) of sex.	Hormone	11-25%
Intrauterine Device (IUD)	Plastic device placed inside the uterus that contains copper or hormones.	Hormone/ Chemical	< 1%
Implant	Small rod inserted under the skin of a woman that releases a low dose of hormone.	Hormone	< 1%
Male Condom	A thin, latex or polyurethane (plastic) tube that covers the penis.	Barrier	21%
Female Condom	A polyurethane (plastic) tube or pouch that lines the inside of the vagina.	Barrier	21%
Cervical Cap	A small rubber or plastic cup that fits over the cervix.	Barrier	16-32%
Diaphragm	A round rubber dome inserted inside the vagina to cover the cervix.	Barrier	16%
Contraceptive Sponge	A foam sponge containing spermicide placed inside the vagina.	Barrier	16-32%
Spermicide	A cream, foam, jelly, or insert placed into the vagina that kills sperm.	Barrier	29%
Contraceptive Patch	A hormone patch placed on the female's skin weekly for 3 weeks, (followed by 1 week off.)	Hormone	8%
Vaginal Contraceptive	A hormonal ring placed into the vagina for 3 weeks	Hormone	8%
Natural Family Planning/ Fertility	Avoiding sex near the time of ovulation, when pregnancy is most likely to occur.	Other	12-25%
Sterilization	Permanent surgery that blocks the pathways of egg or sperm.	Other	<1%
Withdrawal	Male removes his penis from the female's vagina prior to ejaculation.	Other	27%

Birth Control Pills

Birth control pills are the most common method of hormonal birth control. The hormones work in different ways by: a) blocking the sperm from entering the cervix; b) preventing a female from ovulating; or c) making it difficult for an embryo to attach to the lining of the uterus (called implantation). Each kind of birth control pill works in one or more of these ways, depending on the kind of hormones it contains. The pill works only if it is taken correctly. It works best when it is taken at the same time every day. If pills are skipped they do not give as much protection against pregnancy; they might offer no protection.

Birth control pills do not protect against sexually transmitted diseases (STDs).

Side effects may include nausea, weight gain (with higher dose pills), bleeding between periods, and headaches.

Birth control pills must be prescribed by a health care professional. They may decrease the risk of some health conditions, like menstrual cramps, acne, ectopic pregnancy, anemia and cancer of the ovaries. Some females with certain medical conditions should not take birth control pills at all. They may, however, still use other methods of birth control.

Injection

This type of birth control is a hormone injection given every 1-3 months. The shot is given in the arm or buttocks by a health care professional. The injection works to prevent pregnancy by releasing hormones that work in one or more of the ways discussed in the beginning of this section. The most common contraceptive injection is known as Depo-Provera.

A hormone injection does not protect against sexually transmitted diseases (STDs).

Side effects may include irregular bleeding between periods, or no periods at all, weight gain, and headaches. A side effect that may occur especially in teenagers is the loss of calcium stored in the bones, and this may not completely return once the injection is stopped. A rare side effect is depression. A health care professional must give the injection.

Emergency Contraception

The most common type of emergency contraception is birth control pills. High dose birth control pills are taken within 72 hours (3 days) of sex. These pills work in different ways. They may prevent females from releasing eggs (ovulation); may stop the sperm from entering the cervix, or may stop an embryo from attaching to the lining of the uterus. Emergency contraception is more effective the earlier it is used, and will not stop a pregnancy that has already begun (fertilization and successful implantation). The most common emergency contraception pill is known as Plan B (also referred to as the "morning after pill").

Emergency contraception does not protect against sexually transmitted diseases (STDs).

Side effects may include nausea, vomiting, breast tenderness, irregular bleeding, bloating, and headaches. Emergency contraception is usually prescribed by a health care professional. In some states, a female older than 18 years can get emergency contraception without a prescription, by going directly to a pharmacy. Females younger than 18 years still need a health care professional's prescription. Emergency contraception is not recommended as a regular way of preventing pregnancy.

Intra-uterine Device (IUD)

The IUD is a small, T-shaped, plastic device, put inside the uterus by a trained health care professional. It may contain copper or hormones. The hormonal IUD prevents pregnancy in one or more of the ways hormonal birth

control methods work. The copper IUD prevents sperm from fertilizing the egg or prevents the embryo from attaching to the wall of the uterus. IUDs are not regularly prescribed for teens. The hormonal IUD can be used for 5 years while the copper IUD can be used for 10 years.

The IUD does not reduce the risk of contracting sexually transmitted diseases (STDs).

Most common side effects of IUDs include heavier, longer periods and spotting between periods, cramping and vaginal discharge. Most of these side effects will decrease after a few months. Less common side effects include infection and, possibly, infertility. Rarely, some IUDs may come out on their own, and some may pierce the wall of the uterus when being put in by a health care professional.

Implant

The implant is a small rod filled with progestin-only hormones that is inserted just under the skin of a female's upper arm. It must be inserted by a health care professional. The implant releases a steady, low dose of a hormone. The implant works to prevent the female from releasing eggs and by thickening the mucus in the cervix. The implant can last for three years.

A hormone injection does not protect against sexually transmitted diseases (STDs).

Side effects of the implant include irregular bleeding, weight changes, mood changes and headaches.

Male Condom

A male condom is a thin tube that covers the penis. Condoms are made from different materials. The most common material for condoms is latex and studies show that latex condoms work best. It keeps sperm from going into the vagina. By doing that, it lowers the chance of pregnancy. It also reduces the chances of spreading an STD from one person to another during sex.

Your son or daughter needs to know that while condoms are the only type of contraception that can help protect against STDs, they only reduce the risk but do not eliminate it. They are better at protecting against some diseases than others. For example, studies show that when used all the time and used the right way, condoms can reduce the risk of getting HIV infection.

Condoms only protect against STDs and pregnancy if they are used every time and are used the right way. Natural skin condoms should not be used as a way to prevent STDs.

Even when a condom is used, a person can still get an STD. This is true for bacterial and viral infections that live on the skin. For example, herpes and HPV, can be spread by infected areas of the skin that are not covered by a condom. This is true even when physical symptoms are not showing.

Some condoms have a lubricant or spermicide that can irritate the vagina. Sometimes, but rarely, a person can be allergic to the latex that condoms are made of.

Condoms may be bought over-the-counter.

Female Condom

A female condom is a polyurethane (plastic) tube or pouch that lines the vagina. The female condom reduces the risk of pregnancy and some sexually transmitted diseases (STDs). It keeps the penis and sperm from coming into contact with the vaginal wall or cervix.

The female condom can be bought over-the-counter. The FDA recommends that a female and a male condom not be used at the same time.

The female condom reduces the risk of pregnancy and may reduce the risk of some sexually transmitted diseases.

Cervical Cap

This is a small cap usually made of rubber or plastic that fits over the cervix at the top of the vagina. A health care professional must fit the cervical cap. The cervical cap is used with spermicide and can be reused for 2 years. It keeps sperm from entering the cervix and uterus.

The cervical cap does not protect against sexually transmitted diseases (STDs).

If a cervical cap is left in too long, it may cause irritation or odor in the vagina. It may also increase the risk of getting a urinary tract infection.

Diaphragm

A diaphragm is a round rubber dome put inside the vagina to cover the cervix. A health care provider must fit the diaphragm. The diaphragm is used with spermicide. It prevents sperm from going into the cervix and uterus.

The diaphragm offers little or no protection against sexually transmitted diseases (STDs).

A diaphragm can cause irritation if one is allergic to spermicide or latex. The diaphragm may also increase the risk of getting a urinary tract infection.

Contraceptive Sponge

The contraceptive sponge is a barrier device inserted to cover the cervix and release spermicide into the vagina. The sponge provides no protection for sexually transmitted diseases (STDs), including HIV. This birth control device is effective for up to 24 hours and for more than one act of sexual intercourse. Timing is important: in order to prevent pregnancy, the sponge must stay in place for at least six hours after sex. However, since there is a low risk of Toxic Shock syndrome, or TSS, be sure to remove the sponge no later than 30 hours after intercourse.

Spermicide

Spermicides are placed into the vagina to kill sperm. They come in several different forms: cream, jelly, foam, film, and suppositories. They contain a chemical that kills sperm. When placed deep in the vagina, spermicides prevent sperm from reaching the uterus. Spermicides can be bought over-the-counter.

Spermicides do not protect against sexually transmitted diseases (STDs).

If too much spermicide is used the vagina may become irritated. Some may increase the risk of getting some STDs or urinary tract problems.

Contraceptive Patch

The contraceptive patch is a patch worn on a female's skin to prevent pregnancy. It may be placed on her lower abdomen, buttocks, or chest (except breast), upper back or arm. The patch releases hormones similar to those found in oral birth control pills into the blood. A female changes the patch once a week for three weeks. During

the fourth week, no patch is worn and a female will have her menstrual period. The birth control patch works by preventing ovulation and by blocking the sperm from entering the cervix.

The contraceptive patch does not protect against sexually transmitted diseases (STDs).

Side effects and risks may include headaches, menstrual cramps, nausea, abdominal pain and skin irritation. The contraceptive patch may not work as well in females who weigh more than 198 pounds.

Vaginal Contraceptive Ring

The vaginal ring is a small plastic ring that is placed into the upper vagina. The ring releases hormones into a female's body. It is kept in the vagina for three weeks. During the fourth week, a female removes the ring and she will then have her menstrual period. The vaginal ring works by preventing ovulation and by blocking the sperm from entering the cervix.

The vaginal contraceptive ring does not protect against sexually transmitted diseases (STDs).

Side effects of vaginal rings may include headaches, nausea, vaginal infections and irritation, and irregular vaginal bleeding.

Natural Family Planning/Fertility Awareness Method (FAM)

Couples use these methods to tell what time of the month the female is most likely to get pregnant. There are several ways to do this, including watching changes in the female's body, like temperature or the cervical mucus.

Teen girls and women whose menstrual cycles are not regular may find it hard to know when pregnancy could happen. They must pay very close attention to the menstrual cycle. And they can't have sex near ovulation. Pregnancy can occur up to six days before and up to three days after eggs are released by the female (ovulation).

Natural Family Planning does not protect against sexually transmitted diseases (STDs).

Sterilization

Sterilization is surgery that permanently blocks the path for eggs or sperm. In women, the fallopian tubes are closed or cut. In males, the tubes (vas deferens) that carry sperm to the penis are closed or cut. Sterilization is meant to be a permanent way of preventing pregnancy. It does not change hormones in the body or the ability to enjoy sex.

Sterilization does not protect against sexually transmitted diseases (STDs).

Withdrawal

The withdrawal method is a method of contraception which prevents the sperm from being released into the female's vagina during sex. The male must take his penis out of the vagina before ejaculation. However, it is possible that some sperm may be in the fluid that comes from the penis before ejaculation, and the male may fail to withdraw his penis completely or in time, thereby decreasing the effectiveness of this method.

The withdrawal method does not protect against sexually transmitted diseases.

Information source: Source: U.S. Department of Health and Human Services