

Birth Control Guide

This guide gives the basic facts about the different kinds of FDA-approved medicines and devices for birth control. Ask your doctor to tell you about all of the risks and benefits of using these products.



To learn more:

<http://www.fda.gov/womens/healthinformation/birthcontrol.html>

For the most recent information:

Go to <http://www.accessdata.fda.gov/scripts/cder/drugsatfda>
and type in the name of your drug.

Or

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/LSTSimpleSearch.cfm>
and type in the name of your device.

If you do not want to get pregnant, do not have sex. If you do have sex, there are many birth control options to choose from. No one product is best for everyone. This guide lists all FDA-approved products for birth control. Talk to your doctor, nurse, or pharmacist about the best method for you.

Some things to think about:

- Your health.
- How often you have sex.
- How many sexual partners you have.
- If you want to have children in the future.
- If you will need a prescription or if you can buy the method over-the-counter.
- The number of pregnancies expected per 100 women who use a method for one year. For comparison, about 85 out of 100 sexually active women who do not use any birth control can expect to become pregnant in a year.

Tell your doctor, nurse, or pharmacist if you:

- Smoke
- Have liver disease
- Have blood clots
- Have family members who have had blood clots
- Are taking any other medicines
- Are taking any herbal products, like St. Johns Wort

To avoid pregnancy:

- No matter which method you choose, it is important to follow all of the directions carefully. If you don't, you raise your chance of getting pregnant.
- The best way to avoid pregnancy and sexually transmitted infections (STIs) is to practice total abstinence (do not have any sexual contact).

Barrier Methods

Put up a block, or barrier, which keeps the sperm from reaching the egg

Male Condom (Latex or Polyurethane)



What is it?

- A thin film sheath placed over the erect penis to stop sperm from reaching the egg.

How do I use it?

- Put it on the erect penis right before sex.
 - Use it only once and then throw it away.
 - Pull out before the penis softens.
- Hold the condom against the base of the penis before you pull out.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, 11-16 may get pregnant.
- The most important thing is that you use a condom every time you have sex.

Some Risks

- Irritation
- Allergic reactions (If you are allergic to latex, you can try condoms made of polyurethane.)

Does it protect me from sexually transmitted infections (STIs)?

- Except for abstinence, latex condoms are the best protection against HIV/AIDS and other STIs.
- Condoms are the only contraceptive product that may protect against most sexually transmitted infections (STIs).

Barrier Methods

Put up a block, or barrier, which keeps the sperm from reaching the egg

Female Condom



What is it?

- A lubricated, thin polyurethane pouch that is put into the vagina.

How do I use it?

- Put the female condom into the vagina right before sex.
- Use it only once and then throw it away.
- You need a new female condom each time you have sex.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 20 may get pregnant.

Some Risks

- Irritation
- Allergic reactions

Does it protect me from sexually transmitted infections (STIs)?

- May give some protection against STIs.
- Not as effective as latex condoms.
- More research is needed.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from reaching the egg

Diaphragm with Spermicide



What is it?

- A dome-shaped flexible disk with a flexible rim.
- Made from latex rubber or silicone.
- It covers the cervix so that sperm cannot reach the egg.

How do I use it?

- You need to put spermicidal jelly on the inside of the diaphragm before putting it into the vagina.
- You must put the diaphragm into the vagina before having sex.
- You must leave the diaphragm in place at least 6 hours after having sex.
- It can be left in place for up to 24 hours. You need to use more spermicide every time you have sex.

How do I get it?

- You need a prescription.
- A doctor or nurse will need to do an exam to find the right size diaphragm for you.
- You should have the diaphragm checked after childbirth or if you lose more than 15 lbs., you might need a different size.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 15 may get pregnant.

Some Risks

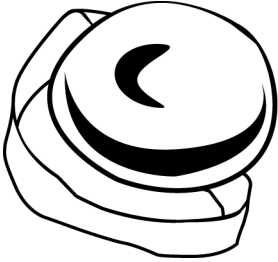
- Irritation, allergic reactions, and urinary tract infection.
- If you keep it in place longer than 24 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from reaching the egg

Sponge with Spermicide



What is it?

- A disk-shaped polyurethane device with the spermicide nonoxynol-9.

How do I use it?

- Put it into the vagina before you have sex.
- Protects for up to 24 hours. You do not need to use more spermicide each time you have sex.
- You must leave the sponge in place for at least 6 hours after having sex.
- You must take the sponge out within 30 hours after you put it in. Throw it away after you use it.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, 16-32 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the sponge may not fit as well.

Some Risks

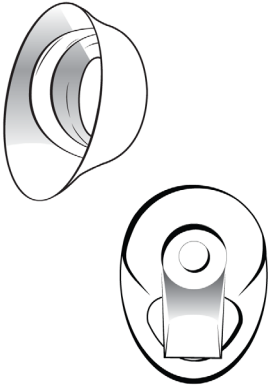
- Irritation and allergic reactions.
- Some women may have a hard time taking the sponge out.
- If you keep it in place longer than 24-30 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from reaching the egg

Cervical Cap with Spermicide



What is it?

- A soft latex or silicone cup with a round rim, which fits snugly around the cervix. It covers the cervix so that sperm cannot reach the egg.

How do I use it?

- You need to put spermicidal jelly inside the cap before you use it.
 - You must put the cap in the vagina before you have sex.
 - You may find it hard to put in.
 - You must leave the cap in place for at least 6 hours after having sex.
- You may leave the cap in for up to 48 hours.
 - You do NOT need to use more spermicide each time you have sex.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 17-23 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the cap may not fit as well.

Some Risks

- Irritation, allergic reactions, and abnormal Pap test.
- If you keep it in place longer than 48 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from reaching the egg

Spermicide Alone



What is it?

- A foam, cream, jelly, film, or tablet that kills sperm.

How do I use it?

- Instructions can be different for each type of spermicide. Read the label before you use it.
- You need to put spermicide into the vagina between 5 and 90 minutes before you have sex.
- You usually need to leave it in place at least 6 to 8 hours after; do not douche or rinse the vagina for at least 6 hours after sex.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 30 may get pregnant.
- Different studies show different rates of effectiveness.

Some Risks

- Irritation.
- Allergic reactions.
- Urinary tract infection.
- If you are also using a medicine for a vaginal yeast infection, the spermicide might not work as well.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Oral Contraceptives (Combined Pill) “The Pill”



What is it?

- A pill that uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.

Some Risks

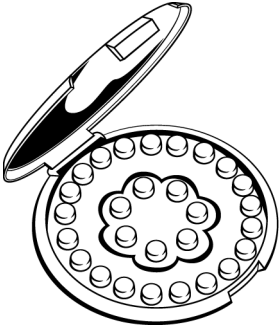
- Dizziness.
- Nausea.
- Changes in your cycle (period).
- Changes in mood.
- Weight gain.
- It is not common, but some women who take the pill develop high blood pressure. It is rare, but some women will have blood clots, heart attacks, or strokes.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Oral Contraceptives (Progestin-only) “The Pill”



What is it?

- A pill that has only the hormone progestin.
- It thickens the cervical mucus, which keeps sperm from joining with an egg.
- Less often, it stops the ovaries from releasing eggs.

How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.

Some Risks

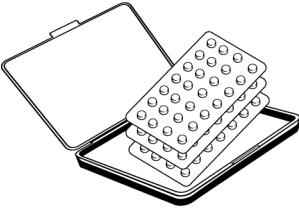
- Irregular bleeding.
- Weight gain.
- Breast tenderness.
- Less protection against ectopic pregnancy (pregnancy in the fallopian tubes) than the combination pill.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Oral-Contraceptives (Extended/Continuous Use) “The Pill”



What is it?

- A pill that uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from joining with the egg.
- These pills are designed so women have fewer or no periods.

How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.

Some Risks

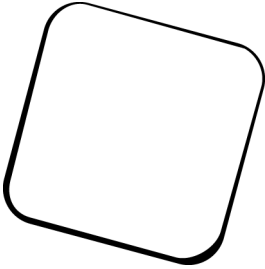
- Risks are similar to other oral contraceptives.
- You may have fewer planned periods. If you miss a scheduled period, you may be pregnant.
- You will likely have more bleeding and spotting between periods than with other oral contraceptives.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Patch



What is it?

- This is a skin patch you can wear on the lower abdomen, buttocks, or upper body.
- It uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it?

- You put on a new patch and take off the old patch once a week for 3 weeks.
- During the fourth week, you do not wear a patch and you have a menstrual period.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.
- The patch may be less effective for women who weigh more than 198 lbs.

Some Risks

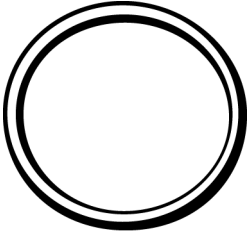
- It will expose you to higher than average levels of estrogen than most oral contraceptives.
- It is not known if serious risks, such as blood clots, are greater with the skin patch because of the greater exposure to estrogen.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Vaginal Contraceptive Ring



What is it?

- It is a flexible ring that is about 2 inches around.
- You put it into the vagina and it releases hormones (progestin and estrogen) to stop the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it?

- You put the ring into the vagina yourself.
- You need to keep the ring in your vagina for 3 weeks, then take it out for 1 week.
- If the ring falls out and stays out for more than 3 hours, you need to use another kind of birth control method until the ring has been used for 7 days in a row.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.

Some Risks

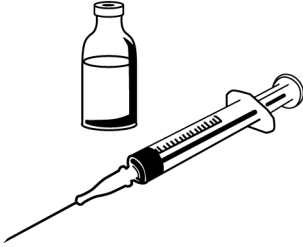
- Vaginal discharge, swelling of the vagina, and irritation.
- Other risks are similar to oral contraceptives (combined pill).

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Shot/Injection



What is it?

- A shot of the hormone progestin that stops the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it?

- You need one shot every 3 months.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- You may have bone loss if you get the shot for more than 2 years.
- Bleeding between periods.
- Weight gain.
- Breast tenderness.
- Headaches.

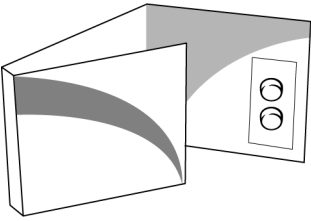
Does it protect me from sexually transmitted infections (STIs)? No.

Emergency Contraception

May be used if you do not use birth control or if your regular birth control fails
It should not be used as a regular form of birth control

Emergency Contraceptives

“The Morning After Pill”



What is it?

- These are pills with hormones (either progestin alone or progestin plus estrogen) that are similar to other oral contraceptives.
- They stop the ovaries from releasing an egg or stops sperm from joining with the egg.

How do I use it?

- You can use these after you have unprotected sex (did not use birth control).
- You can also use these if your birth control did not work (i.e. the condom broke).
- You must swallow the pills within 72 hours of having unprotected sex.
- For the best chance for it to work, you should start taking the pills as soon as possible after unprotected sex.

How do I get it?

- You can buy it over the counter if you are 18 years or older.
- If you are younger than 18, you need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- This method reduces the risk of pregnancy resulting from a single act of unprotected sex by almost 85 percent, if you take it within 72 hours.

Some Risks

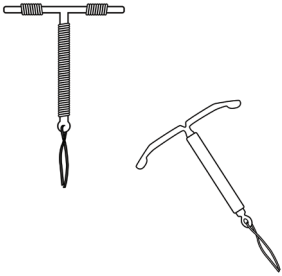
- Nausea, vomiting, abdominal pain, fatigue, and headache

Does it protect me from sexually transmitted infections (STIs)? No.

Implanted Devices

Are inserted into the body and can be kept in place for a few years

IUD



What is it?

- A T-shaped device that is put into the uterus by a healthcare provider.

How do I use it?

- After a doctor or other healthcare provider puts in the IUD, it can stay in place for 5 to 10 years, depending on the type.

How do I get it?

- You need a prescription.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- Cramps
- Bleeding
- Pelvic inflammatory disease
- Infertility
- Tear or hole in the uterus

Does it protect me from sexually transmitted infections (STIs)? No.

Implanted Devices

Are inserted into the body and can be kept in place for a few years

Implantable Rod

What is it?

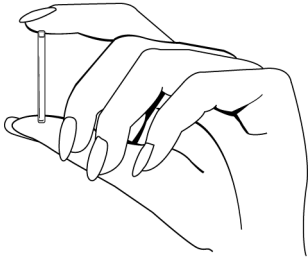
- A thin, matchstick-sized rod that contains the hormone progestin.
- It thickens the cervical mucus, which keeps sperm from joining with the egg.
- Less often, it stops the ovaries from releasing eggs.

How do I use it?

- It is put under the skin on the inside of your upper arm.
- It lasts up to 3 years.

How do I get it?

- A doctor or nurse needs to put it under the skin of your arm.
- You will get a shot in the upper arm to make the skin numb, then the rod is placed just under the skin with a needle.



Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.
- It might not work as well for overweight or obese women.
- It might not work as well if you are taking certain medicines for things like: tuberculosis (TB), seizures, depression, or HIV/AIDS.
- Tell your doctor if you are taking the herb St. John's Wort.

Some Risks

Acne, weight gain, cysts of the ovaries, mood changes, depression, hair loss, headache, upset stomach, dizziness, lower interest in sexual activity, sore breasts, and changes in your periods

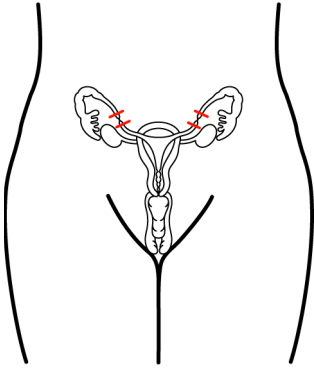
Does it protect me from sexually transmitted infections (STIs)? No.

Permanent Methods for Women

Are for women who are sure they never want to have a child or do not want any more children, **because they cannot be changed back**

Sterilization Surgery for Women

Trans-abdominal Surgical Sterilization/Surgical Implant



What is it?

- A device is placed on the outside of each fallopian tube. The woman's fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube. This stops you from getting pregnant.

How do I use it?

- This is a surgery a woman has only once.
- It is permanent.

How do I get it?

- This is a surgery you ask for. You will need a small incision (cut) below the belly button and 2 or more smaller incisions (cuts).

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- Pain
- Bleeding
- Infection or other complications after surgery
- Ectopic (tubal) pregnancy

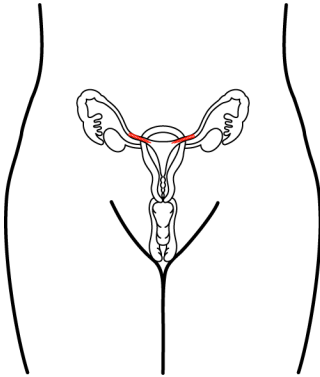
Does it protect me from sexually transmitted infections (STIs)? No.

Permanent Methods for Women

Are for women who are sure they never want to have a child or do not want any more children, **because they cannot be changed back**

Sterilization Implant for Women

Transcervical Surgical Sterilization Implant



What is it?

- Small flexible, metal coil that is put into the fallopian tubes through the vagina.
- The device works by causing scar tissue to form around the coil. This blocks the fallopian tubes and stops you from getting pregnant.

How do I use it?

- The device is put inside the fallopian tube with a special catheter.
- You need to use another birth control method during the first 3 months. You will need an X-ray to make sure the device is in the right place.
- It is permanent.

How do I get it?

- The devices are placed into the tubes using a camera placed in the uterus.
- Once the tubes are found, the devices are inserted. No skin cutting (incision) is needed.
- You may need local anesthesia.
- Since it is inserted through the vagina, you do not need an incision (cutting).

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- Mild to moderate pain after insertion
- Ectopic (tubal) pregnancy

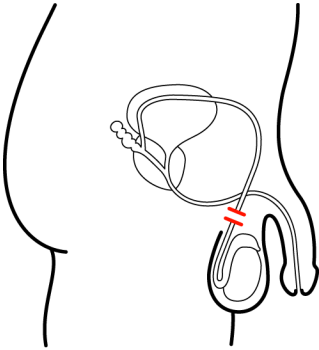
Does it protect me from sexually transmitted infections (STIs)? No.

Permanent Method for Men

This method is for men who are sure they never want to have a child or do not want any more children, **because it cannot be changed back**

Sterilization Surgery for Men

Vasectomy



What is it?

- A surgery that blocks a man's vas deferens (the tubes that carry sperm from the testes to other glands). Semen (the fluid that comes out of a man's penis) never has any sperm in it.

How do I use it?

- This is a surgery a man has only once.
- It is permanent.

How do I get it?

- A man needs to have surgery.
- Local anesthesia is used.

Possibility of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women whose partner uses this method, less than 1 may get pregnant.

Some Risks

- Pain
- Bleeding
- Infection

Does it protect me from sexually transmitted infections (STIs)? No.



FDA

Office of
Women's
Health

www.fda.gov/womens

FDA Office of Women's Health <http://www.fda.gov/womens>

To Learn More:

FDA Office of Women's Health

Birth Control Information

<http://www.fda.gov/womens/healthinformation/birthcontrol.html>

This guide should not be used in place of talking to your doctor or reading the label on your medicine bottle. The drug and risk information may change.

Check <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/> and <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/LSTSimpleSearch.cfm> for the latest facts on each product listed in this guide.