## Birth Control Methods

An overview of today’s options to help you choose what’s best for your life stage.

**Brought to you by MyLifeStages and Davis OBGyn Susan Maayah, M.D.**

<table>
<thead>
<tr>
<th>HORMONAL OPTIONS</th>
<th>How to Use</th>
<th>Effectiveness</th>
<th>Best Age</th>
<th>Cautions/Considerations</th>
</tr>
</thead>
</table>
| The Pill (21 & 28 day oral contraception) | Take 1 pill every day, as directed. Period occurs every 28 days for both. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese) | • Great for women who have menstrual pain or heavy periods.  
• May pose increased risk for migraine sufferers, smokers and those who are overweight. Be sure to tell your doctor if you fall into one of these categories.  
• Take exact weight gain, nausea or mood changes.  
• Slight risk for blood clots; minimal in healthy women. |
| Extended-cycle oral contraception | Take 1 pill every day for three months, 4 periods per year. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese) | • These pills do not contain estrogen.  
• May be prescribed in women who are breastfeeding or who do not react well to estrogen. |
| Mini pills | Take 1 pill every day. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese) | | |
| Depo-Provera Injection | Every 3 months. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese) | • Side effects can include reduction in bone density. |
| Vaginal ring (hormonal) | Insert monthly. Stays in place for 21 days. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese) | Women with blood clots, certain cancers and/or who smoke should NOT use a vaginal ring.  
• Can cause irritation and susceptibility to infection. |
| Contraceptive patch | Applies to skin. Change out weekly. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese) | • The Patch may result in higher estrogen serum levels than with combination birth control pills.  
• Follow same precautions as with the pill and vaginal ring. |
| IUD (hormonal) | Inserted in uterus. Remains for up to 5 years. | Approx 99% effective | 20s & 30s (40s if not a smoker or obese). | • Can reduce menstrual flow each month, after initial period of adjustment. Very light or no menses with Mirena.  
• Some women don’t tolerate the IUD within the uterus and may experience ongoing discomfort. |
| Emergency contraceptive pill | Take 1st pill within 72 hours after contraceptive failure or unprotected sex. Take 2nd pill 12 hours after 1st dose. | Approx 89% effective | Appropriate for any woman to prevent pregnancy after contraceptive failure or unprotected sex. | • Must be taken within 72 hours of unprotected sex.  
• Do not take if you know you are already pregnant.  
• Do not use in place of having regular contraception. |

<table>
<thead>
<tr>
<th>BARRIER METHODS</th>
<th>How to Use</th>
<th>Effectiveness</th>
<th>Best Age</th>
<th>Cautions/Considerations</th>
</tr>
</thead>
</table>
| Male condom | Wear during sex. | Approx 97% effective | 20s, 30s, 40s, 50s. | • Condoms can have a failure rate of up to 20%.  
• Allergic reactions to latex. |
| Female condom | Insert before sex. | Approx 95% effective | Best for women having sex infrequently. Can be used by people allergic to latex. | • Female condoms have a failure rate of 21%.  
• Difficulty in proper placement in the vagina.  
• Condom can slip inside the vagina.  
• Difficult to use and now even difficult to acquire as most pharmacies do not carry.  
• Female condoms are not designed to be reversible. |
| Diaphragm | Insert before sex. | Approx 94% effective | Not highly recommended for any age. | • Difficult to use and now even difficult to acquire as most pharmacies do not carry.  
• Must be fitted by a gynecologist (with future fittings necessary for weight changes, etc.).  
• Toxic shock possible if left in too long.  |
| Cervical Cap | Insert before sex. | Approx 91% effective | Best for women having sex infrequently. | • Allergic reactions and irritation.  
• Contraceptive failure if never pregnant; 74% after giving birth.  |
| Spermicide | Apply before sex. | Approx 94% effective | Women of all ages | • Spermicide has a failure rate of 20% when used alone.  
• Always use in conjunction with barrier method contraception.  
• Some women & men may be allergic to spermicides.  
• Difficult to use and now even difficult to acquire as most pharmacies do not carry.  
• Must be fitted by a gynecologist (with future fittings necessary for weight changes, etc.).  
• Toxic shock possible if left in too long.  |
| IUD (copper) | Inserted in uterus. Remains for up to 10 years. | Approx 98.5% effective | Women of all ages. | • Some women don’t tolerate the IUD within the uterus and experience ongoing discomfort. |
| Female sterilization (tubes tied) | Surgery. No action after. | Approx 99.5% effective | 40s & 50s | • Female sterilization is not designed to be reversible.  
• Reversals can be complicated and expensive. |
| Female sterilization (non-surgical) | A painless in-office procedure called “Essure” in which soft inserts are placed in the fallopian tubes to form a permanent barrier. | Approx 99.5% effective | 40s & 50s | • Female sterilization is not designed to be reversible.  
• Reversals can be complicated and expensive. |
| Male sterilization (vasectomy) | Surgery. No action after. | Approx 99.9% effective | 40s & 50s | • Male sterilization is not designed to be reversible.  
• Reversals can be complicated and expensive. |

**A Word About Hormonal Birth Control Options.** Hormonal birth control methods—particularly those delivering higher levels of estrogen—may increase a woman’s risk of blood clots, elevated blood pressure and stroke. However, the risk is minimal in healthy women. You should not use hormonal methods if you have serious heart or liver disease, known blood clotting or breast or uterine cancer.