

Methods of Contraception

by Barbara Hastings-Asatourian

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This booklet accompanies the DVD - Methods of Contraception -
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INTRODUCTION

Welcome to Methods of Contraception.

This booklet accompanies our Methods of Contraception DVD and offers supplementary information about each method of contraception featured in the DVD.

Contraceptives work in several different ways - some act as a physical barrier between sperm and egg (e.g. condoms, caps and diaphragms), some interfere with the hormone cycle (e.g. the pill, implant, injection patch, IUS, vaginal ring) and prevent ovulation (the release of an egg from the ovary each month), and others create a chemical reaction which prevents conception (IUD's and spermicides), and some methods are natural - for example avoiding sexual intercourse completely (abstinence), or periodically (natural family planning, temperature, ovulation prediction).

Effectiveness varies between the methods, but effectiveness is not always the reason a method is chosen. Choice can be about access and convenience too.

The most important thing is for people to be happy with their chosen contraceptive as this satisfaction with a method is likely to help people continue to use it successfully. Information in this new resource will hopefully help people make the best decisions, but a visit to a family planning clinic or GP is advised to make sure an individual's personal circumstances are considered.

METHODS OF CONTRACEPTION FOR MEN

Male Condoms (Sheath, 'Johnny', Rubber etc)

Latex condoms, soft, fine rubber sheaths, have a shelf life of 3-5 years, depending on how they are stored. The expiry date and kite mark on the condom packet should always be checked to make sure they are still in date. But also care must be taken to prevent damage to the latex from sharp finger nails, jewellery, heat and oil based lubricants.

The condom should be unrolled onto the man's erect penis immediately prior to intercourse and before any genital contact. Air must be expelled from the teat end and the condom is completely unrolled onto the man's penis to make space for ejaculation.

If a lubricant is needed to make intercourse more comfortable it should be water-based (e.g. KY Jelly or equivalent) and not oil-based (Vaseline, baby oil or other creams) which weaken the rubber.

After intercourse the condom should be held while the man withdraws his penis so that no sperm spills out or comes into contact with the woman's vagina, and then keeping the penis away from the partner so that there is still no chance of sperm entering the vagina, the condom should be wrapped up in tissue, safely and carefully disposed of in a bin (not down the toilet).

Its contraceptive effectiveness may be improved by adding spermicides, although this area is currently being researched, as some spermicides are now known to cause irritations which may make it easier for bacteria and viruses to enter the body. For some people it may be better to avoid contact with the irritant.

A new condom must be used each time the couple has sexual intercourse. Condoms can also be used for oral and anal sex. The condom has a major advantage over non-barrier methods. Condoms provide protection against sexually transmitted diseases, which is very important if either partner has or has had other sexual partners.

How safe and effective is the condom?

If carefully used, out of 100 couples using the condom, 2 will become pregnant each year. Without spermicide its failure rate goes up to 15:100 per year. The most common cause of condom failure is bursting or tearing.

Some say that using the condom can interfere with the spontaneity of



sexual intercourse, others say it does not if putting on the condom becomes part of lovemaking and involves both partners. The latex is so fine these days that couples can feel as though there is nothing there, especially if water based lube is used.

An excellent research based book to read about how condoms protect against infection is *Condoms* by Adrian Mindel

Vasectomy

During a minor operation, the tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed with heat. Sperm are then prevented from reaching the semen ejaculated from the penis during sex.

It is a quick and relatively painless surgical procedure, usually carried out under local anaesthetic. In most cases, people undergoing vasectomy will be able to return home the same day. A vasectomy has no effect on sex drive or ability to enjoy sex, erections or ejaculation. The only difference is that semen will not contain sperm.



Withdrawal (coitus interruptus/'being careful' or 'pulling out')

Although it is still widely practised, withdrawal is not a reliable method of contraception and is therefore **not recommended** by family planning experts.

During sexual intercourse, the man is required to withdraw his penis from the woman's vagina before ejaculating semen, therefore just before climax. This is difficult and requires a lot of self-control. Also some sperm may be present in pre- ejaculation fluid.

NB: This method offers no protection for either partner against Sexually Transmitted Infections (STI's), and so a barrier method such as a condom or femidom is advised if either partner has or has had more than one sexual partner, to increase protection.

METHODS OF CONTRACEPTION FOR WOMEN

Female Condom (Femidom)

The Female Condom is made from a soft polyurethane that is put into the woman's vagina any time prior to intercourse. The tube has 2 rings, a loose one which fits high up inside the vagina and a fixed one that holds the condom open at the entrance. Putting a Femidom in takes practice, like the Cap/diaphragm.



How safe and effective is the Femidom?

It prevents sperm reaching the egg and acts as a barrier to infection. It has a 15% failure rate as a contraceptive but is more reliable if used with spermicide.

Caps and Diaphragms

A cap or a diaphragm is a flexible rubber (or silicone) device put high into the vagina carefully with spermicide up to 3 hours before intercourse. It is left inside for at least 6 hours after intercourse so that the spermicide can effectively kill the sperm.

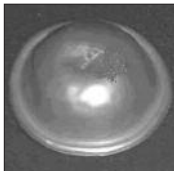
The cap (silicone)

Caps and diaphragms form a barrier to sperm at the cervix. Each woman is different and so a family planning doctor or nurse measures the diameter needed inside the vagina by doing an internal examination. Pregnancy, weight gain and weight loss can alter the required size.



The diaphragm

Women using a caps or diaphragm need to be committed and use it regularly. Some say that using the cap can interfere with the spontaneity of intercourse, others say it does not if it is inserted in a routine sort of way, rather than just before having sex.



How safe and effective are caps & diaphragms?

With careful use and the use of spermicide, 4-8 out of 100 women using them over a year will become pregnant. This can be as high as 18-20 out of 100 with less careful use. Rubber caps/diaphragms are washable. Silicone caps are used once only (like condoms) and are disposable.

How to put a diaphragm in

- 1 Spermicidal cream or gel is added to both sides of the diaphragm, or a spermicidal pessary or foam is inserted into the vagina. Then the diaphragm is squeezed into a narrow shape like a tampon.
- 2 The diaphragm is pushed carefully into the vagina as high as it will go.
- 3 The front of the diaphragm fits behind the pubic bone and the back fits over and behind the neck of the womb, so that the diaphragm covers the neck of the womb. The centre of the diaphragm should cover the cervix. The neck of the womb should feel like a small lump just beneath the diaphragm. Some people say that through the diaphragm the cervix feels like the end of the nose.

Spermicides

Spermicides are available as cream, jelly, foam, pessary or film. They are inserted high into the vagina before intercourse. They should kill any sperm or act as a barrier to their movement into the womb. Used alone they are not very reliable. The only currently recommended use for spermicide is with the cap or diaphragm. Each time a person has intercourse more spermicide needs to be added.



The Pill (Oral Contraceptive)

There are two main types of Contraceptive Pill - combined oestrogen and progesterone pills and progestogen only pills. One pill is taken at the same time every day for 21 or 28 consecutive days, depending on the type and brand of pill prescribed.

Combined pills work three ways - firstly, one of the hormones (oestrogen) stops the egg from being released (stops ovulation).



Secondly, the other hormone (progestogen) makes the lining of the womb thinner and less able to implant a fertilised egg. That's why a woman's periods usually become lighter and less painful when she is on the pill. Thirdly, progestogens also make the mucus tougher at the neck of the womb (cervix) so that sperm can't get in as easily, and are less likely to survive.

Some pills are taken for 21 days and then the woman has a pill free week, when she has a withdrawal bleed like a light period. Some packets have 7 dummy pills to help women get into the habit of taking pills every day, but she still has a withdrawal bleed.

Progestogen only pills usually make the lining of the womb and cervical mucus change, and sometimes also cause ovulation to stop. These are taken continuously with no break between the packets, and it is more critical that these are taken at exactly the same time of day.

No protection against infection.

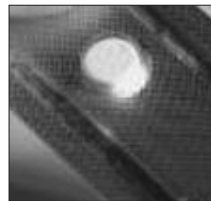
Emergency Contraceptive Pills

The most commonly used emergency contraceptive pills are Levonelle (Levonorgestrel, a progestogen only pill). These are taken within 72 hours of unprotected intercourse. They are more effective in preventing pregnancy the sooner they are taken.

Levonelle is one dose of progesterone taken once only.

This is recommended in an emergency. A barrier method, like a condom or femidom is advised for regular contraception if either partner has or has had more than one sexual partner, to increase protection against sexually transmitted infections.

Some people mistakenly believe that Emergency Contraception causes abortion. This is not the case. EC is administered within 72 hours (pills) and 5 days (IUD) of sexual intercourse, therefore prior to implantation of a fertilised egg. Abortion can only take place after implantation of the fertilised egg into the lining of the uterus. (Implantation would be determined by detecting the presence of a hormone in the woman's urine – the 'pregnancy test'.)



Injectable Contraceptives

Like the progestogen only pill, these work by making the womb lining thinner and the cervical mucus more hostile to sperm. Some women will also stop ovulating. Progestogen (for example Depo-Provera or Noristerat) is injected deep into the muscle every 3 (or 2) months. Once absorbed it works very much like the progesterone only pill except there is no worry about vomiting and diarrhoea preventing absorption.



Implant

A Progestogen Implant (for example Implanon) is placed under the skin every 3 years by a specially trained person at a clinic. Periods may become irregular and eventually stop. Once in place it works like the progestogen only pill except there is no worry about vomiting and diarrhoeas preventing absorption.



The Hormonal Patch

The hormonal patch is applied to the skin and left in place for a week at a time for three consecutive weeks. During the 4th patch free week the woman experiences a withdrawal bleed, and then resumes the use of the patch exactly seven days after removing the third patch. Hormone is absorbed through the skin into the blood stream. There is no worry about vomiting and diarrhoea preventing absorption.

It works like the combined oral contraceptive pill.



How safe and effective are hormonal methods?

These methods are very effective as contraceptives but offer no protection against sexually transmitted infections. A condom used with any of these

methods would add protection against sexually transmitted infection, if either partner has or has had more than one sexual partner.

Fewer than 1 in 100 women will become pregnant in a year of using the Injectable contraceptive or implants.

The Intra Uterine System (IUS)

The IUS or Mirena is a combination of IUD and the hormone Progestogen. It stays inside the uterus for up to 5 years. Eventually it may cause periods to become light, short or stop. Like the Progestogen only Pills and Depo Provera injections it can cause irregular bleeding at first and some women experience headaches, acne and sore breasts.



How safe and effective is the IUS?

It is very reliable as a contraceptive (1 failure per 100 per year). It is slightly harder to insert than the IUD and must be inserted by an expert family planning doctor. Regular checks of the threads should be carried out. No protection against infection.

The Vaginal Ring

The vaginal ring is inserted into the vagina and left in place for 3 weeks. There is a ring free week when a withdrawal bleed occurs, and then a new ring is inserted at the start of week one again. Hormones are absorbed through the vaginal wall into the blood stream. The ring works like the combined oral contraceptive pill. There is no worry about vomiting and diarrhoea preventing absorption.



Intra Uterine Devices (IUD's IUCD's, 'Coils')

An IUD is a small plastic device inserted into the uterus or womb through the cervix by a trained doctor. An IUD prevents sperm meeting egg and implanting into the womb. Once fitted fine threads hang down into the vagina through the cervix, which the woman checks after each menstrual

period to make sure it has stayed in place. There are several kinds of device. The T-shaped IUD is the most commonly used IUD.

Some IUD's stay in the uterus for 3 years, some much longer, even up to 10 years, with 5 years being an average.

All can be used as emergency contraception, up to 5 days after unprotected intercourse and can remain in situ after menstruation, the same IUD becomes the long acting reversible contraceptive after emergency use.

A woman's sexual history needs to be taken into account before insertion, in case she is at risk of STI's or already has a STI (especially chlamydia). Tests can be carried out to detect infection before inserting the IUD, to prevent complications in the future (e.g. pelvic infection resulting in pain and/or infertility).

Some women find their periods are heavier, longer and more painful when they have an IUD in. Introducing a device into the uterus might cause infection. Regular checks should be carried out at the family planning clinic. The most popular thing about the IUD is that nothing has to be remembered at the time of intercourse, and it can stay in for many years.



How safe and effective is the IUD?

It is very effective as a contraceptive with 1-2 pregnancies per 100 women using the IUD in a year.

NB: IUD's do not offer any protection from sexually transmitted infections, so a condom/femidom would also be recommended if either partner has or has had more than one sexual partner. If either partner has or has had other sexual partners, screening for sexually transmitted infections (particularly chlamydia), may be offered at the time of fitting and treatment started (to prevent complications of STI's like pelvic infection which may lead to infertility).

Natural Family Planning (NFP) / Fertility Awareness

This method helps couples to:

- Recognise changes in a woman's fertility by changes in the menstrual cycle
- Understand what happens at ovulation
- Understand that sperm live for a number of days in ideal conditions
- Use this knowledge to plan or avoid pregnancy

Natural Family Planning is usually taught over several months, and is recommended by the Roman Catholic Church. A woman makes a note of the dates of her periods over several months to predict her most likely fertile days. She may also take her temperature and record it on a chart because temperature rises slightly around ovulation. She may examine her cervix for changes in its position and 'feel'. It is softer, slightly more open and a little lower down in the vagina around ovulation. She may examine the changes in the consistency and amount of discharge from her vagina. The mucus from the cervix (neck of the womb) changes throughout the menstrual cycle. It is more like uncooked egg white at ovulation (receptive of sperm), and becomes tough and thicker afterwards (more hostile to sperm).

Some women are also aware of a pain in the lower abdomen on one or other side at ovulation time. (This pain is known as 'Mittelschmerz': German for mid-cycle pain). If they have a regular cycle they might be able to predict ovulation.

It is cheap and easy to access, but takes time to learn. The method requires a lot of self-control, because sexual intercourse is avoided for several days (<7> days) around predicted ovulation time. It needs motivation and commitment and not every ovulation can be predicted. Visit www.fertilityUK.org for more information

How safe and effective is Natural Family Planning?

Reports of its success/failure rate are variable: Out of 100 women using Natural Family Planning between 7 and 20 will become pregnant every year.

A small computerised device on the market (Persona), measures two hormone levels in the woman's urine over a few menstrual cycles to assist natural family planning, but a disadvantage might be that it costs £60 for the device then £10 per month for the urine testing sticks.

NFP offers no protection against sexually transmitted diseases and so a barrier method would also be recommended, if either partner has or has had more than one sexual partner.

Female Sterilisation

This surgical operation is sometimes called tubal ligation or tubal occlusion and is a final method of contraception, when a person's family is complete. It is difficult to reverse predictably and successfully so the woman will need to discuss all the options available first before making a final decision. Needless to say it does not protect from infection and so if a person is not sure of her partner's sexual history she should use a barrier method to protect from STI's and HIV.

