

THIRD EDITION

Natural methods Transdermal patch
Vaginal ring Injectable contraceptive
Oral contraceptives Sponge and spermicides
Female condom

Choosing a **contraceptive** that's right for **u**

CONTRAcption

Male sterilization

Diaphragm and cervical cap Male condom

Intrauterine system (IUS) Female sterilization

Intrauterine device (IUD)

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The Foundation for the
Promotion of Sexual
and Reproductive Health

Administered by the Society of Obstetricians and Gynaecologists of Canada



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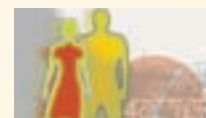
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Introduction

If you are choosing a method of contraception, there are now many options available to you.

Your decision may be influenced by your lifestyle, personal habits, medical history, the current status of your family, and plans for future pregnancies. Your likes and dislikes should be taken into account. In addition, your sexual partner or partners may influence your decisions about contraceptive choices.

You may wish to review the options with your physician or other health-care provider. They will be able to answer your questions and help you make the decisions that are best for you.

Whatever you decide, it's important that you evaluate all the facts. Every woman is different, and what works for one may not work for another. Furthermore, the most appropriate method of contraception may be different at different times of your life. The effectiveness of each form of contraception also varies. The chart below introduces the various contraceptive methods according to their level of success in preventing unintended pregnancies. Please note that the order in which this flipchart introduces each method of contraception generally follows the order

in which they are presented in the 'effectiveness chart'. In addition to information about each individual form of contraception, this flipchart also contains sections on emergency contraception, missed contraceptives and extended wear of the transdermal contraceptive patch and vaginal contraceptive ring.

We hope you **will find this chart helpful** in making an informed decision that is best for you.

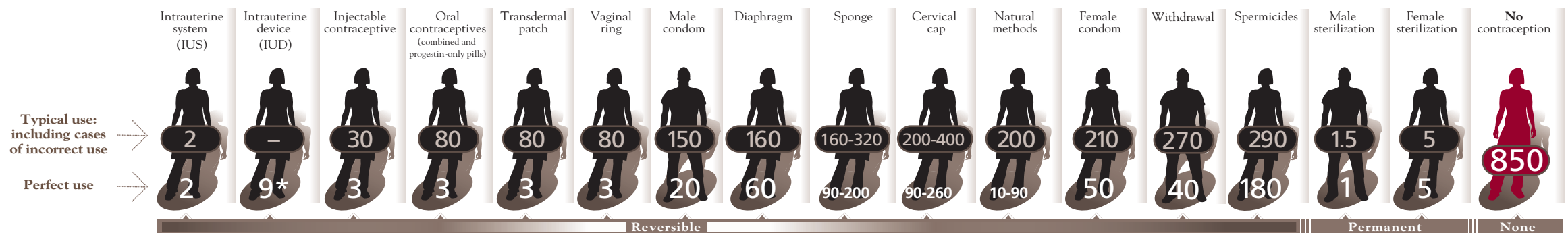


850 per 1000

unintended pregnancies occur using no contraception

Unintended pregnancies with various contraceptive methods

Numbers given are pregnancies for every 1000 women during first year of use

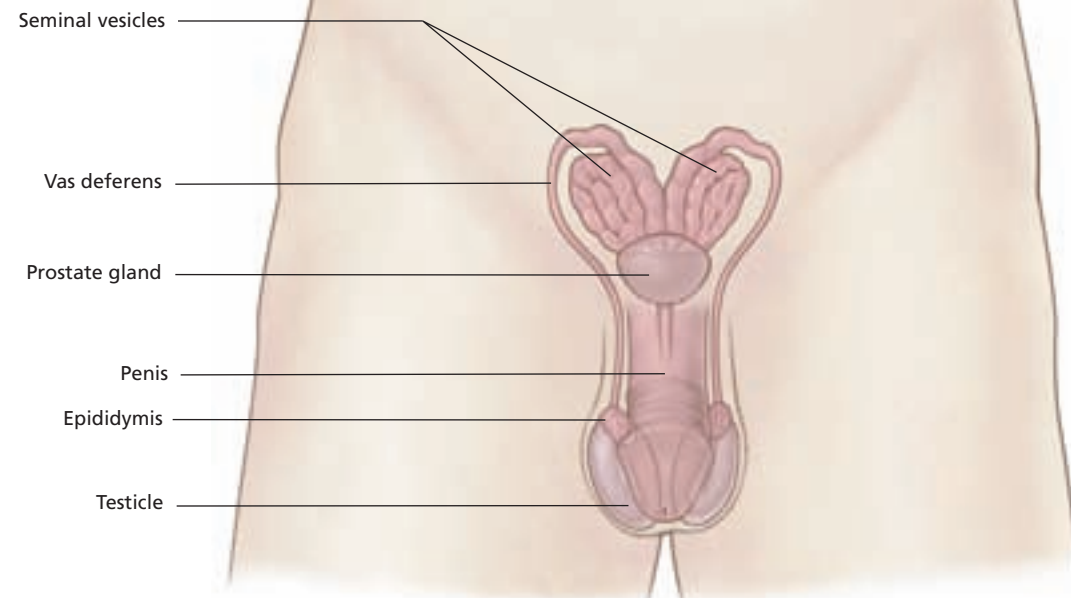
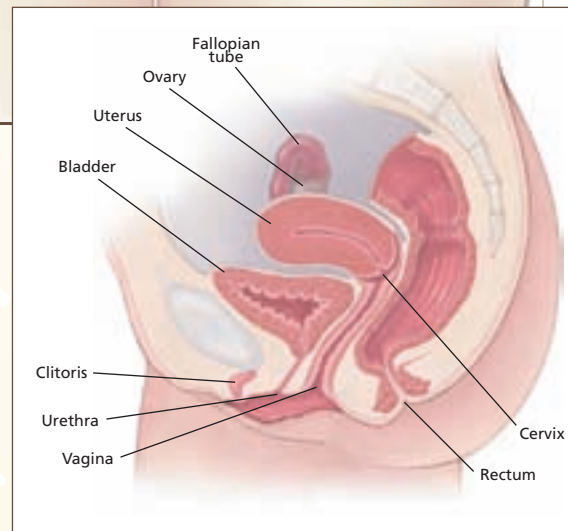
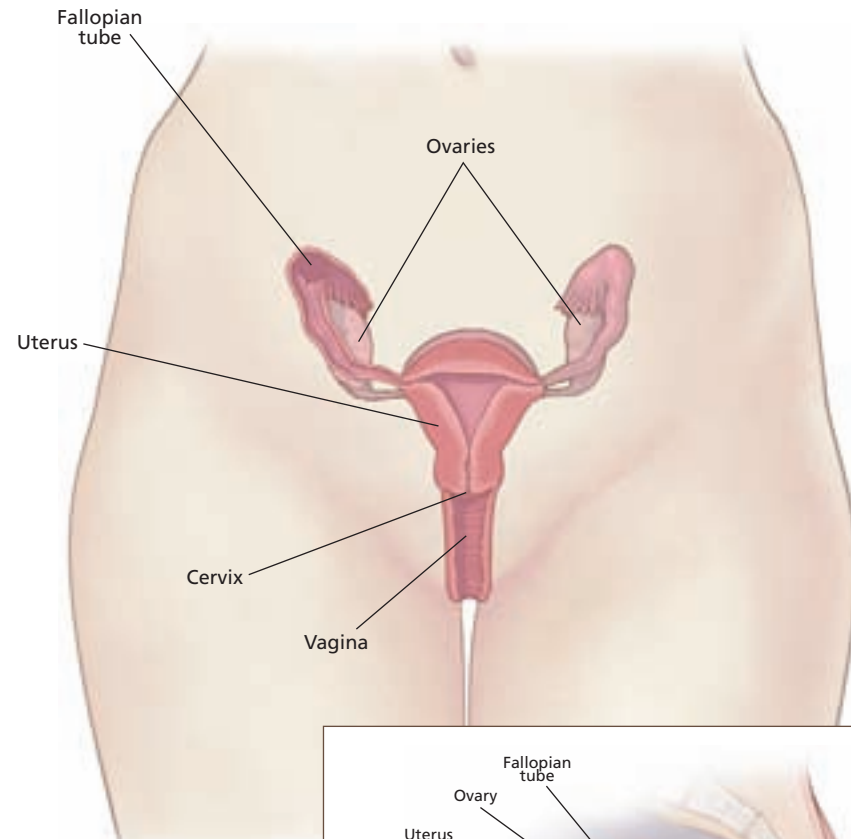


*This perfect use failure rate corresponds to the Nova-T 200. The typical use failure rate of the Nova-T 200 is likely slightly superior.

Adapted from Trussell 2007, Trussell 2004, Black 2004 and Andersson 1994.

Female and male reproductive systems

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Intrauterine system



typical use
2 per 1000
unintended pregnancies
perfect use 2 per 1000

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The “IUS” This is a long-acting method of reversible contraception that can remain in place for up to five years. It may be a good choice for women who have trouble following a daily, weekly, or monthly routine.



What is it?

- A T-shaped device that contains a hormone called levonorgestrel (a progestin). It does not contain estrogen.
- The hormone is released slowly over time and acts on the lining of the uterus.
- Your health-care provider inserts the IUS into your uterus in their office/clinic
- Two threads may be felt in the vagina, so a woman can check for herself to ensure that the IUS is still in place

How does it work?

- Thickens the cervical mucus making it difficult for sperm to reach the egg
- Changes the lining of the uterus to prevent implantation
- Changes the endometrial chemistry to decrease the sperm’s ability to fertilize an egg
- In some women, it may prevent the ovary from releasing an egg

Typical use failure rate: 2 per 1000 women per year

What are the advantages?

1. Long-acting contraceptive (can be left in place for up to five years)
2. No daily contraceptive routine required
3. Does not interfere with intercourse
4. May reduce menstrual flow and cramps
5. May reduce pain due to endometriosis
6. May lower the risk of endometrial cancer
7. Some IUS users may stop having menstrual cycles while the IUS is in place
8. May be suitable for women who cannot take estrogen
9. May be suitable for women over the age of 35 who smoke
10. May be suitable for breastfeeding women
11. When used with a male condom (dual protection), IUS users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

1. May cause irregular bleeding or spotting in the first months after insertion
2. Perforation of the uterus may occur at the time of insertion, but this is rare
3. Insertion may be uncomfortable or painful
4. May fall out of the uterus (occurs in up to 6% of IUS users during the five years of use)
5. Must be inserted and removed by a health-care provider
6. Should not be inserted in women who have had an STI or pelvic infection within the last three months
7. Does not protect against STIs

Copper intrauterine device



perfect use
9 per 1000
unintended pregnancies

*typical use – no data available

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The “IUD” This is a long-acting method of reversible contraception that can remain in place for up to five years. It may be a good choice for women who have trouble following a daily, weekly, or monthly routine.



How does it work?

- Changes the endometrial chemistry to decrease the sperm’s ability to fertilize an egg
- Decreases the sperm’s ability to get through the cervical mucus

Typical use failure rate: The typical use failure rate of the Nova-T 200 is likely slightly superior to his perfect use failure rate of 9 per 1000 women per year

What is it?

- A T-shaped device with a copper wire around it
- Your health-care provider inserts the IUD into your uterus in their office/clinic
- Two threads may be felt in the vagina, so a woman can check for herself to ensure that the IUD is still in place

What are the advantages?

1. Long-acting contraceptive (can be left in place for up to five years)
2. No daily contraceptive routine required
3. Does not interfere with intercourse
4. May reduce the risk of endometrial cancer
5. No hormones
6. When used with a male condom (dual protection), IUD users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

1. May cause irregular bleeding or spotting in the first months after insertion
2. May increase menstrual bleeding or menstrual cramping
3. Perforation of the uterus may occur at the time of insertion, but this is rare
4. Insertion may be uncomfortable or painful
5. May fall out of the uterus (occurs in 7% of IUD users during the five years of use)
6. Must be inserted and removed by a health-care provider
7. Should not be inserted in women who have had an STI or pelvic infection within the last three months
8. Does not protect against STIs

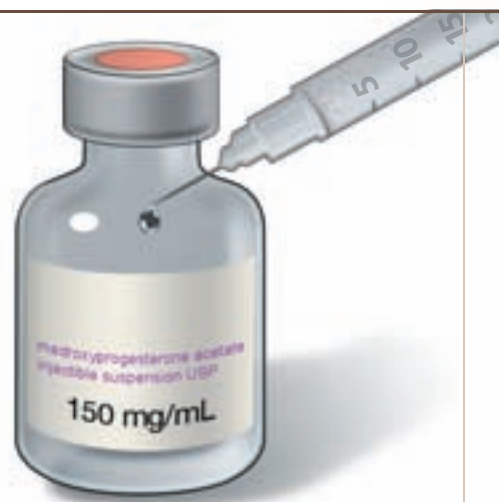
*This perfect use failure rate corresponds to the Nova-T 200. The typical use failure rate of the Nova-T 200 is likely slightly superior.

Injectable contraceptive



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The “shot” This is a highly effective and reversible method of contraception. The injection is given four times a year, so it may be a good choice for women who have trouble following a daily, weekly, or monthly routine.



How does it work?

- Prevents the ovary from releasing an egg
- Thickens the cervical mucus making it difficult for sperm to reach the egg
- Changes the lining of the uterus making implantation difficult

Typical use failure rate: 30 per 1000 women per year

What is it?

- It contains only one hormone called progesterone. It does not contain estrogen.
- The injection is given by a health-care professional in the upper arm or buttocks every 12 to 13 weeks (four times a year)

What are the advantages?

1. One of the most effective reversible birth control methods available
2. No daily contraceptive routine required. One injection lasts for three months
3. After one year, over 50% of women using this method will stop having periods. After two years of use, more than 66% of women will stop having periods
4. Reduces menstrual cramps
5. May improve symptoms of endometriosis, premenstrual syndrome, and chronic pelvic pain
6. Reduces the risk of endometrial cancer
7. Reduces the frequency of seizures in epilepsy
8. Effectiveness is not affected by most medications
9. May be suitable for women who cannot take estrogen
10. May be suitable for women over the age of 35 who smoke
11. May be suitable for breastfeeding women
12. When used with male condoms (dual protection), injection users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

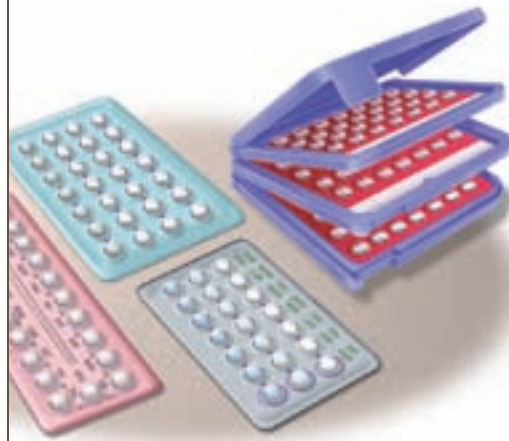
1. Initially, irregular bleeding is quite common
2. Causes a decrease in bone mineral density which may return to normal when a woman stops using the injection
3. May be associated with weight gain in some women
4. Takes an average of nine months after the last injection for the ovaries to start releasing eggs again
5. The lack of a monthly period may be bothersome for some women
6. Must be administered by a health-care professional
7. Does not protect against STIs

Combined oral contraceptives



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The “pill” This is the most popular method of birth control. It is a highly effective and reversible method of contraception. It must be taken every day, at the same time. It is a good choice for women who are comfortable following a daily routine.



- Available under a variety of brand names with various strengths and formulations. They come in packs of 21, 28, or 91 pills.
- Sometimes, the pill can be taken continuously (no hormone-free interval) in order to avoid or delay periods.
- Prescribed by physicians, although in some cases a nurse can initiate them.

How does it work?

- Prevents the ovary from releasing an egg
- Thickens the cervical mucus making it difficult for sperm to reach the egg
- Changes the lining of the uterus making implantation difficult

Typical use failure rate: 80 per 1000 women per year

What is it?

- Prescription tablets taken once a day, at a specific time.
- Contains two types of hormones: estrogen and progestin

What are the advantages?

1. Effective and reversible (not permanent)
2. Does not interfere with intercourse
3. Regulates menstrual cycle and reduces menstrual flow and cramps
4. Decreases acne and hirsutism
5. Reduces the risks of endometrial and ovarian cancers
6. May reduce perimenopausal symptoms
7. Decreases premenstrual symptoms
8. When used with male condoms (dual protection), oral contraception users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

1. Must be taken every day, at the same time
2. May cause irregular bleeding or spotting
3. May cause breast tenderness, nausea, or headaches
4. May increase the risk of blood clots, particularly in women who have certain blood disorders or a family history of blood clots
5. Effectiveness may be reduced by other medications
6. Should not be used by women who cannot take estrogen
7. Should not be used by women over the age of 35 who smoke
8. May not be suitable for breastfeeding women
9. Does not protect against STIs

Progestin-only oral contraceptives



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The “mini-pill” This is a contraceptive method that is effective when taken according to the instructions. A pill must be taken at the same time, every day, so it should only be used by women who are comfortable with a daily routine.



- Available only in packs of 28 pills.
- There is no hormone-free interval.
- Prescribed by physicians, although in some cases a nurse can initiate them.

How does it work?

- Thickens the cervical mucus making it difficult for sperm to reach the egg
- Changes the lining of the uterus making implantation difficult
- May sometimes inhibit the release of an egg

Typical use failure rate: 80 per 1000 women per year

What is it?

- Prescription tablets taken once a day, at a specific time.
- Contains progestin only (no estrogen)

What are the advantages?

1. Effective and reversible (not permanent)
2. Does not interfere with intercourse
3. May reduce menstrual flow and cramps
4. May decrease premenstrual symptoms
5. May be suitable for women who cannot take estrogen
6. May be suitable for women over the age of 35 who smoke
7. May be suitable for breastfeeding women
8. When used with male condoms (dual protection), progestin-only pill users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

1. Must be taken every day, at the same time
2. May cause irregular bleeding or spotting
3. May cause breast tenderness, abdominal bloating, acne or headaches
4. Effectiveness may be reduced by other medications
5. Does not protect against STIs

Transdermal contraceptive patch



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The “patch” This is a highly effective and reversible method of contraception. The patch is applied to the skin. It is removed and replaced once a week. It may be a good choice for women who have trouble following a daily routine.



How does it work?

- Prevents the ovary from releasing an egg
- Thickens the cervical mucus making it difficult for sperm to reach the egg
- Changes the lining of the uterus making implantation difficult

Typical use failure rate: 80 per 1000 women per year

What is it?

- A patch that slowly releases hormones (estrogen and progestin) through the skin, daily.
- Can be placed on the buttocks, upper outer arms, lower abdomen, or upper torso (but not the breast)
- A new patch is applied once a week, for three weeks, followed by one week without a patch

What are the advantages?

1. Effective and reversible (not permanent)
2. Once-a-week regimen; no daily contraceptive routine required
3. Does not interfere with intercourse
4. Regulates the menstrual cycle and reduces menstrual flow and cramps
5. Expected to provide non-contraceptive benefits similar to oral contraceptives; research is needed
6. When used with male condoms (dual protection), patch users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

1. May cause irregular bleeding or spotting
2. May cause breast tenderness, nausea or headaches
3. Patch may detach from skin (less than 2%)
4. Possible skin irritation at the application site
5. May increase the risk of blood clots, particularly in women who have certain blood disorders or a family history of blood clots
6. May not be suitable for women who weigh more than 198 pounds
7. Effectiveness may be reduced by other medications
8. Should not be used by women who cannot take estrogen
9. Should not be used by women over the age of 35 who smoke
10. May not be suitable for breastfeeding women
11. Does not protect against STIs

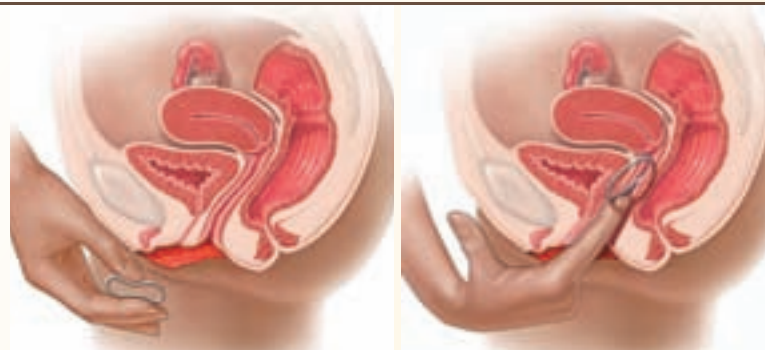
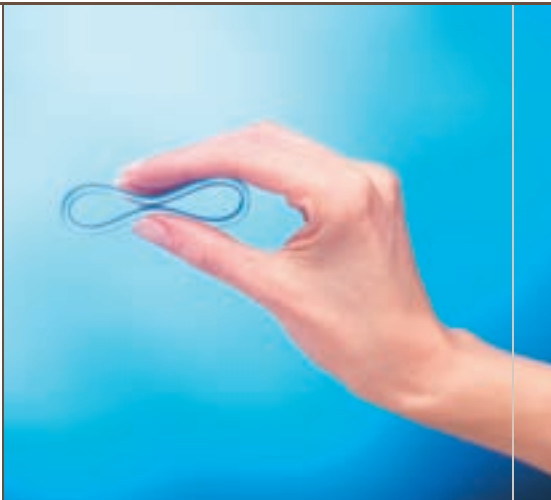
Vaginal contraceptive ring



typical use
80 per 1000
unintended pregnancies
perfect use 3 per 1000

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The “ring” This is a highly effective and reversible method of contraception. It is a flexible ring that is inserted into the vagina for three weeks and then removed for one week. It may be a good choice for women who have trouble following a daily routine.



What is it?

- A flexible, nearly transparent ring that measures 54 mm (about 2 inches) across
- The ring releases a continuous dose of hormones (estrogen and progestin) for three weeks, while it is in the vagina

How does it work?

- Prevents the ovary from releasing an egg
- Thickens the cervical mucus making it difficult for sperm to reach the egg
- Changes the lining of the uterus making implantation difficult

Typical use failure rate: 80 per 1000 women per year

What are the advantages?

1. Effective and reversible (not permanent)
2. Once-a-month regimen; no daily contraceptive routine required
3. Does not interfere with intercourse
4. Regulates the menstrual cycle and reduces menstrual flow and cramps
5. Expected to provide non-contraceptive benefits similar to oral contraceptives; research is needed
6. When used with male condoms (dual protection), ring users will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness

What are the disadvantages?

1. May cause irregular bleeding or spotting
2. May cause breast tenderness, nausea, or headaches
3. May cause vaginal discomfort or irritation
4. The ring may fall out of the vagina (not common)
5. May increase the risk of blood clots, particularly in women who have certain blood disorders or a family history of blood clots
6. Effectiveness may be reduced by other medications
7. Should not be used by women who cannot take estrogen
8. Should not be used by women over the age of 35 who smoke
9. May not be suitable for breastfeeding women
10. Does not protect against STIs

Male condom



typical use
150 per 1000
unintended pregnancies

perfect use 20 per 1000

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Male condoms are inexpensive, readily available without a prescription, and used only at the time of intercourse. Latex condoms are also effective in preventing most sexually transmitted infections (STIs). Male condoms require that both partners participate in contraception.



What is it?

- A soft disposable sheath
- Available in various shapes, sizes, thicknesses, colours, and flavours
- Most are latex, but non-latex condoms are also available in polyurethane and lambskin
- Some condoms contain a spermicide (nonoxynol-9); however there is no proof that these are more effective than regular condoms

How does it work?

- Fits over the erect penis
- Acts as a physical barrier preventing direct contact between the penis and the vagina, and preventing the exchange of body fluids.
- Traps the sperm in the condom so it cannot fertilize the egg.
- The condom is thrown away after intercourse. A new one must be used for each repeated act of intercourse.

Typical use failure rate: 150 per 1000 women per year

What are the advantages?

1. Widely available without a prescription
2. Inexpensive
3. Latex and polyurethane condoms protect against STIs
4. Allows the male partner to assume some responsibility for birth control
5. Both partners can participate in their use
6. May help the wearer avoid premature ejaculation
7. No hormones
8. May be used with other contraceptive methods (dual protection) to increase their contraceptive effectiveness

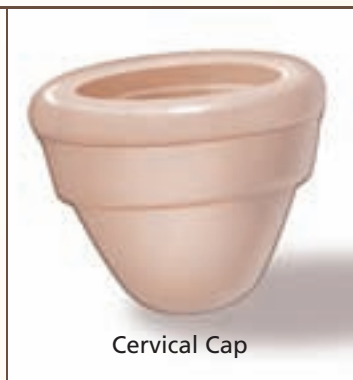
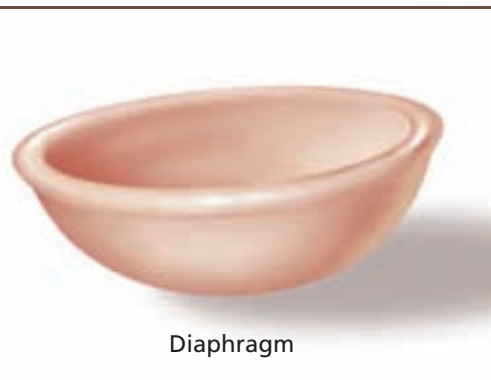
What are the disadvantages?

1. Must be available at time of intercourse
2. May reduce sexual spontaneity
3. Must be stored and handled properly
4. May slip or break during intercourse
5. The use of spermicide may cause irritation of the vaginal and rectal walls and increase the risks of contracting human immunodeficiency virus (HIV)
6. People with latex allergies cannot use latex condoms, but may be able to use non-latex condoms
7. May reduce sensitivity for either partner
8. May interfere with the maintenance of an erection
9. Lambskin condoms do not protect against STIs

Diaphragm and cervical cap



The diaphragm and cervical cap are barrier methods. They are used only at the time of intercourse. These methods can potentially help to prevent certain sexually transmitted infections (STIs).



What are they?

- Intravaginal barrier methods that are used together with a spermicide
- The diaphragm is a latex or silicone dome with a flexible steel ring around its edge
- The cervical cap is a thimble-shaped silicone cap
- Positioned into the vagina and over the cervix before intercourse
- A pelvic exam must be done by a qualified health-care professional to fit diaphragms and cervical caps

How do they work?

- When positioned properly, they block the entry to the uterus so sperm cannot enter and fertilize the egg
- Must be left in the vagina for 6–8 hours after intercourse. Spermicide should be reapplied in the vagina for each repeated act of intercourse (optional for the cervical cap)

Diaphragm:

Typical use failure rate: 160 per 1000 women per year

Cervical Cap:

Typical use failure rate: 200-400 per 1000 women per year

What are the advantages?

1. Used only at time of intercourse
2. Woman is in charge of placement and use
3. No hormones
4. Protects against some STIs
5. May also be used with a male condom (dual protection) to provide further protection against STIs and increased contraceptive effectiveness

What are the disadvantages?

1. Must be available at time of intercourse
2. Requires proper insertion technique
3. Pelvic exam is required before using this method
4. The use of spermicide may cause irritation of the vaginal and rectal walls and increase the risks of contracting human immunodeficiency virus (HIV)
5. Cannot be used by people who are allergic to spermicides
6. Diaphragm may increase the risk of persistent urinary tract infection
7. Cervical cap should not be used during menstruation
8. Cervical cap may cause vaginal odour and discharge
9. May become dislodged during intercourse
10. If left in the vagina longer than the recommended time, symptoms of toxic shock syndrome may occur
11. Does not protect against certain STIs

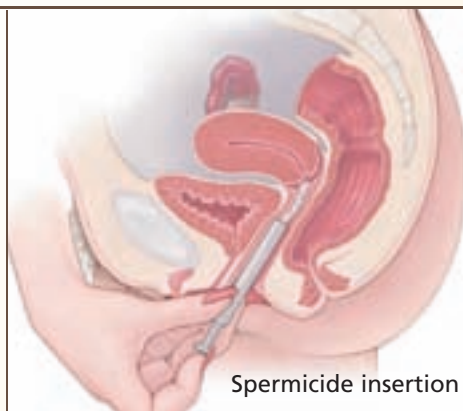
Sponge and spermicides



The contraceptive sponge is a transvaginal barrier method containing a spermicide. This method does not require a fitting from a health-care professional and is available in one standard size. It is sold in pharmacies without a prescription. It is used only at the time of intercourse.



Sponge



Spermicide insertion

What are they?

- The sponge is a soft, disposable, polyurethane foam device impregnated with a spermicide
- Spermicides come in several forms, including creams, jellies, tablets, suppositories, foams, and film

How do they work?

Sponge

- Fits over the cervix
- Traps and absorbs sperm to augment effect of spermicide
- Spermicide in the sponge impairs the sperm
- Effective for up to 12 hours

Spermicides

- Contain an ingredient that impairs sperm
- Should be used with another form of contraception

Sponge:

Typical use failure rate: 160-320 per 1000 women per year

Spermicide used alone:

Typical use failure rate: 290 per 1000 women per year

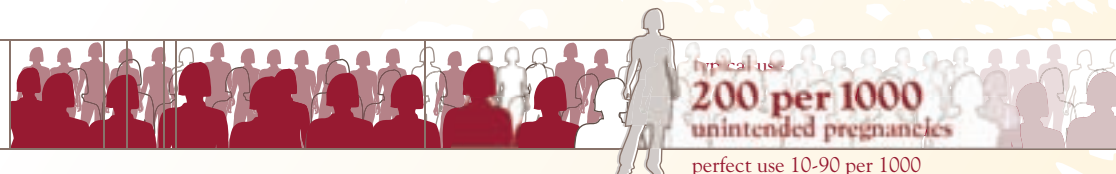
What are the advantages?

1. Used only at time of intercourse
2. Woman is in charge of placement and use
3. Does not require a fitting by a health-care professional
4. Spermicide may provide added lubrication
5. No hormones
6. When used with a male condom (dual protection), sponge and spermicide users may have further protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness.

What are the disadvantages?

1. Must be available at time of intercourse
2. Requires proper insertion technique
3. Spermicide must be inserted into the vagina in advance (time depends on product)
4. The use of spermicide may cause irritation of the vaginal and rectal walls and increase the risks of contracting human immunodeficiency virus (HIV)
5. Cannot be used by people who are allergic to spermicides
6. If left in the vagina longer than the recommended time, symptoms of toxic shock syndrome may occur
7. Does not protect against certain STIs

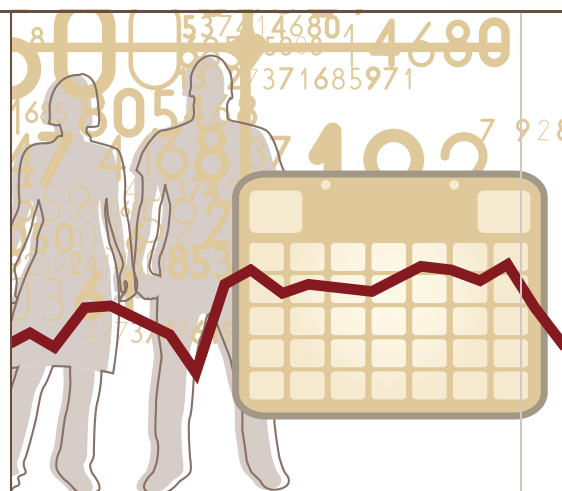
Sympto-thermal control and Calendar method



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These natural methods require that a woman monitor and understand her menstrual cycle. This allows her to detect the changes in her body throughout her menstrual cycles to avoid getting pregnant. Using these physical changes, a woman may determine the expected timing of ovulation and identify her

most vulnerable times of becoming pregnant.



How does it work?

- The **sympto-thermal control** method consists of measuring a woman's basal body temperature and identifying changes in her cervical mucus. This helps her determine the moment of her ovulation as well as the period of her fertility. It is considered to be the most effective of all the natural family planning methods.
- For the **calendar method**, the woman determines the start of her fertility period by subtracting 20 days from her shortest menstrual cycle. To determine the end of the fertility period, she subtracts 10 days from her longest menstrual cycle.
- The fertility period is when a woman is most likely to become pregnant after having unprotected sexual intercourse.
- Unprotected sexual intercourse must be avoided during the fertility period, an 8 to 10 day period each month. Women may also use other methods of contraception during this time period.
- The effectiveness depends greatly on a woman's methods used, her motivation, and her experience.

Typical use failure rate (for both methods):
200 per 1000 women per year

What is it?

- **Sympto-thermal control** is when a woman monitors her menstrual cycle in order to determine the timing of ovulation.
- The **calendar method** is when a woman tracks the days of her menstrual cycle on a calendar, for several months, to identify her fertility period.

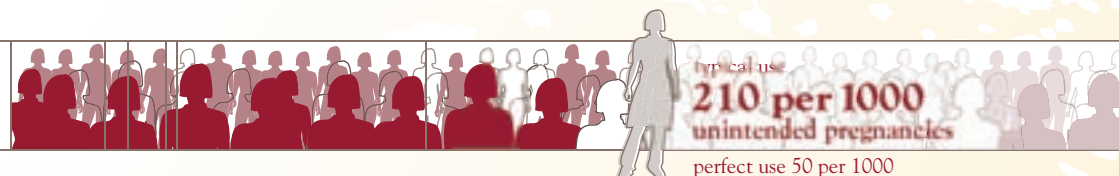
What are the advantages?

1. Allows the woman to know her body and follow her menstrual cycle
2. The information on fertility may help with future pregnancy planning
3. Cost-effective
4. No hormones
5. When used with male condoms (dual protection), women will also have some protection against sexually transmitted infections (STIs) and increased contraceptive effectiveness.

What are the disadvantages?

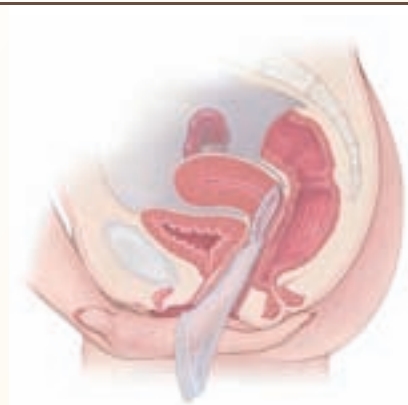
1. Demands motivation, willingness, and a period of abstinence
2. Requires time and effort to learn the correct use of the method
3. Affects sexual spontaneity
4. Does not protect against STIs
5. Not an option for women who have irregular menstrual cycles or post-partum (calendar method only).

Female condom



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This is a barrier method of contraception that is placed in the vagina before intercourse. It can also provide protection against some sexually transmitted infections (STIs).



What is it?

- Soft, disposable, polyurethane sheath
- Available in drugstores or online without a prescription

How does it work?

- Lines the vagina completely, preventing direct contact between the penis and the vagina, and preventing the exchange of body fluids
- Traps the sperm in the condom so it cannot fertilize the egg.
- The condom is thrown away after intercourse. A new one must be used for each repeated act of intercourse.

Typical use failure rate: 210 per 1000 women per year

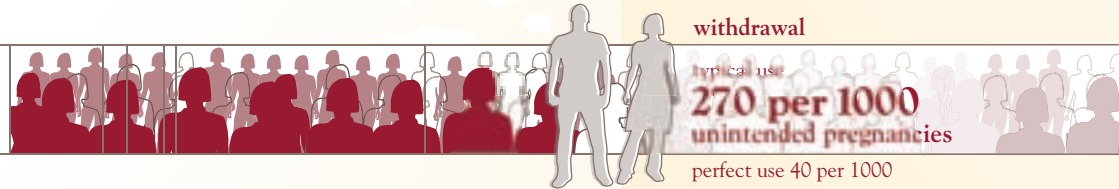
What are the advantages?

1. Available without a prescription
2. Used only at time of intercourse
3. Woman is in charge of placement and use
4. Suitable for sexual partners with a latex allergy
5. No hormones
6. Protects against some STIs

What are the disadvantages?

1. Must be available at time of intercourse
2. May reduce sexual spontaneity
3. Requires proper insertion technique
4. Flexible inner ring may cause discomfort for some
5. More expensive than the male condom and not available in all drugstores
6. May make a noise during intercourse
7. May slip or break during intercourse
8. Some women find it difficult to use at first but use becomes easier with practice
9. May reduce sensitivity for either partner

Withdrawal and Abstinence



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Withdrawal

“Pulling out” This is a contraceptive method that is used during intercourse.

What is it?

- A man must remove his penis from the woman’s vagina before ejaculation

How does it work?

- The man must withdraw his penis from the woman’s vagina before ejaculation to make sure that no sperm is released inside the woman’s vagina or around it
- The most common problem is that a man withdraws too late. If there are any doubts, the use of emergency contraception should be considered (see page 18)
- Both partners should agree to use this method and must be prepared to deal with an unplanned pregnancy
- It is highly recommended that intercourse be put off until a more reliable contraceptive method is available

Typical use failure rate:

270 per 1000 women per year

Perfect use failure rate:

40 per 1000 women per year

Withdrawal

What are the advantages?

1. May be used if other forms of contraception are not available at time of intercourse
2. No hormones
3. Cost-effective
4. Allows the male partner to assume some responsibility for birth control

What are the disadvantages?

1. Can be risky because it requires a lot of self-control and practice and has a high failure rate
2. May reduce pleasure for either partner
3. Does not protect against STIs

Abstinence

What are the advantages?

1. No risk of pregnancy or STIs if all forms of sexual activity are avoided
2. Low risk of STIs or HIV infection if there is no exchange of body fluids
3. Cost-effective (This option is free unless condoms or dental dams are used for oral sex)

What are the disadvantages?

1. Demands continued motivation, willingness, patience and self-control
2. May cause sexual frustrations for either partner
3. Definition of abstinence may vary from person to person
4. If your definition of abstinence does not consist of avoiding all forms of sexual involvement, you are not protected against STIs
5. Affects sexual spontaneity unless a couple has planned for back-up contraception

Abstinence

Sexual abstinence means that you voluntarily avoid some or all forms of sexual activity. It is a personal choice and may help to prevent unwanted pregnancy and sexually transmitted infections (STIs). Abstinence is not considered a contraceptive method in itself. Rather, it is a decision to refrain from engaging in sexual activity and to avoid the need for contraception. A person can choose to abstain at any time, even if they have been sexually active in the past.

Different people and different couples may have varying definitions of sexual abstinence that consist of avoiding one or more of the following forms of sexual activity:

- Vaginal intercourse (penis to vagina sex),
- Oral sex (mouth to penis or mouth to vagina sex),
- Anal intercourse (penis to anus sex),
- Genital contact (any type of direct touching of the partner’s penis or vagina).

Many couples may have a good relationship without having any type of sexual activity. However, individuals or couples who use abstinence should know about the different birth control methods and about safer sex practices in case they decide to become sexually active.

Male sterilization

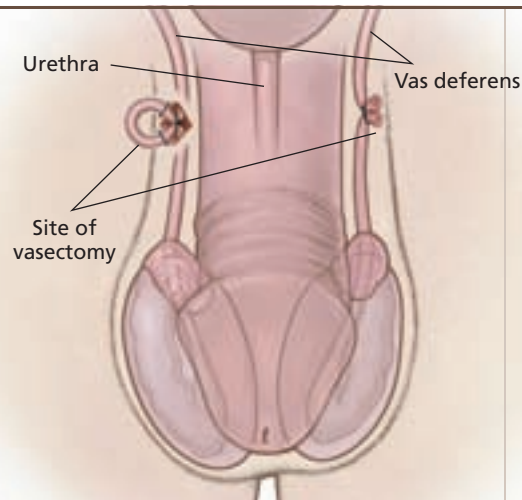


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Vasectomy

This is intended as a permanent surgical option that may be chosen if you have decided that your family is complete. It allows the male to take responsibility for contraception. It is highly effective. So, you and your partner need to be sure about your decision,

because the procedure is meant to be permanent.



- Common techniques include:
 - Conventional vasectomy – one or two incisions are made in the scrotum to reach the vas deferens
 - No-scalpel vasectomy – a puncture opening is made in the scrotum
- Vas deferens are closed by:
 - Cauterization (an electric current)
 - A clip or other mechanical method
 - Removal of a small segment of each tube
- Another form of contraception is required until a semen analysis shows no sperm

What is it?

- A surgical procedure to close or block the vas deferens (the tubes that carry sperm to the penis)

How does it work?

- The vas deferens are closed so that no sperm is released to fertilize the egg

Typical use failure rate: 1.5 per 1000 women per year

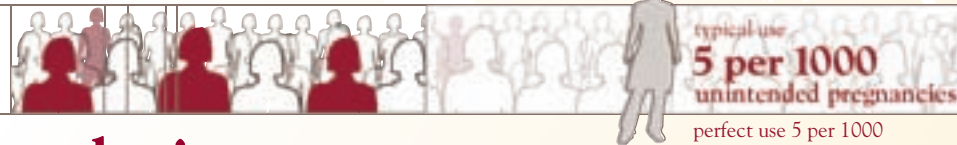
What are the advantages?

1. Permanent, simple and effective method
2. No contraceptive routine required
3. Does not interfere with intercourse
4. No significant long-term side effects
5. Less invasive, fewer complications, and more cost-effective than female sterilization
6. Allows the male partner to assume some responsibility for birth control
7. Men that have had a vasectomy should use condoms (dual protection) to protect against sexually transmitted infections (STIs)

What are the disadvantages?

1. Usually permanent (difficult and expensive to have reversed)
2. May regret having the procedure later on
3. Possible short-term surgery-related complications: pain, vasovagal reaction, infection at the incision site, bruising and swelling of the scrotum
4. Not effective immediately. Must do a follow-up sperm analysis that shows no sperm are present in the semen (2-3 months after the vasectomy)
5. Does not protect against STIs

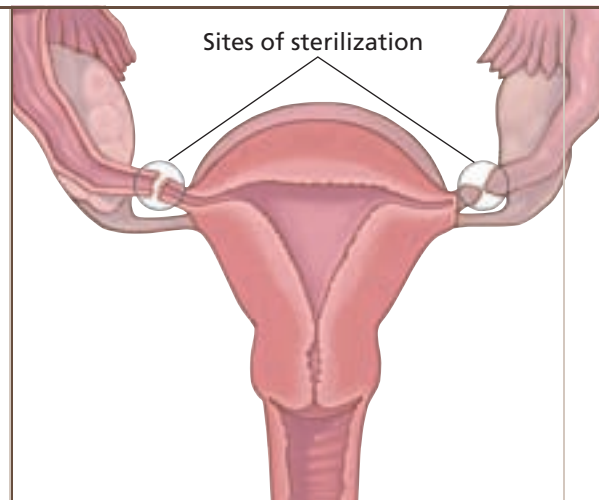
Female sterilization



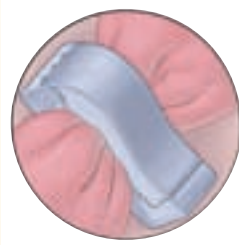
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Tubal ligation or occlusion These procedures are permanent surgical options that you might choose if you have decided that your family is complete and you do not want to get pregnant in the future. They are highly effective. They are meant to be permanent, so you and

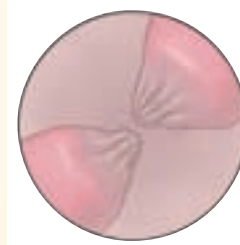
your partner need to be sure about your decision. These procedures are usually done as day surgery.



Ligation

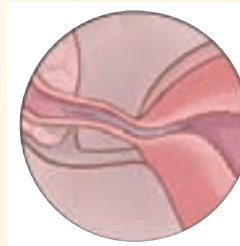


Clips



Cauterization

- Fallopian tubes may be blocked by using one of the following:
 - A clip or a ring
 - Cauterization (an electric current)
 - Removal of a small segment of each tube (Ligation)
 - Insertion of micro-inserts in the tubes through hysteroscopy (Essure)



Essure

What is it?

- A surgical procedure to close or block the fallopian tubes
- Techniques include:
 - Laparoscopy – special instruments are inserted through two tiny incisions (less than 1 cm long) in the abdomen
 - Mini-laparotomy – also requires a small cut in the abdomen (more than 1 cm long)
 - Hysteroscopy – use of a thin telescope inserted into the uterus to see the opening to the fallopian tubes

How does it work?

- The fallopian tube is blocked and therefore the sperm and egg can no longer meet.

Typical use failure rate: 5 per 1000 women per year

What are the advantages?

- Permanent and effective method
- No contraceptive routine required
- Does not interfere with intercourse
- No significant long-term side effects
- No hormones

What are the disadvantages?

- Usually permanent (difficult and expensive to have reversed)
- May regret having the procedure later on
- Possible short-term surgery-related complications: abdominal discomfort, bruising, bleeding, infection at the incision site, or reaction to anesthesia
- If pregnancy occurs, there is a higher chance for an ectopic pregnancy
- No non-contraceptive benefits
- Does not protect against sexually transmitted infections (STIs). Women who have had a tubal ligation/occlusion should continue to use male condoms to protect against STIs (dual protection)

Emergency contraception

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The “morning after pill” or “IUD” Emergency contraception can help prevent unplanned pregnancies if used as soon as possible after unprotected sexual intercourse or the incorrect use of a particular method of contraception.

It can prevent an unplanned pregnancy in the following situations:

- No contraception was used
- Missed birth control pills, patch, or ring
- The condom slipped, broke, or leaked
- The diaphragm or cervical cap is dislodged during sexual intercourse or was removed too early
- Error in the calculation of the fertility period
- Non-consensual sexual intercourse (sexual assault)

What is it?

- Emergency Contraception (EC), also known as “the morning after pill”, is a hormonal method that prevents or delays the release of an egg (ovulation). Hormonal EC methods can be used up to 5 days after an act of unprotected intercourse.
 - **Plan B®** (progestin-only method): 2 progestin pills each containing 750 mcg of levonorgestrel. The pills can be taken as two doses 12 hours apart or as a single dose. It does not contain estrogen.
 - **NorLevo®** (progestin-only method): 2 progestin pills each containing 750 mcg of levonorgestrel. The pills should be taken simultaneously as a single dose. It does not contain estrogen.
 - **The Yuzpe method** (combined estrogen and progestin): 2 pills are taken (total of 100 mcg of ethinyl estradiol and 500 mcg levonorgestrel) and then another two pills are taken 12 hours later.
- The copper intrauterine device (IUD) may be used as emergency contraception and for ongoing long-term contraception. It can be inserted up to 7 days after unprotected intercourse for emergency contraceptive purposes.

How does it work?

Emergency Contraception (EC):

- Delays or inhibits the release of an egg (ovulation)
- Affects luteal phase length
- Might inhibit implantation
- It is not an abortifacient

Copper IUD:

- Creates a hostile chemical environment in the uterus for the sperm and eggs

Effectiveness:

Emergency Contraception (EC):

- The effectiveness of EC is highest when taken within 24 hours after unprotected sexual intercourse and declines over time

Copper IUD:

- The copper IUD is the most effective method of emergency contraception (almost 100%)

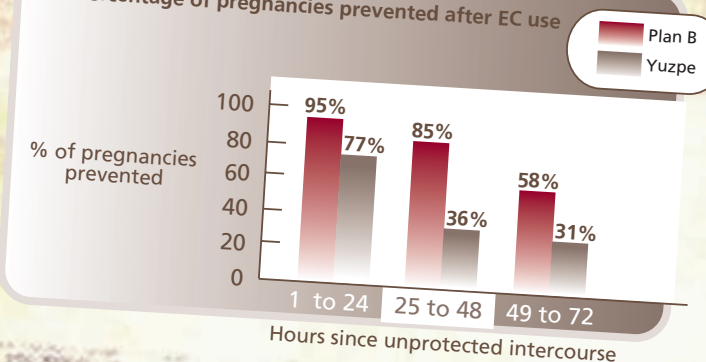
What are the advantages?

1. EC is available in certain provinces and in pharmacies without a prescription

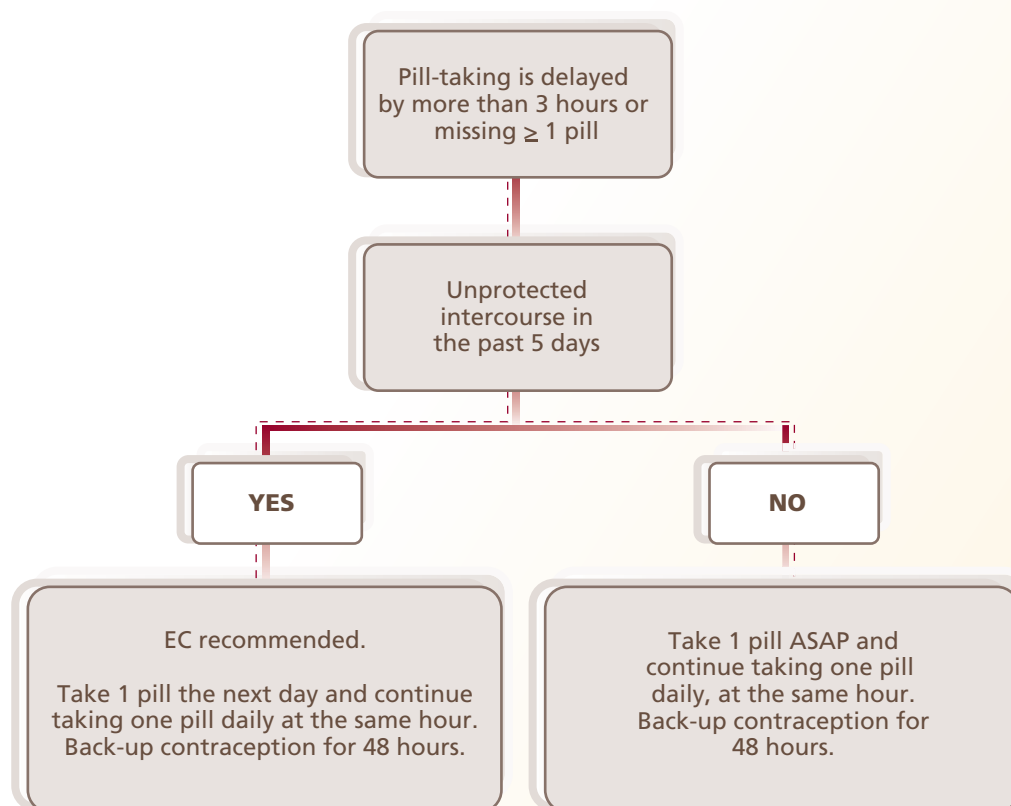
What are the disadvantages?

1. EC can cause nausea and vomiting
2. EC is intended for occasional use, when primary means of contraception fail. Regular use of a contraceptive method is preferred
3. Does not protect against sexually transmitted infections (STIs)
4. The copper IUD must be inserted by a physician

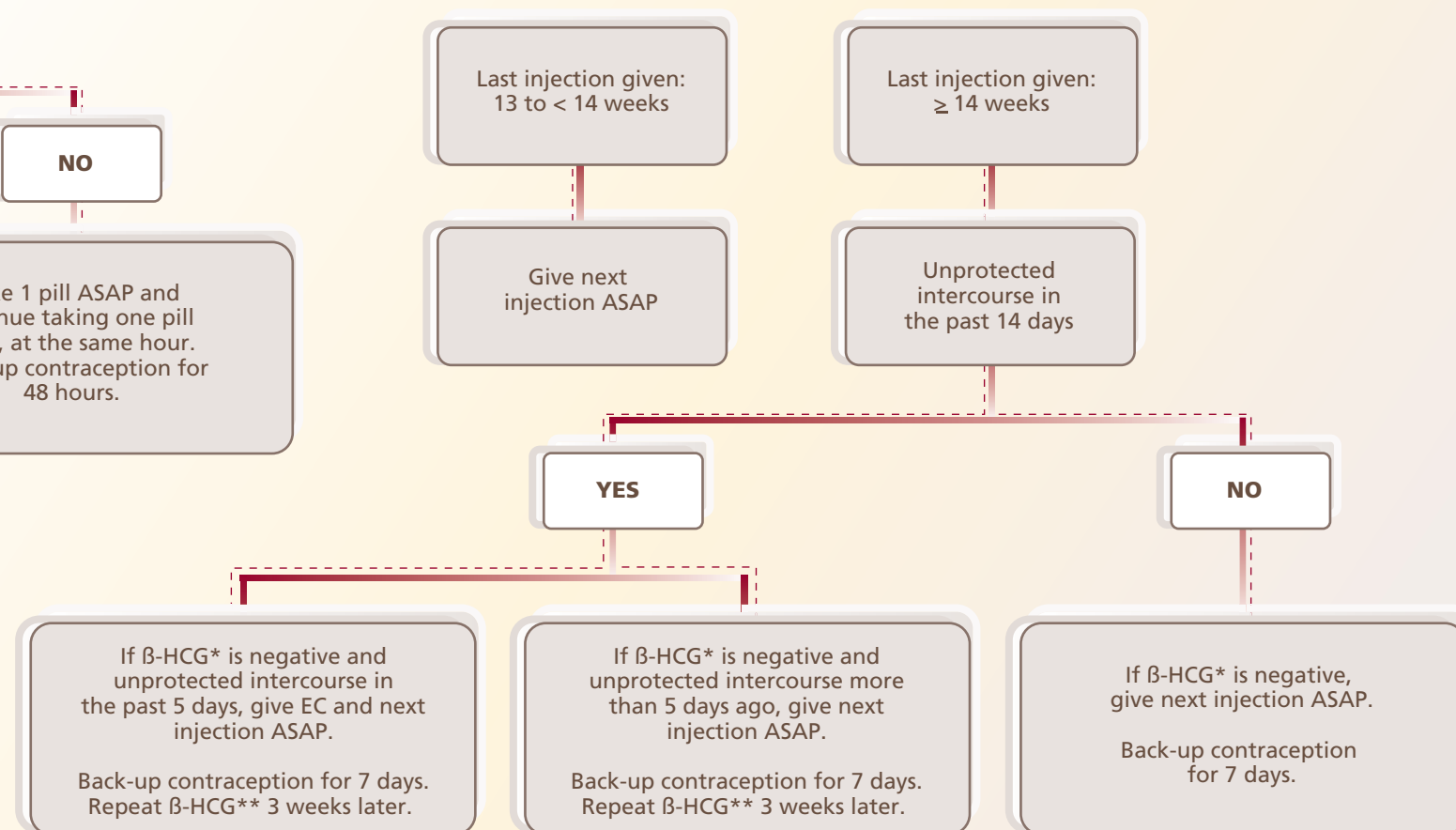
Percentage of pregnancies prevented after EC use



Missed progestin-only oral contraceptives



Missed contraceptive injection



EC: emergency contraception • ASAP: as soon as possible

*Urinary β -HCG may be preferred to serum β -HCG because of accessibility directly in pharmacy or in office.

**Repeating β -HCG 3 weeks after the injection to ensure that unintended pregnancy is not missed.

Missed combined hormonal contraceptives

Combined oral contraceptives (COC),
transdermal contraceptive patch, vaginal contraceptive ring

Key points

COC:

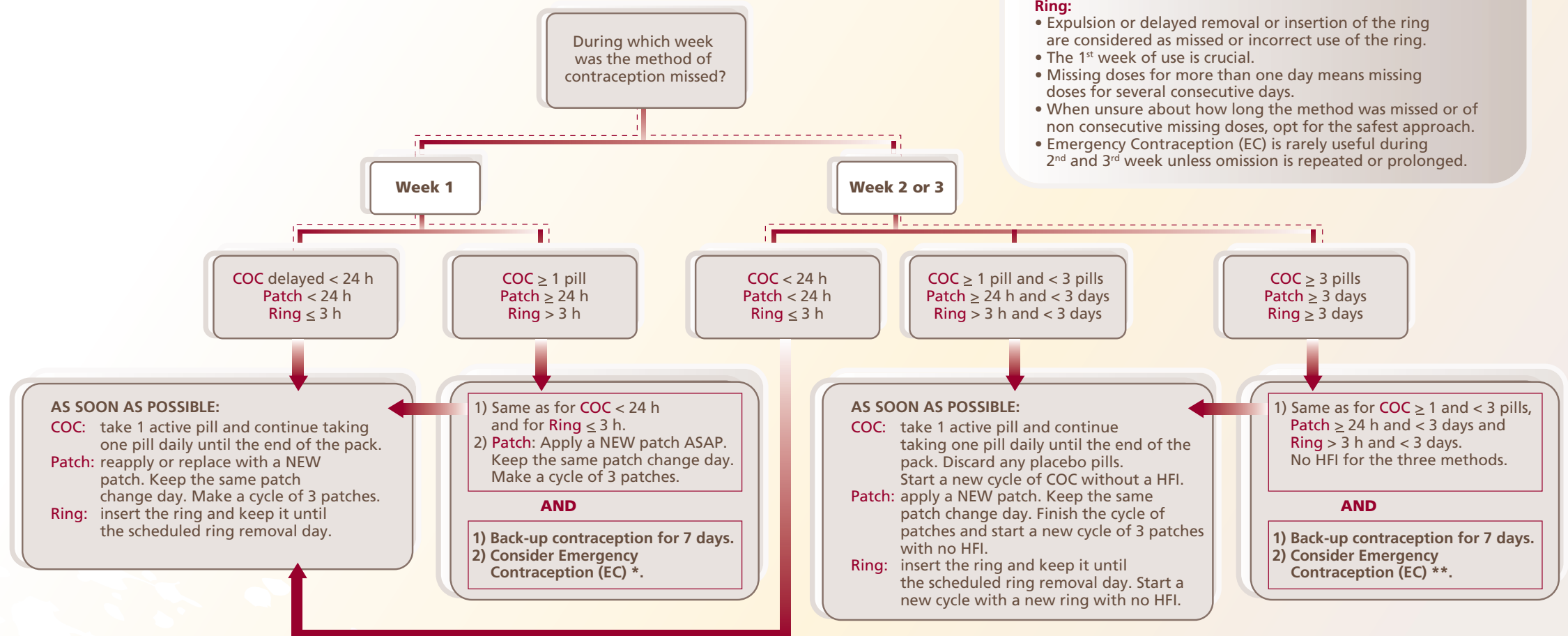
- The hormone-free interval (HFI) should not exceed 7 days.
- Ovulation is effectively inhibited after 7 days of consecutive use of combined hormonal contraceptives.
- A missed dose is defined as either taking or initiating the combined hormonal contraceptives 24 hours or more after the scheduled time.

Patch:

- Detachment or delayed removal or application are considered as missed or incorrect use of the patch.

Ring:

- Expulsion or delayed removal or insertion of the ring are considered as missed or incorrect use of the ring.
- The 1st week of use is crucial.
- Missing doses for more than one day means missing doses for several consecutive days.
- When unsure about how long the method was missed or of non consecutive missing doses, opt for the safest approach.
- Emergency Contraception (EC) is rarely useful during 2nd and 3rd week unless omission is repeated or prolonged.



HFI: hormone-free interval • COC: combined oral contraceptives

* If unprotected intercourse within the last 5 days ** If repeated or prolonged omission

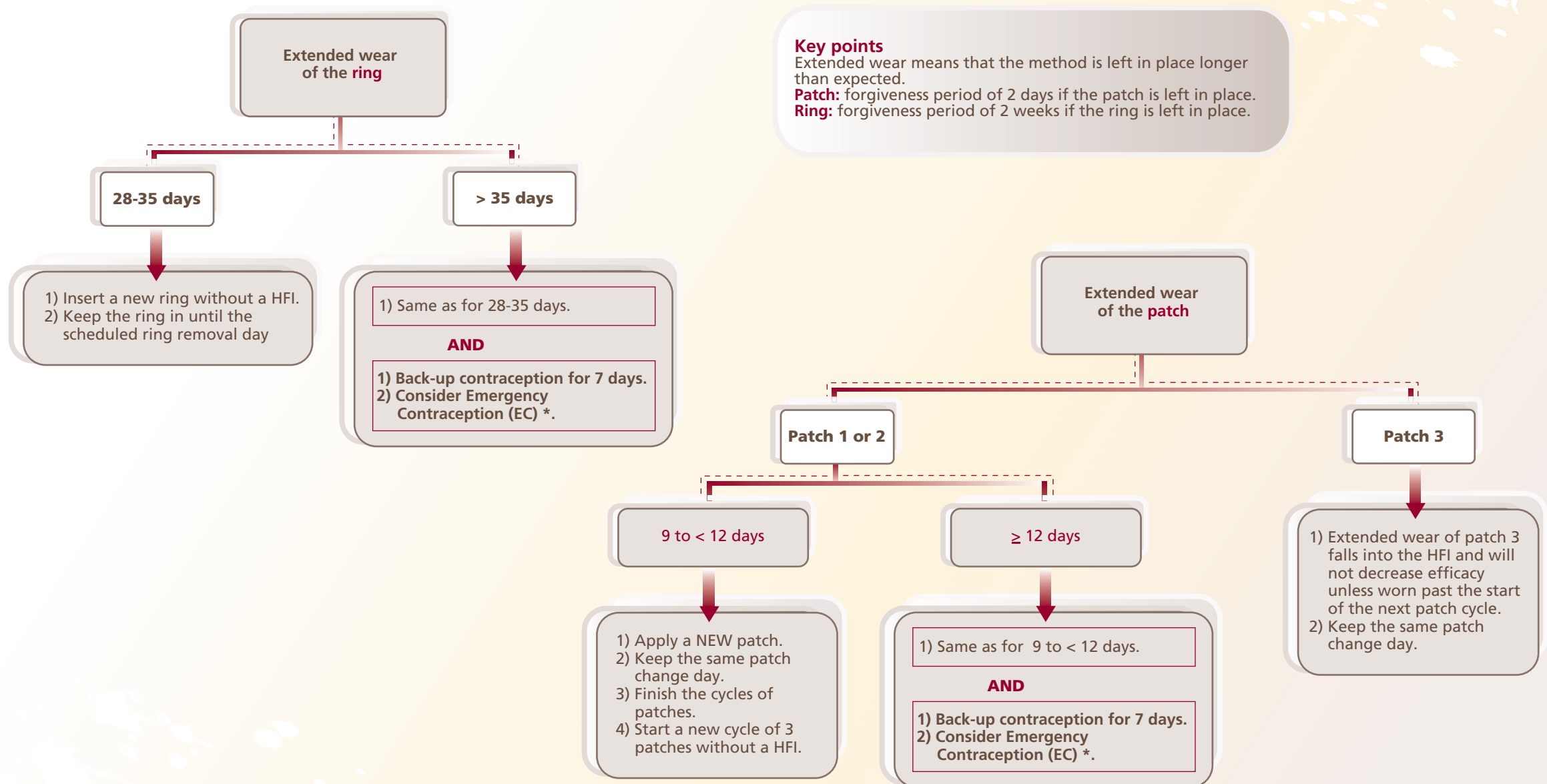
Extended wear of the transdermal contraceptive patch or the vaginal contraceptive ring

Key points

Extended wear means that the method is left in place longer than expected.

Patch: forgiveness period of 2 days if the patch is left in place.

Ring: forgiveness period of 2 weeks if the ring is left in place.



HFI: hormone-free interval

* If unprotected intercourse within the last 5 days

Choosing a contraceptive that's right for U

References

1. Trussel J. Contraceptive efficacy. In: Hatcher BA, Trussell J, Nelson AL, Cates W Jr, Stewart FH, Kowal D, editors. Contraceptive Technology. New York: Ardent Media; 2007. p. 747-826.
2. Trussell J. Contraceptive failure in the United States. Contraception. 2004;70:89-96.
3. Black A, Francoeur D, Rowe T, Collins J, Miller D, Brown T, et al. Canadian contraception consensus. SOGC clinical practice guidelines, No. 143, February 2004. J Obstet Gynaecol Can 2004;26:143-74.
4. Black A, Francoeur D, Rowe T, Collins J, Miller D, Brown T, et al. Canadian contraception consensus. SOGC clinical practice guidelines, No. 143, March 2004. J Obstet Gynaecol Can 2004;26:219-96.
5. Black A, Francoeur D, Rowe T, Collins J, Miller D, Brown T, et al. Canadian contraception consensus. SOGC clinical practice guidelines, No. 143, April 2004. J Obstet Gynaecol Can 2004;26:347-436.
6. Andersson K, Odland V, Rybo G. Levonorgestrel-releasing and copper-releasing (NovaT) IUDs during five years of use: a randomized comparative trial. Contraception 1994;49:56-72.
7. Dunn S, Guilbert E, et al. Emergency contraception. SOGC clinical practice guidelines, No. 131, August 2003. J Obstet Gynaecol Can 2003;25(8):673-9.
8. Algorithms developed by : Nathanaëlle Thériault, M.D., Catherine Risi, M.D., Johanne Lessard, inf.B.Sc., DESS Sc., Édith Guilbert, M.D., M.Sc.
Source : Institut national de santé publique du Québec (INSPQ) 2007 et Guilbert E, Black A, Dunn S. Missed hormonal contraceptives : New recommendations – Committee opinion. SOGC 2008.

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Published in Canada in January 2009.

Design: Red Wagon Studio, www.redwagonstudio.com, Ottawa, Canada.
Illustrations: 2008 GCT II Solutions and Enterprises Ltd. and Harvey Medical Designs.
Printed in Canada.

Cette ressource est disponible en français.

Another complementary tool

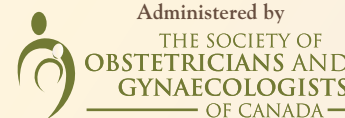


If you've found the contraceptive flipchart useful, you may also benefit from ***Understanding Sexually Transmitted Infections***, a flipchart that covers all the major sexually transmitted infections (STI). The illustrated and comprehensive pages cover prevention, transmission, signs and symptoms, descriptions, and complications if left untreated.

Order it online from the sexualityandu.ca website, or download a free pdf and Powerpoint slide presentations as a resource for counseling patients or teaching sexual health in the classroom.



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