

THE COMBINED PILL

The combined oral contraceptive pill is usually just called “the pill”. It contains artificial versions of the female hormones oestrogen and progesterone, which are produced naturally in their ovaries.

The pill works by **preventing the ovaries from releasing an egg** each month.

The pill is **over 99% effective at preventing pregnancy** if used correctly.

To use the pill, **you take one every day for 21 days, then most pills require you to stop for seven days, and during this week you have a period-type bleed.** You start taking the pill again after seven days.

You need to take the pill at around the **same time every day**. Some people find it difficult to do this, and it's **less effective if not used correctly**. You could get pregnant if you don't do this, or if you miss a pill, vomit or have severe diarrhoea.

Some medicines may make the pill less effective.

Check with your doctor if you're taking any other medicines.

If you have heavy or painful periods, PMS (premenstrual syndrome) or endometriosis the combined pill may help.

Minor side effects can include mood swings, nausea, breast tenderness and headaches. There's a very low risk of serious side effects, such as blood clots and cervical cancer.

There is no evidence that the pill makes people gain weight.

Natural fertility returns soon after a person stops taking the pill.

The combined pill is **not suitable for people over 35 who smoke, or people with certain medical conditions**, such as **severe migraines**.

The pill **does not protect against sexually transmitted infections (STIs)**, so you may need to use condoms as well.



SOURCE: nhs.uk/conditions/contraception/combined-contraceptive-pill/

THE CONTRACEPTIVE IMPLANT

The contraceptive implant (Nexplanon) is a small flexible plastic rod that's placed under the skin in your upper arm by a doctor or nurse. It lasts for 3 years.

The implant steadily **releases the hormone progestogen into your bloodstream, which prevents the release of an egg** each month (ovulation).

It also **thickens the cervical mucus**, which makes it more difficult for sperm to move through the cervix and **thins the lining of the womb** so a fertilised egg is less likely to implant itself.

The implant is **more than 99% effective**.

An implant can be in place for **3 years**.

An implant can be useful for people who can't use contraception that contains oestrogen.

It's also very **useful for people who find it difficult to remember to take a pill** at the same time every day.

The implant **can be taken out if you have side effects**. You can have it removed at any time, and **your natural fertility often returns very quickly**.

When it's first put in, you may feel some bruising, tenderness or swelling around the implant. Your periods may become irregular, lighter, heavier or longer.

A **common side effect is that your periods stop** (amenorrhoea) while the implant is in place. It's not harmful, but you may want to consider this before deciding to have an implant.

Some medicines can make the implant less effective.

It doesn't protect against sexually transmitted infections (STIs), so you may need to use condoms as well.

SOURCE: nhs.uk/conditions/contraception/combined-contraceptive-pill/



THE CONTRACEPTIVE INJECTION

The contraceptive injection (Depo-Provera, Sayana Press or Noristerat) releases the hormone progestogen into your bloodstream, which prevents pregnancy by preventing the release of an egg each month (ovulation).

It also **thickens the cervical mucus**, which makes it difficult for sperm to move through the cervix, and **thins the lining of the womb** so a fertilised egg is less likely to implant itself.

If used correctly, the contraceptive injection is **more than 99% effective**. It **lasts for 8 or 13 weeks** (depending on which injection you have) so you do not have to think about contraception every day or every time you have sex during this period.

It's very **useful for people who find it difficult to remember to take a pill** at the same time every day. It **does require you to remember to have a repeat injection** before it expires or becomes ineffective.

It can be useful for people who cannot use contraception that contains oestrogen.

It's not affected by other medicines.

Side effects can include **weight gain, headaches, mood swings, breast tenderness and irregular bleeding**.

Your periods may become more irregular, heavier, shorter, lighter or stop altogether.

It **can take up to 1 year for your fertility to return to normal** after the injection wears off, so it may not be suitable if you want to have a baby in the near future.

It **does not protect against sexually transmitted infections (STIs)**, so you may need to use condoms as well.



SOURCE: nhs.uk/conditions/contraception/contraceptive-injection/

IUD OR IUS (COIL)

A coil is a small T-shaped plastic and copper device that's put into your womb (uterus) by a doctor or nurse.

There are two versions of the coil. An **IUD releases copper to stop you getting pregnant**. It's sometimes called a "coil" or "copper coil".

The **copper alters the cervical mucus, which makes it more difficult for sperm to reach an egg** and survive. It can also stop a fertilised egg from being able to implant itself.

An **IUS releases the hormone progesterone** into the womb. This **thickens the cervical mucus**, which makes it more difficult for sperm to move through the cervix, and **thins the lining of the womb** so an egg is less likely to be able to implant itself.

When inserted correctly, **both the IUD and IUS are more than 99% effective**. They work as soon as they are put in and **last for 5 to 10 years**, depending on the type.

It can be put in at any time during your menstrual cycle by a specially trained doctor or nurse, as long as you're not pregnant. It can be taken out at any time. It's then possible to get pregnant straight away.

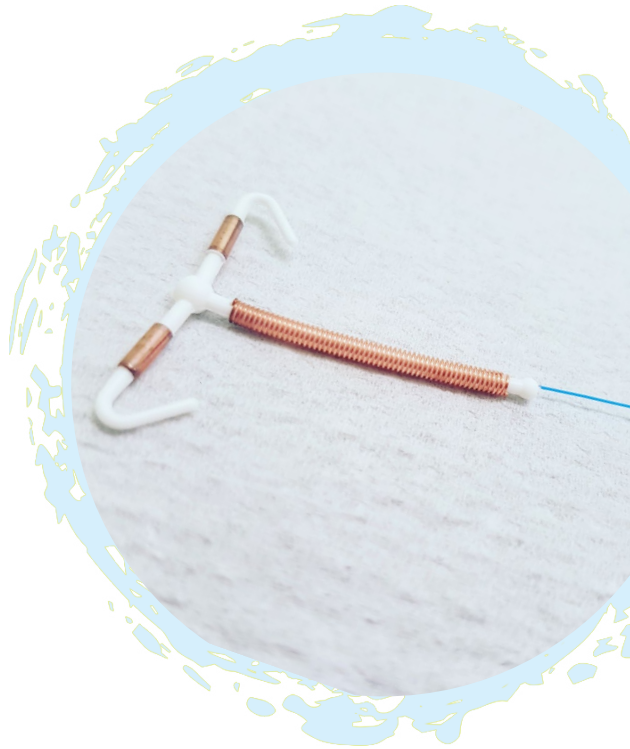
Your **periods can be heavier, longer or more painful in the first 3 to 6 months after an IUD is put in**. You might get spotting or bleeding between periods.

An **IUS can make your periods lighter, shorter or stop altogether**, so it may help people who have heavy or painful periods.

There's a small risk of getting an infection after it's been fitted. There's also a small risk that your body may push out the coil or it may move. Your doctor or nurse will teach you how to check it's in place.

It can be uncomfortable when the coil is put in, but painkillers can help. **It may not be suitable if you have had previous pelvic infections**.

It **does not protect against sexually transmitted infections (STIs)**, so you may need to use condoms as well.



SOURCE: nhs.uk/conditions/contraception/iud-coil/

MALE CONDOMS

Condoms are the only type of contraception that can both prevent pregnancy and protect against sexually transmitted infections (STIs).

Male condoms are **made from very thin latex (rubber), polyisoprene or polyurethane** and are designed to **stop a man's semen from coming into contact with his sexual partner.**

Male condoms are 90% effective when used correctly every time you have sex. This means only 2 out of 100 females will become pregnant per year when male condoms are used as contraception.

You can get **free condoms from contraception clinics, sexual health clinics and some GP surgeries.**

Oil-based products – such as **moisturiser, lotion and Vaseline** – **can damage latex and polyisoprene condoms**, but they are safe to use with polyurethane condoms.

Water-based lubricant is safe to use with all condoms.

It's possible for a condom to slip off during sex. If this happens, you may need emergency contraception and to get checked for STIs.

Condoms need to be **stored in places that aren't too hot or cold**, and away from sharp or rough surfaces that could tear them or wear them away.

If you're sensitive to latex, you can use polyurethane or polyisoprene condoms instead.

A condom must not be used more than once. Use a new one each time you have sex.

Condoms have **a use-by date** on the packaging. Don't use out-of-date condoms.

Always use condoms that have the BSI kite mark and the CE mark on the packet. This means they've been tested to high safety standards.

Female condoms are also available and protect against STIs, but they are not used so commonly.

SOURCE: nhs.uk/conditions/contraception/male-condoms/



PATCH

The contraceptive patch is a small sticky patch that releases hormones into your body through your skin to prevent pregnancy.

The patch releases a daily dose of hormones through the skin into the bloodstream to prevent pregnancy.

It contains the same hormones as the combined pill – oestrogen and progestogen – and works in the same way by preventing the release of an egg each month (ovulation).

It also **thickens cervical mucus**, which makes it more difficult for sperm to move through the cervix and **thins the uterus lining** so a fertilised egg is less likely to be able to implant itself.

When used correctly, the patch is **more than 99% effective** at preventing pregnancy.

Each **patch lasts for 1 week. You change the patch every week for 3 weeks**, then have a week off without a patch.

You don't need to think about it every day and **it's still effective if you vomit or have diarrhoea**.

You can **wear it in the bath, when swimming and while playing sports**.

If you have heavy or painful periods, the patch can help.

The **patch can raise your blood pressure** and some people get **temporary side effects, such as headaches**.

Rarely, some people develop blood clots when using the patch.

It **may not be suitable for people who smoke and who are 35 or over, or who weigh 90kg (14 stone) or more**.

The patch **does not protect against sexually transmitted infections (STIs)**, so you may need to use condoms as well.



SOURCE: nhs.uk/conditions/contraception/contraceptive-patch/

NATURAL FAMILY PLANNING

Natural family planning (or “fertility awareness”) is a method of contraception where a female monitors and records different fertility signals during her menstrual cycle to work out when she’s likely to get pregnant.

Natural family planning involves **identifying the signs and symptoms of fertility during your menstrual cycle**, so you can plan or avoid pregnancy.

If natural family planning is followed correctly, it can be up to 99% effective. This means that 1 female in 100 who use natural family planning will get pregnant in 1 year.

It is less effective if the instructions aren’t carefully followed.

There are no physical side effects and you can use it to plan a pregnancy.

You **have to keep a daily record of your fertility signals, such as your temperature and the fluids coming from your cervix** – it takes 3 to 6 menstrual (monthly) cycles to learn the method.

Your fertility signals can be affected by illness, stress and travel.

If you **want to have sex during the time when you might get pregnant, you’ll need to use contraception**, such as a condom.

By using condoms as well as natural family planning, you’ll help to protect yourself against sexually transmitted infections (STIs).

Menstrual cycles are commonly irregular at the start. Therefore, natural family planning is not as effective for people who have started periods in the last few years.



SOURCE: nhs.uk/conditions/contraception/natural-family-planning/