



# Birth Control Method Guide

For  
Providers



choose.

KNOWWHATUWANT.ORG

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Long-Acting

**+99%**  
effective usually

**+99%**  
effective perfectly

**Lasts up to  
10 yrs**  
taken out at any time

### Side Effects

- May increase the duration and amount of menstrual bleeding, resulting in approximately 50% greater blood loss. However, menstrual changes improve or normalize within about 6 months and the bleeding is not bothersome enough to most women to get the IUD removed.

### Important Note

- ParaGard can be used off label as an EC. It can be inserted up to 5 days after unprotected intercourse and reduces the risk of pregnancy by more than 99%.
- ParaGard is neither an abortifacient or teratogenic.
- ParaGard does not delay or impair future fertility. Fertility returns immediately upon removal.



## Intrauterine Device (IUD)

ParaGard®

### This method may be right for your patient if she wants

- No hormones
- Highly effective birth control
- To delay pregnancy for one or more years
- Ease of use, no maintenance
- Discretion

### ARHP Counseling Message

- IUD is an excellent contraceptive choice for women who desire a highly effective and long-term but reversible method of contraception.
- It is important for women to be aware of the warning signs of expulsion and infection.
- ParaGard works immediately after insertion so no back up contraception is needed.
- This method does not protect against STIs. •

Long-Acting



**+99%**  
effective usually

**+99%**  
effective perfectly

**Lasts up to 5 yrs**  
taken out at any time

### Side Effects

- Bleeding patterns are unpredictable, with frequent light bleeding or spotting for the first 3 months after insertion. By 3-6 months, most women experience dramatically reduced bleeding. About one-third of women will have amenorrhea after 12 months.

### Important Note

- Mirena is neither an abortifacient or teratogenic.
- Mirena does not delay or impair future fertility. Fertility returns immediately upon removal.
- Mirena is FDA approved for the treatment of menorrhagia.<sup>3</sup>

## Intrauterine Device (IUD)

Mirena®

### This method may be right for your patient if she wants

- Highly effective birth control
- To delay pregnancy for one or more years
- Ease of use, no maintenance
- Reduced or no periods
- Low hormones (contains no estrogen)
- Discretion

### ARHP Counseling Message

- IUD is an excellent contraceptive choice for women who desire a highly effective and long-term but reversible method of contraception.
- Women who want reassurance about the placement of the IUD can check for presence of the string, although checking on a regular basis is not necessary.
- It is important for women to be aware of the warning signs of expulsion and infection.
- Women should use back-up contraception after Mirena insertion.
- This method does not protect against STIs. •

<sup>3</sup>“FDA Approves Additional Use for IUD Mirena to Treat Heavy Menstrual Bleeding in IUD Users”. U.S. Food and Drug Administration. Web. 4 Dec. 2012. [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2009/ucm184747.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2009/ucm184747.htm)

Long-Acting



**+99%**  
effective usually

**+99%**  
effective perfectly

**Lasts 1-3 yrs**  
taken out at any time

### Important Note

Implanon should be palpable after insertion. If it is not, the device is placed too deeply.

**In order to insert or remove the devices, providers must go through formal, Merck-run training.**

### Side Effects

- As with other progestin-only methods, irregular endometrial bleeding and amenorrhea are common. In clinical studies, the bleeding patterns observed in women were irregularly irregular and included:
  - Spotting (50% declining to 30% after 6 months)
  - Amenorrhea (20%)
  - Prolonged bleeding (20% declining to 10% after 3 months)
  - Frequent irregular bleeding (<10%)
  - Unpredictable bleeding pattern over time

# Implant

Implanon®, Nexplanon®

## This method may be right for your patient if she wants

- Highly effective birth control
- To delay pregnancy for one or more years
- Ease of use, no maintenance
- Discretion

## ARHP Counseling Message

- The implant provides 3 years of continuous pregnancy prevention and must be removed within 3 years; a new rod can be inserted at the time of removal.
- Once placed, the implant is not visible but is usually palpable. Providers may want to show women the implant and briefly describe the insertion and removal process.
- The contraceptive implant can cause bleeding irregularities, including amenorrhea.
- Non-hormonal back-up contraception is needed for the first 7 days after insertion.
- This method does not protect against STIs. •



**94%**  
effective usually  
**+99%**  
effective perfectly

**Lasts 12 weeks**

### Important Note

- Immediate start protocols for mid-cycle start of a method are preferred over traditional-start protocols. These may decrease risk of unintended pregnancy and improve patient satisfaction.
- Depo sub Q Provera 104 can be administered at home by self-administration and used for the treatment of Endometriosis.<sup>2</sup>
- On average, women gain less than 10 lbs. with 1 year of use and many women do not have significant weight changes. Weight changes are due to change in behavior, which may occur if the side effect of appetite stimulation is experienced. If women don't change their eating/exercise, weight will not change on this method.



## Shot

### Depo-Provera®

### This method may be right for your patient if she wants

- Effective birth control
- To delay pregnancy for 12 weeks
- Discretion

### ARHP Counseling Message

- Bleeding profile improves over time; amenorrhea occurs in about half of users after 1 year of use.
- It is important to consider genetic and lifestyle factors that contribute to osteoporosis when weighing the benefits and risks of DMPA.
- It is important to promote bone health with weight-bearing exercise, intake of calcium and vitamin D, avoidance of tobacco, and limits on alcohol.
- Non-hormonal back-up contraception is needed for the first 7 days.
- This method does not protect against STIs. ▶

### Side Effects

- Side effects include weight gain, menstrual cycle changes, and reversible change in bone-mineral density.
- Nearly all women experience alterations in the menstrual cycle—irregular bleeding, spotting, or rarely, heavy bleeding. After 6 months, fewer women experience excessive or frequent bleeding, and more women experience amenorrhea. By 1 year, up to 70% of women have amenorrhea.

# Shot

## FDA Black BOX Warning for Bone Mineral Density

DMPA is a safe and effective contraceptive for adolescent as well as adult women. Use of DMPA should not routinely be restricted based on skeletal health concerns, because there is no evidence of increased fracture risk from the reversible and transient decreased BMD evident in DMPA users. Health care providers need to recognize that:

- The FDA's black box label does not mandate serial BMD testing or the provision of “add-back” estrogen supplementation.
- The current FDA guidance does not prohibit use of DMPA for more than two years. Existing data do not suggest the need to place any time limit on DMPA use for adolescents or women in general.
- WHO recommends that women in the age range of 18 through 45 years can use DMPA without restriction (WHO category 1). For women who are less than 18 or more than 45, the benefits of using DMPA generally outweigh the known or theoretical risks (WHO category 2).

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<sup>2</sup> “Drugs & Medications—Depo SubQprovera 104”. *WebMD*. Web. 5 Dec. 2012. [www.webmd.com/drugs/drug-92911-Depo-SubQ+provera+104+SubQ.aspx?drugid=92911&drugname=Depo-SubQ+provera+104+SubQ](http://www.webmd.com/drugs/drug-92911-Depo-SubQ+provera+104+SubQ.aspx?drugid=92911&drugname=Depo-SubQ+provera+104+SubQ)



### This method may be right for your patient if she wants

- Effective birth control
- To delay pregnancy for 3 weeks
- Discretion

**91%**  
effective usually  
**+99%**  
effective perfectly

**Lasts 3 weeks**

### Important Note

Immediate start protocols for mid-cycle start of a method are preferred over traditional-start protocols. These may decrease risk of unintended pregnancy and improve patient satisfaction.

### Side Effects

- Irregular bleeding is uncommon.
- Some women experience breast tenderness, nausea, or bloating.
- Many side effects disappear after the first few cycles of use.
- Events directly related to the ring, such as expulsion during intercourse or other times, and increased vaginal secretions are uncommon (less than 3% discontinue use due to such events).
- Partners may feel the ring during intercourse, but it is not bothersome.
- All estrogen-containing methods pose an increased risk for DVT/PE and patients should be counseled about symptoms. The absolute risk of DVT/PE with use of the pill/patch/ring is less than the risk of DVT/PE in pregnancy/postpartum period.



# Vaginal Ring

NuvaRing®

### ARHP Counseling Message

- The ring is easy to insert and can be placed anywhere in the vagina; however, the deeper the placement, the less likely it will be felt. (Providers can consider offering a trial ring in the office to help reassure women who are skeptical about comfort and ease of use.)
- After 3 weeks, the ring should be removed; 1 week later a new ring should be inserted.
- The ring can be inadvertently expelled from the vagina while during removal of a tampon or bowel and bladder emptying, especially with straining or constipation. Often women are not aware that the device has been expelled.
- Most women wear the ring during intercourse. It is rarely uncomfortable, it rarely interferes with intercourse, and few partners object.
- If there is a problem with intercourse, the ring can be removed for up to 3 hours without loss of efficacy.
- **Non-hormonal back-up contraception is needed for first 7 days if the ring is started on any day other than day 1 of the menstrual cycle.**
- If the ring falls out, it should be rinsed with warm water and reinserted within 3 hours. **Back-up contraception is required for 7 days if the ring remains out for more than 3 hours.**
- Patients using this method should obtain emergency contraception (EC) in advance. (Note that patients who are less than 17 years old will need a prescription for EC.)
- This method does not protect against STIs. •





**91%**  
effective usually

**+99%**  
effective perfectly

**Lasts 1 week**

### Important Note

Immediate start protocols for mid-cycle start of a method are preferred over traditional-start protocols. These may decrease risk of unintended pregnancy and improve patient satisfaction.

### Side Effects

- Breakthrough and/or unscheduled bleeding may occur.
- Some women experience breast tenderness, nausea, or bloating.
- Many side effects disappear after the first few cycles of use.
- Skin irritation at the application site may occur in some users.
- The patch is less effective (higher failure rate than the typical failure of 9%) for women who weigh above 198 lbs.<sup>1</sup>
- All estrogen-containing methods pose an increased risk for DVT/PE and patients should be counseled about symptoms. The absolute risk of DVT/PE with use of the pill/patch/ring is less than the risk of DVT/PE in pregnancy/postpartum period.

# Patch

ORTHO EVRA<sup>®</sup>

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## This method may be right for your patient if she wants

- Effective birth control
- To delay pregnancy for 1 week

## ARHP Counseling Message

- The patch should be applied to clean, dry skin on the abdomen, buttock, upper outer arm, or upper torso (excluding breasts). It should not be placed in areas that receive a lot of friction, such as under bra straps.
- The patch must be changed weekly.
- When the patch is removed, it should be folded closed to reduce release of hormones and should be disposed of in the garbage. To avoid the release of hormones into the soil and water supply, a used patch should not be flushed down the toilet.
- **Non-hormonal back-up contraception is needed for first 7 days if the patch is started any day other than day 1 of the menstrual cycle.**
- If the patch falls off, a new patch should be applied immediately. **If the patch was off for more than 24 hours, 7 days of back-up contraception is required.**
- Patients using this method should obtain emergency contraception (EC) in advance. (Note that patients who are less than 17 years old will need a prescription for EC.)
- This method does not protect against STIs. •

<sup>1</sup>"OrthoEvra". Janssen Pharmaceuticals. Web. 4 Dec. 2012. [www.orthoevgra.com](http://www.orthoevgra.com)



**91%**  
effective usually

**+99%**  
effective perfectly

**Lasts 1 day**

### Important Note

Immediate start protocols for mid-cycle start of a method are preferred over traditional-start protocols. These may decrease risk of unintended pregnancy and improve patient satisfaction.

### Side Effects

- Breakthrough and/or unscheduled bleeding may occur.
- Some women experience breast tenderness, nausea, or bloating.
- Many side effects disappear after the first few cycles of use.
- All estrogen-containing methods pose an increased risk for DVT/PE and patients should be counseled about symptoms. The absolute risk of DVT/PE with use of the pill/patch/ring is less than the risk of DVT/PE in pregnancy/postpartum period.

# Pill

## Multiple Brands

### This method may be right for your patient if she wants

- Effective birth control
- Discretion

### ARHP Counseling Message

- Adherence is an important factor for success with this method. (Providing a prescription that lasts at least a year and can be filled 3 months at a time can help support consistent use.)
- *Progestin-only* Must be taken at the same time each day. If a pill is more than 3 hours late, a back-up method of contraception should be used for at least the next 48 hours.
- *Progestin-only* A range of bleeding disturbances may occur for progestin-only pills—from amenorrhea to irregular, frequent or prolonged bleeding.
- *Progestin-only* The irregular bleeding pattern is likely to improve within a few months of pill initiation. If the bleeding is heavy or particularly bothersome, women should contact their health care provider.
- Patients using this method should obtain emergency contraception (EC) in advance. (Note that patients who are less than 17 years old will need a prescription for EC.)
- Non-hormonal back-up contraception is needed for the first 7 days if COCs are started any day other than day 1 of the menstrual cycle.
- Extended use of COCs is safe.
- This method does not protect against STIs. •



**89%**  
effective, but  
varies due to time  
of use, etc.

Perfect effectiveness  
also varies.

**Effective up  
to 120 hours  
after unprotected sex,  
but most effective  
within 72 hours of  
intercourse**

### Side Effects

- Some women experience nausea, fatigue, and headache.

### Important Note

- Both methods can be used multiple times in a cycle, if needed.
- Recommend to take a pregnancy test if no normal menses within 3 weeks.
- Recommend patient starting an appropriate longer-term contraceptive method at the same time as EC use.
- Neither methods are teratogenic or abortifacient.

# Emergency Contraception

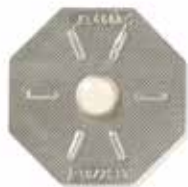
## Plan B—One Step®, Next Choice®

### This method may be right for your patient if she wants

- Pregnancy protection after unprotected or underprotected sex

### ARHP Counseling Message

- For Next Choice, the first tablet should be taken orally as soon as possible (within 72 hours after unprotected intercourse) and the next tablet should be taken within 12 hours of the first tablet.
- For Plan B, it should be taken within 72 hours after unprotected intercourse.
- Both methods work by delaying ovulation.
- Patients should obtain emergency contraception in advance and keep it available for use if needed.
- Highly effective reversible ongoing contraceptive options are available.
- With valid identification showing an age of 17 or older, EC can be purchased at a pharmacy.
- Females who are younger than age 17 require a prescription.
- This method does not protect against STIs. •



Effectiveness varies due to time of use, etc.

Effective up to 120 hours after unprotected sex, but most effective within 72 hours of intercourse

### Side Effects

- Some women experience nausea, fatigue, and headache.

### Important Note

- Recommend use of non-hormonal contraceptive method for the remainder of that menstrual cycle due to possible decreased efficacy of hormonal contraception after Ella use.
- Recommend to take a pregnancy test if no normal menses within 3 weeks.
- Recommend patient starting an appropriate longer-term contraceptive method at the same time as EC use.
- This method is not teratogenic or abortifacient.



# Emergency Contraception

## This method may be right for your patient if she wants

- Pregnancy protection after unprotected or underprotected sex

## ARHP Counseling Message

- Patients should obtain emergency contraception in advance and keep it available for use if needed.
- This method is more effective than Plan B as there are no significant changes in efficacy over the 120 hour window of use.
- This method works to delay ovulation.
- Highly effective reversible ongoing contraceptive options are available.
- Ella requires a prescription regardless of age. Some contraindications, including possible interactions with other medications.
- This method does not protect against STIs. •



Long-Acting

**99%**  
effective usually

**99%**  
effective perfectly

**Effective up  
to 120 hours  
after unprotected sex**

### Side Effects

- Same as with ongoing use.

### Important Note

- Recommend to take a pregnancy test if no normal menses within 3 weeks.
- Recommend patient starting an appropriate longer-term contraceptive method at the same time as EC use.
- Neither methods are teratogenic or abortifacient.

# Emergency Contraception

## This method may be right for your patient if she wants

- Pregnancy protection after unprotected or underprotected sex

## ARHP Counseling Message

- Patients should obtain emergency contraception in advance and keep it available for use if needed.
- No reduction in efficacy over time.
- Can be inserted up to 5 days after unprotected sex.
- Requires a visit to provide for insertion.
- Will not disrupt an implanted pregnancy.
- Excellent for women who want to use ParaGard for long-term contraception.
- Highly effective reversible ongoing contraceptive options are available.
- This method does not protect against STIs. •



## Male Condom

**82%**  
effective usually

**98%**  
effective perfectly

**This method may be right for your patient if she wants**

- Effective STD/HIV protection
- No prescription or doctor's visit

## Female Condom

**79%**  
effective usually

**95%**  
effective perfectly

### Side Effects

- None

**Single-use**



# Male & Female Condom

Latex (*male only*), Polyurethane

## ARHP Counseling Message

- Condoms both provide contraception and reduce the risk of transmission of STIs, including HIV.
- Simultaneous use of the male condom and the female condom is not recommended.
- Patients who use another contraceptive method and are at risk for STI transmission should also use male or female condoms for STI prevention.
- Correct and consistent use of condoms is essential to their effectiveness. (Providers should educate patients about correct use and strategies for negotiating condom use with partners.)
- Condoms should be used for all sexual activities that can transmit STIs.
- Oil-based lubricants should never be used with condoms.
- Spermicides such as nonoxynol-9 should not be used with condoms; irritation from nonoxynol-9 has been shown to increase the risk of HIV transmission.
- It is important to check the expiration date on the condom packaging, because latex degrades over time and condoms more likely to break if used after their expiration date.
- Simultaneous use of the male condom and the female condom is not recommended.
- Patients who use condoms should obtain EC in advance. (Note that patients who are less than 17 years old will need a prescription for EC. •



### Sponge

**76-88%**  
effective usually

**80-91%**  
effective perfectly

#### Side Effects

- Some women experience vaginal dryness with sponge use.

### Cervical Cap

**71-86%**  
effective usually

#### Single-use

### Diaphragm

**88%**  
effective usually

**94%**  
effective perfectly

## Sponge, Cervical Cap, Diaphragm

### Today Sponge®, FemCap®

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#### This method may be right for your patient if she wants

- No prescription or doctor's visit
- Discretion (can be inserted up to 24 hours before sex) for the sponge and can be inserted up to 6 hours for the cervical cap and diaphragm

#### ARHP Counseling Message

- Since it is much less effective in gravid women, the vaginal sponge is a better contraceptive choice for women who have never been pregnant.
- The sponge should be left in place for at least 6 hours, and should not be left in for longer than 24-30 hours.
- There is an increased risk of TSS if the sponge is left in too long. (Providers should educate patients about the signs of TSS.)
- The cervical cap should be left in place for at least 6 hours, and should not be left in for longer than 48 hours.
- Consistent and correct use is the key to effectiveness with the cervical cap and the diaphragm.
- Oil-based lubricants damage latex and therefore should never be used with the latex diaphragm.
- These methods do not protect against STIs. •



**72%**  
effective usually  
**95-99%**  
effective perfectly

**Single-use**

### Side Effects

- Increased risk of vaginal irritation, yeast infection, bacterial vaginosis, UTI, and HIV transmission with frequent use (twice daily or more).

## Spermicide

**This method may be right for your patient if she wants**

- No prescription or doctor's visit

### ARHP Counseling Message

- Spermicides can be used alone but are most effective when used with barrier methods.
- If used frequently, spermicides can increase the risk of vulvovaginal irritation, vaginal infection, and HIV transmission.
- Spermicides do not protect against STIs. •





**78%**  
effective usually

**96%**  
effective perfectly

### Side Effects

- None

**Single-use**

# Withdrawal

## This method may be right for your patient if she wants

- Ease of use, no maintenance
- No prescription or doctor's visit

## ARHP Counseling Message

- Withdrawal can be part of a larger risk-reduction strategy when used with hormonal, barrier, or other methods.
- Although not as effective as some contraceptive methods, it is substantially more effective than no contraception at all.
- Withdrawal can be discussed as a legitimate, if slightly less effective, contraceptive method just as condoms and diaphragms.
- Patients using withdrawal should obtain emergency contraception in advance. (Note that patients who are less than 17 years old will need a prescription for EC.
- This method does not protect against STIs. •



**76-88%**  
effective usually

**95-99%**  
effective perfectly

### Side Effects

- None

**Lasts one cycle**

# Fertility Awareness

## Natural Family Planning

**This method may be right for your patient if she wants**

- No prescription or doctor's visit

### ARHP Counseling Message

- Correct use of fertility awareness methods is important for these methods to be used successfully.
- The Standard Days Method can be learned quickly and easily, whereas the ovulation method requires more practice and training for patients to accurately recognize changes in cervical mucus.
- This method does not protect against STIs. •

**+99%**  
effective usually

**+99%**  
effective perfectly

Effective beginning on  
**procedure date**

### Side Effects

- Side effects as with any surgical procedure.

## Tubal Ligation

post-partum, interval (*laparoscopic*)  
and trans cervical (*Essure*)

**This method may be right for your patient if she wants**

- Highly effective and permanent birth control

### ARHP Counseling Message

- Tubal occlusion should be considered a permanent end to a woman's fertility and should not be performed if there is a chance that the patient might desire childbearing in the future.
- Abdominal tubal ligation (post-partum and or interval are immediately effective and do not require follow-up or post-procedure contraception.
- Mico-inserts (Essures) are not designed for removal.
- Back-up contraception is needed for 3 months for Essure ligations or until tubal occlusion is verified by a HSG test.
- This method does not protect against STIs. •

**+99%**  
effective usually

**+99%**  
effective perfectly

Effective beginning on  
**procedure date**

### Side Effects

- Side effects as with any in-patient procedure.

# Vasectomy

## This method may be right for your patient if she wants

- Highly effective and permanent birth control

## ARHP Counseling Message

- Vasectomy should be considered a permanent method of male sterilization and should not be performed if there is a chance that the patient might desire to father children in the future.
- Reversal procedures exist but are technically complex, expensive, and have a variable success rate.
- Most activities can be resumed 3 days after the procedure. More strenuous activities, including sexual activity, can be resumed 1 week after vasectomy.
- Back-up contraceptives is needed for at least 3 months until the patient has had at least one negative semen analysis after at AND at least 20 ejaculations.
- This method does not protect against STIs. •

