









BIRTH CONTROL METHOD COMPARISON CHART

According to a survey from the Kaiser Family Foundation, most women (72%) will use more than one type of contraception in their lifetime and on average, women use 3.4 different contraceptive methods throughout their lifetime. It may take trying different methods to see what works best, as needs and lifestyle may change. If you are sexually active and don't want to get pregnant, explore the range of contraceptive choices available.

METHOD	HOW EFFECTIVE?	PROTECTS AGAINST STIS?	HORMONE FREE?	ADVANTAGES	DISADVANTAGES	PRESCRIPTION NEEDED?
Implant (small flexible rod inserted under the skin of the arm) 	99.9%	No	No, has a progestin hormone	<ul style="list-style-type: none"> Nothing to remember—once inserted it works continuously Progestin only—no estrogen related side-effects Lasts up to 3 years 	<ul style="list-style-type: none"> Insertion may be uncomfortable May cause irregular bleeding May have a large initial cost 	Yes Must be inserted by a healthcare provider
IUD (inserted into the uterus) 	Hormonal: 99.9% Nonhormonal: 99.2%	No	One type of IUD contains hormones, the copper IUD does not.	<ul style="list-style-type: none"> Nothing to remember—once inserted it works continuously Hormonal IUD may make periods lighter and less painful Once inserted, lasts for years The ability to become pregnant returns quickly once IUD is removed 	<ul style="list-style-type: none"> May be a large initial cost Insertion may be painful With the copper IUD, periods may become heavier for the first several months 	Yes Must be inserted and removed by a healthcare provider
Sterilization/ Vasectomy	99.5%	No	Yes	<ul style="list-style-type: none"> Highly effective Long lasting contraceptive solution 	<ul style="list-style-type: none"> Usually permanent Reversal procedures are expensive and complicated 	Yes It is a surgical procedure
Injection 	94%	No	No, has a progestin hormone	<ul style="list-style-type: none"> Convenient. One injection prevents pregnancy for about 3 months Birth control effects begin as soon as first injection Most women can get pregnant within 12-18 months of last injection. May improve PMS symptoms and periods may disappear 	<ul style="list-style-type: none"> May cause side effects, like irregular bleeding and weight gain. These side effects may decrease over time It may be several months before ovulation happens again after stopping injections May cause significant bone mineral density loss 	Yes The shot is given by a healthcare provider




NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use

BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	HOW EFFECTIVE?	PROTECTS AGAINST STIS?	HORMONE FREE?	ADVANTAGES	DISADVANTAGES	PRESCRIPTION NEEDED?
Oral contraceptives ("The Pill") 	92-97%	No	No, but lower dose options are available	<ul style="list-style-type: none"> • Very effective against pregnancy if used correctly • Makes menstrual periods more regular and lighter • Decreases menstrual cramps and acne 	<ul style="list-style-type: none"> • Must be taken every day at the same time • Can't be used by women with certain medical problems or with certain medications • Can occasionally cause side effects such as nausea, increased appetite, headaches, and, very rarely, blood clots 	Yes
Vaginal ring 	92%	No	No	<ul style="list-style-type: none"> • Easy to use—worn for three weeks at a time, removed for a week, then replaced • Effects fertility one month at a time 	<ul style="list-style-type: none"> • Increased risk of heart attack and stroke • Possibility of expulsion from the body 	Yes
Contraceptive patch 	91%	No	No, but there is a low dose option	<ul style="list-style-type: none"> • Easy to use—applied to the skin and worn for a week at a time • Small 	<ul style="list-style-type: none"> • Possible skin reactions 	Yes
Diaphragm 	88%	No	Yes	<ul style="list-style-type: none"> • Can be inserted hours ahead of time • Immediately effective • More effective when used with spermicide 	<ul style="list-style-type: none"> • Requires fitting and periodic refitting • Requires insertion of additional spermicide before each sex act or after 2 hours have passed 	Yes
Contraceptive gel 	86%	No	Yes	<ul style="list-style-type: none"> • Can be used on-demand, only when needed (up to an hour before sex) • Can be used with latex or plastic condoms 	<ul style="list-style-type: none"> • May cause vaginal irritation in some users • Not recommended for people with a history of recurrent UTIs 	Yes

NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use


BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	HOW EFFECTIVE?	PROTECTS AGAINST STIS?	HORMONE FREE?	ADVANTAGES	DISADVANTAGES	PRESCRIPTION NEEDED?
External condom* 	84%	Yes	Yes	<ul style="list-style-type: none"> • Easy to find in stores, often available free in clinics • Can be used in the moment • Actively involves the partner with a penis in contraception 	<ul style="list-style-type: none"> • Can decrease spontaneity • May break if used improperly 	No, widely available over the counter
Cervical cap with spermicide 	60-80%	No	Yes	<ul style="list-style-type: none"> • Smaller version of the diaphragm • Can be placed up to 6 hours before sex • Few side effects • Reusable and relatively inexpensive • Requires less spermicide than a diaphragm 	<ul style="list-style-type: none"> • Requires consistent use • May need to be resized • While it should be left in place at least 8 hours after intercourse, may cause toxic shock syndrome if left in for more than 24 hours • May be difficult to insert or remove 	Yes
Internal condom 	79%	Yes	Yes	<ul style="list-style-type: none"> • Less decrease in sensation than with the external condom • Offers protection against STIs (covers both internal and external genitalia) • Can be inserted before sex • Stronger than latex 	<ul style="list-style-type: none"> • Can slip into the vagina or anus during sex • Difficulties in insertion/removal • Not easy to find in drugstores or other common sources of condoms • Higher cost than external condoms 	Yes
Withdrawal ("Pulling Out")	78%	No	Yes	<ul style="list-style-type: none"> • Free • Can be used in combination with other birth control method 	<ul style="list-style-type: none"> • May not withdraw in time • There is a small chance that pre-ejaculate contains viable sperm 	No

NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use

*External condoms are available in latex, polyurethane, polyisoprene, and lamb skin. Lamb skin condoms do not protect against STIs. If using latex condoms, use only water-based lubricants, not oil-based ones.

BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	HOW EFFECTIVE?	PROTECTS AGAINST STIS?	HORMONE FREE?	ADVANTAGES	DISADVANTAGES	PRESCRIPTION NEEDED?
Fertility Awareness* 	76%	No	Yes	<ul style="list-style-type: none"> Requires no drugs or devices, but does require abstaining from sex during the entire first cycle to chart mucus characteristics Inexpensive 	<ul style="list-style-type: none"> Calendar: Requires good record keeping before and during use of method Mucus: Restricts sexual spontaneity during fertile period Requires extended periods of abstinence Unpredictability of cycle 	No
Vaginal Spermicide (used alone)	72%	No	Yes	<ul style="list-style-type: none"> Easy to insert (foam, cream, suppository, or jelly) Enhances vaginal lubrication 	<ul style="list-style-type: none"> Must be inserted before each act of intercourse May leak from vagina Might cause irritation 	No
Abstinence	??**	Maybe***	Yes	<ul style="list-style-type: none"> Highly effective at preventing pregnancy (with perfect use) Free and always available No side effects 	<ul style="list-style-type: none"> Many people may find it difficult to maintain abstinence over a long term Will not be prepared to protect against pregnancy and STIs if decide unexpectedly to have sex 	No

NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use

*Calendar method: Determine high-risk days or ovulation through keeping a calendar. Mucus method: Must keep daily chart of color and consistency of vaginal secretions. BBT: Body temp in the morning tends to drop slightly immediately before ovulation.

**No research has established total abstinence user-failure rates, but research on periodic abstinence reveals failures between 26% and 86%.

***As defined as no sexual or intimate, skin-to-skin contact, abstinence does protect against STIs. Some may define abstinence in other ways.

Emergency Contraception

EC OPTION	WHEN CAN IT BE USED	OTHER CONSIDERATIONS
Non-hormonal IUD (copper)	Within 5 days	Can remain in place as reliable, long-term contraception for years
Levonorgestrel-based pills	Within 3 days (72 hours)	Works better the sooner you take it. May be less effective for those over 165 pounds.
Ella	Within 5 days	Works better the sooner you take it. May be less effective for those over 195 pounds.