

CHOICES IN CONTRACEPTION

FACT SHEET

What is contraception?

Contraception is something you use or do to prevent pregnancy.

There are a number of different methods available and the choice of contraception depends on your needs and circumstances.

Long Acting Reversible Contraceptives

Long Acting Reversible Contraceptives (LARCs) are a means of preventing pregnancy that only need to be used less than once per month. LARCs are the most effective methods (greater than 99% effective) for contraception and are suitable for most people. LARCs do not have any impact on fertility, when they are stopped fertility returns to normal immediately. LARCs include:

Intra-uterine device (IUD): Mirena

This device is placed in the uterus and releases a small amount of progestogen hormone. It is effective for 5 years.

- Although there may be some irregular bleeding and/or spotting at first, the device makes periods lighter and may stop them altogether.
- There are minimal side effects because the dose of hormone is small and works within the uterus.
- It is inserted by some doctors, gynaecologists and SHINE SA doctors.

Intra-uterine devices (IUD): Multiload and Copper T

This device is placed in the uterus and contains a small amount of copper.

- Copper T is effective for 10 years and Multiload is effective for 5 years.
- Periods may be heavier or more painful, although this often decreases with time.
- There are no hormones, so no hormonal side effects.
- It is inserted by some doctors, gynaecologists and SHINE SA doctors.

Contraceptive implant: Implanon

A progestogen implant that is placed in the upper arm and is effective for 3 years.

- Periods change and bleeding may become lighter, heavier, come when not expected or stop altogether.
- It may cause side effects, including weight gain, moodiness and pimples.
- The implant can be removed at any time.
- The implant is inserted and removed under local anaesthetic by some doctors, gynaecologists and at SHINE SA clinics.

Shorter acting hormonal methods

These contraception methods use hormones to change fertility by stopping the release of the egg (ova), blocking sperm, and changing the lining of the uterus. They are very effective when used correctly, but with typical use are less effective than LARC methods.

Injectable contraception: Depo Ralovera or Provera

A progestogen injection given regularly every 12 weeks.

- Periods usually stop while using this method.
- It may cause side effects, including irregular bleeding, weight gain, moodiness, and pimples, this could last until the injection wears off.
- It may temporarily delay a return to normal periods and fertility after stopping the injections.

The Pill (combined oral contraceptive pill)

A pill that is a combination of progestogen and oestrogen, and is taken daily.

- It may make periods lighter, more regular and less painful.
- It may cause side effects such as headaches, nausea, breast tenderness and weight gain, although changing the type of Pill may help these problems.
- It may be used to treat other conditions such as acne, Pre Menstrual Syndrome (PMS) and excessive body hair.

Vaginal ring: NuvaRing

A soft plastic ring which is self-inserted into the vagina and slowly releases low doses of oestrogen and progestogen. It is left in place for 3 weeks and taken out for a week.

- It may make periods lighter, more regular and less painful.
- It may cause side effects such as headaches, nausea, breast tenderness and weight gain.
- The risk of failure associated with diarrhoea and vomiting is avoided as the hormones don't have to go through the stomach.

Progestogen-only pill

A progestogen pill (often called the mini-pill), taken every day.

- It must be taken at the same time every day.
- It may cause side effects, including irregular bleeding, weight gain, moodiness and pimples.
- Can be used by people who cannot take the combined Pill for medical reasons.

Emergency contraceptive pill (ECP)

A pill taken after unprotected sex to stop or delay the release of an egg by the ovary (ovulation). There are two types of ECP.

- It should be taken as soon as possible after unprotected sex for maximum effectiveness.
- Depending on the type of ECP, it can be effective up to 5 days after unprotected sex.
- It is available over the counter at pharmacies, SHINE SA clinics and some hospital emergency departments.

Barrier methods

Barrier methods prevent semen from entering the uterus during sex.

Condom

The most common condom is a thin piece of latex (rubber) which is shaped to fit onto an erect (stiff) penis—these condoms can also be called penile or external condoms.

There is also a condom which can be inserted into the vagina—these are called vaginal or internal condoms.

- These methods prevent sperm passing between sexual partners to prevent pregnancy.
- **Condoms are the only form of contraception that reduce the risk of sexually transmitted infections.**
- They are more effective when used with water-based lubricant to prevent friction and breakage.
- They need to be used before any genital contact occurs because sperm can be present before ejaculation (cumming).
- Latex and non-latex external condoms are available in supermarkets, pharmacies and some other retail outlets. You can get free condoms from SHINE SA and some other health clinics.

Diaphragm

A soft, dome-shaped rubber cap that is placed over the cervix.

- It must be inserted before sex and left in place for at least 6 hours following intercourse.
- It does not need to be fitted by a health professional, however some practice may be needed before using it for contraception.
- It can be purchased at SHINE SA clinics, online or some pharmacies.

Non hormonal methods

Lactational amenorrhoea (LAM)

LAM is the use of breastfeeding as contraception. Breastfeeding can cause a delay in the return of regular ovulation after having a baby.

LAM is only effective when all 3 criteria are met:

- menstrual periods have not returned
- gave birth less than 6 months ago
- fully breastfeeding (not feeding the baby with any food or milk supplements).

Fertility awareness methods (FAMs)

These are methods where people become aware of the signs of fertility and learn to detect when they are most likely to become pregnant. This requires not having unprotected vaginal intercourse during the more fertile times of the cycle to prevent pregnancy.

- All FAMs require an understanding of the menstrual cycle.
- They require motivation, experience, commitment and cooperation by all sexual partners.
- They may be used with other non-hormonal contraception such as diaphragms and condoms.
- They are cost effective.

Permanent methods

Sterilisation: vasectomy

A procedure that cuts the tube called the vas deferens so that sperm produced in the testes cannot get into the semen (cum). It can be performed by some doctors or a surgeon.

- The procedure is performed under either local or general anaesthetic.
- It is not immediately effective, it requires about 20 ejaculations to become effective.
- It is considered permanent.

Sterilisation: tubal ligation

This is a procedure to block the fallopian tubes to prevent sperm getting to the egg. This can be done in two ways. Tubal ligation is a procedure where the tubes are closed off and is performed by a gynaecologist.

- Tubal ligation is more invasive than vasectomy.
- The procedure is performed under general anaesthetic.
- It is considered permanent.

Other methods

Withdrawal (not recommended)

Withdrawal is removing the penis from the vagina before ejaculation (cumming). This is unreliable because sperm can be present in the pre-cum. **Other methods of contraception offer greater effectiveness.**

CONTACT
SHINE SA

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Clinic & Counselling Appointments and General Enquiries

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Sexual Healthline

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Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

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