

### Comparison of Contraceptive Methods

Method	Reliability*	Protection against IV/STD's?	Pros & Cons
<b>Intra-uterine Devices (IUD/IUS)</b>			
(All)	99%	No	<p><b>Pros:</b></p> <ul style="list-style-type: none"> <li>• Longevity</li> <li>• Low side effect profile</li> <li>• High initial cost, but low when averaged out over lifespan of device</li> </ul> <p><b>Cons:</b></p> <ul style="list-style-type: none"> <li>• Recommended principally for women in monogamous relationships</li> <li>• Can be expelled or become dislodged</li> <li>• Not recommended for women with fibroids</li> <li>• Safe in breast-feeding</li> </ul>
ParaGard (Copper T) IUD <a href="http://www.paragard.com/home.php">http://www.paragard.com/home.php</a>			<ul style="list-style-type: none"> <li>• ParaGard can remain in place for up to 10 years</li> <li>• Fertility usually resumes immediately upon removal</li> <li>• Can be accompanied by increase in volume and duration of menstrual flow</li> <li>• Safe in breast-feeding</li> </ul>
Mirena IUS <a href="http://www.mirena-us.com/">http://www.mirena-us.com/</a>			<ul style="list-style-type: none"> <li>• Mirena can remain in place for 5 years</li> <li>• Releases levonorgestrel, a synthetic progestin, just in uterus. Reduces menstrual volume in time but spotting can occur in initial 6–12 months</li> <li>• May cause benign ovarian cysts</li> <li>• Can rarely cause hormonal side effects similar to those seen with oral birth control pills, such as mood swings, breast tenderness, headaches, and acne.</li> <li>• Safe in breast-feeding</li> </ul>

Sterilization			
(All)	>99%	No	<b>Pros/Cons:</b> <ul style="list-style-type: none"> <li>• Surgical risks</li> <li>• Permanence</li> <li>• Cost-effective over time</li> <li>• These methods can in <i>some</i> (few) cases be reversed, depending on method and individual</li> <li>• No effect on breast-feeding</li> </ul>
Tubal ligation			Tubal ligation immediately effective
Vasectomy			Vasectomy not immediately effective; it may take months before full sterility is achieved
Hormonal Methods			
Birth control pills (Oral contraceptive pills - BCP's/OCP's)  Options include: <ul style="list-style-type: none"> <li>• 10–35-mcg combined pills</li> <li>• Regular or extended-cycle use pills</li> <li>• Pills with shortened pill-free interval option</li> <li>• Progestin-only 'mini-pills'</li> </ul>	95–99%	No	<b>Pros:</b> <ul style="list-style-type: none"> <li>• High rate of efficacy</li> <li>• Relatively convenient</li> <li>• Multiple options available</li> <li>• Regulates menstrual cycle</li> <li>• Decreased risk of endometrial and ovarian cancer, endometriosis, PID</li> <li>• Mini pill is the common oral contraceptive for nursing mothers as it rarely affects milk supply; but may have a higher incidence of break thru bleeding.</li> </ul> <b>Cons:</b> <ul style="list-style-type: none"> <li>• Undesirable risk and side effect profile in some women</li> <li>• Not affordable for all women</li> <li>• Drug interactions</li> </ul>
Vaginal ring (NuvaRing)	~99%	No	<b>Pros/Cons:</b> <ul style="list-style-type: none"> <li>• Same as w/BCP's, above</li> </ul> <b>Other advantages:</b> <ul style="list-style-type: none"> <li>• Privacy</li> <li>• Use allows for more normal vaginal moisture and flora, reducing yeast infections for some women</li> <li>• Protection from pregnancy one month at a time</li> </ul> <b>Other disadvantages:</b>

			<ul style="list-style-type: none"> <li>Contraindicated with certain pelvic conditions, <i>e.g.</i>, prolapse, endometriosis, susceptibility to irritation, etc.</li> </ul>
Transdermal birth control patch (Ortho Evra)	~99% (less reliable for women >198 lb)	No	<b>Pros/Cons:</b> <ul style="list-style-type: none"> <li>Similar to those of BCP's, as above, except exposure to synthetic estrogen is ~60% higher, with resultant higher risk profile for thromboembolic events</li> </ul>
Depo-Provera injection	99.7%	No	<b>Pros/Cons:</b> Same as w/BCP's, above  <b>Other advantages:</b> Effective 24 hr following injection  <b>Other disadvantages:</b> Side effects can be significant and long-lasting, including reduction in bone density, depression, and weight gain  No effect on breast-feeding.
Contraceptive implants	99%		<b>Pros:</b> <ul style="list-style-type: none"> <li>Longevity: Different systems last from 3-5 yr</li> <li>Fertility returns relatively quickly</li> </ul> <b>Cons:</b> <ul style="list-style-type: none"> <li>Can be difficult to remove</li> <li>Potential for scarring</li> <li>Side effects can in some cases be significant and long-lasting</li> <li>No effect on breast-feeding</li> </ul>
<b>Barrier Methods</b>			
Male condom	87–98%	Yes, except for STI's contracted from genital areas not covered*	<b>Pros:</b> <ul style="list-style-type: none"> <li>Convenience and availability</li> <li>Multiple options</li> <li>Inexpensive</li> <li>Allows greater male partner participation</li> </ul> <b>Cons:</b> <ul style="list-style-type: none"> <li>Reduced spontaneity</li> <li>Reduced sensation</li> <li>Some users experience allergies</li> </ul>

Female condom	79–95%	Yes; only abstinence provides better protection*	<p><b>Pros:</b></p> <ul style="list-style-type: none"> <li>• Can be placed up to 8 hr in advance</li> <li>• Good protection against STI's</li> <li>• Does not require fitting by health care practitioner</li> <li>• No effect on breast-feeding</li> </ul> <p><b>Cons:</b></p> <ul style="list-style-type: none"> <li>• Only 1 style currently available</li> <li>• More costly than male condoms</li> </ul>
Female cervical cap	Varies: 68–91%	No	<p><b>Pros:</b></p> <ul style="list-style-type: none"> <li>• Can be inserted up to 6 hr in advance</li> <li>• Very few side effects</li> <li>• Several designs on market</li> <li>• No effect on breast-feeding</li> </ul> <p><b>Cons:</b></p> <ul style="list-style-type: none"> <li>• Relatively low efficacy,* especially in women who have given birth</li> <li>• Some types require fitting by health care practitioner; limited to 4 sizes</li> <li>• Not widely available</li> <li>• Some users experience allergies</li> </ul>
<b>Spermicidal Methods</b>			
Today Sponge	89–91**	No	<p><b>Pros:</b></p> <ul style="list-style-type: none"> <li>• Immediate and continuous protection for 24-hr period</li> <li>• One size fits all and easy to insert</li> <li>• No effect on breast-feeding</li> </ul> <p><b>Cons:</b></p> <ul style="list-style-type: none"> <li>• Cost</li> <li>• Removal can be tricky for some</li> <li>• Some users experience sensitivities /allergies to spermicide</li> </ul>
Diaphragm with contraceptive jelly or foam	80–94%	Some*	<p><b>Pros:</b></p> <ul style="list-style-type: none"> <li>• Few side effects</li> <li>• Can be inserted up to 6 hr in advance</li> <li>• Can be used for intercourse during menses to collect flow</li> <li>• No effect on breast-feeding</li> </ul>

			<b>Cons:</b> <ul style="list-style-type: none"> <li>• May reduce spontaneity</li> <li>• Requires fitting/periodic refitting</li> <li>• Some users experience allergies</li> <li>• Some consider method to be “messy”</li> </ul>
<ul style="list-style-type: none"> <li>• Vaginal contraceptive film, foam, inserts</li> </ul>	74–94%; efficacy maximal when used in conjunction with barrier method	No	<b>Pros:</b> <ul style="list-style-type: none"> <li>• Readily available</li> <li>• Relatively inexpensive</li> <li>• Lubrication</li> <li>• No effect on breast-feeding</li> </ul> <b>Cons:</b> <ul style="list-style-type: none"> <li>• No protection from STI’s/HIV infection</li> <li>• Some users experience irritation and/or allergies</li> <li>• “Messiness” factor</li> <li>• Must be inserted within an hour before intercourse</li> </ul>
<b>Fertility Awareness Methods (FAM):</b>			
Examples: <ul style="list-style-type: none"> <li>• Basal Body Temperature (BBT)</li> <li>• Sympto-thermal</li> <li>• Billings Ovulation</li> <li>• "Rhythm"</li> </ul>	88–98%	No	<b>Pros:</b> <ul style="list-style-type: none"> <li>• Zero health risks or side effects</li> <li>• Enhances body awareness and partner intimacy</li> <li>• Inexpensive</li> </ul> <b>Cons:</b> <ul style="list-style-type: none"> <li>• Requires significant partner education, cooperation, and daily attention</li> <li>• Relatively high failure rate</li> <li>• Not ideal in perimenopause years or for women with otherwise irregular cycles</li> <li>• No effect on breast-feeding.</li> </ul>

\* Assumes perfect use. Actual effectiveness rates vary significantly. Statistics from *Our Bodies, Ourselves* (Boston Women’s Health Book Collective, 2005).

\*\* McClure D., & D. Edelman. 1985. Worldwide method effectiveness of the Today vaginal contraceptive sponge. *Adv. Contracept.* 1: 305–11.