

Contraception Options

Type	Oral Contraceptive Pill “The Pill” Combined hormonal—estrogen and progestin Does not protect against STBBIs
Effectiveness	Perfect use = 99.7% effective Typical use = 91% effective
How to Use	<ul style="list-style-type: none">• Taken orally at the same time every day• Pill packaging can vary but might include 4 or 7 sugar pills to allow for a withdrawal bleed• Some health care providers might recommend no sugar pills or no break between pill packages• A healthcare provider should be consulted to trouble-shoot missed pills
Advantages	<ul style="list-style-type: none">• Very effective• May result in lighter periods and less cramping• May help treat acne• May help treat symptoms related to fibroids and endometriosis and may help reduce their growth• Very good evidence demonstrates protection against ovarian and endometrial cancer
Disadvantages	<ul style="list-style-type: none">• Need prescription• Must be taken every day at the same time• Some individuals experience adverse side effects

Possible Side Effects and Risks

Side Effects

- Breakthrough bleeding
- Headaches
- Nausea and vomiting
- Bloating
- Mood changes such as nervousness or lack of energy
- Breast tenderness
- Can change sexual desire

Typically, if there are side effects, they tend to disappear within three months.

Risks

- Blood clots in the veins of the legs or lungs
- Might increase the risk of stroke (blood clots in the arteries of the brain)
- May worsen the growth of certain liver tumours
- May increase the risk of gallbladder disease

Some pill formulations are safer than others. Encourage students to do some research and talk with their doctors about different formulations to decide what is best for them.

Type

Oral Contraceptive Pill

“The Mini-Pill” or “POPs”

Progestin-only

Does not protect against STBBIs

Effectiveness

Perfect use = 99.7% effective

Typical use = 91% effective

How to Use

- Taken orally at the same time every day (must be taken within three hours of the same time every day or the efficacy of this contraceptive method is lost)
 - Can be started at any point in the menstrual cycle
 - Back up contraception is required unless within 5 days of the start of a regular period
 - Back up contraception, when used, should continue for at least 48 hours following initiation
 - Unlike with combined hormonal pills there is no week off
 - If a pill is taken more than 3 hours late, a secondary method of contraception should be used for 48 hours
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Advantages

- Very effective
- May result in lighter (possibly absent) periods, less cramping, and less PMS
- May decrease symptoms and help treat endometriosis and fibroids

Disadvantages

- Need prescription
- Must be taken every day at exactly the same time
- Can cause unpredictable, irregular bleeding

Possible Side Effects and Risks**Side Effects**

- Breakthrough bleeding
- Amenorrhea (no period)
- Mood changes such as nervousness or lack of energy
- Fatigue
- Headaches
- Nausea
- Breast tenderness
- Weight gain or loss

Risks

- The progestin-only pill reduces the overall risk of ectopic pregnancy (pregnancy outside the uterus, typically in the fallopian tubes). However, if pregnancy occurs (contraceptive failure), there is up to a 10% risk that the pregnancy is ectopic (which causes potentially dangerous complications)

Type**Transdermal Patch**

Combined hormonal—estrogen and progestin

Does not protect against STBBIs

Effectiveness

Perfect use = 99.7% effective

Typical use = 91% effective

How to Use

- Patch placed on upper arm, lower abdomen, buttock or chest (avoiding breast tissue)
 - Patch is changed once a week on the same day for 3 weeks
 - Changing the patch once weekly for three weeks followed by a seven-day break is the typical regimen but alternative and extended regimens are possible with skilled healthcare provider guidance
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- Advantages**
- No daily pill to take and can be easier to remember
 - Discreet

- Disadvantages**
- Need prescription
 - Potential skin irritation
 - Patch can fall off (although unlikely if the skin has been cleaned with rubbing alcohol)

Possible Side Effects and Risks

Side Effects

- Breakthrough bleeding
- Headaches
- Nausea and vomiting
- Bloating
- Mood changes such as nervousness or lack of energy
- Breast tenderness
- Can change sexual desire

Typically, if there are side effects, they tend to disappear within 3 months.

Risks

- Increased risk of blood clots
- Stroke
- Heart attack
- High blood pressure

Type

Vaginal Ring

Combined hormonal—estrogen and progestin

Does not protect against STBBIs

Effectiveness

Perfect use = 99.7% effective

Typical use = 91% effective

How to Use

- On first day of period, flexible ring is inserted into vagina where it stays for 21 days
- Following 21 days of the ring being in place, it is removed and discarded. A new ring is placed after a 4 to 7-day hormone free interval

Advantages

- No daily pill to take
- Discreet

Disadvantages

- Need prescription
- Sexual partners may feel the ring
- Some individuals do not want to use fingers to insert

Possible Side Effects and Risks

Side Effects

- Breakthrough bleeding
- Headaches
- Nausea and vomiting
- Vaginal irritation
- Bloating
- Mood changes such as nervousness or lack of energy
- Breast tenderness
- Can change sexual desire

Typically, if there are side effects, they tend to disappear within 3 months.

Risks

- Increased risk of blood clots
- Stroke
- Heart attack
- High blood pressure

Type

Intra Uterine System (IUS)

“Hormonal IUD”

Intrauterine

Single hormone—progestin

Does not protect against STBBIs

Effectiveness

Perfect use = 99.8%

Typical use = 99.8%

How to Use

- Health care provider inserts IUS into uterus for 3 to 5 years (depending on brand)

Advantages

- Once placed, no maintenance
- As effective as sterilization
- Reversible
- Reduces menstrual flow, often to a point of little to no bleeding (amenorrhea)
- Different sizes available for different sized uteruses

Disadvantages

- Need prescription and health care provider to place
- May take a few months for side effects to subside
- Removal requires a health care provider

Possible Side Effects and Risks

Side effects

(Most side effects will resolve in 3 to 6 months)

- Amenorrhea (no period)
- Breakthrough bleeding
- Abdominal/pelvic pain
- Headache
- Acne
- Mood changes such as nervousness or lack of energy
- Nausea and vomiting
- Bloating
- Expulsion

Risks

- Very small risk of perforation or malpositioning in uterus during placement
 - Chance of expulsion
 - Possibility of infection related to the process of device placement
 - Contraceptive failure, including the risk of ectopic pregnancy. The risk of an ectopic is not higher compared to someone not using an IUS. However, among IUS users, if pregnancy occurs there is a higher chance of it being an ectopic (occurring outside of the uterus, typically in the tubes, which causes potentially dangerous complications)
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Type	Depo Provera
	Injection
	Single hormone—progestin
	Does not protect against STBBIs
Effectiveness	Perfect use = 99.8% effective
	Typical use = 94% effective
How to Use	<ul style="list-style-type: none"> • Individual receives injection at any point in the menstrual cycle and then once every 3 months • Back up contraception is required for the first 7 days after Depo-Provera initiation
Advantages	<ul style="list-style-type: none"> • Contraceptive effects last for 3 months • Reduces menstrual flow, often to a point of little to no bleeding (amenorrhea) after 1 year of continuous use (i.e., injections every 3 months)
Disadvantages	<ul style="list-style-type: none"> • Need prescription and health care provider to inject • Side effects may last months after injection • May take up to 18 months to regain fertility
Possible Side Effects and Risks	<p data-bbox="469 1161 613 1192">Side Effects</p> <ul style="list-style-type: none"> • Breakthrough bleeding • Headaches • Weight gain • Mood changes such as feelings of nervousness or lack of energy • Acne • Amenorrhea (no period) • Can change sexual desire • Nausea • Bloating • Reversible decrease in bone mineral density • Breast tenderness • Pain, swelling, and bruising at the injection site

Type	Copper Intra-uterine Device (IUD) Intrauterine No hormones Does not protect against STBBIs
Effectiveness	Perfect use = 99.4% effective Typical use = 99.2% effective
How to Use	<ul style="list-style-type: none"> • Health care provider places the IUD in the uterus • The copper in the IUD affects the ability of sperm to move through cervical mucous towards an egg, preventing fertilization • The copper also accelerates the degradation of an egg, shortening the fertile window
Advantages	<ul style="list-style-type: none"> • Can stay in the uterus up to 10 years • Inexpensive • No hormones • Reversible • Discrete
Disadvantages	<ul style="list-style-type: none"> • Need prescription and health care provider to place • Heavier bleeding and increased cramps during period • Removal requires a health care provider
Possible Side Effects and Risks	<p>Side Effects</p> <ul style="list-style-type: none"> • Heavier bleeding than normal and stronger cramps than normal (during period) • Cramping pain on placement • Breakthrough bleeding <p>Risks</p> <ul style="list-style-type: none"> • Very small risk of perforation or malpositioning in uterus during placement • Chance of expulsion • Possibility of infection related to the process of device placement • Contraceptive failure, including the risk of ectopic pregnancy. The risk of an ectopic is not higher compared to someone not using an IUD. However, among IUD users, if pregnancy occurs, there is a higher chance of it being ectopic (occurring outside of the uterus, typically in the tubes, which causes potentially dangerous complications)

Type	<p>External Condom</p> <p>Barrier method</p> <p>Protects against STBBIs</p>
Effectiveness	<p>Perfect use = 98% effective</p> <p>Typical use = 82% effective</p>
How to Use	<ul style="list-style-type: none"> • Rubber sheath (made of latex, polyurethane, or polyisoprene) is unrolled over erect penis before genital contact • Semen is ejaculated into condom • Condom is carefully removed immediately after ejaculation
Advantages	<ul style="list-style-type: none"> • Widely available • Generally inexpensive • No hormones • STBBI protection
Disadvantages	<ul style="list-style-type: none"> • People with a latex sensitivity or allergy must use non-latex condoms which are more expensive (polyurethane condoms protect against STBBIs and pregnancy, lambskin condoms prevent pregnancy and most STBBIs but do not protect against HIV. Lambskin condoms should not be used if lanolin allergy is present) • Must use from beginning of sexual intercourse every time • Needs to be incorporated into sexual activity • Some individuals have difficulty maintaining an erection when unrolling condom onto penis • Altered and possibly decreased sensation for penis. The benefit of this could be an erection maintained for longer
Possible Side Effects and Risks	<ul style="list-style-type: none"> • No risks or side effects except for people with latex a sensitivity or allergy <p>Additional information</p> <ul style="list-style-type: none"> • Can only use water-based lubricants • Condoms must be kept in a dry place away from light and heat • Good for 5 years, do not use beyond printed expiry date • Lambskin condoms do not protect against most STBBIs and novelty condoms e.g., flavoured condoms, are not approved for STBBI prevention

Type	Internal (vaginal) Condom Barrier method Protects against STBBIs
Effectiveness	Perfect use = 95% effectiveness Typical use = 79% effectiveness
How to Use	<ul style="list-style-type: none"> • Inserted into vagina before any genital contact • Condom is removed after ejaculation • Non-latex synthetic nitrile polymer sheath worn in vagina catches semen so sperm cannot enter vagina
Advantages	<ul style="list-style-type: none"> • Available over the counter • No hormones • Controlled by the wearer • Better heat conduction • Protects against STBBIs • The two rings may provide more sexual pleasure for both partners • Does not need an erect penis to use • Can be used with oil-based lubricants
Disadvantages	<ul style="list-style-type: none"> • Can slip out fairly easily and may be difficult to maintain in place when changing sexual position • More expensive than external condoms
Possible Side Effects and Risks	<ul style="list-style-type: none"> • Do not use if there is an allergy to nitrile polymers

Type	Fertility Awareness Methods (FAM)* Natural—Cycle monitoring This method takes a great deal of bodily awareness, diligent tracking, and communication Contraceptive methods that rely on cycle monitoring are one of the least accurate and least effective methods with approximately 25% percent chance of pregnancy Does not protect against STBBIs
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Effectiveness	Perfect use (Standard Days) = 95% effective Typical use = 76% effective
How to Use	<ul style="list-style-type: none"> • Calculate fertile days based on ovulation (every body is different and the menstrual cycle may need to be tracked over the period of a year to figure out when ovulation is likely to occur) • Abstinence or another contraception method (e.g. barrier) is required on most fertile days • Monitor cervical mucous to help determine days of most and least fertility • Measure early morning temperature using a basal body temperature thermometer to detect any increase or drop in temperature to help determine ovulation. (This does not provide an accurate reading if you have irregular sleep patterns, work nights, get less than 6 hours of sleep, and/or have a fever)
Advantages	<ul style="list-style-type: none"> • No prescription required • No hormones • Opportunity to get to know your body really well
Disadvantages	<ul style="list-style-type: none"> • Requires commitment and advanced planning in terms of diligently getting to know and tracking body over months prior to unprotected sex • Another contraceptive method is required to reduce the risk of pregnancy during the fertile window
Possible Side Effects and Risks	<ul style="list-style-type: none"> • There are no side effects but the risk of pregnancy is higher than most other methods

Type	Withdrawal Method Natural—penis is withdrawn from the vagina during vaginal sexual intercourse Does not prevent against STBBIs
Effectiveness	Perfect use = 96% effectiveness Typical use = 78% effectiveness
How to Use	<ul style="list-style-type: none"> • Just before ejaculation, penis is withdrawn from vagina • Semen is ejaculated away from the vulva and vagina

- Advantages**
- No prescription required
 - No hormones
 - Can increase communication between partners during sex (if done properly)
 - Can be combined with other methods to increase efficacy
 - Useful when no other method is available

- Disadvantages**
- Requires commitment, control, and practise
 - Interrupts sexual activity for partner
 - There can be sperm in pre-ejaculate (“pre-cum”), which can increase risk of pregnancy

- Possible Side Effects and Risks**
- There are no side effects but the risk of pregnancy is higher than most other methods

Type **Emergency Contraceptive Pills**

Also known as “the morning after pill,” “ECP”

Post-coital/emergency hormonal method—progestin-only and combined hormonal options available in different pill brands

Does not prevent against STBBIs

Effectiveness Reduces pregnancy by 89%

Effectiveness increased if taken in first 12 hours (up to 95%)

Effectiveness decreases every day thereafter

- How to Use**
- 1 dose of 2 pills taken as soon as possible, preferably in first 12 hours
 - Can be taken up to 5 days after unprotected intercourse

- Advantages**
- Prevents pregnancy after other contraceptive methods have failed and/or unprotected sex

- Disadvantages**
- There is one study that indicates there is a reduced effectiveness of the progestin-only pill in individuals weighing over 176 pounds (80 kg). However, this is not enough evidence to recommend not taking the progestin-only emergency contraception, especially if there is limited access to a health care provider who could prescribe and/or insert other forms of emergency contraception
 - Only effective if taken before ovulation

Possible Side Effects and Risks	<p>Side Effects (Severity of side effects can depend on the kind of pill used)</p> <ul style="list-style-type: none"> • Nausea and vomiting • Dizziness • Breakthrough bleeding • Fatigue • Next period may look different, come early or be delayed (delays greater than 2 weeks should prompt a urine pregnancy test) <p>Risks</p> <ul style="list-style-type: none"> • None
Type	<p>Copper IUD as emergency contraception</p> <p>Post-coital/emergency intrauterine method</p> <p>Non-hormonal</p> <p>Does not protect against STBBIs</p>
Effectiveness	<p>Over 99% effective if inserted within 7 days after unprotected penis-vagina intercourse</p>
How to Use	<ul style="list-style-type: none"> • The copper IUD can be inserted up to 7 days after unprotected sex and up to 5 days after ovulation • It works the same way as when inserted as a contraceptive method (i.e., toxic to sperm)
Advantages	<ul style="list-style-type: none"> • Prevents pregnancy after other contraceptive methods have failed and/or unprotected sex • Provides contraception for up to 10 years • Can be inserted up to 7 days after unprotected penis-vagina sexual intercourse and up to 5 days after ovulation • Some STBBI testing and treatment can happen concurrent to IUD insertion and often there is no increased risk of Pelvic Inflammatory Disease (PID) with positive results as long as the STBBI is treated successfully
Disadvantages	<p>Same as when used as a non-emergency contraceptive:</p> <ul style="list-style-type: none"> • Need prescription and health care provider to insert • Heavier bleeding and increased cramps during period • Removal requires a health care provider

Possible Side Effects and Risks

Same as when used as a non-emergency contraceptive:

Side Effects

- Heavier bleeding than normal/stronger cramps than normal (during period)
- Cramping pain on placement
- Breakthrough bleeding

Risks

- Very small risk of perforation or malpositioning in uterus during placement
- Chance of expulsion
- Possibility of infection related to the process of device placement
- Contraceptive failure, including the risk of ectopic pregnancy. The risk of an ectopic is not higher compared to someone not using an IUD. However, among IUD users, if pregnancy occurs there is a higher chance of it being ectopic (occurring outside of the uterus, typically in the tubes, which causes potentially dangerous complications)

Type

Spermicide

Chemical barrier method—kills sperm after entering vagina and before entering uterus

Does not protect against STBBIs

Effectiveness

Never given birth:

- Perfect use = 91%
- Typical use = 82%

Given birth:

- Perfect use = 80%
- Typical use = 76%

The combined effectiveness is 95% or greater when spermicides are consistently used together with a physical barrier method

How to Use	<p>It is most important to follow the package directions for each kind of spermicide.</p> <ul style="list-style-type: none"> • Sponge—inserted in vagina before intercourse. The sponge can be effective for up to 24 hours after placement and should not be left in place for more than 30 hours • Foam—inserted into vagina before intercourse and is effective immediately. It can be applied right before or up to 1 hour after • Film—inserted into vagina and wait for it to dissolve. It must be applied 15 minutes before intercourse and should be re-applied if more than 3 hours pass before intercourse
Advantages	<ul style="list-style-type: none"> • Available over the counter • Sponge may be used for several acts of intercourse
Disadvantages	<ul style="list-style-type: none"> • Can be messy • A new application of foam or film is necessary for each act of intercourse • Can increase risk of HIV transmission • Practising use before intercourse is recommended to ensure comfort with use and to observe for adverse irritation
Possible Side Effects and Risks	<p>Side effects</p> <ul style="list-style-type: none"> • Possible irritation to vagina and/or penis <p>Risks</p> <ul style="list-style-type: none"> • May irritate vaginal mucosa allowing the entry of viruses • May increase the risk of recurrent UTIs in individuals who already have recurrent UTIs • The sponge may increase the risk of infection in women who have had a term delivery, miscarriage, or abortion within the past 6 weeks
Type	<p>Diaphragm and cervical caps</p> <p>Barrier method</p> <p>Needs to be used with spermicide for maximum effectiveness</p> <p>Does not protect against STBBIs</p>
Effectiveness	<p>Perfect use = 94%</p> <p>Typical use = 88%</p>

How to Use

- Diaphragms and cervical caps block the sperm from entering the uterus by covering the cervix
- The traditional diaphragm requires fitting by a health care provider. There are some models that do not require fitting by a health care provider and are available online. Cervical caps can be purchased online with a prescription and fitting is based on pregnancy history
- The diaphragm or cervical cap may be inserted (using fingers) into the vagina and placed over the cervix up to 2 hours before penis-vagina intercourse
- The spermicide gel must be used before each act of penis-vagina intercourse to ensure maximum effectiveness in preventing pregnancy
- All devices should be left in place for 6 hours after intercourse. (The diaphragm should be removed after 24 hrs, as long as it has been 6 hours since the last intercourse)
- The cervical cap should be removed after 48 hours, as long as it has been 6 hours since the last intercourse

Advantages

- Discreet and small
- Immediately effective if used properly and with spermicide
- It can be inserted hours ahead of sexual intercourse
- Cannot be felt by anyone involved in sexual intercourse

Disadvantages

- Requires a prescription and fitting by health care provider
- Can be challenging for some to insert and place properly
- Can be pushed out of place during sexual intercourse
- Must use spermicide for maximum effectiveness

Possible Side Effects and Risks

Side Effects

- Can cause vaginal irritation (either from spermicides and/or silicone)
- Includes same side effects as spermicides

Risks

- Includes same risks as spermicides
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Type	<p>Sterilization</p> <p>Permanent—surgical</p> <p>Does not protect against STBBIs</p>
Effectiveness	<p>Tubal ligation (perfect and typical use) = 99.5% effective</p> <p>Perfect use (vasectomy) = 99.9% effective</p> <p>Typical use (vasectomy) = 99.85% effective</p>
How to Use	<p>Tubal ligation</p> <ul style="list-style-type: none"> • For those with uteruses • The fallopian tubes are cut and closed or the tubes are removed completely • The procedure is done under general anesthetic (hospital setting) <p>Vasectomy</p> <ul style="list-style-type: none"> • For those with penises • The vas deferens is cut and closed • The individual can make an appointment to have the procedure done in a physician’s office or at the hospital • Local anesthetic is used
Advantages	<ul style="list-style-type: none"> • Permanent contraception—there is still a failure rate but the benefit is that there is no need for other ongoing contraception • Erection, ejaculation, and orgasm are not affected by vasectomy
Disadvantages	<ul style="list-style-type: none"> • Must go through a surgical procedure • Not reversible • A semen analysis is required 3 months following a vasectomy to confirm success. A back up contraception method should be used until then

Possible Side Effects and Risks

Side Effects

Tubal Ligation:

- Feeling tired after surgery
- Abdominal pain/cramping
- Dizziness
- Nausea
- Bloating
- Menstruation can be delayed or come early
- In rare cases, pain with menstruation can be worse

Vasectomy:

- Pain and swelling
- Must wait until the vas is cleared of sperm to have unprotected sex (about 12 weeks)

Risks

- Risk with tubal ligation surgery includes general anesthetic, surgical injury, infection and bleeding
- A vasectomy is generally considered to confer much less risk and is technically much easier than a tubal ligation
- These risks can be discussed with your healthcare provider

Type

Lactational Amenorrhea Method (LAM)

Natural—ovulation suppression through breastfeeding

Does not protect against STBBIs

Effectiveness

Perfect use = between 92% and 98% effective

How to Use

After childbirth, breastfeeding individuals under certain conditions do not ovulate

The conditions are:

- Must be fully breastfeeding (no supplementing with formula)
 - Must not have more than 3 hours between daytime feeds (not more than four during night)
 - Baby must be less than 6 months old
 - Must not have had period yet. (If period occurs before 6 months post-partum, LAM is considered an ineffective method)
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Advantages	<ul style="list-style-type: none"> No prescription required No external hormones
Disadvantages	<ul style="list-style-type: none"> Need to follow guidelines very consistently and strictly for it to work
Possible Side Effects and Risks	<p>There are no side effects but the risk of pregnancy is high if guidelines are not consistently adhered to.</p> <p>It is safe to use other forms of contraception after birth:</p> <ul style="list-style-type: none"> Progestin-only and hormone-free methods can commence immediately after birth Combined hormonal contraception can begin as early as 6 weeks after birth. (Combined hormonal contraception will not affect breast feeding if it is well established. A transient decrease in milk production may be noticed but should go back to usual levels) The spermicide sponge should be avoided until 6 weeks after birth IUDs can be placed within 72 hours after birth or 6 weeks later. Immediate, post-birth placement should be done with ultrasound guidance and expulsion rates are higher

Type	<p>Abstinence</p> <p>Natural</p> <p>Abstaining from all sexual activity protects against STBBIs</p>
Effectiveness	100% effective in preventing pregnancy and STBBIs if adhered to 100%
How to Use	<ul style="list-style-type: none"> Abstinence means abstaining from any kind of sexual activity In practise, it often means only abstaining from sexual activity that has a risk of pregnancy such as penis-vagina intercourse and no ejaculation in the vagina or on the vulva. (Abstaining from these kinds of sexual activities does not protect against STBBIs)
Advantages	<ul style="list-style-type: none"> 100% effective in preventing pregnancy and STBBIs if adhered to 100% No hormones No prescription required
Disadvantages	<ul style="list-style-type: none"> Does not protect against STBBIs if engaging in other kinds of sexual activity If complete abstinence from all sexual activity is practised, then the pleasure that comes from sexual activity may not be experienced. However, there are lots of methods to enjoy sexual activity without the risk of pregnancy
Possible Side Effects and Risks	<p>Side Effects and Risks</p> <ul style="list-style-type: none"> If adhered to 100% there are no side effects or risks