

Methods of Birth Control

Contraception (or birth control), the voluntary prevention of pregnancy, is one of the most frequent reasons for gynecological visits at the University Health Service. Using contraception reflects the maturity of a couple engaging in sexual intercourse, ensuring that conception occurs by choice rather than chance.

You may have heard that "You can't get pregnant the first time." This is a myth. Fertilization can take place any time sperm are present in a woman's genital tract when an egg is present. Although some women ovulate and menstruate with precise regularity, most women will experience some variability in their cycle length, making it difficult to determine when they are fertile. A woman is usually considered fertile "in the middle" of the cycle, but unexpected ovulation can occur any day of the cycle, occasionally even during her period. Statistics show that 80-90% of sexually active women not using a birth control method will become pregnant within one year.

QUESTIONS TO CONSIDER

- How safe is the method? Are there any side effects?
- How effective is the method?
- How will my lifestyle and my sexual relationship(s) be affected?
- Will I use the method consistently?
- Do I have past or present health problems that may affect my choice?
- Is the cost of the method ok with me?
- Is my partner or I opposed to any of the methods?
- Are there non-contraceptive benefits of a method?
- Will this method protect me from the transmission of sexually transmitted diseases (STIs)?

STIs AND CONTRACEPTION

If you are sexually active, you should be concerned about protection against sexually transmitted infections (STIs) as well as unintended pregnancy. Some methods of birth control, such as birth control pills, are very effective for preventing unplanned pregnancy, but they do not offer protection from STIs. As you choose the method of birth control that is best for you, you should also think about protecting yourself against the transmission of STIs.

SCHEDULING AN APPOINTMENT

UHS offers a full range of gynecological and contraceptive services. You can schedule an appointment with your primary care provider (PCP) or one of the women's health nurse practitioners for gynecological care and to discuss contraceptive options. All visits to UHS are confidential.

Both men and women are encouraged to seek information about the various contraceptive methods from a UHS health care provider. On the UHS web site, you will find fact sheets about the contraceptive choices.

Some prescription and non-prescription contraceptive products are available for purchase at UHS. You can purchase birth control pills at UHS at a cost lower than in area pharmacies. To purchase birth control pills, you will need a prescription written by a UHS health care provider. Condoms can be purchased at the University Health Service medical offices, in some snack vending machines in campus residence halls, and in the Corner Store on campus.

CONTRACEPTION OPTIONS

In order to make an informed decision about contraception, it is important to weigh the pros and cons of each option. Many factors influence the selection and use of contraceptives. There are a variety of contraceptive methods that can be discussed with your health care provider.

The chart on the following page provides an overview of the following contraceptive options. Fact sheets are available on the UHS web site for the options noted with a *.

- Birth Control Pills (Oral Contraceptives) *
- Condoms and Spermicidal Foam *
- Contraceptive Patch *
- Depo-Provera *
- Diaphragm *
- I.U.D.
- Vaginal Ring

The following methods of contraception are described briefly below. Fact sheets are available for methods noted with a *.

- Abstinence *
- Fertility Awareness (Natural Family Planning) *
- Withdrawal
- Sterilization

If you have questions regarding other options such as the cervical cap, monthly hormonal injections, or implants, please make an appointment with your health care provider.

Abstinence: Abstinence is an effective method of birth control. With abstinence, pregnancy is avoided by choosing not to have sexual intercourse with another person. Abstinence is 100% effective in preventing pregnancy. The effectiveness of abstinence in preventing sexually transmitted infections varies depending on one's definition of abstinence. It is possible to contract STIs during oral sex. If you choose to engage in oral sex, use a barrier (i.e., condom, dental dam) to protect yourself from secretions that contain bacteria and viruses.

Fertility Awareness: This method involves monitoring basal body temperature, cervical position, and cervical mucus to determine when fertility is most likely. Abstinence is required for a period of time when using this method. This method, which is about 80% effective, is considered most appropriate for committed couples who strongly wish to avoid other forms of birth control and for whom avoiding a pregnancy is not essential.

Withdrawal: With withdrawal, the male does not ejaculate inside the woman or around the woman's vagina. Withdrawal is not an effective form of birth control. It is unreliable and ineffective. Even if this method is used perfectly every time, 25% of women will become pregnant the first year.

Sterilization: Since sterilization is a permanent method of contraception, the decision to choose sterilization as the method of contraception should be made after the decision to have no more children has been well thought through. Sterilization involves a brief surgical procedure for the man (vasectomy) or the woman (tubal ligation). Sterilization procedures are very difficult and expensive to try to reverse to become fertile again. They do not provide protection from sexually transmitted diseases.

Source: "Choosing a Contraceptive," produced by the University Health Services of the University of Massachusetts at Amherst.

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METHOD	HOW IT WORKS	HOW IT IS USED	EFFECTIVENESS IF USED CORRECTLY	ADVANTAGES	DISADVANTAGES
<p>Birth Control Pills (Oral Contraceptives)</p> <p><i>Available by prescription at UHS, SMH Pharmacy, and area pharmacies.</i></p>	<p>A small pill made of synthetic hormones. Taken daily. Regulates fertility by altering woman's hormone levels. Inhibits ovulation & prevents ovaries from releasing egg cells. When an egg cell is not present for a sperm cell to fertilize, pregnancy cannot begin.</p>	<p>They are taken according to the health care provider's advice and the instructions on the package. A nurse practitioner or physician must prescribe birth control pills. There are many different kinds.</p>	<p>When used correctly and consistently, 99.5% effective.</p>	<ul style="list-style-type: none"> • Lighter, more regular menstrual periods • Decreased premenstrual problems • No interruption at the time of intercourse • Some protection against endometrial and ovarian cancer <ul style="list-style-type: none"> ▪ High rate of effectiveness 	<ul style="list-style-type: none"> • Must remember to take pill every day • No STI protection • Minor side effects (usually disappear within 3 mon.): headaches, nausea, water retention, light bleeding • Some major side effects (<i>very rare</i> in non-smokers and those under age 40): elevated blood pressure, gallbladder disease, heart attack, and liver tumors
<p>Condoms & Spermicides</p> <p><i>Available for purchase without prescription at UHS offices & in snack vending machines in campus residence halls.</i></p>	<p>Latex sheath worn over the penis during intercourse. Spermicidal foams are inserted into the vagina before intercourse to kill sperm in the vagina. The condom catches sperm cells so that they cannot enter the vagina. The foam forms a chemical barrier over the cervix.</p>	<p>The condom is unrolled over the erect penis before the penis nears the vagina. Foam is inserted deep into the vagina near the cervix. If using a suppository form, you must wait 15-20 minutes for the release of effervescent foam.</p>	<p>When condoms are used correctly and with spermicidal foam, the rate of effectiveness is as high as 98%.</p> <p>If used alone, condom effectiveness is about 90%. Foam used alone is 70-80% effective.</p>	<ul style="list-style-type: none"> ▪ Used only when needed ▪ Involves the male ▪ No hormonal or chemical changes in the body ▪ Some protection against STIs ▪ Less expensive than other methods ▪ No prescription or visit required 	<ul style="list-style-type: none"> ▪ Condom must be put on and foam inserted just before intercourse ▪ Dry condoms may cause irritation for women unless extra lubrication is added ▪ Possible allergy to the condom or spermicide ▪ Taste of spermicide may be unpleasant
<p>Contraceptive Patch</p> <p><i>Available by prescription at area pharmacies.</i></p>	<p>The contraceptive patch is a small, thin, smooth patch that you attach directly to your skin in one of four places: the buttocks, abdomen, upper torso, or upper, outer arm. It releases a continuous, low dose of hormones similar to those found in oral contraceptives.</p>	<p>Patch is applied on the same day each week for three consecutive weeks. The fourth week is patch-free, during which the woman will have her menstrual period.</p>	<p>When used according to directions, it is 99% effective.</p>	<ul style="list-style-type: none"> ▪ Continuous protection for one month. ▪ No interruption at time of intercourse 	<ul style="list-style-type: none"> ▪ Potential side-effects similar to birth control pills ▪ Women over 198 lbs. may have decreased pregnancy protection ▪ No protection against STIs ▪ Potential for skin irritation at the patch site ▪ The risk for blood clots is slightly higher than if on birth control pills.
<p>Depo-Provera</p> <p><i>Available at UHS. Schedule an appointment with a UHS Nurse Practitioner or with your UHS Primary Care Provider.</i></p>	<p>An artificial hormone given as a shot every 12 weeks. It is slowly released into the body. Depo-Provera must be prescribed.</p>	<p>Depo-Provera is an injection you get every three months. (If the shot is more than two weeks late, extra testing and not having sex for two weeks is necessary before the next shot.)</p>	<p>When taken as scheduled (4 times a year/every 12 weeks), it is more than 99% effective.</p>	<ul style="list-style-type: none"> ▪ Very effective ▪ Just need a shot every 12 weeks ▪ It is reversible. Once you stop using it, you can usually become pregnant within 1 year. ▪ Can be used by some women who cannot use the pill. 	<ul style="list-style-type: none"> • Irregular menstrual bleeding • Can cause headaches, acne, depression, weight gain, decrease in bone density (with increased risk of osteoporosis). • Should not be used if blood clots, liver disease, or breast cancer. • No protection from STIs. • Low birth weight baby possible if given during pregnancy • Ability to get pregnant may be slow to return.
<p>Diaphragm</p> <p><i>Available by prescription at UHS, SMH Pharmacy, pharmacies, and family planning clinics.</i></p>	<p>A dome shaped rubber cup. It is flexible and comes in different sizes to fit different women. Inserted into the vagina. Works by holding contraceptive cream or jelly in place over the cervix forming a barrier between the sperm and the uterus.</p>	<p>Your provider fits the size. Spermicide is placed inside the diaphragm. It is folded and inserted into the vagina to cover the cervix. If inserted more than 2 hrs before intercourse, more spermicide must be added. Must be left in place for at least 8 hours after intercourse.</p>	<p>Statistics on effectiveness vary widely. Some studies show up to 98% effectiveness if used correctly all the time. Other studies show rates as low as 80%.</p>	<ul style="list-style-type: none"> ▪ Rarely causes medical problems ▪ Used only when needed ▪ Can be inserted up to 2 hrs. before intercourse; no interruption at the time of intercourse ▪ Some protection against STIs 	<ul style="list-style-type: none"> ▪ Possible allergy to the diaphragm or the spermicide ▪ Pressure from the diaphragm rim ▪ Possible bladder infections ▪ Partner may feel diaphragm during intercourse ▪ Inability to learn correct insertion technique
<p>I.U.D.</p> <p><i>Not available at UHS. If interested in this method, talk with your health care provider.</i></p>	<p>Small plastic device inserted into uterus by MD. Remains there until the woman wants or needs to have it removed. Creates an inflammatory reaction on the walls of the uterus that prevents a fertilized egg from implanting.</p>	<p>A string which dangles through the opening of the cervix is attached to the IUD. For three months after insertion, string must be checked before intercourse and after each period.</p>	<p>The IUD is 99% effective.</p> <p>NOTE: There are two types of IUDs. One is good for 10 years. Another IUD, Mirena, contains Progestol and is good for 5 years.</p>	<p>Continuous protection No interruption at the time of intercourse Nothing to do except check the string.</p>	<ul style="list-style-type: none"> ▪ Spotting with Mirena IUD ▪ Pain at the time of IUD insertion and removal ▪ Increased risk of cervical infection and STIs, ectopic pregnancy ▪ Perforation of the uterus possible. ▪ Expulsion from uterus
<p>Vaginal Contraceptive Ring</p> <p><i>Available by prescription at UHS & SMH Pharmacy</i></p>	<p>Flexible, transparent, colorless, thin vaginal ring about 2.1 inches in diameter. It releases a continuous low dose of hormones similar to those found in birth control pills.</p>	<p>Inserted by the woman. Remains in vagina for 3 weeks. Ring removed for one week, during which she will have her menstrual period.</p>	<p>When used according to directions, it has a 98-99% effectiveness rate</p>	<p>Continuous protection for one month.</p> <p>Usually lighter menstrual flow with less cramping.</p>	<ul style="list-style-type: none"> ▪ Potential side effects like birth control pills ▪ Potential for vaginal irritations ▪ Issues related to inserting and replacing ▪ No protection from STIs