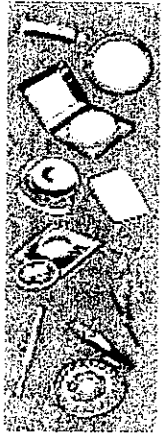


Birth Control: Medicines To Help You

If you do not want to get pregnant, there are many birth control options to choose from. No one product is best for everyone. The only sure way to avoid pregnancy and sexually transmitted infections (STIs or STDs) is not to have any sexual contact (abstinence). This page lists FDA-approved methods for birth control. Talk to your doctor, nurse, or pharmacist about the best method for you.




There are different kinds of medicines and devices for birth control:

 **Permanent Sterilization**

Long-Acting Reversible Contraceptives (LARC)

- **Short-Acting Hormonal Methods**
- **Barrier Methods**
- **Emergency Contraception**

Some things to think about when you choose birth control:

- Your health.
- How often you have sex.
- How many sexual partners you have.
- If you want to have children in the future.
- If you will need a prescription or if you can buy the method over-the-counter.
- The number of pregnancies expected per 100 women who use a method for one year. For comparison, about 85 out of 100 sexually active women who do not use any birth control can expect to become pregnant in a year.
- This page lists pregnancy rates based on **typical use**. Typical use shows how effective the different methods are during actual use (including sometimes using a method in a way that is not correct or not consistent).
- For more information on the chance of getting pregnant while using a method, please see **Trussell, J. (2011). "Contraceptive failure in the United States." *Contraception* 83(5):397-404.**
(<http://www.kupferkette.info/downloads/contraceptive-failure-in-the-united-states---2.pdf>) 

<http://www.fda.gov/AboutFDA/AboutThisWebsite/WebsitePolicies/Disclaimers/default.htm>

Tell your doctor, healthcare provider, or pharmacist if you:

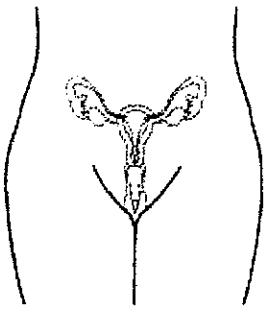
- Smoke.
- Have liver disease.
- Have blood clots.
- Have family members who have had blood clots.
- Are taking any other medicines, like antibiotics or daily prescription medicines.
- Are taking any herbal products, like St. John's Wort.
- Are breastfeeding.
- Have been pregnant recently.

To avoid pregnancy:

- No matter which method you choose, it is important to follow all of the directions carefully. If you don't, you increase your chance of getting pregnant.
- The best way to avoid pregnancy and sexually transmitted infections (STIs) is to practice total abstinence (do not have any sexual contact).

Sterilization Implant for Women (Transcervical Tubal Sterilization Implant)

What is it?



- Small flexible, metal (containing nickel) coil that is put into the fallopian tubes with a special catheter through the vagina.

How does it work?

- The device works by causing scar tissue to form around the coil. This blocks the fallopian tubes and stops you from getting pregnant.
- You need to use another birth control method during the first 3 months. You will need a special test to make sure the device is in the right place before you can stop your birth control.

- It is permanent.

How do I get it?

- The devices are placed into the tubes using a camera placed in the uterus.
- You will probably need anesthesia.
- Because it is inserted through the vagina, you do not need an incision (cutting).

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

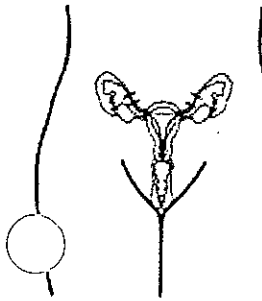
- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- Pain
- Ectopic (tubal) pregnancy
- Improper device location (may need surgery to remove)

Does it protect me from sexually transmitted infections (STIs)? No.

Sterilization Surgery for Women (also called trans-abdominal surgical sterilization)



What is it?

- One way is by tying and cutting the tubes — this is called tubal ligation.
- The fallopian tubes also can be sealed using an instrument with an electrical current.
- They also can be closed with clips, clamps, or rings.
- Sometimes, a small piece of the tube is removed.

How does it work?

- The fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube.

This stops you from getting pregnant.

- It is permanent.

How do I get it?

- This is surgery.
- You will need general anesthesia.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

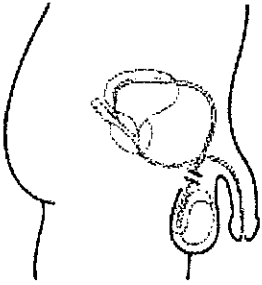
- Pain
- Bleeding
- Infection or other complications after surgery

- Ectopic (tubal) pregnancy

Does it protect me from sexually transmitted infections (STIs)? No.

Sterilization Surgery for Men (Vasectomy)

This method is for men who are sure they never want to have a child or do not want any more children. If you are thinking about reversal, vasectomy may not be right for you. Sometimes it is possible to reverse the operation, but the likelihood of reversal decreases the more time passes between vasectomy and reversal. Reversal involves complicated surgery that might not work.



What is it?

- This is a surgery a man needs only once.
- It is permanent

How does it work?

- The surgery blocks a man's vas deferens (the tubes that carry sperm from the testes).
- After this surgery, the semen (the fluid that comes out of a man's penis) has no sperm

in it.

- It takes about three months to clear sperm out of a man's system. You need to use another form of birth control until a test shows there are no longer any sperm in the seminal fluid.

How do I get it?

This is surgery.

- Local anesthesia is used.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women whose partner has had a vasectomy, less than 1 may get pregnant.

Some Risks

- Pain
- Bleeding
- Infection

The success of reversal surgery depends on:

- The length of time since the vasectomy was performed.
- Whether or not antibodies to sperm have developed.
- The method used for vasectomy
- Length and location of the segments of vas deferens that were removed or blocked.

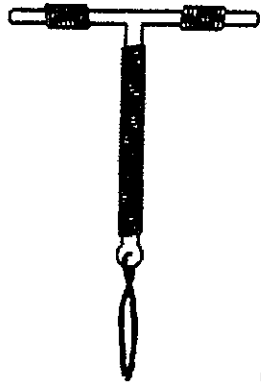
Does it protect me from sexually transmitted infections (STIs)? No.

Long-acting Reversible Contraceptives (LARC)- These methods are highly effective in preventing pregnancy, last for several years, and are easy to use. If you want to get pregnant, you can stop using them at any time.

IUD or IUS (intrauterine device or system)

Inserted/implanted into the uterus and can be kept in place for several years (3 to 10 years, depending on the particular product)

Copper IUD



What is it?

- A T-shaped device containing copper that is put into the uterus by a healthcare provider.

How does it work?

- The IUD prevents sperm from reaching the egg, from fertilizing the egg, and may prevent the egg from attaching (implanting) in the womb (uterus).
- It does not stop the ovaries from making an egg (ovulating) each month.
- The copper IUD can be used for up to 10 years.

- After the IUD is taken out, it is possible to get pregnant.

How do I get it?

- A doctor or other healthcare provider needs to put in the IUD.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Side Effects

- Cramps
- Irregular bleeding

Uncommon Risks

- Pelvic inflammatory disease
- Infertility
- Ectopic pregnancy (a pregnancy outside of the uterus)

Expulsion - the IUD is no longer in the uterus and therefore there is no pregnancy protection

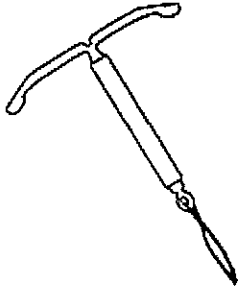
Rare Risk

- IUD is stuck in the uterus or found outside the uterus.

Life-threatening infection.

Does it protect me from sexually transmitted infections (STIs)? No.

IUD with progestin



What is it?

- A T-shaped device containing a progestin that is put into the uterus by a healthcare provider.

How does it work?

- It may thicken the mucus of your cervix, which makes it harder for sperm to get to the egg, and also thins the lining of your uterus.
- After a doctor or other healthcare provider puts in the IUD, it can be used for up to 3 to 5 years, depending on the type.
- After the IUD is taken out, it is possible to get pregnant.

How do I get it?

- A doctor or other healthcare provider needs to put in the IUD.

You may need local anesthesia.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Side Effects

- Irregular bleeding
- No periods (amenorrhea)
- Abdominal/pelvic pain
- Ovarian cysts

Uncommon Risks

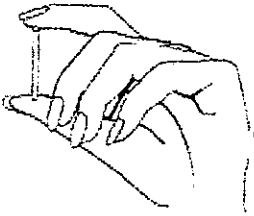
- Pelvic inflammatory disease
- Infertility
- Ectopic Pregnancy
- Expulsion - the IUD is no longer in the uterus and therefore there is no pregnancy protection

e Risk

- IUD is stuck in the uterus or found outside the uterus
- Life-threatening infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Implantable Rod



What is it?

- A thin, matchstick-sized rod that contains a progestin hormone.
- It is put under the skin on the inside of your upper arm.

How does it work?

- It stops the ovaries from releasing eggs.
- It thickens the cervical mucus, which keeps sperm from getting to the egg.
- It can be used for up to 3 years.

How do I get it?

- After giving you local anesthesia, a doctor or nurse will put it under the skin of your arm with a special needle.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Side Effects

- changes in menstrual bleeding patterns
- weight gain
- breast and abdominal pain
- discomfort in the arm where you get the shot

Does it protect me from sexually transmitted infections (STIs)? No.

Progestin Shot/Injection (Depo-Provera)



What is it?

- A shot of a progestin hormone, either in the muscle or under the skin.

How does it work?

- The shot stops the ovaries from releasing eggs

It also thickens the cervical mucus, which keeps the sperm from getting to the egg.

How do I get it?

- You need one shot every 3 months from a healthcare provider.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, including women who don't get the shot on time, up to 6 may get pregnant.

Some Risks

- You may lose bone density if you get the shot for more than 2 years in a row.
- Bleeding between periods
- Headaches
- Weight gain
- Nervousness
- Abdominal discomfort

Does it protect me from sexually transmitted infections (STIs)? No.

SHORT ACTING HORMONAL METHODS: Prevent pregnancy by interfering with ovulation and possibly fertilization of the egg



Combination Oral Contraceptives "The Pill"

What is it?

- A pill that has two hormones (estrogen and a progestin) to stop the ovaries from releasing eggs
- It also thickens the cervical mucus, which keeps sperm from getting to the egg.

How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.
- If you miss one or more pills, or start a pill pack too late, you may need to use another method of birth control, like a condom and spermicide

How do I get it?

- You need a prescription from a healthcare provider.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

Out of 100 women who use this method, about 5 may get pregnant.

Some Side Effects

- Changes in your menstrual cycle (period)

Nausea

- Breast tenderness
- Headache

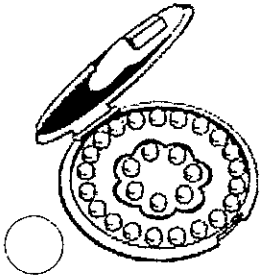
Less Common Serious Side Effects

- It is not common, but some women who take the pill develop high blood pressure.
- It is rare, but some women will have blood clots, heart attacks, or strokes.

Does it protect me from sexually transmitted infections (STIs)? No.

Oral Contraceptives (Progestin-only)

"The Mini Pill"



What is it?

- A pill that has only one hormone, a progestin.
- It thickens the cervical mucus, which keeps sperm from getting to the egg.
- Less often, it stops the ovaries from releasing eggs.

How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.
- If you miss one or more pills, or start a pill pack too late, you may need to use another method of birth control, like a condom and spermicide.

How do I get it?

- You need a prescription from a healthcare provider.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

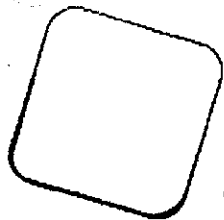
- Out of 100 women who use this method, about 5 may get pregnant.

Some Side Effects

- Irregular bleeding
- Headache
- Breast tenderness
- Nausea

Dizziness

Does it protect me from sexually transmitted infections (STIs)? No.



What is it?

- This is a skin patch you can wear on the lower abdomen, buttocks, upper arm or upper back.
- It has two hormones (estrogen and progestin) that stop the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps sperm from getting to the egg.

How do I use it?

- You put on a new patch and take off the old patch once a week for 3 weeks (21 total days).
- Don't put on a patch during the fourth week. Your menstrual period should start during this patch-free week.
- If the patch comes loose or falls off, you may need to use another method of birth control, like a condom and spermicide.

How do I get it?

- You need a prescription from a healthcare provider.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

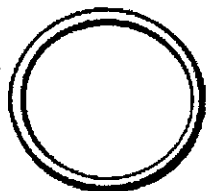
- Out of 100 women who use this method, about 5 may get pregnant.

Some Risks

- It will expose you to higher levels of estrogen compared to most combined oral contraceptives.
- There may be an increased risk of blood clots among women who use the patch as compared to women who use certain combined oral contraceptives.

Does it protect me from sexually transmitted infections (STIs)? No.

Vaginal Contraceptive Ring



What is it?

- It is a flexible ring that is about 2 inches around.
- It releases two hormones (progestin and estrogen) to stop the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps sperm from getting to the egg.

How do I use it?

You put the ring into your vagina.

- Keep the ring in your vagina for 3 weeks and then take it out for 1 week. Your menstrual period should start during this ring-free week.
- If the ring falls out and stays out for more than 3 hours, replace it but use another method of birth

- control, like a condom and spermicide, until the ring has been in place for 7 days in a row.
- Read the directions and talk to your healthcare provider or pharmacist about what to do.

How do I get it?

- You need a prescription from a healthcare provider.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.

Some Side Effects and Risks

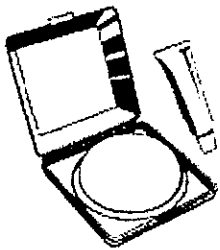
- Vaginal discharge, discomfort in the vagina, and mild irritation.
- Other risks are similar to oral contraceptives (combined pill).

Does it protect me from sexually transmitted infections (STIs)? No.

BARRIER METHODS: Block sperm from reaching the egg.

Diaphragm with Spermicide

- spermicides containing N9 (nonoxynol-9) can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



What is it?

- A dome-shaped flexible disk with a flexible rim.
- Made from latex rubber or silicone.
- It covers the cervix.

How do I use it?

- You need to put a spermicidal jelly, cream or foam on the inside of the diaphragm before putting it into the vagina.
- You must put the diaphragm into the vagina before having sex.
- You must leave the diaphragm in place at least 6 hours after having sex.
- It can be left in place for up to 24 hours. You need to use additional spermicide every time you have sex.

How do I get it?

- You need a prescription.

- A healthcare provider will need to do an exam to find the right size diaphragm for you.
- You should have the diaphragm checked after childbirth or if you lose more than 15 pounds because you might need a different size.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who

this method for one year)

- Out of 100 women who use this method, about 12 may get pregnant.

Some Risks

- Irritation, allergic reactions, and urinary tract infection.
- If you keep it in place longer than 24 hours, there is a risk of toxic shock syndrome. Toxic shock syndrome is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Sponge with Spermicide

Spermicides containing N9 (nonoxynol-9) can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



What is it?

- A disk-shaped polyurethane sponge-like device with the spermicide N9 (nonoxynol-9) in it.

How do I use it?

- Put it into the vagina before you have sex.
- Protects for up to 24 hours.
- You do not need to use more spermicide each time you have sex.
- You must leave the sponge in place for at least 6 hours after last having sex.
- You must take the sponge out within 30 hours after you put it in. Throw it away after you use it.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, 12 to 24 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the sponge may not fit as well.

Some Risks

Irritation

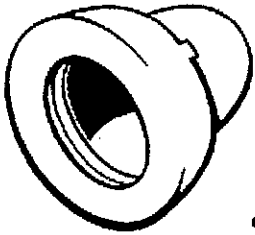
- Allergic reactions
- Some women may have a hard time taking the sponge out.

- If you keep it in place longer than 24-30 hours, there is a risk of toxic shock syndrome. Toxic shock syndrome is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Cervical Cap with Spermicide

Spermicides containing N9 (nonoxynol-9) can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



What is it?

- A soft latex or silicone cup with a round rim, which fits snugly around the cervix.

How do I use it?

- You need to put spermicide inside the cap before you use it.
- You must put the cap in the vagina before you have sex.
- You must leave the cap in place for at least 6 hours after having sex.
- You may leave the cap in for up to 48 hours.
- You do NOT need to use more spermicide each time you have sex.

How do I get it?

- First, a healthcare provider needs to determine the correct cervical cap size for you. Then you need a prescription for the device.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 17 to 23 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the cap may not fit as well.

Some Risks

- Irritation, allergic reactions, and abnormal Pap test.
- You may find it hard to put in.
- If you keep it in place longer than 48 hours, there is a risk of toxic shock syndrome. Toxic shock syndrome is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Male Condom

What is it?



- A thin film sheath placed over the erect penis.

How do I use it?

- Put it on the erect penis right before sex.
- Pull out before the penis softens.
- Hold the condom against the base of the penis before pulling out.
- Use it only once and then throw it away.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter or online.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women whose partners' use this method, 18 may get pregnant.
- The most important thing is that you use a condom every time you have sex.
- It can be used with other barrier methods to decrease your chances of becoming pregnant.

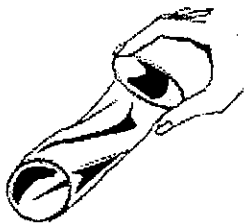
Some Risks

- Irritation
- Allergic reactions (If you are allergic to latex, you can try condoms made of polyurethane).

Does it protect me from sexually transmitted infections (STIs)?

- Yes. Except for abstinence, latex condoms are the best protection against HIV/AIDS and other STIs when used correctly and consistently.

Female Condom



What is it?

- A thin, lubricated pouch that is put into the vagina. It consists of a nitrile (non-latex) sheath, a flexible larger outer ring, and a polyurethane inner ring to place in the vagina. Nitrile is also commonly used to make surgical gloves.

How do I use it?

- Put the female condom into the vagina before sex.

Follow the directions on the package to be sure the penis stays within the condom during sex and does not move outside the condom.

- Use it only once and then throw it away.

How do I get it?

You do not need a prescription.

- You can buy it over-the-counter or online.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 21 may get pregnant.
- The most important thing is that you use a condom every time you have sex.

Some Risks

- Discomfort or pain during insertion or sex.
- Burning sensation, rash or itching.

Does it protect me from sexually transmitted infections (STIs)?

- Yes.
- Female condoms offer highly effective protection against both HIV and other STIs when used correctly and consistently.

Spermicide Alone

Spermicides containing N9 (nonoxynol-9) can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



What is it?

- A foam, cream, jelly, film, or tablet that you put into the vagina.

How do I use it?

- You need to put spermicide into the vagina 5 to 90 minutes before you have sex.
- You usually need to leave it in place at least 6 to 8 hours after sex; do not douche or rinse the vagina for at least 6 hours after sex.

- Instructions can be different for each type of spermicide. Read the label carefully before you use a spermicide.

- For better pregnancy protection, a spermicide may be used with a condom, diaphragm or cervical cap.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Chance of getting pregnant with typical use (Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 28 may get pregnant.
- Different studies show different rates of effectiveness.

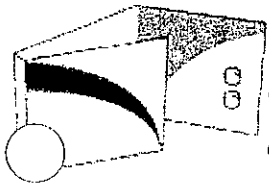
Some Risks

- Irritation
- Allergic reactions
- Urinary tract infection
- If you are also using a medicine for a vaginal yeast infection, the spermicide might not work as well.

Does it protect me from sexually transmitted infections (STIs)? No.

EMERGENCY CONTRACEPTION (EC): May be used if you did not use birth control or if your regular birth control fails (such as a condom breaks). It should not be used as a regular form of birth control.

Levonorgestrel 1.5 MG (1 pill) or Levonorgestrel .75 MG (2 pills)



What is it?

- These are pills with a progestin hormone.
- They help prevent pregnancy after a birth control failure or unprotected sex.

How does it work?

- It works mainly by stopping the release of an egg from the ovary. It may also work by preventing fertilization of an egg (the uniting of sperm with the egg) or by preventing attachment (implantation) to the womb (uterus).
- For the best chance for it to work, you should start taking the pill as soon as possible within 72 hours after unprotected sex or birth control failure.

How do I get it?

- 1-pill version: you can buy it over-the-counter. You do not need a prescription.
- 2-pill version: you can buy it over-the-counter if you are 17 or older. If you are younger than 17, you will need a prescription.
- Both the 1-pill and 2-pill options are equally safe and effective.

Chance of getting pregnant

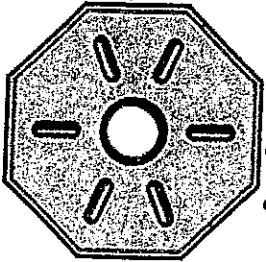
- One large study showed 7 out of every 8 women who would have gotten pregnant did not become pregnant after taking emergency contraception; other studies have resulted in lower pregnancy prevention rates.

Some Risks

- Nausea, vomiting, abdominal pain, fatigue and headache

Does it protect me from sexually transmitted infections (STIs)? No.

Ulipristal Acetate



What is it?

- A pill that blocks the hormone progesterone.
- It helps prevent pregnancy after a birth control failure or unprotected sex.
- It works mainly by stopping or delaying the ovaries from releasing an egg. It may also work by changing the lining of the womb (uterus) that may affect attachment (implantation).

How do I use it?

- For the best chance for it to work, you should take the pill as soon as possible within 120 hours after unprotected sex.

How do I get it?

- You need a prescription from a healthcare provider.

Chance of getting pregnant

- In two large studies, 60 to 66% of expected pregnancies were prevented with correct use of ulipristal acetate.

Most Common Side Effects

- Headache
- Nausea
- Abdominal pain
- Menstrual pain
- Tiredness
- Dizziness

Does it protect me from sexually transmitted infections (STIs)? No.

This guide should not be used in place of talking to your healthcare provider and reading the label for your product. This page is not intended to guide clinical practice. The product and risk information may change.

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