

CONTRACEPTION: A GUIDE TO HELP YOU CHOOSE

About Us

Marie Stopes International provides sexual health and pregnancy choices worldwide. Our caring and committed team ensures every client receives immediate help and support in a non-judgmental, personalised and confidential manner.

Marie Stopes International centres in Australia offer a broad range of sexual and reproductive healthcare services to men and women, including: abortion, vasectomy, contraception and STI check-ups.

Our Global Partnership

Marie Stopes International in Australia is part of the global Marie Stopes International partnership – a UK based registered charity providing a full range of reproductive health care services in over 40 countries.

Marie Stopes International was established in London in 1976, and grew out of the organisation originally set up by Dr Marie Stopes – the family planning pioneer who opened the UK's first family planning clinic in 1921.

About This Information Sheet

Dr Marie Stopes, the leading advocate of family planning in the early 20th century, gave couples access to contraception for the first time when she opened the first family planning clinic in the UK in 1921. Today, Marie Stopes International continues to help individuals reliably control their reproductive and sexual health. This information sheet is designed to introduce you to the different contraceptive methods available and to help you reach an informed decision about your options. It also covers emergency contraception, in the event of unprotected sex.

Choosing Contraception

Contraception is all about choice. Given that many different methods of contraception now exist in Australia, everyone should be able to find a suitable method. The type of contraception you choose depends on your personal circumstances - your age, your way of life, whether or not you have children, whether you have multiple partners, your health and the need to avoid unplanned pregnancy and sexually transmitted infections (STIs). Your choice should also take into account that only condoms offer dual protection against both STIs and unplanned pregnancies.

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Practising Safer Sex

You can be at risk of acquiring an STI through either vaginal or anal intercourse or oral sex (especially if you have cold sores, a cut mouth or bleeding gums). Safer sex reduces this risk.

Safer sex includes:

- using a male or female condom during vaginal intercourse;
- using a male condom or dental dam (a thin square of latex rubber) during oral sex;
- using a male condom during anal intercourse; and
- abstaining from sex if you or your partner has an STI or symptoms of an STI.

Reliability

As yet there is no ideal method of contraception that is 100% effective in preventing an unplanned pregnancy. Failure rates for contraceptive methods described in this booklet are a guide to their effectiveness - they are not absolute. Age, circumstances and regular, correct usage all have a bearing on the success rate of contraceptive methods. If a method of contraception fails and you need immediate, confidential help and advice, please call the Marie Stopes International National Support Centre on **Freecall 1800 003 707**.

HORMONAL METHODS

Combined Pill

Contraceptive pills, or oral contraception, are a common form of contraception for women. The combined pill contains two hormones - oestrogen and progestogen - which prevent an egg from being released by a woman's ovary each month, and/or causes the cervical mucus to thicken which prevents sperm from reaching an egg.

Prescribed by your doctor, the combined pill is taken at the same time once daily for 21 consecutive days. To complete the 28 day cycle, no pills or 'sugar pills' (without any hormones) are taken for the remaining 7 days, during which time you will menstruate (have your period). There are several different types of pill, so if one does not suit you then another one might. Talk to your doctor about your options. The combined pill can reduce pre-menstrual syndrome (PMS) and period pain. There also is evidence that the pill offers some protection against cancer of the uterus and ovaries, and may reduce the risk of pelvic inflammatory disease (PID).


It is important to remember however, that the pill does not offer protection against STIs or HIV/AIDS. A full medical history is essential prior to taking the combined pill, as it is not suitable for women who have certain conditions such as high blood pressure, circulatory disease and diabetes. Women over 35 years who smoke or are very overweight may be advised to use another method of contraception.

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The combined pill is not reliable if taken over 12 hours late, or if you have vomiting and/or diarrhoea (see “Emergency Contraception” section). It may have some side effects such as nausea, headaches and weight gain. Some drugs, such as antibiotics, may affect its reliability.

If taken correctly, the combined pill is 99% effective.

Progestogen-Only Pill

The Progestogen-Only Pill (POP), or mini pill, contains only one hormone - progestogen. It works by acting on the cervical mucus, encouraging it to form a thick barrier to prevent sperm entering the uterus. It also makes the lining of the uterus thinner, to prevent it accepting a fertilised egg.

The POP must be taken at the same time each day, and is not reliable if taken over three hours late, or if you vomit or have diarrhoea, in which case extra precautions will be required on the advice of your doctor.

The POP is good for women who are breast feeding, older women, smokers and those who can't use the combined pill. It can also help with PMS and painful periods. It can cause irregular bleeding, and periods may cease altogether during the time you take it. The POP offers no protection against STIs or HIV/AIDS.

If taken correctly, it is 98% effective.

NuvaRing

NuvaRing is a vaginal ring which is inserted into the vagina by yourself once a month to deliver low dose hormonal contraception. Because the hormones are absorbed through the wall of the vagina, it provides good cycle control, which means you are unlikely to experience breakthrough bleeding. It works by preventing ovulation, thus eggs can not be released.

You insert the ring yourself into the upper part of the vagina. Three weeks later, you remove the ring and then insert a new ring one week later. Most women experience a withdrawal bleed (your period) during the ring-free week.

NuvaRing provides a predictable bleeding pattern. It is easily removed and most women ovulate 12 days after ring removal with a quick return to their previous state of fertility. It is not recommended for women who are breast feeding.

It does not offer any protection against STI's or HIV/AIDS

99% effective if used correctly

Contraceptive Implant


Known as Implanon® in Australia, the contraceptive implant is a small rod (4cm x 2mm) containing the hormone etonogestrel (a type of synthetic progesterone). It is inserted under the skin on the inner side of the upper arm

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by a doctor under local anaesthetic. The hormone is slowly released into the bloodstream, preventing eggs from being released, sperm from reaching an egg or an egg settling into the uterus.

Implants are a good method for women who want a long term contraceptive, as each implant lasts up to three years. It is easily removed and quickly reversible. The implant may move from its original position under the skin. Periods can become irregular or stop altogether, and implants offer no protection against STIs or HIV/AIDS.

99% effective.

Contraceptive Injection

Known as Depo-Provera® in Australia, the contraceptive injection is an injection of hormones that provides a longer acting alternative to the pill. It works by slowly releasing the hormone progestogen into the body to prevent ovulation.

Contraceptive injections may give some protection against cancer of the uterus, yet irregular or cessation of bleeding (periods) is a possible side effect. It is important to attend for the next injection on time, every twelve weeks, otherwise it becomes ineffective. The injection cannot be reversed or withdrawn. You should not use this method of contraception if you think you might be pregnant or if you do not want your periods to change. It can also delay your return to normal rates of fertility and offers no protection against STIs or HIV/AIDS.

99% effective.

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BARRIER METHODS

Male Condom

Male condoms are made of very thin latex or plastic and work by being placed over an erect penis, acting as a physical barrier by trapping sperm at the point of ejaculation. Along with reducing the likelihood of an unplanned pregnancy, they also reduce the risk of STIs, including HIV/ AIDS. Condoms are readily available from chemists and are free from some family planning clinics.

Care should be taken when taking a condom out of its wrapper as sharp objects such as fingernails, jewellery or teeth may tear it. The male condom should be placed on the penis as soon as it becomes erect and before any contact is made between the penis and vagina. When putting it on, ensure the condom is fully unrolled to the base of the penis, squeezing the tip as you go to prevent air being trapped. After ejaculation, withdraw the penis while it is still erect, being careful not to spill any semen. Condoms should never be used with oil based products such as Vaseline or suntan oil as these will damage the condom.

Can be 94% - 98% effective depending on how correctly they are used.

Female Condom

The Female condom, or Femidom®, is a disposable, thin polyurethane plastic sheath designed to line the inside of the vagina and prevent sperm from entering. They are especially good for women who suffer from allergic reactions to the spermicidal lubricants used with male condoms or diaphragms.

The female condom sheath has two rings: the inner and outer ring. The inner ring inside the sheath, helps to insert the condom similarly to a tampon. The outer ring, at the open end of the sheath, remains outside the vagina, and is pushed flat against the labia. Because the female condom lines the inside of the vagina, the penis does not have to be withdrawn immediately after ejaculation. Like the male condom, the female condom is not reusable.

If used correctly it is 95% effective.

Diaphragm/Cap with Spermicide

The diaphragm (or cap) is a circular dome made of rubber which is fitted by the woman over her cervix before sex. It acts as a barrier to prevent sperm getting to the uterus. It should be used with a spermicide cream, jelly or pessaries which contain a chemical that destroys sperm. A doctor or nurse will need to fit a diaphragm initially to check what size you need and explain to you how to use it.

The diaphragm does not affect your menstrual cycle and it may protect against cancer of the cervix. The diaphragm must stay in place for six hours after sex and more spermicide must be inserted again if you have sex before this time. Spermicides may cause irritation or an allergic reaction. The diaphragm does not protect against STIs or HIV/AIDS.

If used correctly it is 92% to 96% effective.

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INTRAUTERINE METHODS

IUD (Multiload®)

An IUD is a small plastic and copper intrauterine device, commonly known as Multiload® in Australia. It is fitted into the uterus by a doctor which only takes a couple of minutes, and can stay in place for up to five years.

The device has a fine nylon string attached to it which, when in place, comes out through the cervix. You and your doctor can check that the device is still in place by reaching right up inside the vagina and feeling for the string.

The IUD works by preventing sperm from meeting an egg, or by preventing an egg settling in the uterus. IUDs can be used as an emergency method of contraception within five days of unprotected intercourse, or five days after expected ovulation. IUDs may increase the risk of pelvic inflammatory disease (PID), and may cause periods to be heavier and more painful. The IUD offers no protection against STIs or HIV/AIDS.

98% - 99% effective.

IUS (Mirena®)

Commonly known as Mirena® in Australia, this is a small, plastic, T shaped device with a cylinder around its stem that releases the hormone levonorgestrel to prevent pregnancy. It is referred to as a “system”, to distinguish it from the copper-bearing IUDs which do not release hormones.

As with the IUD, the Intrauterine System (or IUS) is placed inside the uterus by a doctor and can stay in place for up to 5 years. It can be easily removed by the nylon string which is attached to it. It is important to check the length of the string initially at 6 weeks then once a year, to make sure the device has not shifted and is correctly in place.

The cylinder component of the IUS is covered with a membrane that regulates the release of the hormone levonorgestrel, which changes the lining of the uterus so that it does not get thick enough to allow an egg to grow in it, even if the egg is fertilised. The release of this hormone also causes the mucus in the cervix to become thicker so that sperm cannot enter the uterus. In some women, ovulation will cease altogether.

Mirena® is useful for women with heavy, painful periods as it may make periods lighter, shorter and less painful. It is also a particularly suitable contraceptive for women approaching or undergoing menopause as it can also be used as the progestogen component of hormone replacement therapy (HRT). The device offers no protection against STIs or HIV/AIDS.

Over 99% effective.

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PERMANENT METHODS

Both male and female sterilisation are permanent methods of contraception. They are best suited for people who feel their family is complete or who are certain they will never want to have children. Many couples find greater sexual freedom once the risk of unplanned pregnancy has been removed. Whatever your age, you should consider sterilisation as a permanent, irreversible procedure.

You should not undergo the procedure if you have any apprehensions.

Female Sterilisation

Female sterilisation is performed by laparoscopic surgery, where a small incision is made just below the bikini line in a position where any scarring will be virtually invisible. A portion of the fallopian tubes, which carry eggs from the ovaries to the uterus, are then either removed or clamped with a clip, preventing the sperm from getting through to fertilise an egg. The whole procedure takes about 15 - 20 minutes.

Female sterilisation does not interfere with sex and there are no hormonal side effects. While it is a very safe procedure, there are some very small risks associated with it, which your doctor will discuss with you. Female sterilisation offers no protection against STIs or HIV/AIDS.

Over 99% effective.

Male Sterilisation (Vasectomy)

Vasectomy is a surgical technique in which the vas deferens (tubes which carry the sperm) are sealed, so that sperm are no longer present when a man ejaculates. It should be regarded as a permanent procedure.

After a vasectomy, sperm continues to be produced by the testicles but as the passage to the penis is blocked, the sperm are re-absorbed by the body.

Vasectomy has no effect on orgasm, ejaculation, the production of male hormones or sex drive, and the procedure takes only 10 - 15 minutes to complete. Sperm can take a few months to disappear from the ejaculatory fluids altogether, and you should use another method of contraception until tests indicate you no longer have sperm present. Vasectomy offers no protection against STIs or HIV/AIDS.

Over 99% effective.

EMERGENCY METHODS

Emergency contraception can prevent unplanned pregnancy following unprotected sex. Unprotected sex can happen if a condom splits, contraceptive pills are missed, or if you don't use any contraception. It is always best to use a reliable method of contraception and to be aware of the

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risk of STIs and HIV from unprotected sex. It is not recommended that emergency contraception be used as a regular form of contraception.

Remember to have a check up and pregnancy test within four weeks of taking emergency contraception to ensure it has worked and you are not pregnant.

Emergency Contraceptive Pill

Since January 2004, the emergency contraceptive pill, Postinor-2® (commonly known as the morning after pill) has been available in Australia over the counter at pharmacies or from your doctor. The most commonly used form of emergency contraception is a pack of two single tablets, each containing the hormone progestogen. You take one of these tablets as soon as possible after unprotected sex and another tablet 12 hours later. Progestogen-only emergency contraception works in two ways:

- It can delay ovulation (the release of an egg from a woman's ovaries); or
- If ovulation has already taken place, it may stop a fertilised egg from implanting in the uterus.

Although most women have no side effects when using the emergency pill, the most commonly reported side effects are nausea and vomiting.

Less common side effects include breast tenderness, vaginal bleeding and headaches. The emergency contraceptive pill prevents 95% of pregnancies if taken within 24 hours of intercourse.

The key factor in its effectiveness is how much time has lapsed since you have had sex from when you commence the first pill. It is most effective if taken soon after unprotected sex. It is most likely to fail if:

- you take it later than 72 hours;
- you have already had unprotected sex at other times since your last period;
- you vomit within 2 hours of taking the pills; or
- you have unprotected sex after taking the pills.

If you take it 24-48 hours after sex, its effectiveness is reduced to 85%. Leaving it 48-72 hours after intercourse reduces its effectiveness to 58%.

95% effective.

IUD as Emergency Contraception

The IUD can be fitted after unprotected sex to prevent pregnancy occurring. It must be fitted within five days of unprotected sex or five days after ovulation. It can be left in as a form of contraception or removed after a normal period. It may stop an egg being fertilised or implanted in the uterus. The IUD is not

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suitable for all women. A doctor will discuss whether this method is suitable for you.

The IUD is 98% - 99% effective.

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