

Most Effective Contraception Methods*					
Hormonal method	Effectiveness rate	How it works	Advantages	Disadvantages	Most Common side effects
Contraceptive implant/ Etonogestrel implant/ Nexplanon®	<ul style="list-style-type: none"> ▶ Over 99% effective ▶ < 1 pregnancy per 100 women per year 	<ul style="list-style-type: none"> ▶ A hormone-releasing implant is inserted just under the skin on the inner side of the upper arm ▶ Low dose hormones prevent ovaries from releasing eggs & prevent sperm from reaching the egg 	<ul style="list-style-type: none"> ▶ Lasts up to 3 years ▶ Decreases menstrual bleeding ▶ Convenient, doesn't rely on daily, weekly, or monthly administration ▶ Reversible method ▶ Can be used while breastfeeding ▶ Ability to become pregnant returns quickly after it is removed 	<ul style="list-style-type: none"> ▶ Health care provider must insert & remove ▶ May not be as effective in over-weight women 	<ul style="list-style-type: none"> ▶ Unfavorable change in normal menstrual bleeding pattern; longer or shorter periods; no bleeding; spotting between menses; varied time between menses ▶ Depressed mood, mood swings, nervousness ▶ Weight gain ▶ Headache ▶ Nausea or dizziness ▶ Acne ▶ Pain at insertion site
Progestin injection/Depo-Provera Contraceptive Injection/ "The Birth Control Shot"	<ul style="list-style-type: none"> ▶ 97% – 99.7% effective ▶ With perfect use, < 1 pregnancy per 100 women per year ▶ With typical use, 3 pregnancies per 100 women per year 	<ul style="list-style-type: none"> ▶ An injectable form of the synthetic hormone progestin ▶ The formula is injected into a muscle (either the gluteal or deltoid) 4 times a year (every 11 – 13 weeks) ▶ Works by preventing ovulation, thickening cervical mucus, making it harder for sperm to reach an egg & thins uterine lining, making it difficult for an egg to implant 	<ul style="list-style-type: none"> ▶ Lasts 11 – 14 weeks ▶ Convenient, doesn't rely on daily or weekly administration ▶ In-office procedure ▶ May make periods very light & periods may stop altogether ▶ Good alternative for those who cannot take estrogen ▶ Reversible method ▶ Helps prevent uterine cancer ▶ Can be used while breastfeeding ▶ Discreet, can't be seen 	<ul style="list-style-type: none"> ▶ Health care provider must give injections ▶ Must remember to get injection every 3 months ▶ Should not be used longer than 2 years unless other birth control methods are considered inadequate ▶ Takes an average of 9 – 10 months to regain fertility & begin ovulating after the last Depo-Provera shot 	<ul style="list-style-type: none"> ▶ Menstrual irregularities (prolonged bleeding and/or spotting), especially common during 1st 3 months of use; women are more likely to continue with this method if they are counseled about the bleeding effects before receiving 1st injection ▶ No more periods ▶ Possible loss of bone mineral density ▶ Weight gain ▶ Depression ▶ Hair changes ▶ Headache ▶ Skin around injection site became dimpled or felt lumpy in about 6% of women
depo-subQ provera 104® injection	<ul style="list-style-type: none"> ▶ Same as Depo-Provera 	<ul style="list-style-type: none"> ▶ A newer version of the Depo shot with 31% less hormone ▶ Shot is given subcutaneously, not into a muscle ▶ Injected into the thigh or abdomen 4 times a year 	<ul style="list-style-type: none"> ▶ Same as Depo-Provera ▶ Due to lower progestin dose, it may have fewer progestin-related side effects ▶ Smaller needle, less pain ▶ Approved for treatment of endometriosis-related pain 	<ul style="list-style-type: none"> ▶ Same as Depo-Provera 	<ul style="list-style-type: none"> ▶ Same as Depo-Provera
Hormonal Intrauterine Contraceptive (IUC)/ Levonorgestrel-releasing Intrauterine System/ Mirena®	<ul style="list-style-type: none"> ▶ Over 99% effective ▶ Over the course of 5 years, fewer than 8 in 1,000 women became pregnant 	<ul style="list-style-type: none"> ▶ A soft, flexible plastic contraceptive is placed in the uterus ▶ Progestin, a synthetic hormone, is released into the uterus then absorbed throughout the body ▶ Thickens cervical mucus to prevent sperm from entering the uterus, or inhibits sperm from reaching or fertilizing the egg; may also thin the uterine lining 	<ul style="list-style-type: none"> ▶ Lasts up to 5 years ▶ Decreases cramping & menstrual bleeding ▶ Convenient, doesn't rely on daily, weekly, or monthly administration ▶ May create a protective effect against pelvic inflammatory disease (PID) ▶ Reversible method ▶ Can be used while breastfeeding ▶ Ability to become pregnant returns quickly after it is removed ▶ Discreet, can't be seen 	<ul style="list-style-type: none"> ▶ Health care provider must insert & remove ▶ Woman should check monthly that Mirena is in place, so she should be comfortable touching herself 	<ul style="list-style-type: none"> ▶ Discomfort during placement, including dizziness, bleeding or cramping ▶ Missed menstrual periods; about 2 out of 10 women stop having periods after 1 year of use ▶ Changes in menses; irregular periods; spotting between periods, especially during first 3 – 6 months ▶ Pelvic &/or abdominal pain ▶ Ovarian cyst
Oral contraceptives/OCs/ OCPs/Birth control pills/ The Pill	<ul style="list-style-type: none"> ▶ Birth control pills, both combination & progestin-only, is 91% – 99% effective ▶ About 9 out of 100 women will get pregnant each year if they don't always take the pill as directed 	<ul style="list-style-type: none"> ▶ One pill, taken every day as directed, stops the action of hormones that trigger ovulation ▶ Thickens cervical mucus & thins uterine lining 	<ul style="list-style-type: none"> ▶ Regular, perhaps lighter, menses ▶ Decreased menstrual cramps ▶ Improved PMS & protection against PID ▶ Decreased risk of ovarian cancer, uterine cancer, osteoporosis, benign breast masses, iron deficiency anemia that results from heavy periods, ovarian cysts, acne ▶ Many find them easy to use & convenient ▶ Ability to become pregnant returns quickly after stopping the pills 	<ul style="list-style-type: none"> ▶ Must be taken daily & get new pack each month; pills may be lost or stolen ▶ Health care provider must prescribe 	<ul style="list-style-type: none"> ▶ Nausea (sometimes with vomiting) ▶ Weight gain ▶ Headaches <p>Note: these side effects may be relieved by changing to a different brand</p> <ul style="list-style-type: none"> ▶ Breast tenderness ▶ Bleeding or spotting between periods ▶ Mood changes ▶ Decreased libido <p>Note: most common side effects will go away by the 2nd or 3rd month of use</p>
Non-hormonal Method	Effectiveness rate	How it works	Advantages	Disadvantages	Most Common side effects
Non-hormonal IUC/ intrauterine copper contraceptive/ParaGard® T 380A	<ul style="list-style-type: none"> ▶ Over 99% effective ▶ < 1 pregnancy per 100 women per year 	<ul style="list-style-type: none"> ▶ A T-shaped piece of soft, flexible plastic wrapped in natural copper wire & that is inserted into in the uterus ▶ The copper, which acts as a spermicide, is continuously released into the uterine cavity ▶ Stops sperm from reaching & fertilizing the egg ▶ May also prevent the egg from attaching to the uterine wall 	<ul style="list-style-type: none"> ▶ Lasts up to 10 years ▶ No hormonal side-effects ▶ Convenient, doesn't rely on daily, weekly, or monthly administration ▶ In-office procedure ▶ May provide protection from uterine cancer ▶ Reversible method 	<ul style="list-style-type: none"> ▶ Health care provider must insert & remove ▶ A woman should check monthly that ParaGard is in place, so she should be comfortable touching herself 	<ul style="list-style-type: none"> ▶ Cramps & pinching sensations & dizziness during the insertion ▶ Heavier or longer periods for the first few months as the body adjusts to the IUC ▶ Cramping or spotting between periods, which usually subsides after 2 – 3 months

Sources: Reproductive health: Contraception, CDC website; HHS Office on Women's Health website, womenshealth.gov; www.mayoclinic.com; About.com Contraception; Birth Control pills, Planned Parenthood Federation of America; Your Birth Control Choices, Center for Reproductive Health Education in Family Medicine; Merck Nexplanon patient brochure (2012); Bayer Mirena patient brochure (2011); *Birth Control Methods*, patient handout. Women's Specialists of New Mexico, Ltd; *It's Time to Consider the IUC* patient brochure, Teva Women's Health (2011); Teva Women's Health patient brochure & *Prescribing Information* insert for ParaGard T 380A (2011); Pfizer US Physician Prescribing Information for Depo-Provera (2012)

* **Note:** None of the most effective contraceptive methods protects against HIV infection and other sexually transmitted diseases