

Fact Sheet

Student Health Services, Texas A&M University

Methods of Contraception

Barrier Methods			
	Latex Condoms +	Female Condoms	Diaphragm +
Mode of Action	latex barrier worn over the penis prevents sperm from entering the female reproductive track	polyurethane barrier inserted into vagina to block sperm from entering female reproductive track; contains 2 rings, one to anchor the condom internally, the other remains outside of vagina	latex rubber cup fits inside vagina and covers the cervix; prevents sperm from reaching an egg. Also holds spermicidal jelly to kill sperm.
Effectiveness (see reverse)*	98% perfect use 85% typical use	95% perfect use 79% typical use	94% perfect use 80% typical use
Advantages	PROVIDES GOOD PROTECTION FROM STIs. Inexpensive, no prescription needed, only form of contraception available to sexually active males other than sterilization	PROVIDES SOME PROTECTION FROM STIs. Outer ring may increase sensation, no prescription needed	Can be used repeatedly, may be used with a male condom and spermicide, may be worn during menstrual period, can be used during breastfeeding
Disadvantages	allergies to latex; interruption of sexual activity; OIL BASED LUBRICANTS CAN DAMAGE LATEX	Makes noise, more expensive than male condoms, must be inserted into vagina	Must be refitted if woman gains or loses ten or more pounds, must be inserted into vagina, must be fitted by health-care provider, little protection from STIs.
Other Concerns or Considerations	Flavored condoms are available for use with oral sex. May be lubricated or unlubricated and/or contain spermicide.	Never use in conjunction with a male condom, may be used while breastfeeding, may be inserted up to 8 hours before having sex	Comes with spermicidal jelly or cream that may cause irritation, must be left in place for 6 hours

Hormonal Methods

	Oral Contraceptives +	OrthoEvra Patch +	Depo-Provera Shot +	NuvaRing +	Implanon +	Intrauterine Device (IUD) +	Emergency Contraception +
Mode of Action	Hormones prevent release of egg during menstrual cycle, change uterine lining to prevent implantation, some thicken cervical mucus to prevent sperm from entering uterus	Same as oral contraceptives, only hormones are delivered via patch worn on the skin for 1 week at a time	Same as oral contraceptives, only hormones are delivered via injection into the arm once every 3 months	Same as oral contraceptives, only hormones are released via a soft, flexible ring inserted into vagina	Same as oral contraceptives, only hormones are placed in a rod that is surgically inserted under the skin of the upper arm.	Same as oral contraceptives, only a small T-shaped device is inserted into the uterus, releasing hormones	Large dose of hormones prevents release of egg, alters uterine lining to prevent implantation. THIS IS NOT THE ABORTION PILL RU-486
Effectiveness (see reverse)*	98-99% perfect use 95% typical use	99% when used consistently and correctly	99% perfect use	99% perfect use	99% perfect use	99% perfect use	75-89% when used within 72 hours of unprotected sex, higher if used earlier
Advantages	Do not have to interrupt sex, lighter and more regular menstrual periods, may improve acne, many formulations available	Do not have to interrupt sex, lighter periods, less chance of forgetting to change patch, no pills to take daily	Do not have to interrupt sex, periods may stop altogether, only have to remember to get shot 4 times a year, privacy (no pills or patches to carry around)	Do not have to interrupt sex, periods become more regular, vaginal ring inserted and left in for 3 weeks, followed by a ring-free week, fewer side-effects reported	Do not have to interrupt sex; discreet; up to 3 years of contraception protection; fertility returns quickly after rod is removed	Can be used for 1-10 years; no interruption of sexual intercourse; can be used during breastfeeding; easy to use; cost effective if used for full term of effectiveness	Can be used to prevent pregnancy in the event of abstinence failing without a back-up method, method failure (i.e. - a condom broke), or in the event of a sexual assault
Disadvantages	NO PROTECTION FROM STIs. must be taken within same 2 hrs each day, may increase risk for blood clots, smoking increases risk of complications, prescription needed	NO PROTECTION FROM STIs. Must be worn on skin, sensitivities to adhesive, may not be effective in women over 198 lbs, patch may get dirty towards end of week	NO PROTECTION FROM STIs. May experience periodic spotting before periods stop altogether, may take over 12 months to return to fertility, need prescription	NO PROTECTION FROM STIs. Prescription required, rings have to be inserted into vagina,	NO PROTECTION FROM STIs. Must be surgically inserted; may not be effective in overweight women or combined with certain medications	NO PROTECTION FROM STIs; small risk of pelvic infection during first few weeks after insertion; rarely, may spontaneously fall out	NO PROTECTION FROM STIs. Not to be used as a regular form of contraception, unpleasant side-effects including nausea, available over-the-counter if over age 17
Other Concerns or Considerations	Smoking increases risk of blood clots, may help to prevent some types of cancer, some women report mood changes and changes in libido from certain formulations	Patch may be worn almost anywhere except on the breast, can be worn while swimming and bathing, patch is changed weekly, with a patch free week every 4th week	Requires visit to health-care provider every 3 months, must get shot on time to ensure protection; may increase risk of osteoporosis	Some men may feel ring during intercourse, hormones are delivered directly to the uterus, need to periodically check to ensure ring placement	May have complications with insertion or removal; slightly higher chance of ectopic pregnancy should pregnancy occur	Contains progestin only; can be removed anytime for return to fertility	Will not abort an existing pregnancy, available at the Health Center pharmacy, Needs to be taken as soon as possible within 72 hours of unprotected sex

Behavioral and Surgical Methods

	Abstinence	Natural Family Planning	Sterilization
Mode of Action	Abstaining from sexual intercourse prevents any chance for sperm to fertilize an egg	Periodic abstinence during times of peak fertility decreases the likelihood of fertilizing an egg	Surgical cutting of either the fallopian tubes or vas deferens prevent eggs from reaching uterus or sperm from being ejaculated
Effectiveness (see reverse)*	100% when used consistently and correctly	91-98% perfect use 75% typical use	Near 100% effective
Advantages	Provides protection from STIs when used for all forms of sexual contact, free, the ONLY 100% effective form of contraceptive	Free, no medications, endorsed by many religions, no prescription necessary	Near 100% effective, lasts a lifetime, no need to remember to take medications or buy another method
Disadvantages	May find certain times difficult to abstain, must be used 100% of the time to be effective	Requires a period of abstinence from penile-vaginal intercourse each month, must examine cervical mucus and body temperature, requires training to properly use	Almost always irreversible , no protection from STIs, must be performed by health-care provider, tubal ligation performed under general anesthesia
Other Concerns or Considerations	Requires trust, communication, and respect between partners	Can be used to determine times of peak fertility, no protection from STIs, works best in women with regular menstrual periods, requires communication and trust	Not recommended for the traditional aged college student, men who have had a vasectomy still ejaculate (only there are no sperm present)