

Choices in Contraception

Fact Sheet

What is contraception?

Contraception (also known as 'birth control') is something you use or do to prevent pregnancy.

There are many types of contraception and **the best choice for you depends on your needs and situation.**

What works for you may change at different times in your life.

Some methods can also have other health benefits, like reducing heavy periods or period pain.

This Fact Sheet gives a quick overview of the contraception options available in Australia.

You can find more detailed SHINE SA Fact Sheets on each method. Remember, you can talk to your doctor or sexual health nurse for advice.

Long-acting reversible contraceptives

Long-acting reversible contraceptives (LARCs) are a safe and effective way to prevent pregnancy for several years. Once inserted, you don't have to worry about them until it's time for a replacement.

LARCs are the most effective contraceptive methods (greater than 99% effective at preventing pregnancy) and are suitable for most people.

LARCs do not have any impact on future fertility (ability to get pregnant) – when they are stopped, fertility returns to normal immediately.

LARCs include:



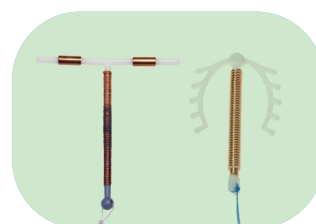
Hormonal IUD

Mirena or Kyleena

99.7-99.9% effective

Hormonal intra-uterine devices (IUDs) are small, T-shaped devices that go into the uterus. They release a hormone that helps prevent pregnancy by blocking sperm and making the lining of the uterus (womb) thinner. There are two types - the Kyleena is slightly smaller and releases even less hormone than the Mirena.

- **The Mirena is effective for up to 8 years** and the **Kyleena is effective for up to 5 years.**
- Generally, **they make bleeding ('periods') much lighter**, less painful and may stop them altogether (this is not harmful to the body). There may be some irregular bleeding and/or spotting initially after the IUD is inserted.
- There are minimal hormonal side effects because the dose of hormone is very small and works within the uterus (womb).
- Can be inserted by SHINE SA doctors, gynaecologists and some doctors/GPs.
- Easily removed by an experienced doctor or nurse.



Copper IUD

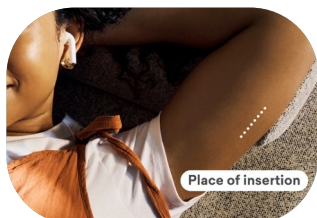
99.5% effective

The copper IUD is a small, T-shaped device placed in the uterus. The copper changes the way sperm move, stopping them from reaching an egg and preventing pregnancy.

- **The Copper T is effective for up to 10 years** and the **Multiload is effective for up to 5 years.**
- Your period may become heavier and last longer.
- Contains no hormones, so there are no hormonal side effects.
- A good option for those who don't want to use hormonal contraception.
- Can be inserted by SHINE SA doctors, gynaecologists and some doctors/GPs.
- It is a very effective method of emergency contraception.

Hormonal contraception side effects

Not everyone experiences negative side effects with hormonal contraception. Hormonal side effects include headaches, chest tenderness, mood changes and skin and hair changes, but these vary from person to person. There are different types of hormonal contraception, each with varying hormone levels. **If one type doesn't work for you, it doesn't mean others will have the same side effects.**



Contraceptive implant (Implanon)

99.95% effective

A small plastic rod (about 4cm long) that is placed under the skin of the inner, upper arm. It slowly releases a low dose of the hormone progestogen that stops the ovaries from releasing eggs and thickens cervical mucus to block sperm, helping to prevent pregnancy.

- **Effective for up to 3 years.**
- Usually causes changes to your bleeding ('periods') – bleeding may become lighter or heavier, may come at random times or may stop altogether (this is not harmful to the body). There are ways to manage this if the change in bleeding is bothering you.
- There are some possible hormonal side effects.
- The implant can be easily removed at any time by an appropriately trained doctor or nurse.
- The implant is inserted and removed under local anaesthetic (numbing injection) at SHINE SA clinics, by gynaecologists, some doctors/GPs and some nurses and midwives.

Shorter-acting hormonal methods

These contraception methods use hormones to change fertility (ability to get pregnant) by stopping the release of the egg (ova), blocking sperm, and changing the lining of the uterus.

They are very effective when used correctly, but with typical (day-to-day) use are less effective than LARC methods.

Shorter-acting methods include:



Injectable contraception (Depo-Provera)

96% effective (real-world use)
99.8% effective (perfect use)

A progestogen injection **given regularly every 12 weeks** by an appropriately trained health professional.

- Bleeding ('periods') usually stop while using this method (this is **not** harmful to the body).
- There are some possible hormonal side effects. These could last until the injection wears off.
- After stopping the injections, it may take a while for your periods and fertility (ability to get pregnant) to return to normal.



Combined oral contraceptive pill (The Pill)

93% effective (real-world use)
99.5% effective (perfect use)

A pill that **needs to be taken every day to be effective**. It contains a combination of two hormones – progestogen and oestrogen.

- **There are lots of types** of combined Pills available with different doses and hormones.
- Can make bleeding ('periods') lighter, more regular and less painful.
- There are some possible hormonal side effects although **changing the type of Pill may help these problems.**
- May be used to treat other conditions, such as acne, pre-menstrual syndrome (PMS), endometriosis and polycystic ovary syndrome (PCOS).
- The combined Pill may not be suitable for some people, depending on their health history.



Contraceptive vaginal ring (NuvaRing)

93% effective (real-world use)
99.5% effective (perfect use)

A flexible plastic ring that you **insert into the vagina yourself**. It slowly releases low doses of hormones (oestrogen and progestogen). **You leave it in for three weeks**, then remove it for one week before inserting a new one.

- Works in a similar way to the combined oral contraceptive pill (The Pill), but you don't need to remember to take a pill each day.
- Can make bleeding ('periods') lighter, more regular and less painful.
- There are some possible hormonal side effects.
- The vaginal ring may not be suitable for some people, depending on their health history.



Progestogen-only pill (POP)

93% effective (real-world use)
99.5% effective (perfect use)

A pill that **needs to be taken every day to be effective**. It contains only one hormone – progestogen.

- There are two types available.
- There are some possible hormonal side effects.
- Can be used by people who cannot take the combined Pill for medical reasons.



Emergency contraception

Emergency contraception is used after unprotected sex and can prevent an unintended pregnancy.

There are two types of emergency contraception:

The emergency contraceptive pill (ECP) (sometimes called the 'morning after pill'):

- A pill taken after unprotected sex to stop or delay the release of an egg by the ovary (ovulation).
- There are two different ECPs available in Australia – levonorgestrel and ulipristal acetate (sold as 'EllaOne').
- **Both are available over-the-counter without a prescription at pharmacies, SHINE SA clinics and some hospital emergency departments.**
- Levonorgestrel can be taken up to 4 days after unprotected sex, and ulipristal acetate can be taken up to 5 days after unprotected sex.
- However, **ECP should be taken as soon as possible** after unprotected sex for maximum effectiveness.
- Can cause some irregular bleeding or change the timing of your next period.

The copper intrauterine device (IUD):

- This is the most effective type of emergency contraception.
- Can be inserted up to 5 days after unprotected sex by appropriately trained doctors, including at SHINE SA.
- Can be used for ongoing contraception for up to 10 years.

Barrier methods

Barrier methods prevent semen from entering the uterus (womb) during sex.

Barrier methods include:



Condoms (External condoms)

88% effective (real-world use)
98% effective (perfect use)

External condoms are the most common type of condom. They are made of thin latex (rubber) and designed to fit over a stiff (erect) penis. Internal condoms are also available - they are made to be inserted inside the vagina. Condoms can be used with other types of contraception.

- **Condoms are the only form of contraception that reduce the risk of sexually transmitted infections (STIs).**
- They are more effective when used with water-based lubricant to prevent friction and breakage.
- They need to be used before any genital contact occurs because sperm can be present before ejaculation (cumming).
- Available in supermarkets, pharmacies and online.



Diaphragm

82% effective (real-world use)
86% effective (perfect use)

A diaphragm is a soft, dome-shaped silicone cap that you place inside the vagina to cover the cervix (the opening to the womb).

- It **must be inserted before sex** and left in place for at least 6 hours after sex.
- It does not need to be fitted by a health professional; however, you may need to practice inserting the diaphragm before using it for contraception in real life.
- Does not protect against STIs (only condoms do this).
- It can be purchased at SHINE SA clinics, online and in some pharmacies without a prescription.

Other non-hormonal methods

Lactational amenorrhoea (LAM)

LAM is a way for breastfeeding to temporarily help prevent pregnancy. Breastfeeding hormones can cause a delay in your body releasing eggs (ovulating) after having a baby.

LAM is **only effective when all three of the following are met:**

1. Your menstrual periods have not returned.
2. You gave birth less than 6 months ago.
3. You are fully breastfeeding day and night (not feeding the baby with any food or milk supplements), without long periods of time between feeds.

Fertility awareness methods (FAMs)

FAMs are contraception methods where people learn to identify the fertile days in their menstrual cycle. They can then avoid having sex during these times of the cycle, in order to avoid a pregnancy. There are many apps available which use FAMs to help track fertility and prevent or plan pregnancy.

- All FAMs require an understanding of the menstrual cycle.
- FAMs **require knowledge, motivation, experience, commitment and cooperation by all sexual partners.**
- FAMs are cost effective and may be used with other non-hormonal contraception such as diaphragms and condoms
- These methods **may not suit everyone, including those with irregular periods** who would find it difficult to predict fertile days (days most likely to get pregnant).

Permanent methods

Sterilisation: Vasectomy

An operation that cuts a tube called the vas deferens, so sperm cannot get into the semen (cum). This stops sperm travelling from the testes to the penis. The procedure can be performed by some doctors or a surgeon.

- The procedure is performed under either local or general anaesthetic.
- It is not immediately effective and takes about 3 months from the time of the procedure for a vasectomy to become effective. It is important to have a sperm test after this time to check it has worked.
- It is permanent.
- This procedure does not affect the production of your sex hormones, sex drive, ability to get an erection or reach orgasm.

Sterilisation: Tubal ligation

An operation to block the fallopian tubes, which prevents the sperm and egg meeting. This can be done in two ways and is performed by a gynaecologist using keyhole surgery.

- Tubal ligation is more invasive than vasectomy.
- The procedure is performed under general anaesthetic.
- It is permanent.

Other methods

Withdrawal (not recommended)

Withdrawal is removing the penis from the vagina before ejaculation (cumming), sometimes called 'pulling out'. **This is unreliable because sperm can be present in the pre-cum**, so there is still a risk of pregnancy.

Other methods of contraception are more effective.



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Tel 8300 5300 **Online Bookings** www.shinesa.org.au

Clinic locations and times are available at www.shinesa.org.au

Sexual Healthline

Tel 1300 883 793 **Country callers (toll free)** 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

National Relay Service

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