### Implant
- A small, flexible rod put under the skin of the upper arm releases progestogen.
- Over 99%.
- Works for three years but can be taken out sooner.
- It requires a small procedure to fit and remove it.
- The fallopian tubes in women or the tubes carrying sperm in men (vas deferens) are cut, sealed or blocked.

### Intrauterine system (IUS)
- A small, T-shaped, progestogen-releasing, plastic device is put into the uterus.
- Over 99%.
- Works for five years but can be taken out sooner.
- Periods usually become lighter, shorter and less painful.
- Irregular bleeding or spotting is common in the first six months.

### Intrauterine device (IUD)
- A small plastic and copper device is put into the uterus.
- Over 99%.
- Can stay in 5–10 years depending on type but can be taken out sooner.
- Periods may be heavier, longer or more painful.

### Female and male sterilisation
- The fallopian tubes in women or the tubes carrying sperm in men (vas deferens) are cut, sealed or blocked.
- The failure rate of female sterilisation is one in 200, and one in 2,000 for male sterilisation.
- Sterilisation is permanent with no long or short-term serious side effects.
- Should not be chosen if in any doubt about having children in the future.

### Methods with no user failure – they do not depend on you remembering to take or use them

<table>
<thead>
<tr>
<th>Method</th>
<th>What is it</th>
<th>Effectiveness</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive injection</td>
<td>An injection of progestogen.</td>
<td>Over 99%</td>
<td>Lasts for eight or 12 weeks – you don’t have to think about contraception during this time.</td>
<td>Can’t be removed from the body so side effects may continue while it works and for some time afterwards.</td>
</tr>
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### Methods with user failure – you have to use and think about them regularly or each time you have sex

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</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive patch</td>
<td>A small patch stuck to the skin releases estrogen and progestogen.</td>
<td>Over 99%</td>
<td>Can make bleeds regular, lighter and less painful.</td>
<td>May slip off or split if not used correctly or if wrong size or shape.</td>
</tr>
<tr>
<td>Contraceptive vaginal ring</td>
<td>A small, flexible, plastic ring put into the vagina releases estrogen and progestogen.</td>
<td>Over 99%</td>
<td>One ring stays in for three weeks – you don’t have to think about contraception every day.</td>
<td>Late pills, vomiting or severe diarrhoea can make it less effective.</td>
</tr>
<tr>
<td>Combined pill (COC)</td>
<td>A pill containing estrogen and progestogen, taken orally.</td>
<td>Over 99%</td>
<td>Often reduces bleeding, period pain and premenstrual symptoms.</td>
<td>Not as widely available as male condoms.</td>
</tr>
<tr>
<td>Progestogen-only pill (POP)</td>
<td>A pill containing progestogen, taken orally.</td>
<td>Over 99%</td>
<td>Can be used by women who smoke and are over 35, or those who are breastfeeding.</td>
<td>May be uncomfortable with inserting and removing it.</td>
</tr>
<tr>
<td>Male condom</td>
<td>A very thin latex (rubber) or polyurethane (plastic) sheath that is put over the erect penis.</td>
<td>98%</td>
<td>A flexible latex (rubber) or silicone device, used with spermicide, is put into the vagina to cover the cervix.</td>
<td>Soft, thin polyurethane sheath that loosely lines the vagina and covers the area just outside.</td>
</tr>
<tr>
<td>Female condom</td>
<td>Soft, thin polyurethane sheath that loosely lines the vagina and covers the area just outside.</td>
<td>95%</td>
<td>If used according to teaching, up to 99% effective.</td>
<td></td>
</tr>
<tr>
<td>Diaphragm/cap with spermicide</td>
<td>A flexible latex (rubber) or silicone device, used with spermicide, is put into the vagina to cover the cervix.</td>
<td>92–96%</td>
<td>If used according to teaching, up to 99% effective.</td>
<td></td>
</tr>
<tr>
<td>Natural family planning</td>
<td>Fertile and infertile times of the menstrual cycle are identified by noting different fertility indicators.</td>
<td></td>
<td>No chemicals or physical products means no physical side effects.</td>
<td></td>
</tr>
</tbody>
</table>

**Condoms are the best way to help protect yourself against sexually transmitted infections.**
There are many different contraceptive methods available in the UK. A doctor or nurse should be able to help you find one that suits you.

- Hormonal contraceptives work by releasing the hormones estrogen and progestogen together, or progestogen alone. This stops ovulation, thickens the cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting.

- Other contraceptives are used either inside or outside the body to prevent sperm from reaching an egg.

- IUDs stop the sperm reaching an egg and may also stop a fertilised egg implanting in the uterus.

Contraception is free for women and men of all ages through the National Health Service. You can obtain free contraception, including emergency contraception, from:

- a general practice, unless they say they don’t provide contraception services
- a contraception clinic or sexual health clinic
- a young person’s service (these will have an upper age limit)
- some genitourinary (GUM) clinics.

You can also get free emergency contraception from:

- most NHS walk-in centres (England only) and minor injuries units
- some hospital accident and emergency departments (phone first to check)
- some pharmacies (there may be an age limit).

If you are 16 or over you can buy the emergency hormonal pill from most pharmacies. They also sell condoms, diaphragms, caps and spermicide.

Is contraception free and where can I get it?

How can I find a contraception service?

- You can find out about all sexual health services from sexual health direct, run by FPA, on 0845 122 8690 or at www.fpa.org.uk.

- You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can find details of general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call the FPA helpline on 0845 122 8687 or for details of general practices see www.n-i.nhs.uk.

- You can also get details of your nearest contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.

- For young people’s services contact Brook on 0808 802 1234, www.brook.org.uk, or Sexwise on 0800 28 29 30.

Some facts about avoiding pregnancy

A woman can still get pregnant:

- if it is the first time she has sex
- if she doesn’t have an orgasm
- if a man pulls out of her vagina before he comes
- if she has sex when she has her period
- if she has sex standing up
- if she uses a douche to rinse out her vagina. This can be harmful.

How FPA can help you

sexual health direct is a nationwide service run by FPA.

- It provides:
  - confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
  - details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England
helpline 0845 122 8690
9am to 6pm Monday to Friday

Northern Ireland
helpline 0845 122 8687
9am to 5pm Monday to Thursday
9am to 4.30pm Friday

or visit the FPA website
www.fpa.org.uk

A final word

This leaflet can only give you basic information about contraception. Different people may give you different information and advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.