Patient

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Contraception Methods

Contraception is the process of taking steps to ensure you do not become pregnant when you have sex. There are many options for doing this. They all have pros and cons. Different methods will be right for different couples, or right for you at different times in your life. This leaflet gives a brief summary of the methods of contraception. A more detailed leaflet is available for each of the methods described.

How effective is contraception?

All the methods of contraception listed below are effective. However, no method is completely (100%) reliable. The reliability for each method is given in percentages, or in numbers of women per 100 women. If the method fails in less than 1 in 100 women, the number of women who fall pregnant may be given per 1,000 women.

For example, the contraceptive injection is more than 99% effective. In other words it is effective for more than 99 women in 100. This means less than 1 woman in 100 will become pregnant each year using this method of contraception. It is hard to understand the concept of less than one woman, so in this case the number is given out of 1,000 women instead of 100. For the example of injections, between 3 and 60 women out of every 1,000 using this method will fall pregnant.

When no contraception is used, around 85 in 100 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. These are called "user-dependent methods". You have to use them properly or they do not work as well. For example, the combined oral contraceptive (COC) pill (often referred to as "the pill") is more than 99% effective if taken correctly. However, if you miss pills or are sick (vomit) then it becomes less effective. Other user-dependent methods include:

- Barrier methods (male and female condoms, diaphragms and caps).
- The progestogen-only pill (POP).
- Natural family planning.

Some methods are not so user-dependent and need to be renewed only infrequently or never. These methods tend to be more reliable and include:

- The contraceptive injection.
- Contraceptive implant.
- Intrauterine contraceptive devices (IUCDs) - also known as 'coils'.
- Sterilisation.

What are the different methods of contraception?

When you choose a method of contraception, you need to think about:

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- Whether you have a medical condition that might affect which options are safe for you.
- Whether you take medicines that interact with the method.

Broadly, there are five main groups of contraceptive methods:

- Barrier methods of contraception which provide a physical barrier preventing the sperm and egg getting together. For example, condoms, female condoms, caps and diaphragms.
- Hormone pills, patches and rings. These are short-acting methods which use hormones taken as a pill, patch or ring.
- Long-acting reversible contraceptives. For example, injections, implants, intrauterine contraceptive devices (IUCDs - also known as coils) or other intrauterine systems (IUS).
- Sterilisation. This is a permanent method and either the male or female partner can be sterilised.
- Natural methods. These rely on only having sex when you are not likely to be fertile (or using barrier methods during the fertile times).

The pros and cons of each method are briefly summarised below and then linked to more information about each specific type.

Combined oral contraceptive pill

The combined oral contraceptive (COC) pill is often what is meant when people say they are "on the pill". Between 3 and 90 women in 1,000 using the pill will become pregnant each year. The difference is due to how well the woman uses the pill. The pill contains two female hormones called oestrogen and progestogen. Different brands suit different people.

Some advantages

- It is very effective.
- Side-effects are uncommon.
- It helps to ease painful and heavy periods.
- It slightly reduces the chance of some cancers - cancers of the ovary and womb (uterus).
- The effects go away quickly when you stop it.

Some disadvantages

- There is a small risk of serious problems (particularly blood clots).
- Some women have side-effects. The most common ones are bleeding between periods, mood swings and breast tenderness.
- You must remember to take it.
- It can't be used by women with certain medical conditions. Examples include uncontrolled high blood pressure, certain types of migraine and women with a past history or family history of blood clots.
- There is a very slightly higher risk of breast cancer for women who take it.

See the separate leaflet called Combined Oral Contraceptive (COC) pill.

Progestogen-only pill

The progestogen-only pill (POP) is sometimes called "the mini-pill". It contains just a progestogen hormone. Between 3 and 90 women in 1,000 using the POP will become pregnant.

Some advantages

- Less risk of serious problems than the COC pill.
- Many women who can't take the COC pill due to a medical condition are safe to use the POP, such as smokers over the age of 35 and women with certain types of migraine.
- You can use it when you are breastfeeding.

Some disadvantages

- Periods often become irregular.
- Some women have side-effects.
- You have to be more exact about the time you take it each day than you do with the COC pill. With some POPs you have to take it within three hours of the time you took it the day before. In others there is a 12-hour window before it becomes a "missed pill".
- There may be a very small extra risk of breast cancer.

See the separate leaflet called Progestogen-only Contraceptive Pill (POP).

Contraceptive patch

The contraceptive patch contains the same hormones as the COC pill but in patch form. It works in the same way and has many of the same pros and cons. Between 3 and 90 women in 1,000 will become pregnant using it. The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body. There is one combined contraceptive patch available in the UK, called Evra®.

Some advantages

- It is very effective and easy to use.
- You do not have to remember to take a pill every day.
- Your periods are often lighter, less painful and more regular.
- If you have sickness (vomiting) or runny stools (diarrhoea), the contraceptive patch is still effective.

Some disadvantages

- Some women have skin irritation.
- Despite its discreet design, some women still feel that the contraceptive patch can be seen.
- It may come off and then not be so effective.
- It has similar risks to the pill (such as blood clots).

See the separate leaflet called Contraceptive Patch.

Contraceptive vaginal ring

The contraceptive vaginal ring also contains the same hormones as the COC pill. These hormones have effects on your body which prevent you from becoming pregnant. It is a flexible, see-through ring which is just over 5 cm in diameter. It sits in your vagina for three weeks and then you have one week without it. After exactly one week, you put a new ring into your vagina. It is about as effective as the COC pill at preventing pregnancy.

Some advantages

- It is effective and easy to use.
- You do not have to remember to take a pill every day.
- If you have sickness (vomiting) or runny stools (diarrhoea), the contraceptive vaginal ring is still effective.
- Your periods are very regular.

Some disadvantages

- Some women (and their partners) feel it during sex.
- It may irritate your vagina and cause soreness or discharge.
- It has similar risks to the pill (such as blood clots).

See the separate leaflet called Contraceptive Vaginal Ring.

Barrier methods

Barrier methods include male condoms, the female condom and diaphragms and caps. They prevent sperm entering the womb (uterus).

Some advantages

- There are no serious medical risks or side-effects.
- Condoms help to provide protection from sexually transmitted infections.
- Male condoms are widely available.

Some disadvantages

- They are not quite as reliable as other methods.
- They need to be used properly every time you have sex.
- Male condoms occasionally split or come off.
- You have to use spermicide when using a diaphragm, which may be messy or cause some irritation.
- Diaphragms and caps usually need to be fitted.
- They may interrupt sex or make it feel less spontaneous.

See the individual leaflets called Condom (Sheath), Condoms for Women, and Diaphragms and Caps for more information.

Contraceptive injections

Contraceptive injections contain a progestogen hormone which slowly releases into the body. They are very effective. Between 3 and 60 women in every 1,000 using it will become pregnant. An injection is needed every 8-13 weeks, depending on which injection is used.

Some advantages

- They are very effective.
- You do not have to remember to take pills.
- Once your body is used to the hormone, you often have no periods or very light periods. Particularly if you had heavy or painful periods, this is an advantage.
- You can have contraceptive injections whilst breastfeeding.

Some disadvantages

- Periods may become irregular (but often lighter or stop altogether).
- After stopping, there may be a delay in your return to normal fertility for several months. It may take up to a year for your period to come back.
- Some women have side-effects. Common side-effects are gaining weight, mood changes and headaches. You cannot undo the injection, so if side-effects occur they may continue for longer than 8-13 weeks.
- The injections cause a very slight thinning of your bones.
- There may be a very small increase in the risk of breast cancer and cancer of the neck of the womb (cervix).

See the separate leaflet called Contraceptive Injection for more information.

Contraceptive implants

A contraceptive implant is a small device placed under the skin. It contains a progestogen hormone which slowly releases into the body. Around 1 woman in 2,000 using the implant will become pregnant each year. It involves a small minor operation. An injection of local anaesthetic is used to numb the skin. Each implant lasts three years, after which it should be removed.

Some advantages

- It is very effective.
- You do not have to remember to take pills.
- They are reversible and periods return quickly once they are removed.
- Your periods tend to be very light or non-existent.

Some disadvantages

- Periods may become irregular (but more often are lighter or stop altogether).
- Some women develop side-effects but these tend to settle after the first few months.

See the separate leaflet called Contraceptive Implant for more information.

Intrauterine contraceptive device

An intrauterine contraceptive device (IUCD) is also known as a coil. A plastic and copper device is put into the womb (uterus). It lasts for five or more years. Between 6 and 8 women in 1,000 will become pregnant in one year of use of this method.

Some advantages

- It is very effective.
- You do not have to remember to take pills.
- It lasts a long time - 5-10 years.
- There are no hormones, so there are no side-effects due to hormonal changes in your body.

Some disadvantages

- Your periods may become heavier or more painful.
- There is a small risk of serious problems.
- It is uncomfortable having the coil put in. (However, this is only once in 5-10 years.)

See the separate leaflet called Intrauterine Contraceptive Device for more information.

Intrauterine system

With the intrauterine system (IUS), a plastic device that contains a progestogen hormone is put into the womb (uterus). The progestogen is released at a slow but constant rate. Around 1-2 women in 1,000 will become pregnant in one year of use of this method. The IUS is also used to treat heavy periods (menorrhagia).

Some advantages

- It is very effective.
- You do not have to remember to take pills.
- Periods become light or stop altogether.

Some disadvantages

- Side-effects may occur as with other progestogen methods such as the POP, implant and injection. However, they are much less likely, as little hormone gets into the bloodstream.
- It is uncomfortable having it put in and does not last as long as the other type of coil.

See the separate leaflet called Intrauterine System for more information.

Natural methods

Most natural family planning methods involve getting to know your cycle and when you are fertile. You can then use barrier methods of contraception, or not have sex, at these times. This has very variable effectiveness, as it depends how careful you are. As many as 25 women in 100 can become pregnant using this method. However, when used very carefully, this number can be much, much lower. You have to be very committed and check your fertility regularly.

Some advantages

- There are no side-effects or medical risks.
- Anybody can use this method safely as long as they are taught how to do it.

Some disadvantages

- It is not as reliable as other methods.
- Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.

- If your cycles are not very regular, this can be very unreliable.

The lactational amenorrhoea method (LAM)

LAM is another type of natural family planning for women who are breastfeeding and not having periods.

Read about natural family planning methods, including fertility awareness and the LAM.

Sterilisation

Sterilisation involves an operation. It is very effective but no method of contraception is 100% reliable. Male sterilisation (vasectomy) is easier, as it can be done under local anaesthetic and is also more reliable. These methods are often used when your family is complete. You should be sure of your decision, as they are difficult to reverse.

Some advantages

- It is very effective.
- You do not have to think further about contraception.

Some disadvantages

- It is very difficult to reverse. Indeed, when considering sterilisation, you should assume it is irreversible. You may regret your decision if you change your mind in the future.
- Female sterilisation usually needs a general anaesthetic. This comes with the small risks which are associated with general anaesthetics. Your tummy may feel bloated and sore for a few days after the operation.
- Men can have discomfort, bruising and swelling after the operation for a week or so.
- It takes a while before a vasectomy becomes effective. During this time you have to use another form of contraception.

See the separate leaflets called Vasectomy (Male Sterilisation) and Female Sterilisation for more information.

Emergency contraception

Emergency contraception can be used if you had sex without using contraception, or if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills. Emergency options are a pill or an IUCD (also known as a coil). Read about emergency contraception.

What is the best contraceptive option as I get older?

Although pregnancy is less likely around the menopause, over the age of 40 years it is still important to use contraception. There are various different types of contraception available. Many can be used until you have gone through the menopause or are aged 55 years. Read about the different types of contraception available for women who are aged 40 until their menopause.

Further information

This leaflet is just a very brief account of each method of contraception. All these methods have their own detailed leaflet for more information. Or you can contact your practice nurse, doctor, pharmacist or local family planning clinic if you want more detailed information about any of these methods.

Natural family planning is an effective method of avoiding pregnancy provided you are well motivated and properly taught. This leaflet does not tell you how to practise natural family planning. It gives basic background information on how it works. You need detailed instruction from an expert for natural family planning to be most effective. There are links at the end of this leaflet explaining where to obtain this expert advice in the UK.

What is natural family planning?

Natural family planning is a method of preventing pregnancy by being able to predict your fertile time. This is the time you are likely to conceive. Pregnancy is avoided if you don't have sex during this fertile time or use other methods of contraception, such as condoms. It can be a very effective form of contraception. However, it needs a high level of commitment from both you and your partner. It has the advantage that there are no chemicals involved, and therefore no side-effects.

How effective is natural family planning?

If natural family planning is used correctly by 100 women for one year, somewhere between one and nine women would become pregnant. This compares to 80 or 90 women who would become pregnant using no method of contraception. This method will be less effective if not used correctly.

When is the fertile time?

The fertile time lasts for approximately 8-9 days in each cycle. It is from seven days before ovulation until 1-2 days after ovulation. Ovulation occurs when a woman releases an egg from an ovary - usually once a month. An egg survives for about 24 hours. However, sperm can survive for up to seven days after sex. This is why the fertile time starts from seven days before ovulation. So, if you know exactly when you will ovulate then you can predict when your fertile days are.

How do I know when I will ovulate?

Knowing when you ovulate is the key to this method. Once you are confident that you can predict this then this method of family planning can be very effective. It takes good instruction and 3-6 menstrual cycles to learn how to do natural family planning. This is much more difficult to do if you have irregular periods.

You need to make a record each day of one or more "indicators". These include the following:

- **Body temperature**. This typically rises slightly when you ovulate and remains higher until your next period. There are many factors that can upset this, such as illness, and taking medicines (like paracetamol, which can lower your temperature). However, if you take your temperature before getting out of bed each morning, a pattern usually emerges. This will show you when ovulation has occurred. Computerised thermometers are also available which work by combining information about the length of your menstrual cycle and temperature.

- **Secretions from the neck of the womb (cervix)**. These change throughout the menstrual cycle:
    - Just after a period there is not much secretion and the vagina is dry for a few days.
    - About eight days before ovulation, the secretions become more moist, sticky and cloudy.
    - Four days before ovulation the secretions become wet, clear, slippery and stretchy (like egg white).
    - A day or so after ovulation the secretions dry up again until after the next period.

  So by observing the changes in your secretions you can predict the 7-8 days before ovulation.

- **Cycle length**. Ovulation usually occurs 12-16 days *before* a period. If your cycle is very regular then this may help to predict ovulation.

- **Ovulation prediction kits**. These are devices that you can buy from a pharmacy. There are two types of ovulation prediction kits. They both measure hormone levels. One measures them in your urine and the other measures them in your saliva.

  The urine-based kit detects the increase, or surge, of a hormone called luteinising hormone (LH) that occurs approximately one to two days before ovulation. The main device available in the UK is called Persona®. Although a small amount of LH is always present in your blood and urine, in the days before ovulation, the amount increases by about two to five times.

  Saliva-based kits test for rising oestrogen levels as you near ovulation. As oestrogen levels rise, the salt content of your saliva increases too and when the salt dries it crystallises into a fern-like pattern. With these kits, you see if "salivary ferning" has occurred as your saliva has dried. The saliva-based kits are less accurate than the urine-based kits. These are not advised for avoiding pregnancy but they may be helpful in planning pregnancy.

Is breastfeeding a natural family planning method?

Yes - this is known as the lactational amenorrhoea method of contraception (LAM). Lactational means while you are breastfeeding, and amenorrhoea means not having any periods. Suckling by the baby stimulates hormones that suppress ovulation. Ovulation is unlikely for six months after childbirth if you breast-feed fully (this means the baby has no other food or drink apart from breast milk) **and** if you have not had a period since childbirth.

Less than 1 woman in 100 would become pregnant in these circumstances. However, once you drop feeds, or start having periods this would not be an effective method of contraception.

How do I learn to do natural family planning?

If you want to consider natural family planning then it is advisable to have training from an expert. You can access this in the UK via organisations such as your local family planning clinic, Fertility UK or Brook.

If you have unprotected sex but do not wish to become pregnant, you may need emergency contraception. This is the term used for contraception used AFTER you have already had sex. There are several options available but they must be used within 3-5 days after the unprotected sex.

What is emergency contraception?

There are three types of emergency contraception now available to women. These are two types of pill, and the intrauterine contraceptive device (IUCD) - also called the coil. They are available in the UK from your GP practice, NHS walk-in centres, pharmacies, and family planning clinics and organisations (like British Pregnancy Advisory Service or Brook).

Emergency contraception can be used:

- If you have had sex without using contraception.

- If you have had sex, but there was a mistake with contraception. For example, a split condom or if you forgot to take your usual contraceptive pills.

The progestogen pill

This is a pill that contains levonorgestrel which is a progestogen hormone. There are several different ones available, but they all contain the same dose of levonorgestrel. You can get it free on prescription or you can buy it from pharmacies, without a prescription. The usual dose is one pill which contains 1.5 mg of levonorgestrel. (Some women need a higher dose if they are taking certain other medication - for example, women taking certain anti-epilepsy medicines.)

When do I take it and how does it work?

Take the pill as soon as possible after unprotected sex. The earlier you take the pill, the more effective it is. It should be taken within 72 hours (three days). It is thought to work mainly by preventing or delaying the release of an egg from your ovary, which normally happens each month (ovulation). It is not thought to cause an abortion, ie it does not have an effect if an embryo has already settled (implanted) into the womb (uterus).

How effective is the progestogen pill?

Although emergency contraception is effective, it is not as reliable as regular planned contraception. Therefore, it should only be used in emergencies. The progestogen pill becomes gradually less effective the more time elapses after having unprotected sex. However, there is a good chance of preventing pregnancy if it is taken up to 72 hours after unprotected sex.

It is difficult for scientists to work out exactly how effective it is. This is because after having unprotected sex on one occasion, only a few women would get pregnant. It is difficult to work out which women would not have got pregnant anyway and which pregnancies were actually prevented by taking the emergency progestogen pill. If 1,000 women had unprotected sex once, around 60 to 80 would become pregnant. If all those women had taken the emergency progestogen pill, only around 11 to 26 would have become pregnant.

It is sometimes used between 72 and 120 hours after unprotected sex but the chance of it working is much less if it is taken after 72 hours, particularly so after 96 hours (four days).

Are there any side-effects with the emergency progestogen pill?

Side-effects with the emergency progestogen pill are uncommon. However, some women feel sick for about 24 hours after taking the pill. Some women are actually sick (vomit.) This may be less likely to happen if the pill is taken with food.

If you vomit within two hours of taking the pill then either:

- Take another pill as soon as possible. (You may need to get a further prescription, or buy another pill from the pharmacy. You may also wish to get a prescription for some antisickness tablets.)
- **OR** a coil (IUCD) can be inserted (see below).

Other mild side-effects occur in some women for a short time, such as diarrhoea, dizziness and breast tenderness. There may be some change to your periods in the month after taking the pill. Your period may be early, or late, or you may get some erratic bleeding.

Who should not take the emergency progestogen pill?

Most women are able to take the emergency progestogen pill. However, it is not suitable for all women. For example, women with a rare condition called porphyria should not take it. Also women who have very severe liver disease or very severe Crohn's disease may not be able to take it.

Several other medicines can interfere with the emergency progestogen pill, meaning it may not work as effectively. This includes:

- Medicines for epilepsy - for example, phenytoin and carbamazepine.
- Two antibiotics called rifampicin and rifabutin (other antibiotics do not have an effect).
- An over-the-counter remedy called St John's wort, used for low mood.
- Some medicines used to treat HIV and AIDS, such as ritonavir.

Make sure the doctor, nurse or pharmacist prescribing you the emergency contraception pill knows about all the other pills you are taking.

If the pill did not work and you became pregnant, there is no evidence that taking the emergency progestogen pill is harmful to the baby.

Ulipristal acetate pill (ellaOne®)

Ulipristal acetate (brand name ellaOne®) is a type of emergency contraceptive pill that was launched in the UK in 2009. It is taken as one single tablet.

When do I take it and how does it work?

Take the pill as soon as possible after unprotected sex. The earlier you take the pill, the more effective it is. It can be taken up to 120 hours (five days) after having unprotected sex. It is a type of hormone which seems to work by stopping or delaying release of an egg (ovulation).

How effective is ulipristal acetate?

Although emergency contraception can be effective, it is not as reliable as regular planned contraception. Therefore, it should only be used in emergencies. It is most effective if you take the tablet as soon as you can, after having unprotected sex. The effectiveness decreases the longer you leave before taking the tablet.

It is difficult for scientists to work out exactly how effective it is. This is partly because it is a new pill, so there aren't too many studies. Also, after having unprotected sex on one occasion, only a few women would get pregnant. So it is difficult to work out which women would not have got pregnant anyway and which pregnancies were actually prevented by taking the emergency contraception pill. If 1,000 women had unprotected sex once, around 60 to 80 would become pregnant. If all those women had taken ellaOne®, only around 9 to 18 would have become pregnant.

Ulipristal acetate may be slightly more effective than the progestogen contraceptive pill, particularly when taken between 3-5 days after unprotected sex.

Who should not take ulipristal acetate?

Ulipristal acetate cannot be taken if there is any possibility that you might be pregnant. It also cannot be taken if you have certain liver diseases or have severe asthma. You should not breast-feed for one week after taking this tablet.

Some other medicines can interfere with ulipristal acetate, making it less effective. If you take one of these pills it may be better to use another form of emergency contraception. Medicines which may interfere with ulipristal acetate include:

- Medicines for epilepsy - for example, phenytoin and carbamazepine.
- Two antibiotics called rifampicin and rifabutin (other antibiotics do not have an effect).
- An over-the-counter remedy called St John's wort, used for low mood.
- Some medicines used to treat HIV and AIDS, such as ritonavir.
- Some medications taken for indigestion or heartburn (such as antacids, omeprazole or ranitidine).

Also, ulipristal acetate may interfere with the action of other contraceptive pills. If returning to other contraceptive pills after taking ulipristal acetate, you will need to use condoms or avoid having sex for a little while. How long this should be depends on the pill you are taking:

- 14 days for combined oral contraceptive (COC) pills (other than the pill Qlaira®, in which case it is 16 days).
- 14 days for the vaginal contraceptive ring.
- 14 days for contraceptive patches.
- 9 days for progestogen-only pills (POPs).

Always make sure the person prescribing you the emergency contraception pill knows about any other medication you are taking.

Are there any side-effects of ulipristal acetate?

Side-effects with the ulipristal acetate pill are uncommon. These can include headaches, feeling sick, tummy (abdominal) pains, dizziness and muscle pains. After taking it, your periods may be different for the next month. Your period may be earlier than expected, later than expected, or you may have some erratic bleeding.

If you are sick (vomit) within two hours of taking ulipristal acetate then you will need to take another tablet. You will need another prescription for this.

Some reasons why the emergency contraception pills are less likely to be successful

- If you take them after you have produced an egg (ovulated).
- If you take the progestogen pill more than 72 hours or the ulipristal acetate pill more than 120 hours after unprotected sex.
- If you are sick (vomit) within three hours of taking the pill and do not take a repeat dose.
- If you also had unprotected sex at an earlier time since your last period.
- If you have unprotected sex again after taking emergency contraception.

The intrauterine contraceptive device

An alternative method of emergency contraception is to have an intrauterine contraceptive device (IUCD - often known as a coil) inserted by a doctor or nurse. This can be done up to five days after unprotected sex. It has the advantage of providing ongoing contraception and is also more effective than taking hormone tablets. Less than 1 woman in 100 would get pregnant after having the coil inserted for emergency contraception, meaning it is nearly 100% effective.

Most women can use the coil. Exceptions include those who have copper allergy, and those who have infections or cancer in their genital areas or womb (uterus).

See separate leaflet called Intrauterine Contraceptive Device (IUCD) for details.

Some other points about emergency contraception

- Most women have their next period at about the usual time. Sometimes it is a few days earlier or later than expected. See a doctor or nurse if your next period is more than seven days late or if it is lighter than usual. A pregnancy test may be advised.
- Your next menstrual cycle may also be shorter or longer than usual.
- There is still a small risk of pregnancy even if you use an emergency contraceptive correctly.

Follow-up after receiving emergency contraception

You may want to discuss your regular contraceptive needs with a doctor or nurse. This may be best in a relaxed follow-up consultation.

An important message

See a doctor urgently if you have any lower tummy (abdominal) pain or abnormal bleeding in the 2-6 weeks following use of emergency contraception. These are the main symptoms of an ectopic pregnancy. This is rare, but it is best to be aware of the possibility as it is a serious condition. Also, do a pregnancy test or see a doctor if your next due period is more than seven days late. See your doctor if you have any other concerns or questions.

At what age will I stop being fertile?

The time of menopause varies tremendously between women. Before your periods stop altogether, it is likely that your periods will become irregular and unpredictable. Although you are less likely to produce an egg (ovulate) every month, your ovaries will still be producing some eggs and, for this reason, it is important that you consider using contraception. So, although there is a natural decline in your fertility after the age of about 37 years, effective contraception is still required to prevent an unplanned pregnancy. Most women will no longer be fertile by the age of 55 years. However, a few women will still be having periods at this age and may need contraception. The average age at which women get to their menopause in the UK is 51 years.

When can contraception be safely stopped?

If you are using contraception that does not contain hormones, you will be able to stop using contraception one year after your periods stop if you are aged over 50 years. If you are aged under 50 years, you should use contraception until two years after your periods stop.

However, if you are using hormone-based contraception then your periods (withdrawal bleeds) are not a reliable way of knowing if you are fertile or not. Some women who take hormone-based contraceptives will have irregular or no periods but they will still be fertile if they stop using their contraceptive. The ages for stopping the different hormone-based contraceptives are detailed below.

Clinical Editor's comments (September 2017)
Dr Hayley Willacy recommends the Faculty of Sexual and Reproductive Health's latest guidelines on Contraception for women aged over 40 years - see 'Further Reading and References', below. The guideline updates information relating to when women no longer require contraception. Progestogen-only pills, progestogen-only implants, levonorgestrel intrauterine systems and copper intrauterine devices can safely be used until the age of 55 and may confer non-contraceptive benefits such as reduced menstrual pain and bleeding and endometrial protection. During perimenopause, isolated serum estradiol, FSH and luteinising hormone levels can be misleading and should not be used as the basis for advice about stopping contraception; ovulation may still occur with a risk of pregnancy.

What are the different methods of contraception available?

Your choice of contraception when you are over the age of 40 years may be influenced by:

- How effective it is.
- Possible risks and side-effects.
- Your natural decline in fertility.
- Personal preference.
- If you have a medical condition that needs to be considered.

Many women over the age of 40 will have just the same options available to them as younger women, but may have different priorities. Read the overview of all options in contraception methods. The following information lists the options, linking to individual leaflets, and commenting on any aspects specific to women between the age of 40 and the menopause.

Hormones, pills, patches and rings

See the separate leaflet called Contraceptive Hormone Pills, Patches and Rings.

Combined pill

The combined oral contraceptive (COC) pill is often just called "the pill".

There are some specific advantages to the COC pill for more mature women. Taking the COC pill may improve period problems such as heavier or irregular periods which may occur as you approach your menopause. They may also help with any menopausal symptoms that you may have. There is also some evidence that taking the COC pill when you are aged over 40 years may increase the density of your bones. This means your bones are stronger and may be less likely to fracture when you have gone through the menopause. The COC pill can safely be taken by women over the age of 40 years with no other medical problems.

However, for some women, the COC pill may have more risks as they get older. You should not take it if you are aged over 35 years and a smoker. You should not take it if you are aged over 35 years and have migraine. You also should not take it if you have a history of stroke or heart disease, or if you are very overweight. Women who have complications from diabetes (including problems with eyes, blood vessels or kidneys) should not take the COC pill. These are just a few of the conditions which make it unsafe to take the COC pill. Your doctor or healthcare professional will go through your medical history with you to decide if it is safe for you personally. If you have no medical problems or risk factors for medical problems, the COC pill can be taken until the age of 50 years.

You should stop taking the COC pill and use another form of contraception when you reach the age of 50 years.

Progestogen-only pill

The progestogen-only pill (POP) is sometimes called "the mini-pill". It is commonly taken if the COC pill is not suitable - for example, breastfeeding women, smokers over the age of 35 years and some women with migraine.

The POP is safe if you have previously had a stroke or a heart attack, or if you have developed a clot in the past. There is no increased risk of developing breast cancer if you take the POP. However, women who have had breast cancer cannot usually take a POP.

The POP can be continued until you reach the age of 55 years, after which time you will probably no longer need to use contraception. Blood tests can be done if you are not sure if you have gone through your menopause.

Contraceptive patch

The contraceptive patch (Evra®) can safely be used by women over the age of 40 years with no other medical problems. However, you should not use it if you are aged over 35 years and a smoker, or are aged over 40 years and have cardiovascular disease, or a history of a stroke or migraine. **You should stop using the patch and use another form of contraception when you reach the age of 50 years**.

Contraceptive vaginal ring

The contraceptive vaginal ring has similar risks to the patch and COC pill. As with the patch and COC pill, you should not use it if you are aged over 35 years and a smoker, or are aged over 40 years and have cardiovascular disease, or a history of a stroke or migraine. **You should stop using the contraceptive ring and use another form of contraception when you reach the age of 50**.

Barrier methods

See the separate leaflet called Contraception Barrier Methods.

These include male condoms, the female condom, and diaphragms and caps. These are all suitable and safe for women between the age of 40 and menopause. However, they are less effective than other methods of contraception, so if it would be a disaster to become pregnant, you may wish to consider alternative choices. If you do use these methods, make sure you use them correctly. If you forget, or if you use a condom and it splits, for example, then consider emergency contraception.

Natural methods

Natural methods of contraception involve being able to predict your fertile time - effective if done correctly. It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions. This is less likely to be an effective method around the time of menopause if your periods have become irregular and unpredictable.

Long-acting reversible contraceptives

See the separate leaflet called Long-acting Reversible Contraceptives (LARCs).

Contraceptive injection

Long-term use of the progestogen-only injection can be associated with a reduction in the strength (density) of your bones. However, this returns to normal after stopping using the injection. Bones become thinner after the menopause, so this may be a factor for you and your healthcare professional to consider when choosing your contraception.

The contraceptive injection is usually stopped when you reach the age of 50 years and another method of contraception should then be used.

Contraceptive implants

The contraceptive implant (Nexplanon®) can be continued until you reach the age of 55 years, after which time you will no longer need to use contraception. If you think you have had your menopause before this, some blood tests may help to confirm this. If you have become menopausal then the implant can be removed one year after if you are over 50 years, and two years after if not.

The implant has not been shown to increase your chances of having a blood clot (thrombosis) or to cause bone thinning. It may be a good option for women who might avoid other forms of contraception which do have these risks.

Intrauterine contraceptive device

The intrauterine contraceptive device (IUCD) lasts for up to ten years, so may be a good option when you have completed your family. If you have an IUCD inserted when you are aged 40 years or over, this can remain in place until you have gone through the menopause and no longer require contraception. That is, for one year after your periods stop if you are aged over 50 years, or two years after your periods stop if you are aged under 50 years. So in some cases when it is fitted after the age of 40, it can last for more than ten years.

Intrauterine system

The hormone-releasing intrauterine device called an intrauterine system (IUS) can be continued until you reach the age of 55 years, after which time you will probably no longer need to use contraception. If you have an IUS put in at the age of 45 years or older, you may be able to keep it longer than the usual five years before removing it.

The IUS can also be used as a part of hormone replacement therapy (HRT) in some women. This may be particularly useful around the start of the menopause.

Sterilisation - a permanent method of contraception

See the separate leaflet called Sterilisation for more information.

You and your partner may have decided that you would like a more permanent method of contraception. Sterilisation involves an operation. It is more than 99% effective; however, even sterilisation can fail. Options include:

- Male sterilisation (vasectomy)
- Female sterilisation

Can I still use emergency contraception?

Emergency contraception can be used at any time if you had sex without using contraception. Also, it can be used if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills. Options include pills or an IUCD and are suitable for most women between the age of 40 and the menopause.

Can hormone replacement therapy be used for contraception?

As hormone replacement therapy (HRT) contains very low levels of hormones, it does **not** work as a contraceptive. Unless you went through the menopause (had no period for one year if aged over 50 years or for two years if aged under 50 years) before you started HRT, you should use contraception until you are aged 55 years.

If you are taking HRT but still need contraception then you can take the POP or have an IUCD or IUS inserted. Alternatively, many women choose to use barrier methods of contraception. As above, the IUS can be used as part of your HRT (you still need the oestrogen, but the IUS provides the progestogen part) so is a good option if you need contraception *and* HRT.

Contraception should be discussed soon after giving birth. Until your baby is 21 days old you cannot become pregnant. After that you will need contraception. There are many choices available for women. If you feel your family might be complete, long-acting methods or sterilisation should be discussed. If you want to have more children, choose an option that is easily stopped so your body can return to normal.

When will I be fertile again?

The time for fertility to return is very variable between women. It is important not to take any risks, if you do not want to become pregnant again. Therefore, you should decide on the type of contraception you are going to use as soon as possible after having a baby. You will need contraception from 21 days after your baby is born.

Your periods usually return about four to ten weeks after your baby's birth if you are bottle-feeding, or combining breast and bottle. If you are breastfeeding then your periods may not start until much later. For some women this might be after you have stopped breastfeeding.

How soon can I have sex again?

You can have sex as soon as you and your partner feel ready to. Some people find it takes a while to feel ready, both physically and emotionally. If you have had stitches, these are usually dissolvable so will not need removing. If you are having any discomfort from these then you should see your doctor or midwife. Some women find they need to use some vaginal lubricant if they feel more dry than normal.

Where can I get contraception from?

If you had your baby in hospital, you might have discussed contraception with your midwife before you were discharged home. You will also be asked about contraception at your six-week (or eight-week) postnatal check. You can discuss it at any time with your health visitor, midwife, GP or local family planning clinic.

Is breastfeeding an effective contraceptive?

When you breastfeed, a hormone called prolactin is produced by your body, which stimulates the production of your milk. Prolactin also blocks the release of the hormones which make you produce an egg. This means that you are less likely to become pregnant whilst you are breastfeeding.

You can use breastfeeding (the lactation amenorrhoea method) for contraception if you are:

- Fully breastfeeding, meaning:
    - Your baby is not having any solids or any other liquid; **or**
    - You are nearly fully breastfeeding - you are mainly breastfeeding and only giving your baby other liquids very infrequently.
    - You are feeding at least every four hours during the day and at least every six hours at night;
- AND not having periods.
- AND six months or less since having your baby.

Less than 2 women in every 100 using this will become pregnant within those six months. This method is less reliable once you start dropping feeds, particularly night feeds. When you stop fully (or nearly fully) breastfeeding, you can become pregnant. Many women decide to use some contraception in addition to breastfeeding, to reduce their risk of an unplanned pregnancy. There are methods available that will not affect your ability to produce milk.

How effective is contraception?

All the methods of contraception listed below are effective, but none is 100% reliable. Reliability of each method is written in terms of how many failures there are for each 1,000 women using it. For example, between 2 and 60 women in 1,000 women using the contraceptive injection for a year will become pregnant. When no contraception is used, more than 800 in 1,000 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. You have to use them properly or they are less effective. For example, 3 women in 1,000 using the 'pill' perfectly for a year will become pregnant. Nearer to 90 women in 1,000 using the pill normally or typically (ie **not** perfect usage) will become pregnant. Examples of 'not perfect use' might be missing a pill or being sick (vomiting). In these situations it becomes less effective. Other 'user-dependent' methods include barrier methods, the progestogen-only pill (POP) and natural family planning.

Some methods are not so 'user-dependent' and need to be renewed only infrequently or never. These methods include the contraceptive injection, contraceptive implant, intrauterine contraceptive devices (IUCDs), and sterilisation.

What are the different methods of contraception?

When you choose a method of contraception you need to think about:

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- Whether or not you are breastfeeding.
- If you have a medical condition, or take medicines that interact with the method.

The types of contraceptives can be divided into short-acting, long-acting and permanent. If you are planning on having another baby in the next year or so then you should consider a short-acting contraceptive.

See the separate leaflets on each method for more details.

Short-acting contraceptives

Combined oral contraceptive (COC) pill

The COC is often just called 'the pill'. It can be started from 21 days after the birth if you are not breastfeeding. Previous guidance stated that you should not use combined hormonal contraceptive (CHC) methods until your baby is 6 months old, if you are breastfeeding. This was because it was thought to affect your milk supply. Research has shown this is not the case. Generally, if you wish to use CHC methods such as the pill, patch or vaginal ring, the benefits to you will outweigh the risks.

Progestogen-only pill (POP)

The POP used to be called the 'mini-pill'. It is commonly taken if CHC methods are not suitable, such as in breastfeeding women, smokers over the age of 35 and some women with migraine.

The POP can be started from 21 days after the birth. It is safe for women who are breastfeeding. Studies have shown that a very small amount of the hormone can be present in breast milk but that it does the baby no harm.

Contraceptive patch

This contains the same hormones as the COC, but in patch form. It is as effective as the COC pill at preventing pregnancy. It can be started from 21 days after the birth if you are bottle-feeding. It may be used after six weeks when you are breastfeeding, as the benefits generally outweigh the risks.

The contraceptive vaginal ring

The contraceptive vaginal ring is a flexible plastic ring which you put into your vagina. It contains similar hormones to those in the COC pill. It can be used from 21 days after your baby is born if you are bottle-feeding. You may be able to use this method after six weeks if you are breastfeeding, as the benefits generally outweigh the risks.

Barrier methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the womb (uterus). You can use male and female condoms as soon as you feel ready to have sex.

Natural methods

Natural family planning involves fertility awareness. There is a great variation in how effective it is because it depends on the user doing it right.

The lactation amenorrhoea method is suitable for the first six months after having a baby, if you are only breastfeeding and do not have a period. 2 women in 100 will conceive during those six months using this method.

Long-acting contraceptives

These are more suitable for women who do not want to get pregnant again or for a few years.

Contraceptive injection

The contraceptive injection contains a progestogen hormone which slowly releases into the body. It is very effective. It is usually recommended that you wait until six weeks after the birth to start the contraceptive injection because you may get heavy and irregular bleeding. However, it is possible to start it earlier if there are no other alternatives for you.

Contraceptive implant

The contraceptive implant is a small device placed under the skin. Each implant lasts three years. The implant can be put in from 21 days after the birth of your baby.

Intrauterine contraceptive device (IUCD)

The IUCD is a small device made of plastic and copper which is put into the womb. It lasts 5-10 years, depending on the type. An IUCD can be fitted from four weeks after giving birth.

Intrauterine system (IUS)

The IUS is a plastic device that contains a progestogen hormone. It is put into the womb, and lasts for five years. An IUS can be fitted from four weeks after giving birth.

Sterilisation - a permanent method of contraception

This involves an operation. It is very effective but this can vary from surgeon to surgeon. Male sterilisation (vasectomy) stops sperm travelling from the testes. Female sterilisation prevents the egg from travelling along the Fallopian tubes to meet a sperm. These methods are often used when your family is complete. You should be sure of your decision, as they are difficult to reverse.

If you have your baby by caesarean section, the surgeon may sometimes sterilise you at the same time. This is only done if you are very sure of your decision. Or you can return later when you and your partner have decided.

Can I still use emergency contraception after having a baby?

Emergency contraception can be used at any time if you had sex without using contraception. Also, if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.

There are two types of emergency contraception:

- **An IUCD** - inserted by a doctor or nurse, can be used for emergency contraception up to five days after unprotected sex. It can be used from four weeks after the birth of your baby. This is the more effective method of emergency contraception.
- **Emergency contraception pills**. An emergency contraception pill works either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb (uterus). They can be used from 21 days after the birth of your baby. You take it as one single pill. There are two types of emergency contraceptive pills:
    - Levonelle® must be used within 72 hours (three days) of unprotected sex. It can be used when you are breastfeeding. It can be bought at pharmacies or prescribed by a doctor.
    - EllaOne® can be used up to 120 hours (five days) after having unprotected sex. You should not breastfeed for a week after using ellaOne®. It can be prescribed by your doctor or at a family planning clinic.

You will not need emergency contraception if you have unprotected sex within 21 days of having your baby. You cannot get pregnant so soon after childbirth.

Further reading & references

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