About are different methods with a doctor or nurse.

Two methods of contraception specifically for men find out more about each one so that you can choose from and it's worth taking the time to hormonal contraception.

Over 50. This advice may be different if you're using the menopause. This is two years after last having a period if you're aged under 50, or one year if aged 50.

This leaflet shows the available contraceptive methods, explains how they work, how effective they are and the main advantages and disadvantages. The information is based on independent research.

Figure sizes are given for perfect-fit and loose sizes.

Perfect fit uses the medical method correctly and consistently.

Corrective size uses the medical method correctly, but not consistently.

Corrective size uses the medical method incorrectly.

Some of the things you might want to think about are:

Whether you (or a partner) want to become pregnant fairly soon, many years away or not at all

What if I get pregnant?

If you're pregnant you need to think about what you want to do. You can choose to:

Continue with the pregnancy and be a parent

End the pregnancy by having an abortion

Adoption.

If you think you might be pregnant, a pregnancy test is 21 days after unprotected sex. However, it isn’t as effective as using other methods of contraception regularly and should not be used to protect you from sexually transmitted infections.

Sexually transmitted infections

If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

Male (external) and female (internal) condoms, which provide a barrier to the sperm and semen.

Spermicidal foam or jelly, available with a prescription or to buy from a pharmacy in England at www.brook.org.uk and in Northern Ireland at www.fpa.org.uk

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly.

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This booklet is produced by the sexual health charity FPA, registered charity number 887632. FPA does not run the Sexual Health Line. Information Leaflet which provides detailed information and advice on contraception to be used by doctors and practice nurses can only give you general information. The doctor or nurse providing contraception and other health care workers are usually based on independent research. Figure sizes are given for perfect-fit and loose sizes.

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### Methods with no user failure – methods that don’t depend on you remembering to take or use them.

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrauterine system (IUS)</td>
<td>98%</td>
</tr>
<tr>
<td>Contraceptive patch</td>
<td>99%</td>
</tr>
<tr>
<td>Diaphragm/cap with spermicide</td>
<td>92%–96%</td>
</tr>
<tr>
<td>Condoms (male/external)</td>
<td>91%</td>
</tr>
<tr>
<td>Combined pill (COC)</td>
<td>99%</td>
</tr>
</tbody>
</table>

### Methods with user failure – methods you have to use and think about regularly or each time you have sex. Must be used according to instructions.

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
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<tbody>
<tr>
<td>The injection (Depo-Provera, Medranol, Ovyro or Depo-400)</td>
<td>99%</td>
</tr>
<tr>
<td>Periods and fertility may take up to 20 days after the injection</td>
<td></td>
</tr>
<tr>
<td>You don’t have to think about it for as long as it works and for any side effects may continue after the injection.</td>
<td></td>
</tr>
</tbody>
</table>

### How it works
- **Intrauterine system (IUS):**
  - Works by releasing a hormone (in the case of a progestogen type or mirena) or a copper device (in the case of a copper device like ttc or ftre)
  - Prevents fertilisation by making the lining of the uterus too thick for the fertilised egg to attach
  - The hormone thickens cervical mucus to prevent sperm reaching the egg
  - The copper device makes the sperm less mobile

### Side effects
- **Intrauterine system (IUS):**
  - Light spotting or bleeding
  - Periods may stop, or be irregular
  - Bleeding may be heavier or longer
  - Amenorrhea
  - Mood changes
  - Breast tenderness

### Insertion and removal
- **Intrauterine system (IUS):**
  - Insertion can be uncomfortable
  - May be advised before an IUS is put in
  - Sometimes a local anaesthetic may be needed
  - Insertion can be difficult for women with an infected womb
  - The IUS can be made of ttc or ftre
  - The IUS can be removed at any time
  - When the IUS is removed your periods and fertility will return to normal
  - You don’t need to think about it for any side effects

### Contraceptive patch
- **How it works:**
  - Releases the hormone
  - Periods may stop, or be irregular
  - May slip off or split if not used correctly or is the wrong size or shape.
  - You may need a different size after you’ve had a baby, miscarriage or more than 3kg (7lb) in weight.

### Contraceptive ring
- **Effectiveness:**
  - Up to 99% effective if used according to instructions (perfect use); 2 in 100 women will get pregnant in a year.

### Combined pill (COC)
- **Effectiveness:**
  - Up to 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 pill users will get pregnant in a year.
  - Most people get their periods every 28 days.

### Progesterone-only pill (POP)
- **Effectiveness:**
  - Up to 99% effective if used according to instructions (perfect use).

### Condoms (male/external)
- **Effectiveness:**
  - Up to 99% effective if used according to instructions (perfect use) – with typical use, around 91% effective.

### Diaphragm/cap with spermicide
- **Effectiveness:**
  - Up to 99% effective if used according to instructions (perfect use) – with typical use, around 91% effective.

### Contraceptive patch
- **Effectiveness:**
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### Contraceptive ring
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### Condoms (male/external)
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### Natural family planning
- **Effectiveness:**
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### The injection (Depo-Provera, Medranol, Ovyro or Depo-400)
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