
Contraception - choices

Summary

- You can discuss your contraception options with a GP or health nurse. Different methods may suit you at different times in your life.
 - Methods of contraception that are available include: implants, intrauterine devices (IUDs), injections, pills, vaginal rings, barrier methods, sterilisation, emergency contraception and natural methods.
 - Condoms provide the best available protection against sexually transmissible infections (STIs).
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There are many contraceptive methods available in Australia, including implants, intrauterine devices (IUDs, both copper and hormonal), injections, pills, vaginal rings, barrier methods (male and female condoms and diaphragms), female and male sterilisation, emergency contraception and natural methods (natural family planning).

Choosing the right contraception for you

When you are choosing the method of contraception that is right for you, it is important to have accurate information and to talk openly about your options with any partner. It is also important to think about how well each method works, the possible side effects, how easy it is to use and how much it costs.

The method you choose will depend on a range of factors, such as your general health, lifestyle and relationships, your risk of getting a sexually transmissible infection (STI) and how important it is for you not to get pregnant.

Some methods require more effort than others. You will need to think about which option best suits you. For example, if you choose oral contraception, you will need to remember to take a pill every day, whereas if you choose the contraceptive implant, it can last for up to three years. It is important to weigh the pros and cons and think about how each method meets your current and future needs. It can help to talk about your options with a GP or reproductive health nurse.

Contraceptive protection from STIs

As well as preventing an unintended pregnancy, it is also important to practise safer sex. Not all methods of contraception give protection from STIs. The best way to lessen the risk of STIs is to use condoms. Condoms can be used for oral, vaginal and anal sex to help stop infections from spreading.

Long acting reversible contraception

Long acting reversible contraception (LARC) gives safe, effective contraception over a number of years (how long varies, depending on the type). LARC includes the contraceptive implant and the copper and hormonal IUDs. IUDs are the most effective reversible methods available and require replacement less often than any other method.

Contraceptive implants

A **contraceptive implant** is a LARC method, available in Australia as Implanon NXT™. It is a small plastic rod that is placed under the skin of your upper arm. It slowly releases a low dose of the hormone progestogen, which stops your ovaries releasing an egg each month. You will notice a change to your period or it may stop altogether. The implant will last for three years. It can easily be removed and won't stop you from getting pregnant later on. It is safe to use if you are breastfeeding.

Contraceptive intrauterine devices (IUDs)

An **IUD** is a small contraceptive device that is placed in your uterus. An IUD is also a LARC method. There are two kinds of IUD:

- copper IUD (Cu-IUD) – lasts for 5 to 10 years

- hormone-releasing IUD – lasts for 5 years.

An IUD stops sperm from reaching and fertilising an egg. It also changes the lining of your uterus, so a fertilised egg won't embed in it.

An IUD can easily be removed by a doctor or nurse and won't stop you from getting pregnant later on.

The copper IUD may make your periods heavier and the hormonal IUD will make your periods lighter or stop them completely.

Both IUD types are safe in breastfeeding and are not affected by other medications.

Contraceptive injections (Depo)

The contraceptive injection (Depo-Provera™ or Depo-Ralovera™, also known as Depo) is a hormonal injection. It contains a progesterone-like hormone that is given every 12 to 14 weeks. This method stops ovulation and makes the fluid at the opening to the uterus thicker, stopping sperm from getting through. You will notice a change to your period or it may stop altogether.

The **contraceptive injection** is a very effective and private method of contraception. It can be used while breastfeeding and is not affected by other medications.

Combined contraceptive pills and vaginal rings

Combined hormonal contraception contains synthetic forms of the hormones oestrogen and progesterone. They stop ovulation and make the fluid at the opening to the uterus thicker, stopping sperm from getting through. They are available with a prescription as a **pill** (oral contraception) or a **vaginal ring** (NuvaRing™).

These methods are very effective (99.5 per cent) if used the right way but, allowing for missed pills or forgetting to put a new ring in on time, may only be 93 per cent effective. Both the combined pill and vaginal ring can be used to skip periods.

These methods are generally not recommended for those who are at risk of heart disease, such as people who smoke who are over 35 years of age

Combined pill

The **combined pill** is taken as a daily tablet. There are many types of combined pills with different doses and hormones.

Vaginal ring

The **vaginal ring** has similar hormones to the combined pill. A 'one size fits all' ring is put into the vagina and stays in place for three weeks. It slowly releases hormones that move from the vagina into the bloodstream. After this three-week period, the ring is taken out and a new ring is put in one week later. It is as easy to put in as a tampon and saves having to remember to take a pill every day.

Mini pill

The **mini pill** contains a synthetic form of only one hormone, progesterone. It makes the fluid at the opening to the uterus thicker, stopping sperm from getting through.

The mini pill may not be as effective as the combined pill, particularly in younger users. It needs to be taken every day at the same time. It usually suits those who either have side effects when they take oestrogen or cannot take oestrogen for health reasons. The mini pill can be used while breastfeeding.

Barrier methods of contraception

Barrier methods of contraception stop sperm from getting into the uterus. Options include:

- **male condom**
- **female condom**
- **diaphragm**.

Male and female condoms also lessen the risk of STIs. Condom methods can be very effective if used the right way every time you have sex.

Male condom

The male condom is a latex (or non-latex) covering that is put over the erect penis, stopping sperm from getting into the vagina. The method is 98 per cent effective if used the right way. This means using a condom every time you have sex and putting it on before there is any contact between the penis and vagina.

Male condoms are not as expensive as other methods and are available from pharmacies without a doctor's prescription, as well as from supermarkets, sexual health clinics and from vending machines in some areas.

Female condom

The female condom is a loose non-latex pouch with a flexible ring at each end that sits in the vagina, stopping sperm from getting into the uterus. It can be put in several hours before having sex and is stronger than the male latex condom. Using this method may take some practice. If the female condom is used the right way every time you have sex, it is 95 per cent effective.

Female condoms are available from Family Planning Victoria (by mail order) and some retail outlets and sexual health clinics.

Diaphragm

The single size diaphragm is available in Australia as Caya™. It is a soft, shallow, silicone dome that fits in the vagina. It covers the opening to the uterus, stopping sperm from getting through. The diaphragm needs to stay in place for at least six hours after having sex.

The diaphragm can be bought online from some family planning clinics and pharmacies. The single size diaphragm will not fit about 15 per cent of users. It is recommended that you see a doctor or nurse to check that the diaphragm is a good fit for you. If used the right way, this method is 86 per cent effective.

Permanent methods of contraception

Sterilisation is a permanent method of contraception that involves having a surgical procedure. It is a very effective method of contraception.

Female sterilisation – tubal ligation

Tubal ligation, known as 'having your tubes tied', involves minor surgery where a clip is put on each fallopian tube under general anaesthetic.

Male sterilisation – vasectomy

Vasectomy involves cutting the tubes that carry sperm to stop sperm from moving from the testes to the penis. It can be performed under local or general anaesthetic.

Natural methods of contraception

Natural methods or fertility awareness methods of contraception include rhythm, symptothermal, cervical mucus observation and basal temperature methods. They are based on you monitoring your bodily signs daily (or more than once a day, depending on the method), such as changes to your body's temperature and to your vaginal fluid. This is to determine when you are potentially fertile during your menstrual cycle.

Practising natural methods of contraception requires you to abstain from (not have) sex when you could get pregnant. Depending on your menstrual cycle, you may need to abstain from sex for up to 16 days.

Fertility awareness methods are not recommended in some circumstances – for example if you:

- have a fever, vaginal infection or polycystic ovary syndrome
- regularly travel through different time zones
- are under stress.

The effectiveness of natural family planning varies, depending on which method or combination of methods is used.

Emergency contraception

There are various types of **emergency contraception** that you can use after unprotected sex.

Copper IUD

The copper IUD is the most effective method of emergency contraception. It can be inserted within five days of unprotected intercourse or, if the date of ovulation can be estimated, up to five days after ovulation, in women for whom they are suitable.

Another advantage of copper IUDs is that they can provide effective contraception for at least five and up to 10 years.

Emergency contraceptive pill

Sometimes called the 'morning after pill', the emergency contraceptive pill should be taken as soon as possible after unprotected sex for maximum effectiveness. It is not 100 per cent effective in preventing pregnancy.

There are two types of emergency contraceptive pill, both available at pharmacies without a prescription:

- ulipristal (UPA-EC) is intended to be taken up to five days (120 hours) after unprotected sex
- levonorgestrel (LNG-EC) is intended to be taken up to four days (96 hours) after unprotected sex.

Ulipristal has been clinically demonstrated to be more effective than levonorgestrel in reducing the risk of pregnancy when taken up to five days (120 hours) after unprotected sex.

No prescription is required for either of these emergency contraceptive pills.

It is not recommended that you use emergency contraceptive pills as your usual method of contraception. Using a reliable form of contraception is the best protection against unintended pregnancy. Ask your GP or reproductive health nurse for advice.

Where to get help

- **1800 my options** can provide information on the phone about a range of private and public clinics and services Tel. **1800 696 784**
- Your **GP (doctor)**
- Reproductive health nurse
- **Pharmacist**
- Community health services and some hospitals have sexual health, women's health, sexual and reproductive health or family planning clinics which offer contraceptive services
- **Family Planning Victoria** – comprehensive sexual and reproductive health services for people of all ages Tel. **1800 013 952** or **(03) 9257 0100**
- Private clinics offering abortion also offer contraceptive services.

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