Birth Control/Contraception

UW Health works with women of all ages to help them determine the contraception methods that are most appropriate for them. There is no “one size fits all” when it comes to birth control—your provider will make suggestions based on your particular needs, your health and your preferences.

The majority of today’s birth control methods fall into two main categories: temporary, for women who wish to avoid pregnancy now but may want to get pregnant later, and permanent, for women who know for certain that they no longer are interested in pregnancy.

Temporary forms of birth control:

Hormonal methods

Hormonal methods are highly effective, but may take two to four weeks to cycle out of a woman’s body if she decides she would like to try to get pregnant. Common side effects are nausea, headaches, breast swelling, water retention, weight gain or depression. Women on hormone-based birth control are encouraged to avoid smoking.

Samples of hormonal methods include:

- **The Pill**: new variations of the Pill (Anya®, Lybrel®, Seasonale) are taken every day for 12 weeks, decreasing the frequency of a woman’s period to one every 3 months instead of one every month. Other brands of pills can be prescribed in this way too. There are no known negative effects of “skipping” periods. While some women enjoy this side effect, others prefer the reassurance of monthly bleeding.

- **The birth control patch**, (brand name Ortho Evra®) is a thin, beige, flexible adhesive square that is worn on the abdomen, buttock, upper outer arm, or upper torso for one week at a time. Once on, the patch releases hormones that are absorbed through your skin into the bloodstream. The patch stands up to daily activities such as exercise, showering, etc.

- **NuvaRing®**, a soft ring placed in the vagina, can be inserted at home and is effective for three weeks. It has the same effectiveness as the Pill, and the convenience of monthly, instead of daily, administration.

- **Hormone shots** as such Depo-Provera® work for three months, and are administered by your health care provider.

- A single rod implant called Implanon, placed just under the skin in the upper arm, is highly effective for up to three years, and is much simpler to insert and remove than previous birth control implants.
Barrier methods
Barrier methods are easier to stop using, but also have a lower rate of effectiveness. Barrier methods include condoms, diaphragms, cervical caps and sponges. Most of these are available over the counter.

Condom use is strongly encouraged, either alone or in addition to another form of birth control, as it is the only form of contraception that also decreases the risk of sexually transmitted infections.

IUDs
Intrauterine devices (IUDs) are growing in popularity, as they are the most effective method of reversible birth control currently available. Modern IUDs are safe for most women, and have the advantage of convenient long-term contraception that lasts as long as or up to five to 10 years.

Emergency contraception
Emergency contraception (EC) can prevent pregnancy after unprotected vaginal intercourse. It is also called the “morning-after” pill, emergency birth control, or backup birth control. EC must be started within five days after unprotected intercourse to reduce the risk of pregnancy. The sooner it is started, the better. EC contains hormones found in birth control pills. Plan B® is a brand of hormone pills approved specifically for emergency contraception. It is available over the counter. Certain birth control pills may also be prescribed for use as emergency contraception. EC will not cause an abortion or affect an existing pregnancy. IUDs can also be used as emergency contraception if inserted within seven days after unprotected intercourse.

Natural family planning
Natural family planning is an option for couples with personal objections to other forms of contraception. There are three main forms of natural planning:

- **The ovulation method**, which examines the woman’s cervical mucus to determine how close she is to ovulating. When a woman is more likely to get pregnant, her mucus is stretchy and clear.
- **The symptothermal method**, during which a woman takes her temperature daily. A slight rise indicates ovulation and a higher likelihood of pregnancy.
- **The rhythm method**, which is based on a calendar of previous menstrual cycles. This is the least reliable of the three, as it does not account for the common fluctuations that most women experience. However, women with reliable, standard menstrual periods can predict ovulation 14 days before their next period begins.

When done correctly, natural family planning using the ovulation or symptothermal method has a 90-95% effectiveness rate. Because there are a lot of details involved in this method, many couples choose to attend natural family planning training.

Permanent options to prevent pregnancy:
For women who know they do not ever want to get pregnant, or those who know they are done having children, two surgical options for permanent birth control are available. A tubal ligation performed through two small skin incisions provides immediate contraception. A new alternative to tubal ligation provides permanent birth control without the need for incisions. This method, called Essure, involves inserting spring-like coils called micro-inserts into your fallopian tubes, where they form a scar, or barrier, that prevents sperm from reaching the egg. An X-ray is required three months later to confirm blockage of the tubes has occurred. Both methods are extremely effective.