

Contraception: Choosing the Right Method for You

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What's available?

Choosing a method of contraception can be overwhelming. The most commonly used methods of reversible contraception in the United States are:

- hormonal methods
- the intrauterine device (IUD)
- the implant
- barrier methods (e.g. male condom)¹

Friends, family, and the Internet are full of stories of failed contraception or bad reactions and these stories can have a big influence that doesn't always line up with the facts.² However, knowing these facts is critical to figuring out what type will work best for you.



Highly Effective Contraception

The best place to start in choosing your contraception is to determine when, if ever, you are planning on starting a family. If you do not wish to become pregnant in the next year, a Long-Acting Reversible Contraceptive (LARC) device may be a good option.

LARCs include an implant placed under the skin of the upper, inner arm (brand name Nexplanon) and the IUD. IUDs are placed inside the uterus (see Figure 1). They use copper (brand name ParaGard) or hormones (brand names: Mirena, Liletta, Skyla, Kyleena) to stop a pregnancy from happening. LARCs are the most effective reversible form of contraception. Less than 1% of users experience unintended pregnancy during the first year of use.³ Currently, the implant Nexplanon is effective for 3 years. The hormonal IUD may be used for 3 to 5 years, depending on the brand. The copper IUD works for 10 years. These devices are inserted and removed by a medical care provider.

Both the implant and hormonal IUD contain a type of the pregnancy hormone progesterone. This hormone is called the pregnancy hormone because it supports and sustains the uterine lining for pregnancy. A progestin hormone is any chemical relative of progesterone. These are often used in any form of hormonal contraception.

Intrauterine Device (IUD)

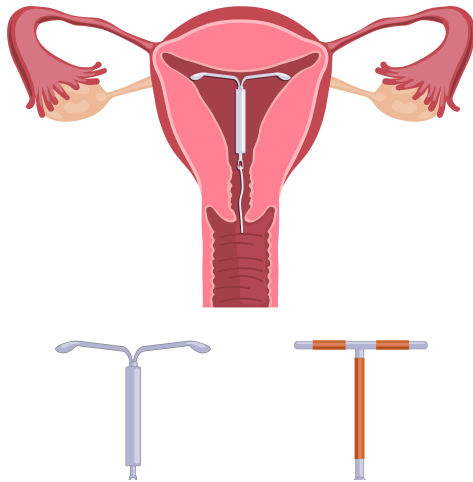


Figure 1

Women using LARC devices containing progestin often experience changes in their menstrual bleeding. Up to 70% of women using the Mirena IUD have lighter periods after one year of use, and one in five women will stop having a period all-together.^{4,5} Not having a period is not bad for a woman's health or the uterus. It has no effect on the ability to have a baby in the future. The Nexplanon typically causes lighter periods; however, some women report heavier menstrual bleeding for the first few months using the device.⁶

Like LARCS, the contraceptive injection (brand name Depo-Provera) has another form of progestin. It does not last as long. The injections are placed just under the skin in the hip or arm every three months. Common side effects of the injection are:

- ✦ irregular menses
- ✦ weight gain
- ✦ headaches
- ✦ decreased bone density
- ✦ lighter periods or no periods

Moderately Effective Contraception

After LARCs and the injection, the next most effective form of birth control is the oral contraceptive pill (also known as "the pill"). The pill is great for women who can remember to take a pill each day. Many types of the pill include a type of estrogen. Estrogen-type hormones build-up the lining of the uterus and are the dominate hormone when a premenopausal woman is not pregnant or even ovulating.

Taking oral estrogen stimulates the body's clotting mechanism, so women with the following history should not use a type of contraception with estrogen:

- ✦ history of high blood pressure

- history of migraines with visual changes (called an “aura”)
- a personal or family history of blood clots
- women who smoke tobacco products who are over the age of 35

There are 2 types of birth control that deliver hormones through the skin. The patch (brand name Xulane) and vaginal ring (brand name NuvaRing) are as effective as the pill.⁷ The patch can be placed on the back, abdomen, upper outer arm, or buttocks. It is kept on for three weeks and then off for one week. During the one week off, you will get your period. After the week, a new patch is placed for another three weeks.



Similarly, the ring is placed in the vagina for three weeks and then taken out for one week. When it is out, you will get a period. Like the patch, after 1 week, a new ring is inserted. The ring can be removed for intercourse but it should not be removed for more than three hours at a time and should not be removed more than once in a 24-hour period.

Least Effective Contraception

Barrier methods, such as the male condoms, are less effective than LARCs and hormonal methods of birth control. In fact, after one year of using condoms to prevent pregnancy, nearly 1 in 5 women will become pregnant. For this reason, condoms are best to prevent sexually transmitted diseases. Using condoms with a LARC, the “pill” or patch is a good strategy.



Last but not least, there is the natural family planning method. In this method, a woman is aware of her ovulation, cervical mucus (vaginal secretions) and basal body temperature. Typical use of this method will lead to pregnancy in one in four women. It may work better for women with very regular menstrual cycles. The best way to determine

when you are ovulating is tracking your menstrual period for a year. The first day of your cycle is the first day of your menstrual period. The last day of your cycle is the final day before your next menstrual period. Once you have recorded menstrual cycles for a

year, then subtract 18 days from the shortest cycle and 11 from your longest cycle. These two numbers are days between which you should not have intercourse as you may be ovulating (releasing an egg) and could become pregnant. Other ways to figure out if you are ovulating is by inspecting the cervical mucus or following your body temperature. An increase in thin, clear cervical discharge and a slight increase in body temperature may mean you are ovulating.

What should I do next?

It is important to understand your health insurance plan before scheduling your appointment to talk about contraception. The Affordable Care Act mandates that all private health insurance provide free contraception. Most Medicaid programs cover LARC device insertion and removal. Some academic medical centers will provide free LARC devices to patients who qualify. For patients who have difficulty making it to the doctor's appointment, it is important to know whether 1 or 2 appointments are needed to start contraception. Some clinicians view the first appointment as a "counseling" appointment to evaluate for STDs and discuss possible contraceptive methods. Call ahead to your clinician to find out.

After you have started your new form of contraception you may experience some side effects. It is a good idea to give your new method of contraception at least a three-month trial period. If after three months, you still have side effects or are not satisfied, it may be time to try another form of contraception. If you experience heavy bleeding, pain with your period, or pain with intercourse, it is always important to contact your medical care provider and make them aware.

Above all else, remember that contraception is a personal decision and your best source of guidance is from your medical care provider or the reliable resources featured in this article.

Take Home Points:

- 🌱 Women who use Long-Acting Reversible Contraception devices (LARCs) like the implantable rod (Nexplanon), hormonal IUD (Mirena, Liletta, Skyla, Kyleena), or copper IUD (ParaGard) have a less than 1% chance of becoming pregnant within one year of insertion.
- 🌱 LARC devices must be inserted and removed by a medical provider and are approved for 3 to 10 years of years depending on method.

- The implantable rod may be used three years.
- The hormonal IUD Mirena may be used for five years
- The hormonal IUDs Liletta, Skyla, and Kyleena are currently approved for three years of use.
- The copper IUD ParaGard may be used for up to 10 years.
- ✔ Women using methods of contraception with progesterone may have lighter periods, irregular periods, or no periods at all.
- ✔ Methods of contraception containing estrogen, like the birth control pill, patch, and vaginal ring, should not be used in women with high blood pressure, migraines with visual changes, a personal or family history of blood clots, and smokers over the age of 35.
- ✔ Barrier methods like the male condom are less effective than LARCs and hormonal forms of birth control. They are best used with more effective methods of contraception for preventing sexually transmitted diseases.
- ✔ Natural family planning requires a significant amount of self-awareness and careful monitoring.
- ✔ Be sure to contact your medical provider's office prior to your visit for contraception to find out if you will need 1 or 2 office visits to begin contraception.

Recommended Resources:

To compare methods of contraception or learn about additional forms of contraception not covered in this article, we recommend visiting the website <https://www.bedsider.org/>

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No conflicts of interest to report



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