



Contraception Methods

Type	How it works	Effectiveness	Safety/risks	Benefits	Disadvantages	Lactation	Contraindications
Abstinence	No sexual contact, celibacy	100%	Completely safe	No cost, natural, no risk of STI	Requires no sexual contact	No impact	N/A
Nonpenetrating sex, outercourse	No penetration	Up to 100%, typically 25-88%	Completely safe	No cost, natural	May be less sexually satisfying, does not protect against STI's	No impact	N/A
Lactation Amenorrhea Method (LAM)	Prevents ovulation	98-99.5% during the first 6 months	Completely safe	No cost, natural	Only effective if infant is 6 months or younger, exclusively breast/chestfed, no more than 4 hours between feedings, and parents menses has not resumed, does not protect against STI's	No impact	N/A
Fertility awareness,	Monitoring cycle and physical changes can help recognize fertile and unfertile days	76-98%	Completely safe	You are in control, no/low cost, natural	Must avoid intercourse during certain days of the month, must be diligent in keeping track, unintended pregnancy can occur, does not protect against STI's	No impact	May be inaccurate for those with irregular periods
Withdrawal	Pulling out before ejaculation	73-96%	Completely safe	No cost, natural	Exposure to some sperm in pre-ejaculatory fluid, can be less satisfying, unintended pregnancy can occur, does not protect against STI's	No impact	N/A
Barrier, including mechanical and chemical	Prevents sperm from reaching cervical os, or kills sperm	60-93% depending on specific type Condom -87% Internal condom -79% Sponge - 78-86%	May cause allergic reaction for some people, local irritation of the vulva, vagina, or penis, all do	Extremely temporary, condom helps protect against STI's	Requires correct and consistent use for every act of intercourse, not covered by insurance	No impact	Those with known allergies or sensitivity

		Diaphragm – 87% Spermicide – 79-86% Cervical cap – 71-86% Vaginal film – 75%	not protect against STI's, sponge may cause toxic shock syndrome Diaphragm must be sized, increased risk for urinary tract infections				
Short acting reversible contraceptives (SARC) Hormonal COC/POP (oral, ring, patch, injection)	Suppresses ovulation	Oral CHC– 93% NuvaRing – 99% Annovera – 96-98% Xulane – 99% Norethindrone – 93% DMPA – 94%	COC - headaches and nausea. Increased risk of cardiovascular events such as stroke and myocardial infarction, and thromboembolic events such as deep vein thrombosis (DVT) POP - bleeding irregularities including amenorrhea, breast tenderness, acne, decreased libido, pruritus, mood changes, edema, and transient depression, which is usually mild. Increased risk of VTE DMPA - decrease in bone mass or bone mineral density.	Temporary, covered by most insurances,	Oral can have decreased effectiveness if high BMI, must be taken every day NuvaRing may need to be removed during sex Must replace patch regularly Lack of protection against STI's	Can decrease milk production especially early on, avoid for 3 weeks postpartum	COC – breast cancer, cirrhosis, DVT, diabetes, migraine with aura, hx of stroke, hypertension, heart disease, thrombogenic mutations, liver tumor, hx of bariatric procedure, over 35 and smoking, organ transplant, lupus, valvular disease, viral hepatitis, anticonvulsant therapy, antiviral therapy, IBS DMPA - breast cancer, cirrhosis, diabetes, migraine with aura, heart disease, liver tumor, rheumatoid arthritis POP - Breast cancer, anticonvulsant therapy, antiviral therapy, migraines with aura, hx of

			Patch – increased risk of VTE Ring - e headache, dysmenorrhea, and breast discomfort, vaginal irritation. Shot – allergic reactions, decrease in glucose tolerance, menstrual changes, irregular bleeding, weight gain, headaches, and delayed return of fertility, decreased bone density, increase susceptibility to STIs				bariatric procedure, heart disease, liver tumors, hx of stroke, lupus
Long-acting reversible contraception (LARC) IUD/IUS Subdermal implant	Hormones causing increased viscosity of cervical mucus, remodeling of the endometrial lining, and impaired tubal motility, sperm motility is impaired inhibiting fertilization of the ovum	More than 99% Nexplanon -3 years, Cu-IUD 10 years, LHG-IUS/Skyla 3 years, Mirena/Kyleena 5 years, Liletta 6 years	Bleeding changes, migration, uterine perforation, pelvic infection, greater incidence of ectopic pregnancy, expulsion	Eliminates user error, Good for 3-10 years depending on type, covered by most insurances, most effective	Strings are sometimes felt by partner, must be inserted by medical professional	No impact	IUD -Breast cancer, cervical cancer, uterine anomalies, PID, STD, post septic abortion or birth, pelvic tuberculosis, unexplained vaginal bleeding, anticonvulsant therapy, antiviral therapy, cirrhosis, migraine with aura, heart disease, liver tumors, organ transplant, hx of stroke, unexplained bleeding

	and suppression of ovulation. Releases hormones into the body to suppress ovulation						Implant - Breast cancer, cirrhosis, migraines with aura, hx of bariatric procedure, heart disease, liver tumors, organ transplant, lupus
*Copper IUD	Prevents fertilization by releasing ions into endometrial cavity	99% Cu-IUD 10 years		Non-hormonal, covered by most insurances, most effective, can be used for emergency contraception up to 5 days after unprotected sex	Uterine perforation, pelvic infection, greater incidence of ectopic pregnancy, expulsion	No impact	All IUD contraindications and allergy to copper, lupus, Wilson's disease, not indicated for those with menorrhagia
Emergency (pills. Copper IUD)	Prevents fertilization	93% Most effective when taken within 24-72 hours	Listed above	Listed above	Listed above	Listed above	Listed above
Permanent Vasectomy, Tubal ligation, Hysterectomy	Prevents sperm from exiting body, eggs from reaching uterus, or removes reproductive organs	99%	Same risks as other surgeries Does not protect against STI's	Permanent, covered by most insurances, never have to worry about prevention again	Surgery, risk of infection or hemorrhage Difficult or impossible to reverse	No impact	Contraindications minimal

References

Lim, R. (2001). After the baby's birth: A complete guide for postpartum women. (revised ed.). Celestial Arts.

King, T. L., Brucker, M. C., Osborne, K. & Jevitt, C. M. (2019). Varney's Midwifery (6th ed.). Jones & Bartlett Learning, LLC.

Marshall, J. & Raynor, M. (2014). Myles textbook for midwives (16th ed.). Elsevier Ltd.

Planned Parenthood. (2023). Birth Control. <https://www.plannedparenthood.org/learn/birth-control>

Tharpe, N. L., Farley, C. L. & Jordan, R. G. (2017). Clinical practice guidelines for midwifery & women's health (5th ed.). Jones & Bartlett Learning, LLC.