## How effective is my contraceptive method?

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive implant</td>
<td>99.95%</td>
<td>up to 3y</td>
<td>Permanent</td>
</tr>
<tr>
<td>Hormonal IUD</td>
<td>99.9%</td>
<td>up to 5y</td>
<td></td>
</tr>
<tr>
<td>Copper IUD</td>
<td>99.5%</td>
<td>5-10y</td>
<td></td>
</tr>
<tr>
<td>Tubal surgery</td>
<td>95.5%</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Vasectomy</td>
<td>99.5%</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Contraceptive injection</td>
<td>99.5%</td>
<td>up to 3y</td>
<td></td>
</tr>
<tr>
<td>Vaginal ring</td>
<td>93%</td>
<td>up to 5y</td>
<td></td>
</tr>
<tr>
<td>The Pill (COC)</td>
<td>99.5%</td>
<td>up to 5y</td>
<td></td>
</tr>
<tr>
<td>The Pill (POP)</td>
<td>99.5%</td>
<td>up to 5y</td>
<td></td>
</tr>
<tr>
<td>Condom external</td>
<td>88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom internal</td>
<td>79%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>82%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fertility awareness</td>
<td>76-93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulling out</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### In 1 year, what are my chances of getting pregnant?

- **>99%** (Set and forget)
  - Contraceptive implant
  - Hormonal IUD
  - Copper IUD
  - Tubal surgery
  - Vasectomy
  - Contraceptive injection
  - Vaginal ring
  - The Pill (COC)
  - The Pill (POP)
  - Condom external
  - Condom internal
  - Diaphragm
  - Fertility awareness
  - Pulling out

- **93-99%** (Works well if used perfectly every time)
  - Contraceptive implant
  - Hormonal IUD
  - Copper IUD
  - Tubal surgery
  - Vasectomy
  - Contraceptive injection
  - Vaginal ring
  - The Pill (COC)
  - The Pill (POP)

- **76-99%** (Less effective methods)
  - Contraceptive injection
  - Vaginal ring
  - The Pill (COC)
  - The Pill (POP)
  - Condom external
  - Condom internal
  - Diaphragm
  - Fertility awareness
  - Pulling out

**Used perfectly** – when the rules are followed perfectly EVERY time

**Used typically** – real life use where mistakes can sometimes happen (for example: forgetting a pill, condom not used correctly).

If you experience unwanted side-effects with your contraceptive method, it is important to seek medical advice from a health professional.

Without contraception around 80 in 100 women of reproductive age will get pregnant in a year.
Choosing the best contraceptive method for your individual circumstances depends on many factors

- how effective is it?
- how much does it cost?
- is it permanent or reversible?
- how long does it last?
- how often do I need to take it/use it?
- what are the side-effects and risks?
- does it have other benefits for menstrual periods or acne?
- do you have any medical conditions that affect what you can use?
- what is your personal preference?

How the efficacy figures were arrived at

It is difficult to give definitive figures for contraceptive efficacy, due to a diversity of populations studied and methods used. The figures have been derived by expert consensus using results from a variety of studies, selecting figures from studies which appear to be most comparable to Australian conditions.

References available on request

The hormonal IUD slowly releases a very small amount of progestogen hormone into the uterus and lasts for 5 years. It is on the Pharmaceutical Benefits Scheme and it is very cost effective after it has been inserted.

The copper IUD contains no hormones and lasts for 5 or 10 years depending on which type you choose. It is not subsidised by the government but it is still very cost effective after it has been inserted.

The contraceptive implant is a soft, flexible rod that is placed under the skin of the arm. It slowly releases a small amount of progestogen hormone and lasts for 3 years. It is subsidised by the government and it is very cost effective after it has been inserted.

Each of these LARC methods can be removed at any time; they are immediately reversible.