

CHOICES IN CONTRACEPTION

FACT SHEET

Contraception means prevention of pregnancy.

There are a number of different methods available.

Long Acting Reversible Contraceptives

Long Acting Reversible Contraceptives (LARCs) are a means of preventing pregnancy that need to be used less than once per month. LARCs are the most effective methods for contraception and are suitable for most women, but may have side effects. These methods do not protect against sexually transmitted infections.

Intra-uterine device (IUD): Mirena

This device is placed in the uterus and releases a small amount of progestogen. It is effective for 5 years.

- Although there may be some irregular bleeding and/or spotting at first, the device makes periods lighter and may stop them altogether.
- There are minimal side effects because the dose of hormone is small and works within the uterus.
- It is inserted by some GPs, gynaecologists (with a referral) and SHINE SA doctors.

Intra-uterine devices (IUD): Multiload and Copper T

The device is placed in the uterus. It affects sperm movement and prevents the implantation of the egg.

- Copper T is effective for 10 years and Multiload is effective for 5 years.
- Periods may be heavier or more painful.
- There are no hormones, so no hormonal side effects.
- It is inserted by some GPs, gynaecologists (with a referral) and SHINE SA doctors.

Contraceptive implant: Implanon

A progestogen implant that is placed in the upper arm and is effective for 3 years.

- Periods change and bleeding may become lighter, heavier, come when not expected or stop altogether.
- It may cause side effects, including weight gain, moodiness and pimples.
- The implant can be removed at any time.
- When the implant is removed periods and fertility return to normal immediately.
- The implant is inserted and removed under local anaesthetic by some GPs, gynaecologists (with a referral) and at SHINE SA clinics.

Shorter acting hormonal methods

These contraception methods use hormones to change fertility by stopping the release of the egg, blocking sperm, and changing the lining of the uterus. They are very effective when used correctly, but with typical use are less effective than LARC methods. These methods do not protect against sexually transmitted infections.

Injectable contraception: Depo Ralovera or Provera

A progestogen injection given regularly every 12 weeks.

- Periods usually stop while using this method.
- It may cause side effects, including irregular bleeding, weight gain, moodiness, and pimples; these have to be tolerated until the injection wears off.
- It may temporarily delay a return to normal periods and fertility after stopping the injections.

The Pill (combined oral contraceptive pill)

A pill that is a combination of progestogen and oestrogen, and is taken daily.

- It may make periods lighter, more regular and less painful.
- It may cause side effects such as headaches, nausea, breast tenderness and weight gain, although changing the type of Pill may help these problems.
- It may provide long-term protection against ovarian and uterine cancer.

Vaginal ring: NuvaRing

A soft plastic ring which is self-inserted into the vagina and slowly releases low doses of oestrogen and progestogen into the bloodstream. It is left in place for 3 weeks and taken out for a week.

- It may make periods lighter, more regular and less painful.
- It may cause side effects such as headaches, nausea, breast tenderness and weight gain.
- The risk of failure associated with diarrhoea and vomiting is avoided as the hormones don't have to go through the stomach.

Progestogen-only pill

A progestogen pill taken every day.

- It must be taken at a regular time every day.
- It may cause side effects, including irregular bleeding, weight gain, moodiness and pimples.

Emergency contraception (EC)

A progestogen tablet taken after unprotected sex.

- It should be taken as soon as possible after unprotected sex for maximum effectiveness.
- It may still be effective if taken within 5 days of unprotected sex.
- It is available over the counter at pharmacies, SHINE SA clinics and some hospitals.

Barrier methods

Barrier methods prevent semen from entering the uterus during sex.

Condom

A thin sheath of rubber that is placed on an erect penis before contact occurs between the penis and the vagina to prevent pregnancy. **Condoms also reduce the risk of sexually transmitted infections.**

- It is more effective when used with water-based lubricant to prevent friction and breakage.
- It is available at supermarkets, pharmacies, vending machines in public toilets, and SHINE SA clinics.
- The female condom is less readily available but can be purchased from SHINE SA, some pharmacies and online.

Diaphragm

A soft, dome-shaped rubber cap that is placed over the cervix.

- It must be inserted before sex and left in place for at least 6 hours following intercourse.
- It can be purchased at SHINE SA clinics or some pharmacies.

Fertility awareness based methods

These are methods which rely on identification of the fertile times of a woman's cycle.

Lactational amenorrhoea

During breastfeeding, hormonal changes in a woman's body stops ovulation and periods. This is only effective as long as the mother is fully breastfeeding day and night (not giving any formula or solids to the baby), has not had a period, and the baby is less than 6 months old. Breastfeeding women can also consider using many of the methods in this pamphlet to reduce the risk of pregnancy. Discuss this with your GP or SHINE SA.

Ovulation monitoring methods

These methods depend on choosing to have sex at those times of the month when the woman is not fertile to avoid pregnancy.

- The woman needs to monitor her own cycle.
- These methods require cooperation and education of both partners.

Permanent methods

Sterilisation: male vasectomy

Surgery to block the vas deferens (the tube that carries the sperm from the testes), so the sperm can not enter the cum.

- The procedure is performed under either local or general anaesthetic.
- It is not immediately effective, it requires about 20 ejaculations to become effective.
- It is considered permanent.
- It can be performed by some GPs or a surgeon (with a referral).

Sterilisation: female

This is a procedure blocking the tubes to prevent sperm getting to the egg. This can be done in two ways. Tubal ligation is a procedure where the tubes are closed off, usually by clips or rings, under general anaesthetic. Essure is a procedure where fine coils are inserted into the tubes under local anaesthetic.

- You need to see your GP for referral to a gynaecologist.
- Tubal ligation is more invasive, but is immediately effective.
- Essure is irreversible and takes 3 months to be effective.

Other methods

Withdrawal (not recommended)

Withdrawal is removing the penis from the vagina before ejaculation (cumming). This is unreliable because sperm can be present in the pre-cum.

CONTACT
SHINE SA

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Clinic & Counselling Appointments and General Enquiries

Tel 1300 794 584

Clinic locations and times are available at www.shinesa.org.au

Sexual Healthline

Tel 1300 883 793 **Country callers (toll free)** 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

National Relay Service

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