

Using the Quick Reference Guides

The Quick Reference Guides (QRG's) have been designed as a one page summary of each method of contraception. Each guide includes:

- Type of contraception
- How it works
- When to use it
- Things to know
- How effective it is?
- Who can use it?
- Where can you get it?
- Key messages
- Extra info

As a minimum you should expect the young people to retain the key messages on each type of contraception. A summary of the key overview information is provided over the next three pages.

Contraception -General

- Pregnancy occurs when a man's sperm reaches a woman's eggs (ova). Contraception tries to stop this happening by keeping the egg and sperm apart; by stopping egg production (ovulation) or by thinning the lining of the uterus/womb to stop a fertilised egg from implanting.
- Contraception is freely available in the UK from sexual health services and GP's. Most local areas have schemes where young people can access free condoms.
- Heterosexual sex without contraception presents a risk of pregnancy at any time during the menstrual cycle.
- [Emergency contraception](#) can be used up to five days after sex where no contraception was used or there is reason to think the contraception failed (e.g. sex without a condom, condom failure, missed contraceptive pill, or diarrhoea/vomiting when taking the contraceptive pill). Emergency contraception is more effective the earlier it is used.
- Contraception to prevent unplanned pregnancy needs to be used by sexually active heterosexual women until after the menopause.
- Young people should be encouraged to return to the providing service at any time if they have

Types of contraception

Contraception is divided into two types:

[Methods with no user failure](#) – these do not depend on remembering to take or use them.

[Methods with user failure](#) – these are methods that need to be used and thought about regularly or each time the person has sex. They must be used according to instructions. The best method of contraception for any individual will depend on health and circumstances. These may change over time depending on a range of factors, including: age; health; lifestyle; side effects; whether delaying, spacing or stopping having children.

There are 15 different methods of contraception, <http://www.nhs.uk/Conditions/contraception-guide/Pages/what-is-contraception.aspx#methods>, however none of the methods of contraception are 100% effective, which means the only guaranteed way of preventing conception is not to have sex.

- [caps](#)
- [combined pill](#)
- [condoms \(female\)](#)
- [contraceptive implant](#)
- [contraceptive injection](#)
- [contraceptive patch](#)
- [diaphragms](#)
- [intrauterine device \(IUD\)](#)
- [intrauterine system \(IUS\)](#)
- [natural family planning](#)
- [progestogen-only pill](#)
- [vaginal ring](#)

There are also two permanent methods of contraception:

- [female sterilisation](#)
- [male sterilisation \(vasectomy\)](#)

Things to consider when choosing contraception

Some questions to consider:

- Do you (or a partner) want to become pregnant fairly soon, many years away or not at all?
- [How effective are the different methods?](#)
- [Can you make contraception part of your daily routine?](#)
- [Would you prefer contraception that you don't have to remember to use/take every day?](#)
- [Are you comfortable inserting contraceptives into your vagina?](#)
- [Do you mind if your periods change?](#)
- [Do you smoke?](#)
- [Are you overweight?](#)
- [What if you can't use hormonal contraceptives?](#)
- [What if you can't use contraceptives that contain oestrogen?](#)
- [Are you taking medicines for other conditions?](#)

Your answers should influence your decision about what contraception to use. They will also change over the years as your lifestyle and relationships change. A trained health professional will advise on the clinical aspects of this decision, e.g. if there are any contraindications (a reason to withhold a certain medical treatment due to the harm that it would cause the patient) of certain medications and health conditions that would affect the choice of treatment.

Long acting reversible contraception (LARC)

Young people should be informed about all methods of contraception, including the benefits of long acting reversible contraception (LARC), which are methods that need to be administered less than once per menstrual cycle or month and are not dependent on remembering to take or use the method:

- [contraceptive implant](#)
- [intrauterine device \(IUD\)](#)
- [intrauterine system \(IUS\)](#)
- [contraceptive injection](#)

Each of these methods can be used by females of any age, including intrauterine methods, depending on suitability. LARC is very effective; the IUS has a failure rate of less than 0.1% and the sub-dermal implant has a failure rate of 0.05%. (NICE LARC Guideline 2005). In comparison, condoms used correctly (with perfect use) are considered to have a failure rate of 2%; however the actual failure rate is 15% due to incorrect/ineffective use. The most common contraceptive method, the oral contraceptive pill, has a failure rate of 0.3% with perfect use; however the actual

Sexually transmitted infections

Sex without using a condom presents a greater risk of getting a sexually transmitted infection (STI). Hormonal contraception prevents pregnancy but doesn't protect against STIs. Correct and consistent use of condoms in addition to another method of contraception is the only way to reduce the risk of STIs.

Young people should be informed about correct use of condoms and lubricants, different sizes, types and shapes of condoms, and how to access free condoms, STI screening and Emergency Contraception.

Young people are advised to get tested for STIs 2 weeks and 12 weeks after an incident of sex

Emergency Contraception

Young people should be made aware of the three different types of emergency contraception available, when they can be used, and how they can be accessed:

- emergency contraceptive pill, Levonelle
- emergency contraceptive pill, ellaOne
- emergency intrauterine device, (IUD)

Read more at <http://www.fpa.org.uk/contraception-help/emergency-contraception>

Age of Consent, Q&A

It is an offence for anyone to have any sexual activity with a person under the age of 16. However, the law is not intended to criminalise mutually agreed sexual activity between two young people of similar age and understanding unless it involves abuse, exploitation or harm. Under 13's are not legally able to consent to sex (Sexual Offences Act 2003) therefore someone in this age group who is sexually active and seeking contraception would be identified for a safeguarding referral.

Young people have the right to access free, confidential advice on contraception, sexual health and pregnancy choices, even if they are under 16.

• Do young people have to be 16 to use contraception?

No. Under 16's can get free, confidential advice and contraception. Health workers (nurses, doctors and pharmacists) working with those under 16, must comply with the [Fraser guidelines](#) which require them to check a young person is mature enough to understand the advice and any decisions made before contraception is prescribed or referrals for abortion made. Health workers will usually encourage a young person to talk to their parents or a trusted adult.

• Will parents/carers be told if a young person is given contraception?

Parents are not informed if a young person is given contraception as all contraception and sexual health services are confidential. If a health worker thinks there is a risk to a young person's health, safety or welfare they might need to share information with someone else. If confidentiality does need to be broken the health worker would usually discuss this with the

CONTRACEPTIVE INJECTION

"Depo-Provera" or "Noristerat"



Type of contraception

- Hormonal
- Progestogen only
- One of the long acting reversible contraception (LARC) methods

Things to know

- Must be given by a health professional
- Usually injected into the buttock
- Can affect bleeding patterns which may initially be unpredictable, however 2/3rds of women using this method will have no bleeding after one year
- Some women may experience a small weight gain of 3 kg (range 2-6 kg) after 2 years
- A small loss in bone density may occur, which usually recovers when the method is stopped. (No evidence women are at increased fracture risk)
- Does not protect against STIs

Where can you get it?

- Sexual Health Clinics
- GP Practices
- Some GUM clinics

How it works

An injection is given into a muscle (usually in the buttocks) slowly releasing hormones which:

- stop an egg being released from the ovaries each month (prevents ovulation)
- thin the lining of the uterus so a fertilised egg cannot implant
- thicken the mucus at the entrance to the uterus (the cervix) so sperm cannot enter and meet an egg

How effective is it?

- More than 99% effective as long as the injections are kept up-to-date
- Approximately 2 women in 1000 will become pregnant in a year

Key messages

- Effectiveness is not dependent on the user - you do not have to remember to take or use it when you have sex
- Can be used by most women
- Does not protect against STIs
- Lasts for 12 weeks for Depo-Provera or 8 weeks for Noristerat
- Women using this method should be reviewed every 2 years to reassess the benefits and risks

When to use it

- Injections are given every 12 weeks for Depo-Provera or every 8 weeks for Noristerat
- Another form of contraception needs to be used for the first 7 days after the first injection unless given within first 5 days of the menstrual cycle
- After stopping the injections, return to previous fertility can take up to 1 year

Who can use it?

- Suitable for most women – cannot be used before a woman has had her first menstrual cycle (menarche)
- A trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

DIAPHRAGM/CAP with SPERMICIDE



Type of contraception

- Barrier method
- Non-hormonal
- Has to be used with spermicide

Things to know

- Has to be inserted before sexual intercourse
- No hormonal side effects
- No serious health risks
- It's advised not to use the diaphragm during a period as this can present a theoretical risk of a toxic shock type event
- Some women are more prone to getting urine infections when using the diaphragm, thought to be because it exerts pressure on the urethra
- Does not protect against STIs
- Diaphragms/caps need to be changed and resized if you lose or gain 3 kg or more in weight, to ensure a correct fit

Where can you get it?

- Sexual Health Clinics
 - GP Practices
- But increasingly less popular and may not be widely available

How it works

- The diaphragm acts as a physical barrier to the uterus, preventing sperm from reaching the egg. The spermicide is used in addition to kill any sperm present inside the vaginal canal. Both must be used together for it to be an effective method of contraception
- The cap and diaphragm work in the same way but differ in size and shape

How effective is it?

- 94% effective if used as instructed
- 60 women in 1000 will become pregnant in a year
- However in the general population, this method is not always used as instructed, as it can be difficult to use and 120 in 1000 women will become pregnant in a year (88% effective)
- The cap is a variation of the diaphragm

Key messages

- This is a less effective method with a failure rate of 12% in real populations
- Not as effective as a long acting reversible contraception (LARC) method at preventing pregnancy
- You have to plan use before you have sex
- Does not protect against STIs

When to use it

- The diaphragm or cap is put in any time before sexual intercourse and must stay in for 6hrs after sex to be effective
- It can stay in place for up to 24hrs
- Spermicide needs to be re-applied to the diaphragm or cap every 3hrs and every time sex is to be repeated (regardless of the time since the last application)
- It can be washed and re-used and only needs replacing every 1-2 years (as long as it isn't damaged or your weight doesn't change by 3kg or more)

Who can use it?

- Suitable for most women
- A trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

EMERGENCY CONTRACEPTION



Type of contraception

There are 2 oral types and the IUD

- Levonorgestrel 'Levonelle' is a progestogen hormone
- Ulipristal acetate 'EllaOne' is a progesterone receptor modulator
- IUD (the copper coil) is a non-hormonal device fitted inside the uterus

Where can you get it?

The following places will provide 'Levonelle' Emergency Contraception, but may not all provide 'EllaOne':

- Free from GP Practices, Sexual Health Clinics, GUM clinics, most NHS Walk-In Centres, some Pharmacies, NHS Minor Injury Units, Hospital A & E Departments
- In addition 'Levonelle' can be bought from most Pharmacies from the age of 16 (approx £25)
- IUD (the copper coil) is available from:
 - Sexual Health Clinics
 - Some GP Practices
 - Some GUM clinics

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

How it works

- 'Levonelle' and 'EllaOne' are both types of hormonal contraception, taken as a single pill. The hormones in the pill prevent pregnancy by stopping or delaying the release of an egg, or by preventing a fertilised egg implanting in the uterus
- IUD (the copper coil) is a small non-hormonal device fitted inside the uterus. Copper kills the sperm directly, preventing pregnancy. The IUD should be left in place until pregnancy is excluded (i.e. until next period). It can also be left in place as ongoing contraception if desired

Key messages

- Emergency contraception has been inaccurately described as 'morning after contraception' but it can be used effectively up to 5 days after having unprotected sex
- It is best to see a health professional as soon as possible if you think you need emergency contraception so you can discuss all of the options available
- Does not prevent or treat STIs
- Having unprotected sex puts you at risk of STIs, so getting tested should be considered
- Oral methods of emergency contraception do not prevent against future risks of pregnancy – ongoing contraception is needed, which can be provided by a health professional

When to use it

- When an episode of unprotected sex has occurred in the last 5 days, for example:
 - when no contraception was used
 - when there are concerns over whether contraception was used properly e.g. missed pills, or condom put on too late
 - when there are concerns that the contraception might have failed e.g. condom split or diarrhoea and vomiting reducing the effectiveness of the Pill
- Emergency contraception can be used up to 5 days after having unprotected sex. It is best to see a health professional as soon as possible if you think you need emergency contraception so you can discuss all of your options

How effective is it?

It is difficult to give precise information on the effectiveness of emergency contraception however:

- The IUD (the copper coil) is the most effective in preventing pregnancy, with a failure rate of less than 1%
- The oral methods are less effective than the IUD, but may be more acceptable to women and likely to be more easily available
- Different oral preparations will be recommended on an individual basis



CONTRACEPTIVE IMPLANT

“The Sub Dermal Implant”



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Type of contraception

- Hormonal
- Progestogen only
- One of the long acting reversible contraception (LARC) methods

Things to know

- The Implant is highly effective
- It lasts for 3 years
- Not associated with weight gain or mood changes
- Fertility usually returns to previous levels once removed
- About 20% of women will have no bleeding and about 50% will initially have unpredictable bleeding. Where this occurs, a combined contraceptive pill can be used in parallel until bleeding patterns settle down
- It can only be fitted and removed by a specially trained health professional
- When fitted or removed, a local anaesthetic is used which numbs the arm; no stitches are required

Where can you get it?

- Sexual Health Clinics
- Most GP practices
- Some GUM clinics

How it works

The Implant is a small flexible rod which is inserted under the skin on the upper arm. It slowly releases a progestogen hormone, which:

- stops an egg being released from the ovaries each month (prevents ovulation)
- thickens the mucus around the entrance to the uterus (the cervix) so sperm cannot enter and meet an egg
- thins the lining of the uterus so a fertilised egg cannot implant

How effective is it?

- More than 99% effective
- Fewer than 1 woman in 1000 will become pregnant in a year
- This is the most effective method of contraception currently available

Key messages

- The Contraceptive Implant is the most effective method of contraception currently available
- Effectiveness is not dependent on the user - once it is in place you do not have to remember to take or use it when you have sex
- Needs to be replaced at or before 3 years if contraception is still required
- Does not protect against STIs

When to use it

- It works as a contraceptive for 3 years
- Can be removed at any point, however at or before 3 years it needs to be replaced if contraception is still required

Who can use it?

- Most women can use it
- A specially trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

INTRAUTERINE DEVICE (IUD)

"Copper Coil"



Type of contraception

- Non-hormonal
- One of the long acting reversible contraception (LARC) methods

Things to know

- It works for a very long time (5-10 years)
- Previous levels of fertility usually return immediately after removal
- It can be used as a form of emergency contraception after unprotected sex
- It has to be fitted and removed by a specially trained doctor or nurse and involves an internal examination, so not all general practices are able to fit them
- Periods may become heavier and more painful initially, but usually settle after the first few months
- It does not protect against STIs

Where can you get it?

- Sexual Health Clinics
- GP Practices
- Some GUM clinics

How it works

The IUD is a small plastic and copper device put into the uterus

- Copper directly kills the sperm (as high concentrations of copper result in cell breakdown)
- The copper coil also changes the fluid inside the uterus, which makes fertilisation very difficult and makes the fertilised egg less likely to survive
- Copper also affects the uterus by preventing the implantation of the fertilised egg

How effective is it?

- More than 99% effective if fitted correctly
- Fewer than 4 women in 1000 will become pregnant in a year

Key messages

- It is a highly effective method of contraception
- Effectiveness is not dependent on the user - once it is in place you do not have to remember to take or use it when you have sex
- Does not protect against STIs

When to use it

- The IUD most commonly used in the UK works for 10 years (although there are different types and their length of use varies from 3 to 10 years)
- The IUD is immediately effective for contraception once inserted

Who can use it?

- Most women can use it
- A specially trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>



INTRAUTERINE SYSTEM (IUS)

'Mirena' and 'Jaydess' "Coils"

Type of contraception

- Hormonal
- Progestogen only
- One of the long acting reversible contraception (LARC) methods

Things to know

- There are two types of IUS, 'Mirena' and the smaller 'Jaydess'. Both types are suitable for women who do not have children as well as those who do
- Once fitted the IUS works for a long time (up to 5 years for 'Mirena' and up to 3 years for 'Jaydess')
- Most women have very light periods or have no periods at all after one year
- The IUS has to be fitted by a specially trained health professional and involves an internal examination, so not all general practices are able to fit them
- Irregular bleeding or spotting can happen in the first six months
- Previous levels of fertility usually return immediately on removal
- Does not protect against STIs
- The IUS does not work as emergency contraception
- The IUS cannot be fitted if there is any risk the woman could be pregnant

Where can you get it?

- Sexual Health Clinics
- GP Practices
- Some GUM clinics

How it works

The IUS is a small T-shaped plastic device inserted into the uterus which contains a reservoir of a progestogen hormone that is slowly released in small, controlled amounts every day which:

- thickens the mucus at the entrance of the uterus (the cervix) so sperm cannot enter and meet an egg
- thins the lining of the uterus so the fertilised egg cannot implant

How effective is it?

- More than 99% effective if fitted correctly
- Fewer than 2 women in 1000 will become pregnant in a year

Key messages

- The IUS is a highly effective method of contraception
- Effectiveness is not dependent on the user - once it is in place you do not have to remember to take or use it when you have sex
- Does not protect against STIs

When to use it

- The IUS prevents pregnancy for up to 5 years ('Mirena') and up to 3 years ('Jaydess')
- Condoms are needed for the 1st 7 days of using the IUS, unless it is fitted in the 1st 7 days of the cycle, when it is immediately effective for contraception
- An IUS can be fitted immediately after a miscarriage or abortion, providing immediate protection against pregnancy
- An IUS can be used safely whilst breastfeeding and will not affect milk supply
- If a woman is aged 45 or older when the 'Mirena' IUS is fitted, it can be left in for 7 years and sometimes longer.

Who can use it?

- Most women can use it
- A specially trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

The MALE CONDOM

"Condoms"



Type of contraception

- Barrier method
- Non-hormonal

Things to know

- Condoms are one of the only methods of contraception that protect against pregnancy and STIs
- Condoms are available in many different shapes and types, including different colours and flavours
- No hormonal side effects
- Some individuals are sensitive to latex, however latex free ones are available and are just as effective as latex condoms
- Many things can make condoms less effective at preventing pregnancy: splitting, slipping off, using the wrong size, using oil-based products which damage condoms (e.g. body lotions), not using them as instructed, if out of date, poor quality or fake condoms – only use condoms with a BSI kite mark or CE mark

Where can you get it?

- Sexual Health Clinics
- Some GP Practices
- GUM clinics
- Most areas have condom distribution schemes for young people where you can register and receive free condoms
- Sold widely in supermarkets, pharmacies and public toilets

How it works

- The male condom is a non-hormonal method of contraception
- It is a sheath made of very thin rubber (latex or polyurethane) that prevents sperm from entering the vagina

How effective is it?

- If used correctly every time you have sex, condoms are more than 98% effective
- Fewer than 20 women in 1000 will become pregnant in a year
- However in the general population, the male condom is not always used as instructed, and 150 in 1000 women will become pregnant in a year (85% effective)
- There is a similar breakage rate for all types of condoms when used for anal sex, so no need to recommend 'thicker' or 'extra strong' condoms
- Lubricants reduce the condom breakage rate when used for anal sex

Key messages

- Condoms are one of the only methods of contraception that protect against pregnancy and STIs
- Condoms used alone are not a reliable method of contraception due to the high user error rate
- Condoms should therefore be used in addition to another method if avoiding pregnancy is a high priority
- Only use condoms with a BSI kite mark or CE mark

When to use it

- Condoms are a disposable barrier method and a new condom must be used every time you have sex
- To be completely protected, they should be used from the beginning of sexual contact (before genitalia touch) as pre-ejaculation fluid can leak out of the penis before ejaculation and this may contain sperm

Who can use it?

- Condoms come in different sizes and in latex and non latex material, so there is a suitable type for everyone

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

CONTRACEPTIVE PATCH



Type of contraception

- Hormonal
- Combined progestogen and oestrogen

Things to know

- You only have to remember to change the Patch once a week
- It is easy to apply
- It can make periods lighter, more regular and less painful
- It can improve acne
- It may be visible, depending on where it is placed on the skin
- There are some small risks of using the contraceptive patch, although the advantages usually outweigh the disadvantages. These are always checked by the prescribing health care professional

Where can you get it?

- Sexual Health Clinics
- GP Practices
- Some GUM clinics

How it works

- A small patch applied to the skin slowly releases hormones in small amounts which stop an egg being released from the ovaries each month (prevents ovulation)
- The patch also:
 - thickens the mucus at the entrance to the uterus (the cervix) so sperm cannot enter and meet an egg
 - thins the lining of the uterus so a fertilised egg cannot implant

How effective is it?

- More than 99% effective if used as instructed
- Fewer than 10 women in 1000 will become pregnant in a year
- However in the general population, the patch is not always used as instructed, and 90 women in 1000 will become pregnant in a year (91% effective)

Key messages

- You have to remember to change the Patch once a week
- A new Patch has to be used every week for 3 consecutive weeks out of 4
- Does not protect against STIs
- Not as effective as a long acting reversible contraception (LARC) method at preventing pregnancy

When to use it

- A new patch is worn each week for 3 weeks, followed by a one week gap when a withdrawal bleed (fake period) will occur. After the 1 week gap a new patch must be applied
- Any longer than 1 week without a patch and you are at risk of becoming pregnant
- If the patch comes off, or you forget to put a new one on, you have 24 hours to apply a new patch or you are at risk of getting pregnant

Who can use it?

- Most women can use it
- A trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

The PROGESTOGEN-ONLY PILL

“POP” or “The Mini Pill”



Type of contraception

- Hormonal
- Oral pill
- Contains progestogen
- There are 2 types of progestogen used in the POP, the older type eg. 'Micronor' and the newer type eg. 'Desogestrel'

Things to know

- Can be used when breastfeeding
- It does not protect against STIs
- There are no known serious risks with taking the progestogen-only pill
- Often changes bleeding patterns; as a general guide:
 - 20% have no periods
 - 40% will bleed regularly i.e. once a month
 - 40% will have erratic bleeding

Who can use it?

- Most women can use it, including some who cannot take the oestrogen in the combined pill
- A trained health professional will advise if it is a suitable method of contraception for the individual at that time

Where can you get it?

- Sexual Health Clinics
- GP Practices
- Some GUM clinics

How it works

The POP:

- thickens the mucus around the entrance to the uterus (the cervix) so sperm cannot enter and meet an egg
- the newer types of progestogens (eg. 'Cerazette') also stop an egg being released from the ovaries each month (stops ovulation)

How effective is it?

- More than 99% effective if taken as instructed
- Fewer than 4 women in 1000 will become pregnant in a year
- However in the general population, the pill is not always taken as instructed, and 80 women in 1000 will become pregnant in a year

Key messages

- All progestogen-only pills are taken at the same time every day without a break
- Missing one pill can mean you are not protected and at risk of becoming pregnant
- The POP is a very safe method that most women can take
- Can be used by women who are unable to take oestrogen
- Does not protect against STIs
- Not as effective as a long acting reversible contraception (LARC) method at preventing pregnancy

When to use it

POPs need to be taken at the same time every day. If you are more than 12 hours late taking your pill (new type of progestogen e.g. 'Cerazette') or 3 hours late (older type e.g. 'Micronor') you will not be protected from pregnancy and need to take additional precautions for 2 days

- If the pill is started on the first day of your period, you are protected against pregnancy immediately
- If you start the POP at any other time in your menstrual cycle you must take 2 days of pills before you are fully protected
- All POPs are taken daily, with no breaks between packs

Missed pills:

- Missing one pill can mean you are not protected and at risk of becoming pregnant. This includes taking it more than 12 hours late with the new formulation pills, e.g. 'Cerazette' (i.e. 36 hours since the last pill was taken), or more than 3 hours late with the older formulation pills, e.g. 'Micronor' (i.e. 27 hours since the last pill was taken)

Extra info:

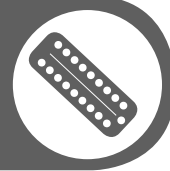
- Severe vomiting and some medicines can affect how effectively the POP works.
- If a woman vomits within 2 hours of pill taking another pill should be taken as soon as possible

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

The COMBINED CONTRACEPTIVE PILL "The Pill"



Type of contraception

- Hormonal
- Oral pill
- Combined progestogen and oestrogen

Things to know

- It can make periods lighter, more regular and less painful
- It can improve acne
- It can protect against some types of cancer (ovary, womb and bowel)
- It does not protect against STIs
- There is no evidence of weight gain
- There are some small risks of using the combined contraceptive pill, although the advantages usually outweigh the disadvantages. This would be checked by the prescribing health care professional

Who can use it?

- Most women can use it
- A trained health professional will advise if it is a suitable method of contraception for the individual at that time

Extra info

More information? Try the following:

- <http://www.brook.org.uk>
- <http://www.fpa.org.uk/helpandadvice/contraception/guidetocontraceptionmethods>
- <http://www.nhs.uk/conditions/contraception-guide/Pages/contraception.aspx>
- <http://www.4ypbristol.co.uk>

How it works

The combined pill:

- prevents an egg being released from the ovaries each month (prevents ovulation)
- thickens the mucus at the entrance to the uterus (the cervix) so sperm cannot enter and meet an egg
- thins the lining of the uterus, so a fertilised egg cannot implant

How effective is it?

- More than 99% effective if taken as instructed
- Fewer than 3 women in 1000 will become pregnant in a year
- However in the general population, the pill is not always taken as instructed, and 90 women in 1000 will become pregnant in a year

Key messages

- If used as instructed it is more than 99% effective
- You have to remember to take it every day for 3 consecutive weeks out of every 4
- Missing two or more pills can mean you are not protected and are at risk of becoming pregnant
- Does not protect against STIs
- Not as effective as a long acting reversible contraception (LARC) method at preventing pregnancy

When to use it

The combined pill only protects against pregnancy if taken daily within a 24 hour window

- You must take 7 consecutive days of pills before you are fully protected unless the pill is started within the first five days of your period then it will be effective straight away
- Pills are taken daily for 3 consecutive weeks, followed by 1 pill free week, when a withdrawal bleed (fake period) will occur
- Some brands of pills have inactive tablets to take during the 4th week, so you take 4 weeks of pills without a break and move on to the next packet. A withdrawal bleed will occur during the 4th week

Missed pills:

- missing one pill does not affect contraceptive cover
- missing two or more pills can mean you are not protected and are at risk of becoming pregnant
- the most important weeks to avoid missed pills are the weeks directly before and after the pill free week

Extra info:

- severe vomiting and some less common medicines such as some anti-epileptics can affect how the pill works
- it is safe to start taking the next pack of pills without having a pill free week (avoiding a withdrawal bleed). Sometimes doctors recommend taking 3 packets 'back-to-back' and then having a 1-week break, especially if you have very painful periods. This is called tricycling

Where can you get it?

- Sexual Health Clinics
- GP Practices
- Some GUM clinics