

CONTRACEPTION COMPARISON

NAME	Advantages	Disadvantages	Efficacy
HORMONAL			
Birth Control Pills	<ul style="list-style-type: none"> • Continuous contraceptive protection when taken correctly • Reversible • Many non-contraceptive health benefits 	<ul style="list-style-type: none"> • Must remember to take daily • Increased risk of blood clots, heart attack, stroke, esp. in smokers over 35 y/o • Rare side effects include: nausea, headache, breast tenderness 	99% or greater if taken correctly
DMPA (Depo- Provera injection)	<ul style="list-style-type: none"> • Continuous contraceptive protection for 3 months • No need to remember to take daily medication 	<ul style="list-style-type: none"> • Must visit physician office for injection every 12 weeks • Return of fertility 4-5 months after last shot • Side effects can include irregular menstrual spotting, headache, mood changes 	99% or greater
Ortho Evra (patch)	<ul style="list-style-type: none"> • A patch is applied weekly • No need to remember to take daily medication • Good cycle control ~ same as birth control pills 	<ul style="list-style-type: none"> • Must remember to change patch weekly • Patch may come loose • Similar side effects and risks as birth control pills 	99.7%
INSERTED HORMONAL DEVICE			
NuvaRing (vaginal ring)	<ul style="list-style-type: none"> • A self applied vaginal ring inserted for 3 week intervals with one week off • No other maintenance needed • Good cycle control • Same as birth control pills 	<ul style="list-style-type: none"> • Ring must be inserted and removed by patient • Similar side effects and risks as Birth control pills 	99.5 %
Nexplanon (inserted implant device)	<ul style="list-style-type: none"> • Continuous contraceptive protection for up to 3 years • No maintenance needed • Non hormonal 	<ul style="list-style-type: none"> ▪ Inserted by physician in arm in office • May cause irregular menses or loss of menses 	99%

Mirena (5) Kyleena (5) Skyla (3) (intrauterine device IUD)	<ul style="list-style-type: none"> • Continuous contraceptive protection for up to 5 / 3 years • Decreases number of bleeding days per month • Non hormonal • Nothing “to do” after in office insertion by physician 	<ul style="list-style-type: none"> ▪ May perforate uterus on insertion (EXTREMELY RARE) • May be expelled (RARE) • May cause irregular bleeding in the first 3 months of use • RARE hormonal side effects • Increased infection risk in some women 	99.7%
INSERTED NON HORMONAL DEVICE			
Paragard (intrauterine Device IUD)	<ul style="list-style-type: none"> • Continuous contraceptive protection for up to 10 years • Non-hormonal • Nothing “to do” after in office insertion by physician 	<ul style="list-style-type: none"> • May perforate uterus on insertion (EXTREMELY RARE) • May be expelled (RARE) • Does not control menstrual cycles • Increased infection risk in some women • May have heavier or irregular bleeding 	99.7 %
Diaphragm (with spermicide)	<ul style="list-style-type: none"> • Barrier method Insertion up to 6 hours before intercourse • Non hormonal 	<ul style="list-style-type: none"> • Comfort level with insertion • Reapplication of spermicide for repeated intercourse • Increased risk of bladder infections • Can be messy for partner 	82-94%
PERMANENT SURGICAL			
Tubal Ligation (female)	<ul style="list-style-type: none"> • Continuous contraceptive protection • Non- hormonal 	<ul style="list-style-type: none"> • Permanent Surgical Procedure (Minimally Invasive) • Risk of regret in the future • RARE surgical complication 	99.7%
Vasectomy (male)	<ul style="list-style-type: none"> • Continuous contraceptive protection • Non-hormonal • Provided by male partner 	<ul style="list-style-type: none"> • Permanent Surgical Procedure 	99.7%

Consult your provider for additional information

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