Want to know about contraception?
About BPAS

British Pregnancy Advisory Service (BPAS) is the UK’s leading provider of abortion care. Nearly all the women we see have their treatment paid for by the NHS.

We also provide contraception, STI testing and vasectomy.

BPAS is a charity.

About this booklet

Using a regular method of contraception is the best way to prevent pregnancy.

This booklet explains your contraceptive choices and where to get help and contraception. It contains useful facts about Sexually Transmitted Infections (STIs) and advice about what to do if you think you might be pregnant.

Where to get advice and contraception

You can get confidential advice and find out where to get free contraception from:

- Brook (if you are under 25) see www.brook.org.uk
- NHS National Sexual Health helpline 0300 123 7123
- Search for local contraceptive services at www.nhs.uk
- Your GP (or another GP if you don’t want to go to your own GP)

How old do you have to be to get contraception?

Anyone can ask for contraception, no matter how old they are. If you are under 16, a doctor, nurse or health worker can prescribe contraception, if they believe you understand the decision you are making. If you feel nervous, you could visit a specialist NHS contraceptive service for young people or Brook.

There are no laws to stop under 16s buying condoms or preventing shopkeepers from selling them to under 16s. You can buy them from chemists, like Boots or Superdrug, larger supermarkets, petrol stations, pubs and vending machines in toilets. Lots of young people’s sexual health services give them away for free.
I don’t want my parents to know

Even if you are under 16, doctors, nurses and other health workers have strict rules on confidentiality. The law says they have to keep all patient records and information completely private. In really exceptional cases, if they think that you or another person is in serious danger, they might feel there is a need to pass information on, but they would talk to you about it first.

Contraceptive methods

You are sure to find contraception to suit you as there are several types to choose from.

**Long acting reversible contraception (LARC)**
(Implant, IUD (coil), and IUS)
Sometimes called ‘fit and forget’ methods. These are very reliable and you won’t need to do anything until they need replacing several years after fitting.

**Hormonal contraception**
(‘The pill’, patch, injection and vaginal ring)
Very reliable methods, providing they are used exactly as directed.

**Barrier contraception**
(diaphragm, male and female condoms)
To be used every time you have sex.

**Fertility awareness and withdrawal methods**
Need lots of self-control and expert teaching and knowledge.

**Sterilisation** (Vasectomy and female sterilisation)
Permanent and irreversible surgery.

Have a look at the methods in more detail on the following pages.
Contraception at-a-glance

**Most effective**

- **Implant**
  - 99.9%
  - Once in place, little or nothing to do or remember.
- **IUS (3 years)**
  - 99.6%
- **IUS (5 years)**
  - 99.9%

**Less than 1**

- pregnancies per 100 women in a year

**4-7**

- pregnancies per 100 women in a year

**Contraceptive pills**

- 93%
- Get repeat injections on time.
- Take a pill each day.

**Least effective**

- **Male condom**
  - 87%
  - Condoms should always be used to reduce the risk of STIs
- **Fertility Awareness Methods**
  - 85%
  - Abstain or use condoms on fertile days

13 or more pregnancies per 100 women in a year
Contraceptive use may be perfect (always correct) or typical (which usually applies to the average person who may not get it right all the time). The effectiveness figures used in this booklet are based on typical use during the first year.

**Reversible**

- **IUD (Coil)**
  - 99.2%

- **Vaginal ring**
  - 93%

- **Contraceptive patch**
  - 93%

- **Female condom**
  - 83%

- **Withdrawal**
  - 80%

- **Spermicide**
  - 79%

**Permanent sterilisation**

- **Vasectomy**
  - (Use another method for first 3 months)
  - 99.85%

- **Female sterilisation**
  - 99.5%

**Diaphragm**

Use correctly every time you have sex

- 83%

**After procedure, little or nothing to do or remember.**
**Contraceptive implant (Nexplanon®)**

The implant is a thin flexible plastic rod (the size of a thin matchstick). A doctor or nurse inserts it under the skin of the upper arm after using a local anaesthetic. They use a needle to insert the implant. It only takes a few minutes and you won't need any stitches. It releases the hormone progestogen, which stops the ovary from releasing eggs.

**99.9% Effective** (fewer than 1 woman in every 100 women using the implant will get pregnant)

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>• It lasts for 3 years</td>
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<tr>
<td>• You don’t have to think about contraception every day or every time you have sex</td>
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<tr>
<td>• Once it’s removed by a doctor or nurse normal fertility returns immediately</td>
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<tr>
<td>• It can make your periods irregular or stop them altogether</td>
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<tr>
<td>• You will be able to feel the implant in your arm</td>
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<tr>
<td>• When the implant is first put in, you may experience some bruising, tenderness or swelling</td>
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<td>• Acne may improve, occur or worsen during use</td>
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**IUS 5 years (Levosert®)**

The small, T-shaped piece of plastic (approx. 3cm long) slowly releases a small amount of hormone. This hormone thickens the mucus in the cervix (neck of the womb) making it harder for the sperm to enter the womb and fertilise an egg. A doctor or nurse inserts it into the uterus (womb). It takes a few minutes to insert and it may hurt a bit, though not for long.

**99.9% Effective** (fewer than 1 in every 100 women using the IUS will get pregnant)

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<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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</thead>
<tbody>
<tr>
<td>• It lasts for 5 years and can be removed at anytime by a doctor or nurse</td>
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<tr>
<td>• Once fitted, you don’t have to think about contraception every day or every time you have sex</td>
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<tr>
<td>• Normal fertility returns as soon as it is removed by a doctor or nurse</td>
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<tr>
<td>• Your periods may become light or stop altogether</td>
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<tr>
<td>• You may have unpredictable bleeding in the first few months</td>
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<tr>
<td>• It can cause temporary side effects, such as skin problems or breast tenderness</td>
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<tr>
<td>• There’s a very small chance of infection after it is inserted</td>
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</table>
IUS 3 years (Jaydess®)

A small plastic T-shaped device that continually releases a small amount of the hormone progesterone. The hormone thickens cervical mucus to act as a barrier to sperm and interferes with implantation. A doctor or nurse inserts it into the uterus (womb).

99.6% Effective (fewer than 1 in every 100 women using the IUS will get pregnant)

ADVANTAGES
- It lasts for 3 years and can be removed by a doctor or nurse
- Once fitted, you don’t have to think about contraception every day or every time you have sex
- Fertility returns to normal once removed
- Periods may become lighter

DISADVANTAGES
- Potential unpredictable bleeding during first months

Intrauterine device (IUD or coil)

The IUD is a small, T-shaped piece of plastic (approx. 3cm long) surrounded by copper, which is fitted into the uterus (womb) through the vagina by a doctor or nurse. It takes a few minutes to insert and it may hurt a bit, though not for long. The IUD doesn’t have any hormones in it like the IUS. It releases copper, which is toxic to sperm.

99.2% Effective (fewer than 1 in every 100 women using the IUD will get pregnant)

ADVANTAGES
- The IUD can be left in place for 10 years (longer in some cases) and can be removed at any time by a doctor or nurse
- Once fitted, you don’t have to think about contraception every day or every time you have sex
- Normal fertility returns as soon as it is removed

DISADVANTAGES
- Your periods may become heavier, longer or more painful
- There’s a very small chance of infection after it is inserted
**Contraceptive injection (Depo-Provera®)**

The injection contains the hormone progestogen, which stops the ovary from releasing eggs that could be fertilised. It is injected into a muscle, usually the bottom or upper arm. It lasts for 12 weeks and then needs to be repeated.

**96% Effective (4 in every 100 women using the injection will get pregnant)**

**ADVANTAGES**
- You don't have to think about contraception every day or every time you have sex
- It still works even if you have vomiting or diarrhoea, or are taking antibiotics
- It is totally reversible

**DISADVANTAGES**
- It can make your periods irregular or stop
- You may experience weight gain and if you do have any side effects, the injection takes 12 weeks to leave the body, so these side effects may continue for that time
- It can take a year or more after stopping the injection for regular periods and fertility to return so it might not be suitable if you want to have a baby in the near future

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**Combined birth control pill (The pill)**

A small tablet is taken daily to stop you getting pregnant. It contains 2 types of hormones, oestrogen and progestogen, which are similar to those found naturally in a woman's body. It works by stopping the ovary from releasing eggs, which could be fertilised.

You take one pill every day for 21 days until you finish one pack. Then have a 7 day break when you will get a bleed like a period but you will still be protected against pregnancy during this week.

**93% Effective (7 in every 100 women using the combined pill will get pregnant)**

**ADVANTAGES**
- Your periods may become regular, lighter and less painful
- Some types of pill can also help reduce spots

**DISADVANTAGES**
- You have to remember to take it every day
- Missing a pill, vomiting, severe diarrhoea or some medicines can make the pill less effective
- It may not be suitable if you are very overweight
**Progestogen-only pill (Mini pill)**

A small tablet is taken at the same time every day to stop you getting pregnant. It contains small amounts of the hormone progestogen but doesn’t contain oestrogen. It thickens the mucus around the cervix (neck of the womb) making it harder for sperm to move through and enter the womb to fertilise an egg. You take one pill at the same time every day until you finish the packet and then start the next packet straight away without a break.

93% Effective (7 in every 100 women using the Progestogen-only pill will get pregnant)

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>• You can avoid some of the side effects you might get with the combined pill because it only contains one hormone</td>
<td>• You must take it at the same time every day for it to work properly</td>
</tr>
<tr>
<td></td>
<td>• Your periods may become irregular, be lighter or stop altogether</td>
</tr>
<tr>
<td></td>
<td>• Missing a pill, vomiting, diarrhoea or some medicines can make the pill less effective</td>
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**Vaginal ring (Nuvaring®)**

A small, flexible, transparent plastic ring. You place the ring into your vagina like a tampon and leave it in place for 3 weeks. You shouldn’t feel it when you have sex. You take it out for one week when you will probably get a bleed like a period but you are still protected against pregnancy. You insert and remove the vaginal ring by yourself at home. The ring uses hormones to stop the release of eggs that could be fertilised.

93% Effective (7 in every 100 women using the vaginal ring will get pregnant)

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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</thead>
<tbody>
<tr>
<td>• You don’t have to think about contraception every day or every time you have sex</td>
<td>• Some medicines can make the contraceptive vaginal ring less effective</td>
</tr>
<tr>
<td>• It doesn’t interrupt sex because you can have sex with the ring in place</td>
<td>• It can slip out after or during sex, or when you’re constipated. If you replace it within 3 hours you will still be protected</td>
</tr>
<tr>
<td>• Your periods may become regular, lighter and less painful</td>
<td>• You may get temporary side effects like vaginal discharge, headaches and nausea</td>
</tr>
<tr>
<td>• It still works even if you have vomiting or diarrhoea</td>
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</table>
**Contraceptive patch (Evra®)**

A 4cm square plastic patch that sticks to the skin and releases the same hormones as the combined pill (oestrogen and progestogen), into the bloodstream through the skin. These hormones stop the ovary from releasing eggs. The patch is worn continuously for 7 days and then on the 8th day the old patch is removed and a new one is stuck on. The patch should be changed every week for 3 weeks and then you have a patch-free week when you will get a bleed like a period.

**93% Effective** (7 in every 100 women using the contraception patch will get pregnant)

**ADVANTAGES**
- No need to think about contraception every day or every time you have sex
- Your periods may become regular, lighter and less painful
- It works even after vomiting or diarrhoea
- It can be stuck out of sight (upper arm, shoulder or bottom)
- You can wear it swimming and in the bath

**DISADVANTAGES**
- It can cause skin reactions and may fall off without you noticing
- Taking medicines like antibiotics can make the contraceptive patch less effective

**Fertility awareness methods**

This is when you identify the most fertile phase of your monthly cycle using natural signs, such as body temperature, cervical secretions and the length of your menstrual cycle. Vaginal sex is avoided or condoms are used during this fertile time. You should only use natural family planning if you have been taught by a specialist. Every woman is different and natural family planning needs to be understood really well if it is going to be effective.

**85% Effective** (15 in every 100 women using natural family planning will get pregnant each year)

**ADVANTAGES**
- It can help you recognise normal and abnormal vaginal secretions
- Doesn’t involve taking any hormones or using any devices

**DISADVANTAGES**
- It has a really high failure rate
- It takes time to learn the method and there are not many qualified to teach it
- You have to keep daily records
- You need to avoid sex or use condoms during the fertile time
- Illness, stress or travel can make the fertility signs harder to read
Male condom

Fits over a hard (erect) penis and catches the sperm when a man ejaculates and stops it from entering the vagina to fertilise an egg. There will be instructions in the packet that you should read carefully before using condoms for the first time. Some condoms are already lubricated to make them easier to use.

Use with water-based lubricant. Always check that your condom is in date and has a Kitemark or CE mark to show it is safe and has been quality tested.

87% Effective (13 in every 100 women using male condoms will get pregnant)

ADVANTAGES

- Condoms are the only contraception to offer protection against STIs
- Condoms are easy to get hold of and easy to use
- They aren’t expensive and you can often get them for free
- Condoms make sex less messy by catching the sperm
- They come in different shapes, sizes and flavours, which can make sex more fun

DISADVANTAGES

- They can split or slip off
- They can interrupt sex
- Oil-based products (like body oils, hand creams and Vaseline) can damage the latex and make the condom more likely to split

MYTH

Using 2 condoms does not increase protection. The friction makes it more likely that the condom will rip.

BUSTED EXCUSES FOR NOT USING A CONDOM:

‘I’m healthy’ Many people with sexually transmitted infections have no symptoms. Just because you can’t see any obvious symptoms, such as sores or warts, doesn’t mean that you’re free from STIs.

‘I like it natural’ Sex with a condom can feel natural. With the new superfine condoms, you often can’t tell that you’re using one.

‘I can’t be bothered’ “If you can’t be bothered to use a condom then I can’t be bothered to have sex with you.” Condoms don’t just cut the risk of pregnancy or infections. They can help both of you to have more fun in bed. Try a coloured condom for some fun, a textured condom for extra sensation, or a flavoured condom for oral sex.

‘They hurt’ or ‘they’re too small’ A condom that’s too tight may feel uncomfortable. But condoms come in a range of sizes, so you can easily find one that fits properly.
Diaphragm/cap with spermicide

Diaphragms and caps are made of flexible rubber or silicone and are soft and dome shaped. They fit into the vagina and over the cervix (neck of the womb). They should be used with spermicide (a gel which kills sperm) each time you have sex. The diaphragm blocks the opening to the womb to stop sperm entering. Caps are smaller than diaphragms.

**83% Effective** (17 in every 100 women using the diaphragm will get pregnant)

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<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>• You can put it in before sex so it doesn’t disturb the moment</td>
<td>• It can take time to learn to use it correctly</td>
</tr>
<tr>
<td>• You shouldn’t be able to feel it when you have sex</td>
<td>• It can be messy because you have to use it with spermicide</td>
</tr>
<tr>
<td>• It’s reusable</td>
<td>• It must be left in place for at least 6 hours after sex before removing and washing it</td>
</tr>
<tr>
<td>• Some women develop cystitis when they use a diaphragm</td>
<td>• Some women develop cystitis when they use a diaphragm</td>
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Withdrawal method

When a man pulls his penis out before he ejaculates. He then ejaculates outside the woman’s body.

This is a poor way to prevent pregnancy as some sperm can leak out of the penis before ejaculation.

**80% Effective** (20 in every 100 women using withdrawal will get pregnant each year)

**FACT**

When the penis becomes erect (hard) it leaks a tiny amount of fluid, which contains sperm. This is enough to result in pregnancy even if a man doesn’t ejaculate inside his partner’s vagina.

**ADVANTAGES**

• Doesn’t involve taking any hormones or using any devices

**DISADVANTAGES**

• It has a really high failure rate
• Requires lots of control and practice
Female condom

Female condoms are similar to male condoms except they fit inside the vagina rather than over the penis. They line the vagina to stop sperm getting into it. They are also wider than a male condom. They are held in place with a ring that lies outside the vagina. There will be instructions with the packet, which you should read carefully before using female condoms for the first time.

79% Effective (21 in every 100 women using female condoms will get pregnant each year)

ADVANTAGES
- They protect against STIs as well as pregnancy
- They can be put in anytime before sex

DISADVANTAGES
- They can slip or get pushed out of place if they aren’t used properly
- They can be quite expensive to buy

Sterilisation

This is a permanent form of contraception that will prevent pregnancy forever. It’s only suitable for people who never want children, or who do not want any more children. Men and women can both be sterilised.

Men have the tubes, which carry the sperm, tied or sealed so that there is no sperm in their semen when they ejaculate. This is called a vasectomy.

99.85% Effective (fewer than 1 in every 100 women will get pregnant each year)

Women have an operation to cut or block the tubes between the ovary and the womb (fallopian tubes) so that the eggs released by the ovary can’t reach the womb.

99.5% Effective (fewer than 1 in every 100 women will get pregnant each year)
Emergency contraception

Emergency contraception can be used to help prevent an unwanted pregnancy.

If your contraception fails (you forget to take your pill or the condom splits), or you didn’t use contraception at all, you need to act fast.

There are 2 types of emergency contraception – the emergency contraceptive pill (morning after pill) and the copper IUD (coil).

Emergency contraceptive (EC) pill

These work by preventing or delaying the release of an egg from the ovary. It may also affect the womb lining so a fertilised egg cannot settle there. There are 2 kinds of morning after pill – Levonelle® and ellaOne®.

Levonelle® can be taken up to 3 days after unprotected sex, but the sooner you take it the more likely it is to work. If it is taken within 24 hours after sex it reduces the risk of pregnancy by 95%.

ellaOne® can be taken up to 5 days after unprotected sex. It is believed to be more effective than Levonelle® and works just as well at any time within the 5 day period.

Where to get the EC pill

You can get the emergency contraceptive pill at:
- Brook centres (for under 25s)
- Young people’s services
- A GP
- NHS walk-in centres
- Most sexual health/GUM clinics
- Some accident and emergency departments
- Some pharmacies

Emergency intrauterine device (IUD)

The IUD (coil) works by stopping an egg from being fertilised or implanted in the uterus.

The IUD, sometimes called the ‘coil’, is a small, T-shaped piece of plastic (approx. 3cm) surrounded by copper which is inserted into the uterus (womb) through the vagina by a doctor or nurse.

It can be fitted as an emergency contraceptive up to 5 days after unprotected sex or up to 5 days after the expected date of ovulation. Check with your chosen service to see if they fit IUDs and find out whether a suitably trained doctor or nurse will be available to fit the IUD when you attend.

The IUD is the most effective form of emergency contraception and can be kept as a regular method of contraception for up to 10 years.

The IUD can be fitted at:
- Most Brook centres
- Contraception clinics
- Some GPs

Make sure you get advice on emergency contraception as soon as possible!

FACT

Emergency contraception will not prevent sexually transmitted infections. If you have had unprotected sex, you should consider an STI test.
Sexually Transmitted Infections (STIs)

What are they?

Sexually transmitted infections (STIs) are infections that spread through sexual contact. STIs can be passed on through any kind of unprotected sex (anal, vaginal and oral sex).

Some STIs show signs a few days after infection, while many have no symptoms at all. If you don’t know you are infected and you don’t get treated, they can cause serious problems later on in life.

Get tested

An STI won’t go away without treatment, but most STIs can be easily treated with antibiotics.

It’s simple to get tested and it’s free. If you think you might have an STI you should attend your local sexual health clinic. Call 0300 123 7123 or visit www.nhs.uk to find a clinic near you.

Tests for STIs vary. Some are samples taken from inside the vagina or tip of the penis using a swab (cotton wool bud). You may be able to take the sample yourself, or a nurse or doctor may do this for you. Other STI tests require a sample of urine or blood.

Chlamydia is the most common STI in the UK with sexually active young people most at risk of infection. It often has no symptoms but may cause fertility problems, if it is not treated. You may be able to get a free chlamydia test through the post where you live. Visit www.freetest.me.uk for more information.

Think you might be pregnant?

If you think you might be pregnant the first thing to do is find out whether you really are. A pregnancy test is the most reliable way to find out if you are pregnant.

You can have a FREE pregnancy test at:

- Brook centres
- Family Planning Clinics
- Some sexual health or genitourinary medicine (GUM) clinics
- GP surgery/practice

Most pharmacies and major supermarkets sell home pregnancy tests, costing less than £5. These are reliable as long as you follow the instructions carefully.

If the test is positive and you have an unplanned pregnancy you have three choices:

- Continue with the pregnancy and become a parent
- Continue with the pregnancy and seek adoption
- End the pregnancy with abortion

For more information please visit our website www.bpas.org

FACT

The best possible way to protect yourself against STIs is to use a condom.