

Birth Control Guide

Failure rates in this chart are based on information from clinical trials submitted to the Food and Drug Administration during product reviews. This number represents the percentage of women who become pregnant during the first year of use of a birth control method. For methods that the FDA does not review, such as periodic abstinence, numbers are estimated from published literature. For comparison, about 85 out of 100 sexually active women who wish to become pregnant would be expected to become pregnant in a year. The most effective way to avoid both pregnancy and sexually transmitted disease is to practice total abstinence (refrain from sexual contact).

This chart is a summary; it is not intended to be used alone. All product labeling should be followed carefully, and a health-care professional should be consulted for some methods.

Type of Contraceptive	FDA Approval Date	Description	Failure Rate (number of pregnancies expected per 100 women per year)	Some Risks (serious medical risks from contraceptives are rare)	Protection from Sexually Transmitted Diseases (STDs)	Convenience	Availability
Male Condom Latex/ Polyurethane	Latex: Use started before premarket approval was required Polyurethane: cleared in 1989; available starting 1995	A sheath placed over the erect penis blocking the passage of sperm.	11 (a, b)	Irritation and allergic reactions (less likely with polyurethane)	Except for abstinence, latex condoms are the best protection against STDs, including herpes and AIDS.	Applied immediately before intercourse; used only once and discarded. Polyurethane condoms are available for those with latex sensitivity.	Nonprescription
Female Condom	1993	A lubricated polyurethane sheath shaped similarly to the male condom. The closed end has a flexible ring that is inserted into the vagina.	21	Irritation and allergic reactions	May give some STD protection; not as effective as latex condom.	Applied immediately before intercourse; used only once and discarded.	Nonprescription
Diaphragm with Spermicide	Use started before premarket approval was required.	A dome-shaped rubber disk with a flexible rim that covers the cervix so that sperm cannot reach the uterus. A spermicide is applied to the diaphragm before insertion.	17 (b, d, e)	Irritation and allergic reactions, urinary tract infection. (c) Risk of Toxic Shock Syndrome, a rare but serious infection, when kept in place longer than recommended.	None	Inserted before intercourse and left in place at least six hours after; can be left in place for 24 hours, with additional spermicide for repeated intercourse.	Prescription

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Cervical Cap with Spermicide	1988	A soft rubber cup with a round rim, which fits snugly around the cervix.	17 (b, d, e)	Irritation and allergic reactions, abnormal Pap test. (c) Risk of Toxic Shock Syndrome, a rare but serious infection, when kept in place longer than recommended.	None	May be difficult to insert; can remain in place for 48 hours without reapplying spermicide for repeated intercourse.	Prescription
Sponge with Spermicide	1983 (Not currently marketed)	A disk-shaped polyurethane device containing the spermicide nonoxynol-9.	14-28 (d, e)	Irritation and allergic reactions, difficulty in removal. (c) Risk of Toxic Shock Syndrome, a rare but serious infection, when kept in place longer than recommended.	None	Inserted before intercourse and protects for repeated acts of intercourse for 24 hours without additional spermicide; must be left in place for at least six hours after intercourse; must be removed within 30 hours of insertion. Is discarded after use.	Nonprescription; not currently marketed
Spermicide Alone	Use started before premarket approval was required. Starting November 2002, only one active ingredient will be allowed.	A foam, cream, jelly, film, suppository, or tablet that contains nonoxynol-9, a sperm-killing chemical	20-50 (studies have shown varying failure rates)	Irritation and allergic reactions, urinary tract infections (c)	None	Instructions vary; check labeling. Inserted between 5 and 90 minutes before intercourse and usually left in place at least six to eight hours after.	Nonprescription

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Oral Contraceptives—combined pill	First in 1960; most recent in 2000	A pill that suppresses ovulation by the combined actions of the hormones estrogen and progestin.	1	Dizziness; nausea; changes in menstruation, mood, and weight; rarely cardiovascular disease, including high blood pressure, blood clots, heart attack, and strokes	None, except some protection against pelvic inflammatory disease.	Must be taken on daily schedule, regardless of frequency of intercourse.	Prescription
Oral Contraceptives—progestin-only minipill	1973	A pill containing only the hormone progestin that reduces and thickens cervical mucus to prevent the sperm from reaching the egg.	2	Irregular bleeding, weight gain, breast tenderness, less protection against ectopic pregnancy	None	Must be taken on daily schedule, regardless of frequency of intercourse.	Prescription
Patch (Ortho Evra)	2001	Skin patch worn on the lower abdomen, buttocks, or upper body that releases the hormones progestin and estrogen into the bloodstream.	1 Appears to be less effective in women weighing more than 198 pounds.	Similar to oral contraceptives—combined pill	None	New patch is applied once a week for 3 weeks. Patch is not worn during the fourth week, and woman has a menstrual period.	Prescription
Vaginal Contraceptive Ring (NuvaRing)	2001	A flexible ring about 2 inches in diameter that is inserted into the vagina and releases the hormones progestin and estrogen.	1	Vaginal discharge, vaginitis, irritation. Similar to oral contraceptives—combined pill	None	Inserted by the woman; remains in the vagina for 3 weeks, then is removed for 1 week. If ring is expelled and remains out for more than 3 hours, another birth control method must be used until ring has been used continuously for 7 days.	Prescription

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Post-Coital Contraceptives (Preven and Plan B)	1998-1999	Pills containing either progestin alone or progestin plus estrogen	Almost 80 percent reduction in risk of pregnancy for a single act of unprotected sex	Nausea, vomiting, abdominal pain, fatigue, headache	None	Must be taken within 72 hours of having unprotected intercourse.	Prescription
Injection (Depo-Provera)	1992	An injectable progestin that inhibits ovulation, prevents sperm from reaching the egg, and prevents the fertilized egg from implanting in the uterus.	less than 1	Irregular bleeding, weight gain, breast tenderness, headaches	None	One injection every three months.	Prescription
Injection (Lunelle)	2000	An injectable form of progestin and estrogen	less than 1	Changes in menstrual cycle, weight gain. Similar to oral contraceptives—combined	None	Injection given once a month.	Prescription
Implant (Norplant)	1990	Six matchstick-sized rubber rods that are surgically implanted under the skin of the upper arm, where they steadily release the contraceptive steroid levonorgestrel.	less than 1	Irregular bleeding, weight gain, breast tenderness, headaches, difficulty in removal	None	Implanted by health-care provider in minor outpatient surgical procedure; effective for up to five years.	Prescription In July 2002, Norplant's manufacturer announced that it will no longer distribute the Norplant system. Women using the system should contact their doctors about what their contraceptive options will be after the five-year expiration date of their Norplant systems.

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IUD (Intrauterine Device)	1976 (f)	A T-shaped device inserted into the uterus by a health professional.	less than 1	Cramps, bleeding, pelvic inflammatory disease, infertility, perforation of uterus	None	After insertion by physician, can remain in place for up to one or 10 years, depending on type.	Prescription
Periodic Abstinence	N/A	To deliberately refrain from having sexual intercourse during times when pregnancy is more likely.	20	None	None	Requires frequent monitoring of body functions (for example, body temperature for one method).	Instructions from health-care provider
Surgical Sterilization—female	N/A	The woman's fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube, preventing conception. (g)	less than 1	Pain, bleeding, infection, other post-surgical complications	None	One-time surgical procedure.	Surgery
Surgical Sterilization—male	N/A	Sealing, tying, or cutting a man's vas deferens so that the sperm can't travel from the testicles to the penis. (g)	less than 1	Pain, bleeding, infection, other minor postsurgical complications	None	One-time surgical procedure.	Surgery

- (a) Projected from six-month study and adjusted for use of emergency contraception.
- (b) If spermicides are used with barrier methods, be sure that the spermicide is compatible with the condom or diaphragm (won't cause it to weaken or break). Oil-based lubricants (such as petroleum jelly or baby oil) will cause latex to weaken and should not be used with these methods.
- (c) Spermicides should not be used during pregnancy.
- (d) Medications for vaginal yeast infections may decrease effectiveness of spermicides.
- (e) Less effective for women who have had a baby because the birth process stretches the vagina and cervix, making it more difficult to achieve a proper fit.
- (f) First approval date of currently marketed IUDs. Some IUDs were sold before premarket approval was required. Those products are no longer on the market.
- (g) A contraceptive option for people who don't want children. Considered permanent because reversal is typically unsuccessful.