



Contraception Options:

Finding the Best Method of Birth Control for You



What is Contraception?

Contraception is often called birth control and is used by people to decrease the likelihood of pregnancy. It can be a method (*e.g., abstinence*), a drug (*e.g., oral contraceptives*), or a device (*e.g., intrauterine contraceptives*). Although lots of people think of the birth control pill when they think of contraception, there are many different types of contraceptives available.

The purpose of this booklet is to provide you with information about all of the different types of birth control so that when you are ready to have sex but not ready to have a baby, you can make the choice that is best for you. If you are already having sex, this information can help you decide if the type of contraception you are using is the best one for you. For more information, talk to your healthcare provider and go to the back of this booklet for a list of other resources.

This booklet includes the following information about the different types of birth control:

- What it is
- Its effectiveness
- How to use it
- How to get it

Note About Effectiveness of Birth Control

This booklet includes information about the effectiveness of the different types of birth control for preventing pregnancy. The effectiveness is described as a percentage. In this booklet, two percentages are provided: one for perfect use and one for typical use.

The percentage for perfect use is based on the ideal situation: the contraceptive is used exactly as directed, including at the correct time.

The percentage for typical use is based on what generally happens (e.g., incorrect timing, not following instructions exactly).

The most common reasons for birth control failing to prevent a pregnancy are also included.

Table of Contents

Of all the types of birth control discussed in this booklet (see below), external (male) and internal (female) condoms are the only ones that help protect you and your sexual partners from sexually transmitted infections (STIs). Condoms can provide protection from STIs that are transmitted through genital fluids (e.g., chlamydia, gonorrhea, hepatitis B and C, trichomoniasis, and HIV). Condoms may not be as effective for protecting you from STIs that are transmitted mainly through skin-to-skin contact (e.g., genital herpes, HPV, and syphilis).

Options	Page
Abstinence	1
Emergency Contraceptives	3
Common Hormonal Methods	
• Contraceptive Implant	5
• Contraceptive Patch (“the Patch”)	7
• Injectable Contraceptive (Depo Provera/“the Shot”)	9
• Intrauterine Contraceptives (IUC).....	11
• Oral Contraceptives (Birth Control Pill, “the Pill”)	13
• Vaginal Ring	15
Common Non-Hormonal Methods	
• Copper IUD	3, 11
• External (Male) Condom.....	17
• Internal (Female) Condom.....	19
Other Methods	21
Questions and Resources	29

Abstinence

Abstinence can be a choice for anyone, including people who have had sex in the past.

Abstinence refers to not having sex. In order to prevent pregnancy, abstinence means avoiding any contact between the penis and vagina and any contact between the vagina and semen or pre-cum.

If there is no genital contact and no contact between the vagina and semen/pre-cum, this method is 100% effective in preventing pregnancy and STIs. It is important to note that this method takes a lot of self-control and ongoing communication between partners.

People often overestimate the number of youth having sex, with some people thinking “everyone is doing it!” In fact, rates of adolescent sex have not really changed over the years. A recent Saskatchewan study found 9% of students in grade 7 and 63% of students in grade 12 participated in some kind of sexual activity (including oral sex, touching/fondling, and/or sexual intercourse).¹ This means that many adolescents are not having sex.

¹Saskatchewan Alliance of Youth and Community Well-being. (2020). *Thriving Youth, Thriving Communities Report: 2019 Survey Findings*. Available from <http://saycw.com/isl/uploads/2020/11/SAYCW-TYTC-Report-2019-Survey-Findings-Final.pdf>

Emergency Contraceptives

There are two types of emergency contraceptives: the emergency contraceptive pill (Plan B, morning after pill) and the copper intrauterine device (copper IUD). Emergency contraception is the only form of birth control that can be taken AFTER sex to prevent pregnancy. It does not provide any protection from STIs.

Situations where emergency contraception may be used to prevent pregnancy include:

- After unprotected sex (including sexual assault)
- When oral contraceptive pills, patch, or ring are forgotten or misused
- When condom breaks, leaks, or slips off

Effectiveness

- Effectiveness varies with the type of emergency contraceptive used. Speak with your healthcare provider or pharmacist for more information.
- The emergency contraceptive pill is most effective when taken as soon as possible, but can be taken up to 5 days after intercourse. Certain types are more effective than others for people with a weight greater than 80 kg or 175 lb (e.g., Ella/ulipristal).

- The copper IUD is the most effective method of emergency contraceptive and must be inserted by a healthcare provider within 7 days of unprotected intercourse.

Possible side effects of emergency contraceptive pill

- Headaches, fatigue, or breast tenderness
- Menstrual cycle changes
- Nausea and/or vomiting
- If pregnancy does occur, emergency contraception does not interfere with the pregnancy and does not put the fetus at risk

How to get

- The emergency contraceptive pill is available from a pharmacy or a sexual health clinic/centre. A prescription from a healthcare provider is not needed.
- The copper IUD needs to be inserted by a qualified healthcare provider.

Emergency contraception should not be used as a regular method of birth control, but if needed, can be used to prevent pregnancy.

HORMONAL CONTRACEPTIVE METHODS

Contraceptive Implant

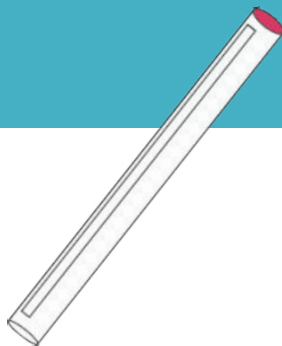
The contraceptive implant does not provide any protection from STIs.

Effectiveness

- Implants are 99.9% effective in preventing pregnancy (both with perfect and typical use).

How to use

- Inserted beneath the skin in the upper arm by a qualified healthcare provider
- Can remain in place for up to 3 years, but can be removed sooner by a qualified healthcare provider



Possible benefits

- Reduces or eliminates periods
- Can be removed at any time by a healthcare provider, with a quick return to normal fertility
- Reduction in risk of endometrial cancer

Possible side effects

- Irregular bleeding or spotting in the first 6-12 months after insertion
- Mood swings, weight gain, depression, acne, headache, and breast pain
- Low risk of infection, irritation, or scarring at point of insertion

How to get

- Implant needs to be inserted by a qualified healthcare provider

The provider will use a local anesthetic to numb the skin before inserting the implant.

Implants are among the most effective method of birth control currently available.

Contraceptive Patch (“the Patch”)

The contraceptive patch does not provide any protection from STIs.



Effectiveness

- With perfect use, it is 99.7% effective in preventing pregnancy.
- With typical use, it is 91% effective in preventing pregnancy. The most common reason it fails to prevent pregnancy is not following directions exactly (*e.g., changing patch late*).
- May not work as well for people who weigh more than 90 kg/198 lb.

The patch should be applied to clean, dry skin. It can be worn during exercise, showering, swimming, and when going in a sauna or hot tub.

How to use

- Small patch placed on the skin that releases hormones into the body
- Each patch is worn for 7 days and then replaced weekly for 3 consecutive weeks
- No patch is worn on the fourth week
- Process is then repeated

Possible benefits

- Reduction in menstrual flow, cramps, and premenstrual syndrome (PMS)
- Regulation of menstrual cycle
- Decrease in risk of fibroids, ovarian cysts, and some types of cancers

Possible side effects

- Irregular bleeding or spotting
- Headaches, nausea, or breast tenderness
- Skin irritation at the application site
- Patch may detach from the skin (less than 2%)

How to get

- The contraceptive patch needs to be prescribed by a qualified healthcare provider

Injectable Contraceptive (Depo Provera/“the Shot”)

The injectable contraceptive does not provide any protection from STIs.



Effectiveness

- With perfect use, it is 99.8% effective in preventing pregnancy.
- With typical use, it is 94% effective in preventing pregnancy. The most common reason it fails to prevent pregnancy is getting the next injection late.

How to use

- An injection containing the hormone progesterone is given every 12-13 weeks (3 months) by a qualified healthcare provider. This method is a good option for those who have difficulty remembering to take a pill every day, because the shot is only needed 4 times a year.

Possible benefits

- Reduces or eliminates periods
- Reduces menstrual cramps and premenstrual syndrome (PMS)
- Reduces the risk of endometrial cancer

Possible side effects

- Irregular bleeding (common)
- Decrease in bone mineral density (may return to normal when no longer using injection)
- Weight gain, acne, headaches, breast sensitivity, mood issues (depression), change in sex drive
- May take between 6 and 10 months after last injection for ovaries to start releasing eggs again

How to get

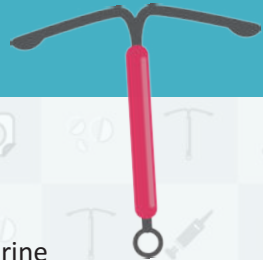
- Injection needs to be given by a qualified healthcare provider

In order to be effective, it is important that you get your injection on time. Set a reminder in your calendar or use the KIS-SK app (<https://skprevention.ca/kis-sk/>) to remind yourself when to get your next shot.

If you are using a hormonal method of contraception and have missed a dose, check with Stay on Schedule (SOS), <https://www.sexandu.ca/sos/>, for your next steps to prevent pregnancy.

Intrauterine Contraceptives (IUC)

IUCs are small, soft, T-shaped devices with a nylon string attached that are inserted into the uterus by a qualified healthcare provider.



Intrauterine contraceptives are long-acting and reversible methods. There are two kinds of IUCs: non-hormonal copper IUD and hormonal intrauterine system (IUS). IUCs do not provide any protection from STIs.

Effectiveness

- IUCs are 99.8% effective in preventing pregnancy (both with perfect and typical use).

How to use

- Inserted into the uterus by a qualified healthcare provider
- Copper IUD can remain in place for 3 to 10 years
- Hormonal IUS can remain in place for up to 5 years

Possible benefits

- Reduction in risk of endometrial cancer
- Reduces or eliminates periods

Possible side effects

- Irregular bleeding or spotting in the first months after insertion
- Heavier menstrual bleeding or menstrual cramping (copper IUD)
- Although very rare, may cause infection, be expelled from the uterus, or the uterus may become perforated (pierced) at the time of insertion

How to get

- IUCs need to be inserted by a qualified healthcare provider

IUCs are among the most effective method of birth control currently available.

Oral Contraceptives (Birth Control Pill/“the Pill”)

To be effective, the pill must be taken at the same time, every day. Set a reminder in your calendar or use the KIS-SK app to remind yourself when to take your pill.

There are two kinds of birth control pills: the combined oral contraceptive (estrogen and progestin) and the progestin-only contraceptive. The birth control pill does not provide any protection from STIs.



Effectiveness

- With perfect use, it is 99.7% effective in preventing pregnancy.
- With typical use, it is 91% effective in preventing pregnancy. The most common reason the birth control pill fails to prevent pregnancy is not following directions exactly (e.g., missing a pill or taking a pill late).

How to use

- Prescription tablet taken once per day, at the same time each day

Possible benefits

- Reduction in menstrual flow, cramps, and premenstrual syndrome (PMS)
- Regulation of menstrual cycle
- Decrease in acne (combined oral contraceptive only)
- Decreased body and facial hair (combined oral contraceptive only)
- Decrease in risk of fibroids, ovarian cysts, and some types of cancers (combined oral contraceptive only)

Possible side effects

- Irregular bleeding or spotting
- Headaches, nausea, or breast tenderness
- Increased risk of blood clots, especially among those with a family history of blood clots

How to get

- Birth control pills need to be prescribed by a qualified healthcare provider

To be effective, the pill must be taken at the same time, every day. Set a reminder in your calendar or use the KIS-SK app to remind yourself when to take your pill.

Effectiveness may be reduced by other medications. Check with your healthcare provider or pharmacist if you are taking any prescribed or over-the-counter medications or supplements.

Vaginal Ring

The vaginal ring is a small, flexible, latex-free plastic ring that is inserted into the vagina. It does not provide any protection from STIs.



Effectiveness

- With perfect use, it is 99.7% effective in preventing pregnancy.
- With typical use, it is 91% effective in preventing pregnancy. The most common reason it fails to prevent pregnancy is not following directions exactly (e.g., forgetting to change the ring once per month).

How to use

- Inserted into the vagina for 3 weeks and then removed for 1 week
- Process is then repeated

Possible benefits

- Reduction in menstrual flow, cramps, and premenstrual syndrome (PMS)
- Regulation of menstrual cycle
- Decrease in risk of fibroids, ovarian cysts, and some types of cancers

Possible side effects

- Irregular bleeding or spotting
- Headaches, nausea, or breast tenderness
- Vaginal irritation, discomfort, or discharge

How to get

- The vaginal ring needs to be prescribed by a qualified healthcare provider

For the best effectiveness, set a reminder in your calendar or use the KIS-SK app to remind yourself when to change the vaginal ring.

NON-HORMONAL CONTRACEPTIVE METHODS

External (Male) Condom

*Many organizations provide free condoms.
Use the KIS-SK app to find a location
close to you.*



Latex and non-latex condoms are available. Latex, polyurethane, and polyisoprene condoms provide protection from STIs that are transmitted through genital fluids (e.g., chlamydia, gonorrhea, HIV, trichomoniasis). Protection may not be as effective for STIs that are transmitted mainly through skin-to-skin contact (e.g., genital herpes, HPV, syphilis). Lambskin condoms, sometimes used by people with latex allergies, do not protect against STIs.

Effectiveness

- With perfect use, it is 98% effective in preventing pregnancy.
- With typical use, it is 82% effective in preventing pregnancy. Common reasons it fails to prevent pregnancy include condom used incorrectly, condom breaking, or condom slipping.

How to use

- Fits over erect penis
- Not reusable – the condom is removed and thrown away after intercourse
- Only use water-based lubricants with latex condoms to prevent breaking
- If a condom is put on the wrong way initially, dispose of it and use a new condom
- Directions for use are available at <https://bit.ly/externalcondoms>

Possible side effects

- Reduced sensitivity for either partner
- Interference with the maintenance of an erection
- People with latex allergies may have an allergic reaction to latex condoms; polyurethane and polyisoprene condoms are available alternatives
- Lambskin condoms are also available, but are not as effective at preventing pregnancy and do not protect against STIs

How to get

- Condoms are available from a pharmacy, a sexual health clinic/centre, and other places depending on the community. Multiple sizes, textures, and flavours are available. A prescription from a healthcare provider is not needed.

Internal (Female) Condom

For more information about STIs, download the free KIS-SK app or visit www.sexandu.ca/stis.

The internal (female) condom is a soft, loose pouch with a ring on each end. It provides protection from STIs that are transmitted through genital fluids (e.g., chlamydia, gonorrhea, HIV, trichomoniasis). Protection may not be as effective for STIs that are transmitted mainly through skin-to-skin contact (e.g., genital herpes, HPV, syphilis).



Effectiveness

- With perfect use, it is 95% effective in preventing pregnancy.
 - With typical use, it is 79% effective in preventing pregnancy.
- Common reasons it fails to prevent pregnancy include using the condom incorrectly, condom breaking, or condom slipping.

How to use

- Placed in the vagina before vaginal sex or in the rectum for anal sex
- Not reusable – the condom is removed and thrown away after intercourse
- Directions for use are available at <https://bit.ly/internalcondoms>

Possible side effects

- Flexible inner ring may cause discomfort
- Can be noisy during sex

How to get

- The internal (female) condom is available from a pharmacy or a sexual health clinic/centre. A prescription from a healthcare provider is not needed.

For more information about STIs, download the free KIS-SK app or visit www.sexandu.ca/stis.

Other Birth Control Methods

If your body does not react well to hormonal methods and you are not interested in using a copper IUD, there are other non-hormonal options available. Talk to your healthcare provider or visit www.sexandu.ca for more information.

Withdrawal (“Pull Out”)

Withdrawal, also known as the pull out method, requires removing the penis from the vagina before ejaculation.

The fluid (pre-cum) released prior to ejaculation contains thousands of sperm. Pre-cum can fertilize the egg, resulting in pregnancy and can also transmit an STI.

The withdrawal method requires a lot of self-control and is not very effective at preventing pregnancy. It is estimated that at least 22 out of 100 couples who use the withdrawal method as contraception will become pregnant within a year.

Fertility Awareness Methods (FAMs)

Fertility awareness methods involve tracking the menstrual cycle to know when ovaries will release an egg every month (ovulation). The days near ovulation are the most fertile days, and unprotected intercourse during this time is most likely to result in pregnancy. This method requires users to avoid sex or use another form of birth control (e.g., condoms) on fertile days. Temperature, cervical mucus, and calendar tracking can help FAM users identify which days they are ovulating.

FAMs require a lot of organization, tracking, and daily tasks to identify fertile days in the cycle. They also require self-control or preparedness during fertile days to avoid pregnancy. When used correctly, it is estimated that FAMs are around 76-88% effective at preventing pregnancy, with 12 to 24 out of 100 couples becoming pregnant each year using these methods.

Birth Control Use After Pregnancy

Individuals who have been pregnant and do not wish to become pregnant again in the near future should speak with a healthcare provider about their best options for birth control.

Breastfeeding/Lactational Amenorrhea Method (LAM)

Breastfeeding can be used as a short-term method of birth control known as lactational (breastfeeding) amenorrhea (no menstruation) method (LAM). LAM requires exclusive breastfeeding for the first 6 months after birth. Breastfeeding releases hormones that prevent ovulation (the release of an egg) from occurring. LAM only works if the following three conditions are met:

- Baby is under 6 months old
- Baby is fully breastfed (no other food or liquid) throughout the day and night, with intervals between feedings lasting no longer than 4 hours during the day and 6 hours at night
- Menstrual bleeding has not resumed; if period starts, an additional birth control method should be used

This method of birth control is 98% effective when used correctly, with 2 in 100 couples experiencing pregnancy within 6 months. After 6 months, an additional form of birth control should be used, even if menstruation has not yet returned. Because ovulation occurs before menstruation, it is possible to get pregnant before periods return to normal. Fertility awareness methods are not recommended as an alternative form of birth control at this time because ovulation might not yet be regular.

If you breastfeed and use formula or use a breast pump, this method may not be best for you.

CONTRACEPTIVE COMPARISON CHART

Type of Contraceptive	Effectiveness for Preventing Pregnancy
HORMONAL	
Contraceptive Implant	<ul style="list-style-type: none"> • Perfect use – 99.9% • Typical use – 99.9%
Contraceptive Patch (“the Patch”)	<ul style="list-style-type: none"> • Perfect use – 99.7% • Typical use – 91% <p>The most common reason for failure to prevent pregnancy is not replacing the patch at the correct time.</p>
Injectable Contraceptive (Depo Provera/“the Shot”)	<ul style="list-style-type: none"> • Perfect use – 99.8% • Typical use – 94% <p>The most common reason for failure to prevent pregnancy is not getting repeat shot at the correct time.</p>
Intrauterine Contraceptives (IUC, IUS)	<ul style="list-style-type: none"> • Perfect use – 99.8% • Typical use – 99.8%
Oral Contraceptive (Birth Control Pill, “the Pill”)	<ul style="list-style-type: none"> • Perfect use – 99.7% • Typical use – 91% <p>The most common reason for failure to prevent pregnancy is not taking pill every day at the same time.</p>
Vaginal Ring	<ul style="list-style-type: none"> • Perfect use – 99.7% • Typical use – 91% <p>The most common reason for failure to prevent pregnancy is not replacing the ring at the correct time.</p>

	Provides Protection from STIs	How to Get
	No	Needs to be inserted by a qualified healthcare provider.
	No	Need a prescription from a qualified healthcare provider.
	No	Needs to be given by a qualified healthcare provider.
	No	Needs to be inserted by a qualified healthcare provider.
	No	Need a prescription from a qualified healthcare provider.
	No	Need a prescription from a qualified healthcare provider.

CONTRACEPTIVE COMPARISON CHART *(continued)*

Type of Contraceptive	Effectiveness for Preventing Pregnancy
NON-HORMONAL	
Abstinence	100% if there is no genital contact and no contact between the vagina and sperm/pre-cum.
Copper IUD	<ul style="list-style-type: none"> • Perfect use – 99.8% • Typical use – 99.8%
External (male) condom	<ul style="list-style-type: none"> • Perfect use – 98% • Typical use – 82% <p>The most common reasons for failure to prevent pregnancy are not using correctly, condom breaking, or condom slipping.</p>
Internal (female) condom	<ul style="list-style-type: none"> • Perfect use – 95% • Typical use – 79% <p>The most common reasons for failure to prevent pregnancy are not using correctly, condom breaking, or condom slipping.</p>
EMERGENCY CONTRACEPTION	
Emergency Contraceptive Pill or Copper IUD	<ul style="list-style-type: none"> • Varies with type used. Speak with your pharmacist or healthcare provider for more information.

	Provides Protection from STIs	How to Get
	Yes, if there is no genital contact and no contact between the vagina and sperm/pre-cum.	
	No	Needs to be inserted by a qualified healthcare provider.
	Yes, for STIs transmitted through genital fluids. Protection may not be as effective for STIs transmitted mainly through skin-to-skin contact.	No prescription needed. Available from a pharmacy or a sexual health clinic/centre.
	Yes, for STIs transmitted through genital fluids. Protection may not be as effective for STIs transmitted mainly through skin-to-skin contact.	No prescription needed. Available from a pharmacy or a sexual health clinic/centre.
	No	No prescription is needed for the emergency contraceptive pill. It is available from a pharmacy or sexual health clinic/centre. The copper IUD needs to be inserted by a qualified healthcare professional.

Frequently Asked Questions ■ ■ ■

Can people get pregnant the first time they have sex?

Yes. If ovulation has occurred (the body has released an egg) and the egg and sperm meet, pregnancy can happen.

Can a pregnancy happen or can an STI be transmitted if the penis is pulled out before ejaculating?

Yes. When a penis becomes aroused and erect, pre-cum is released. Pre-cum contains thousands of sperm. This means that pregnancy or an STI can occur even if ejaculation doesn't happen in the vagina.

Are two condoms better than one? Can I use the same condom more than once?

No. Using two condoms increases the risk of the condom breaking because the condoms rub together, which increases the risk of pregnancy and STIs. Condoms should only be used once and properly disposed of after use.

Can pregnancy occur if menstruating?

Yes. Ovulation (the release of an egg) can happen during menstruation. Since sperm can live in a body for up to six days, it is possible for pregnancy to occur if sexual intercourse happens before the release of the egg.

Do all methods of contraception protect against STIs like chlamydia and HIV?

No. Most methods of contraception provide protection against pregnancy. Condoms are the only method of contraception that provide protection from most STIs.

Can a pregnancy or STI happen after having sex in a hot tub, having sex standing up, or after douching?

Yes. After sexual intercourse, sperm enter the cervix and are out of reach. This means that the sperm are not able to be washed away by water, and pregnancy or an STI may occur.

Are oral sex and anal sex considered “safe” sex?

No. STIs can be transmitted through both oral and anal sex. There is also a risk of pregnancy during anal sex if semen leaks from the anus and sperm enters the vagina.

What do I do if I miss a pill/dose/shot?

If you are taking a hormonal form of birth control and have missed a dose, visit the website “Stay on Schedule (SOS)” at <https://www.sexandu.ca/contraception/stay-on-schedule/> for advice on your next steps.

Questions to ask your healthcare provider

It's important that your birth control method is right for you. If you do not like using the first method you choose, remember you have other options. Below are some possible questions for you to discuss with your healthcare provider.

- Will this type of birth control affect my chances of getting pregnant after I stop using it?
- Which type of birth control will work best for me, given my health and my family history?
- Are there other health benefits to the different types of birth control?

Where can you go for more information?

- Contact your local healthcare provider
- Visit www.sexandu.ca
- Visit www.sexlifesask.ca
- Download the free app, KIS-SK (Keep It Safe Saskatchewan)

For more information about this app, visit:

<http://skprevention.ca/kis-sk/> or download it from the App Store or Google Play Store.



The information contained in this booklet
was adapted from the booklet,
Contraception, developed by The Society of
Obstetricians and Gynaecologists of Canada.
See www.sexandu.ca for more information.



Your Choices Matter.

**Healthy Choices
Start with You!**



saskatchewan
preventioninstitute
our goal is **healthy** children

1319 Colony Street, Saskatoon, SK S7N 2Z1
Bus. 306-651-4300 Fax. 306-651-4301

www.skprevention.ca

RESOURCE 7-300 REVISED 08/2021