



Office of
Women's
Health

Birth Control Guide

This guide gives the basic facts about the different kinds of FDA-approved medicines and devices for birth control. Ask your doctor to tell you about all of the risks and benefits of using these products.



If you do not want to get pregnant, there are many birth control options to choose from. No one product is best for everyone. The only sure way to avoid pregnancy and sexually transmitted diseases (STIs or STDs) is not to have any sexual contact (abstinence). This guide lists FDA-approved products for birth control. Talk to your doctor, nurse, or pharmacist about the best method for you. There are different kinds of medicines and devices for birth control:

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For the most recent information:

**Go to <http://www.accessdata.fda.gov/scripts/cder/drugsatfda>
and type in the name of your drug.**

Or

**<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/LSTSimpleSearch.cfm>
and type in the name of your device.**

Some things to think about when you choose birth control:

- Your health.
- How often you have sex.
- How many sexual partners you have.
- If you want to have children in the future.
- If you will need a prescription or if you can buy the method over-the-counter.
- The number of pregnancies expected per 100 women who use a method for one year. For comparison, about 85 out of 100 sexually active women who do not use any birth control can expect to become pregnant in a year.

Tell your doctor, nurse, or pharmacist if you:

- Smoke.
- Have liver disease.
- Have blood clots.
- Have family members who have had blood clots.
- Are taking any other medicines.
- Are taking any herbal products, like St. John's Wort.

To avoid pregnancy:

- No matter which method you choose, it is important to follow all of the directions carefully. If you don't, you raise your chance of getting pregnant.
- The best way to avoid pregnancy and sexually transmitted infections (STIs) is to practice total abstinence (do not have any sexual contact).

Barrier Methods

Put up a block, or barrier, which keeps the sperm from traveling to the egg.

Male Condom (Latex or Polyurethane)



What is it?

- A thin film sheath placed over the erect penis.
- It can be made of latex or polyurethane.

How does it work?

- It puts up a block to stop the sperm from traveling to the egg.
- Put it on the erect penis right before sex.

- Use it only once and then throw it away.
- Pull out before the penis softens.
- Hold the condom against the base of the penis before pulling out.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, 11 - 16 may get pregnant.
- The most important thing is that you use a condom every time you have sex.

Some Risks

- Irritation.
- Allergic reactions (If you are allergic to latex, you can try condoms made of polyurethane).

Does it protect me from sexually transmitted infections (STIs)?

- Except for abstinence, latex condoms are the best protection against HIV/AIDS and other STIs.
- Condoms are the only contraceptive product that may protect against most sexually transmitted infections (STIs).

Barrier Methods

Put up a block, or barrier, which keeps the sperm from traveling to the egg.

Female Condom



What is it?

- A lubricated, thin polyurethane pouch that is put into the vagina.

How does it work?

- It puts up a block to stop sperm from traveling to the egg.
- Put the female condom into the vagina right before sex.
- Use it only once and then throw it away.
- You need a new female condom each time you have sex.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 20 may get pregnant.

Some Risks

- Irritation.
- Allergic reactions.

Does it protect me from sexually transmitted infections (STIs)?

- May give some protection against STIs.
- Not as effective as latex condoms.
- More research is needed.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from traveling to the egg.

Diaphragm with Spermicide



What is it?

- A dome-shaped flexible disk with a flexible rim.
- Made from latex, rubber or silicone.

How does it work?

- It covers the cervix so that sperm cannot travel to the egg.
 - You need to put spermicidal jelly on the inside of the diaphragm before putting it into the vagina.
 - You must put the diaphragm into the vagina before having sex.
- You must leave the diaphragm in place at least 6 hours after having sex.
 - It can be left in place for up to 24 hours. You need to use more spermicide every time you have sex.

How do I get it?

- You need a prescription.
- A doctor or nurse will need to do an exam to find the right size diaphragm for you.
- You should have the diaphragm checked after childbirth or if you lose more than 15 pounds, you might need a different size.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 15 may get pregnant.

Some Risks

- Irritation, allergic reactions, and urinary tract infection.
- If you keep it in place longer than 24 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from traveling to the egg.

Sponge with Spermicide



What is it?

- A disk-shaped polyurethane device with the spermicide nonoxynol-9.

How does it work?

- The sponge covers the cervix and blocks sperm from traveling to meet the egg.
- Put it into the vagina before you have sex.
- Protects for up to 24 hours. You do not need to use more spermicide each time you have sex.
- You must leave the sponge in place for at least 6 hours after having sex.
- You must take the sponge out within 30 hours after you put it in. Throw it away after you use it.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, 16-32 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the sponge may not fit as well.

Some Risks

- Irritation and allergic reactions.
- Some women may have a hard time taking the sponge out.
- If you keep it in place longer than 24-30 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from traveling to the egg.

Cervical Cap with Spermicide

What is it?

- A soft latex or silicone cup with a round rim, which fits snugly around the cervix.

How does it work?

- It covers the cervix so that sperm cannot travel to the egg.
- You need to put spermicidal jelly inside the cap before you use it.
- You must put the cap in the vagina before you have sex.
- You may find it hard to put in.
- You must leave the cap in place for at least 6 hours after

having sex.

- You may leave the cap in for up to 48 hours.
- You do NOT need to use more spermicide each time you have sex.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 17-23 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the cap may not fit as well.

Some Risks

- Irritation, allergic reactions, and abnormal Pap test.
- If you keep it in place longer than 48 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from sexually transmitted infections (STIs)? No.

Barrier Methods

Put up a block, or barrier, which keeps the sperm from traveling to the egg.

Spermicide Alone



What is it?

- A foam, cream, jelly, film, or tablet that you put into the vagina.

How does it work?

- Spermicide blocks the cervix, so sperm cannot travel to the egg .
 - It keeps sperm from moving, so sperm cannot travel to the egg.
- Instructions can be different for each type of spermicide. Read the label before you use it.
 - You need to put spermicide into the vagina between 5 and 90 minutes before you have sex.
 - You usually need to leave it in place at least 6 to 8 hours after; do not douche or rinse the vagina for at least 6 hours after sex.

How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 30 may get pregnant.
- Different studies show different rates of effectiveness.

Some Risks

- Irritation, allergic reactions and urinary tract infection.
- If you are also using a medicine for a vaginal yeast infection, the spermicide might not work as well.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

Oral Contraceptives (Combined Pill)

“The Pill”



What is it?

- A pill with hormones (estrogen and progestin).

How does it work?

- The pill stops the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from traveling to the egg.
- You should swallow a pill at the same time every day, whether or not you have sex.

- If you miss one or more pills, or start a pill pack too late, you may need to use a back-up method of birth control.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant. This is especially true if pills are missed or not taken on time. The risk of pregnancy increases with each pill missed during one pill pack.

Some Common Risks

- Headache, nausea/vomiting, changes in your period/spotting or bleeding between periods, breast tenderness, changes in mood, weight gain.

Uncommon Risks

- It is not common, but some women who take the pill develop high blood pressure. It is rare, but some women will have blood clots, heart attacks, or strokes.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg.

Oral Contraceptives (Progestin-only) “The Mini-Pill”



What is it?

- A pill that has only a progestin hormone.

How does it work?

- The pill thickens the cervical mucus, which keeps sperm from traveling to the egg. Less often, it stops the ovaries from releasing eggs.
- You should swallow a pill at the same time every day, whether or not you have sex.
- If you miss one or more pills, or start a pill pack too late, you may need to use a back-up method of birth control.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant. This is especially true if pills are missed or not taken on time. The risk of pregnancy increases with each pill missed during one pill pack.

Some Risks

- Irregular periods.
- Light spotting or bleeding between periods.
- Weight gain.
- Breast tenderness.
- Less protection against ectopic pregnancy (pregnancy in the fallopian tubes) than the combination pill.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg.

Oral-Contraceptives (Extended/Continuous Use)

“The Pill”



What is it?

- A pill that uses hormones (estrogen and progestin)
- These pills are designed so women have fewer or no regular periods.

How does it work?

- The pill stops the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from traveling to the egg.
- You should swallow a pill at the same time every day, whether or not you have sex.
- If you miss one or more pills, or start a pill pack too late, you may need to use a back-up method of birth control.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant. The risk of pregnancy increases with each pill missed during one pill pack.

Some Risks

- Risks are similar to other oral contraceptives.
- You may have more light bleeding and spotting between periods than with other oral contraceptives.
- It may be harder to know if you become pregnant, since you will likely have fewer periods or no periods.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg.

Patch



What is it?

- This is a skin patch you can wear on the lower abdomen, buttocks, or upper body.
- It uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from traveling to the egg.

How does it work?

- Put on a new patch each week for three weeks (21 total days).
- Don't put on a patch during the fourth week. Your menstrual period should start during this patch-free week.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.
- The patch may be less effective for women who weigh more than 198 lbs.

Some Risks

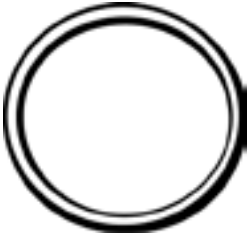
- It will expose you to higher than average levels of estrogen than most oral contraceptives.
- It is not known if serious risks, such as blood clots, are greater with the skin patch because of the greater exposure to estrogen.

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg.

Vaginal Contraceptive Ring



What is it?

- It is a flexible ring that is about 2 inches around.
- You put it into the vagina and it releases hormones (progestin and estrogen) to stop the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from traveling to the egg.

How does it work?

- You put the ring into your vagina.
- Keep the ring in your vagina for 3 weeks and then take it out for 1 week. Your menstrual period should start during this patch-free week.
- If the ring falls out and stays out for more than 3 hours, use a back-up birth control method until the ring has been used for 7 days in a row. Read the directions and talk to your doctor, nurse or pharmacist about what to do.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, about 5 may get pregnant.

Some Risks

- Vaginal discharge, swelling of the vagina, and irritation.
- Other risks are similar to oral contraceptives (combined pill).

Does it protect me from sexually transmitted infections (STIs)? No.

Hormonal Methods

Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg.

Shot/Injection



What is it?

- A shot of the hormone progestin that stops the ovaries from releasing eggs in most women.
- It also thickens the cervical mucus, which keeps the sperm from traveling to the egg.

How does it work?

- You need one shot every 3 months.

How do I get it?

- You need a prescription.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant. If you are two or more weeks late getting your shot, you have a greater chance of getting pregnant.

Some Risks

- You may have bone loss if you get the shot for more than 2 years.
- Bleeding between periods.
- Weight gain.
- Breast tenderness.
- Headaches.

Does it protect me from sexually transmitted infections (STIs)? No.

Emergency Contraception (Plan B, Plan B One-Step, Next Choice, Ella)

May be used if you do not use birth control or if your regular birth control fails.

It should not be used as a regular form of birth control

Emergency Contraceptives

“The Morning After Pill”



What is it?

- These are pills with hormones similar to other oral contraceptives.
- You can use these after you have unprotected sex (did not use birth control).
- You can also use these if your birth control did not work (the condom broke or slipped).
- You can take emergency contraception if you missed some of your regular birth control pills.

How does it work?

- It is thought to work by stopping or delaying the release of an egg from the ovary. It may also stop an egg from attaching (implanting to the uterus).
- You must swallow the pills within three to five days of having unprotected sex.
- For the best chance for it to work, you should start taking the pill(s) as soon as possible after unprotected sex.

How do I get it?

- You can buy Plan B (two pills taken 12 hours apart) Plan B One-Step (one pill) over the counter if you are 17 years or older. If you are younger than 17, you need a prescription.
- You need a prescription to get Ella, the newest pill for emergency contraception.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- This method reduces the risk of pregnancy, resulting from a single act of unprotected sex by almost 85 percent, if you take it within five days of unprotected sex. The sooner you take it, the better the chance of working.

Some Risks

- Nausea, vomiting, abdominal pain, fatigue and headache.

Does it protect me from sexually transmitted infections (STIs)? No.

Implanted Devices

Are inserted into the body and can be kept in place for a few years.

Copper IUD



What is it?

- A T-shaped device that is put into the uterus by a healthcare provider.

How does it work?

- The copper IUD affects the way sperm move, and stops them from traveling to the egg.
- It also changes the lining of the uterus, making it harder for an egg to attach.
- The copper IUD can stay in place for 12 years.
- After the IUD is taken out, it is possible to get pregnant.

How do I get it?

- A doctor or other healthcare provider needs to put in the IUD.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Side Effects

- Cramps and irregular bleeding.

Uncommon Risks

- Pelvic inflammatory disease and infertility.

Rare Risk

- Tear in the uterus or cervix.

Does it protect me from sexually transmitted infections (STIs)? No.

Implanted Devices

Are inserted into the body and can be kept in place for a few years.

IUD with Progestin



What is it?

- A T-shaped device that is put into the uterus.

How does it work?

- It may thicken the mucus of your cervix, and thin the lining of your uterus, which makes it harder for the sperm to travel to the egg.
- It may make it harder for sperm to move and survive.
- The IUD with progestin can stay in place for 5 years.
- After the IUD is taken out, it is possible to get pregnant.

How do I get it?

- A doctor or other healthcare provider needs to put in the IUD.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Side Effects

- Cramps and irregular bleeding.

Uncommon Risks

- Pelvic inflammatory disease and infertility.

Rare Risk

- Tear in the uterus or cervix.

Does it protect me from sexually transmitted infections (STIs)? No.

Implanted Devices

Are inserted into the body and can be kept in place for a few years.

Implantable Rod



What is it?

- A thin, matchstick-sized rod that contains the hormone progestin.
- It is put under the skin on the inside of your upper arm.

How does it work?

- It thickens the cervical mucus, which keeps sperm from traveling to the egg.
- Less often, it stops the ovaries from releasing eggs.
- It lasts up to 3 years.

How do I get it?

- A doctor or nurse needs to put it under the skin of your arm.
- You will get a shot in the upper arm to make the skin numb, then the rod is placed just under the skin with a needle.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.
- It might not work as well for overweight or obese women.
- It might not work as well if you are taking certain medicines for things like: tuberculosis (TB), seizures, depression, or HIV/AIDS.
- Tell your doctor if you are taking the herb St. John's Wort.

Some Risks

- Acne, weight gain, cysts of the ovaries, mood changes/depression, hair loss, headache, upset stomach, dizziness, lower interest in sexual activity, sore breasts, changes in your periods.

Does it protect me from sexually transmitted infections (STIs)? No.

Permanent Methods for Women

Are for women who are sure they never want to have a child or do not want any more children.

Can it be reversed?

Reversals require complicated surgery. Even though tubes can sometimes be rejoined, there are no guarantees. For many women, reversals are not possible because there is not enough of their tubes left to reconnect.

Sterilization Surgery for Women

Surgical Implant (also called Trans-abdominal Surgical Sterilization)



What is it?

- A device is placed on the outside of each fallopian tube. The woman's fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube. This stops you from getting pregnant.

How does it work?

- One way is by tying and cutting the tubes — this is called tubal ligation. The fallopian tubes also can be sealed using an instrument with an electrical current. They also can be closed with clips, clamps, or rings. Sometimes, a small piece of the tube is removed.

- You will need a small cut (incision) below the belly button and 2 or more smaller cuts (incisions).
- The woman's fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube. This stops you from getting pregnant.
- This is a surgery a woman has only once.
- It is permanent.

How do I get it?

- This is a surgery you ask for.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- Pain, bleeding, infection or other complications after surgery, ectopic (tubal) pregnancy.

Does it protect me from sexually transmitted infections (STIs)? No.

Permanent Methods for Women

Are for women who are sure they never want to have a child or do not want any more children.

Can it be reversed?

Reversals require complicated surgery. Even though tubes can sometimes be rejoined, there are no guarantees. For many women, reversals are not possible because there is not enough of their tubes left to reconnect.

Sterilization Implant for Women

(also called Transcervical Surgical Sterilization Implant)

What is it?

- Small flexible, metal coils that are put into the fallopian tubes through the vagina.

How does it work?

- The coils are put inside the fallopian tubes with a special catheter. Since it is inserted through the vagina, you do not need an incision (cutting).
- You may need local anesthesia.
- Scar tissue forms around the coil. This blocks the fallopian tubes and stops you from getting pregnant.

- You need to use another birth control method during the first 3 months. You will need an X-ray to make sure the device is in the right place.
- It is permanent.

How do I get it?

- This is a surgery you ask for.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women who use this method, less than 1 may get pregnant.

Some Risks

- Mild to moderate pain after insertion.
- Ectopic (tubal) pregnancy.

Does it protect me from sexually transmitted infections (STIs)? No.



Permanent Method for Men

This method is for men who are sure they never want to have a child or do not want any more children. Sometimes it is possible to reverse the operation, but there are no guarantees. Reversal involves complicated surgery that might not work.

The success of reversal surgery depends on:

- the length of time since the vasectomy was performed.
- whether or not antibodies to sperm have developed.
- the method used for vasectomy and the length and location of the segments of vas deferens that were removed or blocked.

Sterilization Surgery for Men

Vasectomy



What is it?

- This is a surgery a man has only once.
- It is permanent.

How does it work?

- A surgery blocks the vas deferens (tubes that carry a man's sperm from the testes to other glands).
- Semen (the fluid that comes out of a man's penis) never has any sperm in it.

How do I get it?

- A man needs to have surgery.
- Local anesthesia is used.

Chance of getting pregnant

(Number of pregnancies expected per 100 women who use this method for one year)

- Out of 100 women whose partner uses this method, less than 1 may get pregnant.

Some Risks

- Pain, bleeding and infection.

Does it protect me from sexually transmitted infections (STIs)? No.



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www.fda.gov/womens



<http://www.fda.gov/womens>

To Learn More:

This guide should not be used in place of talking to your doctor or reading the label on your medicine bottle. The drug and risk information may change.

Go to <http://www.accessdata.fda.gov/scripts/cder/drugsatfda> and type in the name of your drug.

Or

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/LSTSimpleSearch.cfm> and type in the name of your device.

Birth Control Guide

Most Effective



Least Effective

Methods	Number of pregnancies expected per 100 women	How to use it	Some Risks
Sterilization Surgery for Women	1	One-time procedure; nothing to do or remember	<ul style="list-style-type: none"> • Pain • Bleeding • Infection or other complications after surgery • Ectopic (tubal) pregnancy
Surgical Sterilization Implant for Women	1	One-time procedure; nothing to do or remember	<ul style="list-style-type: none"> • Mild to moderate pain after insertion • Ectopic (tubal) pregnancy
Sterilization Surgery for Men	1	One-time procedure; nothing to do or remember	<ul style="list-style-type: none"> • Pain • Bleeding • Infection
Implantable Rod	1	Nothing to do or remember Lasts up to 3 years	<ul style="list-style-type: none"> • Acne • Weight gain • Cysts of the ovaries • Mood changes • Depression • Lower interest in sexual activity • Hair loss • Headache • Upset stomach • Dizziness • Sore breasts • Changes in your periods
IUD	1	Nothing to do or remember Lasts 5-12 years	<ul style="list-style-type: none"> • Cramps • Bleeding • Pelvic inflammatory disease • Infertility • Tear or hole in the uterus
Shot/Injection	1	Need a shot every 3 months	<ul style="list-style-type: none"> • Bone loss • Bleeding between periods • Weight gain • Breast tenderness • Headaches
Oral Contraceptives (Combined Pill) "The Pill"	5	Must swallow a pill every day	<ul style="list-style-type: none"> • Dizziness • Nausea • Changes in your cycle (period) • Changes in mood • Weight gain • High blood pressure • Blood clots • Heart attack • Strokes
Oral Contraceptives (Progestin-only) "The Pill"	5	Must swallow a pill every day	<ul style="list-style-type: none"> • Irregular bleeding • Weight gain • Breast tenderness
Oral Contraceptives Extended/Continuous Use "The Pill"	5	Must swallow a pill every day	<ul style="list-style-type: none"> • Risks are similar to other oral contraceptives • Bleeding • Spotting between periods
Patch	5	Put on a new patch each week for three weeks (21 total days). Don't put on a patch during the fourth week.	<ul style="list-style-type: none"> • Exposure to higher average levels of estrogen than most oral contraceptives
Vaginal Contraceptive Ring	5	Put the ring into the vagina yourself. Keep the ring in your vagina for three weeks and then take it out for one week.	<ul style="list-style-type: none"> • Vaginal discharge • Swelling of the vagina • Irritation • Similar to oral contraceptives
Male Condom	11-16	Must use every time you have sex; requires partner's cooperation. Except for abstinence, latex condoms are the best protection against HIV/AIDS and other STIs.	<ul style="list-style-type: none"> • Allergic reactions
Diaphragm with Spermicide	15	Must use every time you have sex	<ul style="list-style-type: none"> • Irritation • Allergic reactions • Urinary tract infection • Toxic shock
Sponge with Spermicide	16-32	Must use every time you have sex	<ul style="list-style-type: none"> • Irritation • Allergic reactions • Hard time removing • Toxic shock
Cervical Cap with Spermicide	17-23	Must use every time you have sex	<ul style="list-style-type: none"> • Irritation • Allergic reactions • Abnormal Pap test • Toxic shock
Female Condom	20	Must use every time you have sex May give some protection against STIs	<ul style="list-style-type: none"> • Irritation • Allergic reactions
Spermicide	30	Must use every time you have sex	<ul style="list-style-type: none"> • Irritation • Allergic reactions • Urinary tract infection
Emergency Contraception – If your primary method of birth control fails			
Emergency Contraceptives "The Morning After Pill"	15	Must use within 72-120 hours of unprotected sex. It should not be used as a regular form of birth control.	<ul style="list-style-type: none"> • Nausea • Vomiting • Abdominal pain • Fatigue • Headache