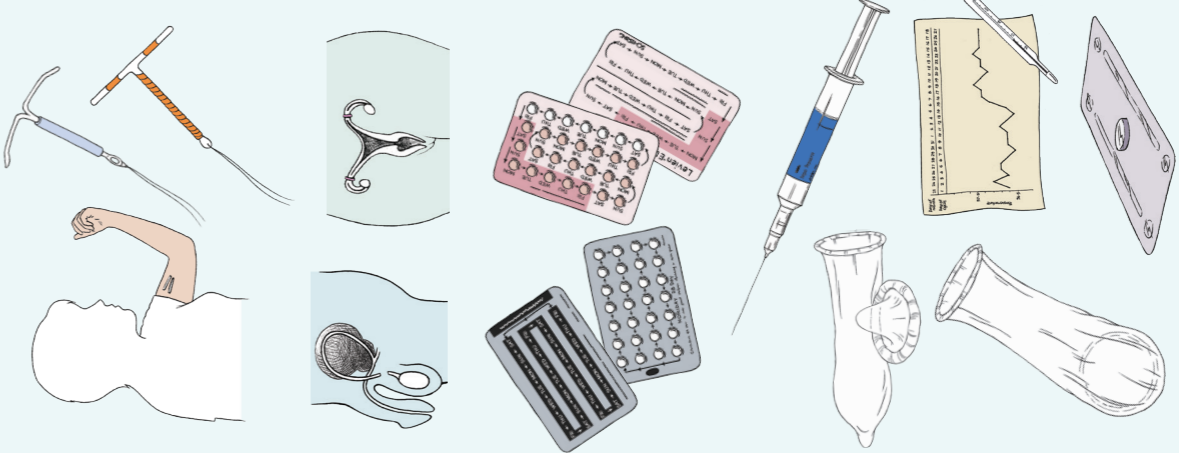


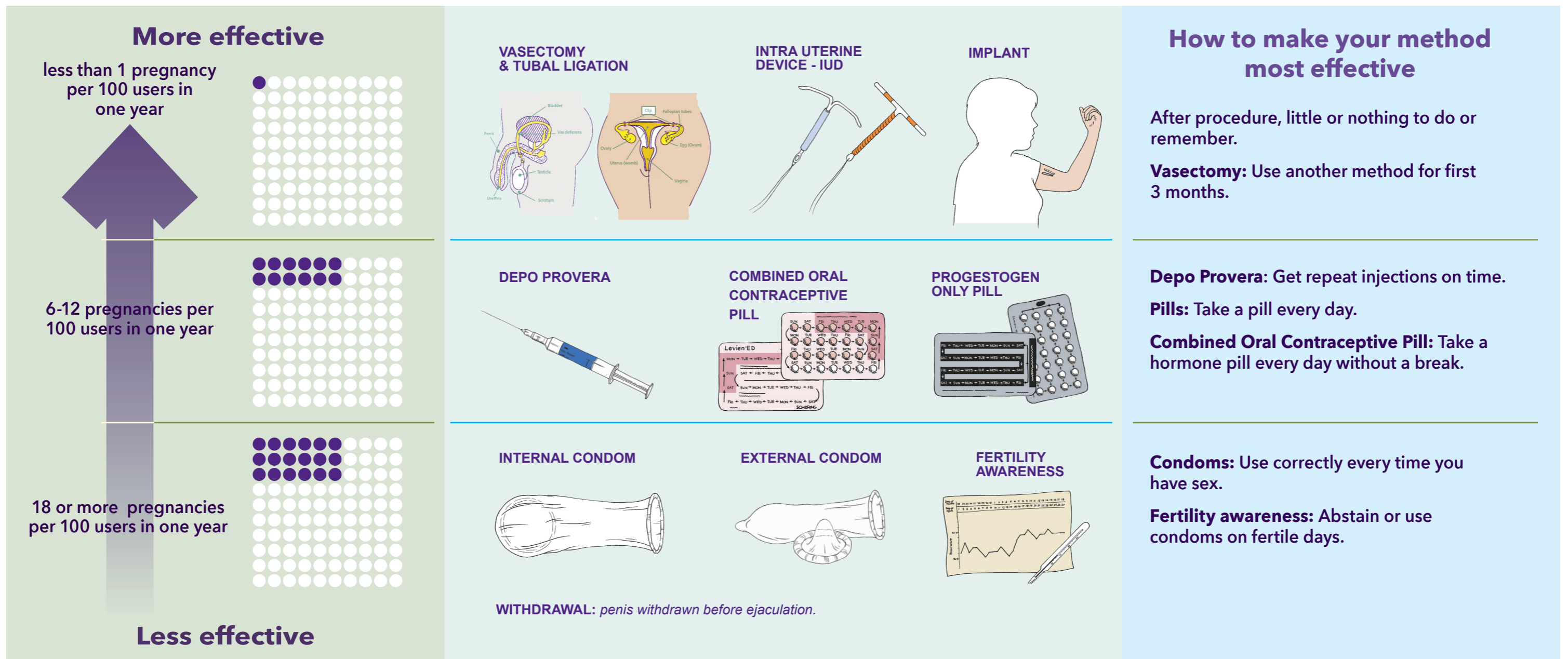
Contraception Your Choice

1. IUDs, implants and vasectomy or tubal ligation are the most effective contraceptives.
2. There are many options for you to choose from.
3. Every method has advantages and disadvantages.

TE ĀRAI HAPŪ - KEI A KOE TE TIKANGA

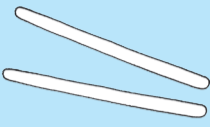
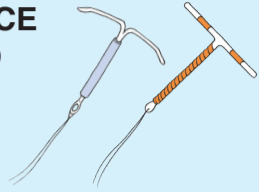

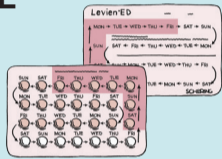
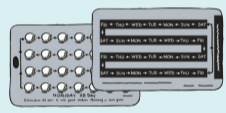
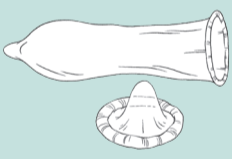


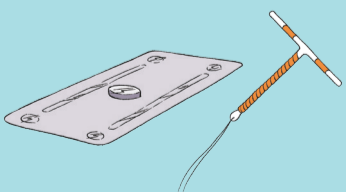
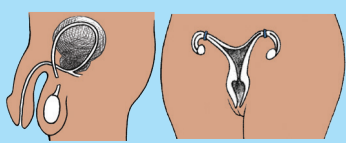


Comparing typical effectiveness of contraceptive methods



Contraception - Your Choice

Contact Family Planning for detailed information on any of these methods

Method	What is it? How does it work?	Chance of getting pregnant	Health concerns	Advantages	Disadvantages
LONG ACTING REVERSIBLE CONTRACEPTION					
IMPLANT 	<ul style="list-style-type: none"> progestogen is released from rods put under the skin of the arm by thickening mucus in cervix. May stop ovaries from releasing an egg each month 	<ul style="list-style-type: none"> less than 1 in 100 	<ul style="list-style-type: none"> no serious risk 	<ul style="list-style-type: none"> lasts 5 years fit and forget useful for those who can't take the combined pill or who might forget pills or appointments 	<ul style="list-style-type: none"> irregular bleeding which often gets better with time and can be controlled with medication
INTRA UTERINE DEVICE - IUD 	<ul style="list-style-type: none"> put inside the uterus 2 types - Copper IUD or progesterone-releasing IUD (Mirena or Jaydess) stops sperm reaching an egg 	<ul style="list-style-type: none"> less than 1 in 100 	<ul style="list-style-type: none"> very small chance of pelvic infection when IUD put in 	<ul style="list-style-type: none"> can stay in place for 3 years or more fit and forget doesn't interfere with sexual intercourse progesterone-releasing IUDs – lighter periods or no period at all, suitable for those with heavy periods 	<ul style="list-style-type: none"> needs to be inserted by an experienced doctor or nurse Copper IUDs may cause heavier periods or cramping Progesterone-releasing IUDs may cause irregular bleeding in the first few months
HORMONAL CONTRACEPTION					
DEPO PROVERA 	<ul style="list-style-type: none"> an injection of progesterone stops ovaries from releasing an egg each month 	<ul style="list-style-type: none"> typically 3 in 100 but less than 1 in 100 if next injection given on time 	<ul style="list-style-type: none"> no serious concerns 	<ul style="list-style-type: none"> one injection lasts up to 14 weeks doesn't interfere with sexual intercourse usually no periods useful for people who can't take combined pill 	<ul style="list-style-type: none"> irregular bleeding, no periods or occasional heavy bleeding periods and fertility take an average of 6 months to return after stopping the injection weight may change
COMBINED ORAL CONTRACEPTIVE PILL 	<ul style="list-style-type: none"> pill made of 2 hormones, oestrogen and progesterone stops ovaries releasing an egg each month 	<ul style="list-style-type: none"> typically 8 in 100 but less than 1 in 100 if used perfectly 	<ul style="list-style-type: none"> very small chance of blood clots, heart attacks and strokes. More likely in people over 35 who smoke, are overweight or have a family history of these conditions very slight increased risk of cervical cancer 	<ul style="list-style-type: none"> simple and easy to take doesn't interfere with sexual intercourse periods usually regular, shorter, lighter and less painful less chance of cancer of lining of the uterus or ovaries can be taken up to menopause if a healthy non smoker 	<ul style="list-style-type: none"> should not be used by people over 35 who smoke must remember to take it daily may have irregular bleeding
PROGESTOGEN ONLY PILL 	<ul style="list-style-type: none"> pill made of 1 hormone – progesterone by thickening mucus in cervix and may stop ovaries from releasing an egg each month 	<ul style="list-style-type: none"> typically 8 in 100 but less than 1 in 100 if used perfectly 	<ul style="list-style-type: none"> no serious risk 	<ul style="list-style-type: none"> doesn't interfere with sexual intercourse can be used at any age can be used when breast-feeding useful for those who can't take combined pill 	<ul style="list-style-type: none"> may have irregular bleeding
BARRIERS					
EXTERNAL CONDOM 	<ul style="list-style-type: none"> a thin rubber barrier fits over erect penis and catches sperm on ejaculation best used with water-based lubricant 	<ul style="list-style-type: none"> typically 15 in 100 but 2 in 100 if used perfectly every time failure rate increases with oil-based lubricant or some anti thrush creams 	<ul style="list-style-type: none"> none known 	<ul style="list-style-type: none"> easy to use and carry used only when needed helps protect against STIs available from Family Planning clinics and other health care providers can buy from pubs, clubs, pharmacies and many shops cheaper on prescription 	<ul style="list-style-type: none"> some people are allergic to rubber must be put on when penis is erect and before sexual intercourse some people say it reduces sexual feeling can slip off or break
INTERNAL CONDOM 	<ul style="list-style-type: none"> a thin polyurethane barrier goes into the vagina and catches sperm on ejaculation 	<ul style="list-style-type: none"> typically 21 per 100 but 5 per 100 if used perfectly 	<ul style="list-style-type: none"> none known 	<ul style="list-style-type: none"> helps protect against STIs gives user choice and control easy to use 	<ul style="list-style-type: none"> relatively expensive can only buy them online need to insert every time
FERTILITY AWARENESS					
FERTILITY AWARENESS 	<ul style="list-style-type: none"> body temperature, cervical mucus and periods checked. These body signs show when you are more likely to get pregnant 	<ul style="list-style-type: none"> typically 25 per 100 but can be 3 per 100 if used perfectly 	<ul style="list-style-type: none"> none 	<ul style="list-style-type: none"> after learning method, no further costs or visits to health professionals required helps you understand how your body works 	<ul style="list-style-type: none"> expert instruction needed to learn method no sexual intercourse during fertile time must chart temperature and cervical mucus daily body signs can be difficult to recognise and may vary
EMERGENCY CONTRACEPTION					
EMERGENCY CONTRACEPTION 	<ul style="list-style-type: none"> Emergency Contraceptive Pills (ECP) or copper IUD used after unprotected sexual intercourse delays ovulation or stops sperm reaching an egg 	<ul style="list-style-type: none"> ECP – 2 per 100 for those of average weight, may be higher if heavier IUD – less than 1 per 100 	<ul style="list-style-type: none"> ECP – none known IUD – risk of pelvic infection if user has STI 	<ul style="list-style-type: none"> reduces chance of pregnancy after unprotected sexual intercourse ECP – can be used up to 72 hours after unprotected sexual intercourse can get ECP for future use can be used if other method fails, eg. broken condom or missed pill can buy from pharmacies 	<ul style="list-style-type: none"> ECP should be taken within 72 hours of unprotected sexual intercourse double dose needed for those who are heavier. Failure rate may be higher IUD needs to be fitted by an experienced doctor or nurse and can be uncomfortable
PERMANENT CONTRACEPTION					
VASECTOMY & TUBAL LIGATION 	<ul style="list-style-type: none"> permanent contraception an operation vasectomy – tubes cut to stop the sperm getting to the penis tubal ligation – clips put on tubes to stop the egg getting to the uterus 	<ul style="list-style-type: none"> less than 1 per 100 	<ul style="list-style-type: none"> vasectomy – rare possibility of long-term scrotal pain tubal ligation – very slight risk from reaction to anaesthetic or damage to internal organs 	<ul style="list-style-type: none"> one operation only permanent 	<ul style="list-style-type: none"> not easily reversible requires an operation may have short term side effects, eg. pain, bruising