

Birth Control Guide

Efficacy rates in this chart are based on *Contraceptive Technology*, 17th edition. They are yearly estimates of effectiveness in typical use, which refers to a method's reliability in real life, when people don't always use a method properly. For comparison, about 85 percent of sexually active women using no contraception would be expected to become pregnant in a year.

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	Male Latex Condom ^a	Female Condom	Diaphragm with Spermicide	Cervical Cap with Spermicide	Sponge with Spermicide (not currently marketed)	Spermicides Alone
<i>Estimated Effectiveness</i>	86%	79%	80%	60–80% ^b	60–80% ^b	74%
<i>Some Risks^c</i>	Irritation and allergic reactions (less likely with polyurethane)	Irritation and allergic reactions	Irritation and allergic reactions, urinary tract infection	Irritation and allergic reactions, abnormal Pap test	Irritation and allergic reactions, difficulty in removal	Irritation and allergic reactions
<i>Protection from Sexually Transmitted Diseases (STDs)</i>	Except for abstinence, latex condoms are the best protection against STDs, including herpes and AIDS.	May give some STD protection; not as effective as latex condom.	Protects against cervical infection; spermicide may give some protection against chlamydia and gonorrhea; otherwise unknown.	Spermicide may give some protection against chlamydia and gonorrhea; otherwise unknown.	Spermicide may give some protection against chlamydia and gonorrhea; otherwise unknown.	May give some protection against chlamydia and gonorrhea; otherwise unknown.
<i>Convenience</i>	Applied immediately before intercourse; used only once and discarded.	Applied immediately before intercourse; used only once and discarded.	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.	May be difficult to insert; can remain in place for 48 hours without reapplying spermicide for repeated intercourse.	Inserted before intercourse and protects 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; used only once and discarded.	Instructions vary; usually applied no more than one hour before intercourse and left in place at least six to eight hours after.
<i>Availability</i>	Nonprescription	Nonprescription	Prescription	Prescription	Nonprescription; not currently marketed.	Nonprescription

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- a Effectiveness rate for polyurethane condoms has not been established.
- b 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.
- c Serious medical risks from contraceptives are rare.

Oral Contraceptives—combined pill	Oral Contraceptives—progestin-only minipill	Injection (Depo-Provera)	Implant (Norplant)	IUD (Intrauterine Device)	Periodic Abstinence	Surgical Sterilization—female or male
95%	95%	Over 99%	Over 99%	98–99%	About 75% (varies, based on method)	Over 99%
Dizziness; nausea; changes in menstruation, mood, and weight; rarely, cardiovascular disease, including high blood pressure, blood clots, heart attack, and strokes	Irregular bleeding, weight gain, breast tenderness, less protection against ectopic pregnancy	Irregular bleeding, weight gain, breast tenderness, headaches	Irregular bleeding, weight gain, breast tenderness, headaches, difficulty in removal	Cramps, bleeding, pelvic inflammatory disease, infertility, perforation of uterus	None	Pain, bleeding, infection, other minor postsurgical complications
None, except some protection against pelvic inflammatory disease.	None, except some protection against pelvic inflammatory disease.	None	None	None	None	None
Must be taken on daily schedule, regardless of frequency of intercourse.	Must be taken on daily schedule, regardless of frequency of intercourse.	One injection every three months	Implanted by health-care provider—minor outpatient surgical procedure; effective for up to five years.	After insertion by physician, can remain in place for up to one or 10 years, depending on type.	Requires frequent monitoring of body functions (for example, body temperature for one method).	One-time surgical procedure
Prescription	Prescription	Prescription	Prescription	Prescription	Instructions from health-care provider	Surgery