Contraception and their types

Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process.

## Purpose

Every month a woman's body begins the process that can potentially lead to pregnancy. An egg (ovum) matures, the mucus that is secreted by the cervix (a cylindrical-shaped organ at the lower end of the uterus) changes to be more inviting to sperm, and the lining of the uterus grows in preparation for receiving a fertilized egg. Any woman who wants to prevent pregnancy must use a reliable form of birth control. Birth control (contraception) is designed to interfere with the normal process and prevent the pregnancy that could result. There are different kinds of birth control that act at different points in the process, from ovulation through fertilization to implantation. Each method has its own side effects and risks. Some methods are more reliable than others.

Although there are many different types of birth control, they can be divided into a few groups based on how they work. These groups include:

* Hormonal methods: These use medications (hormones) to prevent ovulation. Hormonal methods include birth control pills ( [**oral contraceptives**](http://www.healthofchildren.com/N-O/Oral-Contraceptives.html) ), Depo Provera injections, and Norplant.
* Barrier methods: These methods work by preventing the sperm from getting to and fertilizing the egg. Barrier methods include male [**condom**](http://www.healthofchildren.com/C/Condom.html) and female condom, diaphragm, and cervical cap. The condom is the only form of birth control that also protects against [**sexually transmitted diseases**](http://www.healthofchildren.com/S/Sexually-Transmitted-Diseases.html) , including human [**immunodeficiency**](http://www.healthofchildren.com/I-K/Immunodeficiency.html) virus (HIV) that causes acquired immune deficiency syndrome (AIDS).
* Spermicides: These medications kill sperm on contact. Most spermicides contain nonoxynyl-9. Spermicides come in many different forms such as jelly, foam, tablets, and even a transparent film. All are placed in the vagina. Spermicides work best when they are used at the same time as a barrier method.
* Intrauterine devices (IUDs): These devices are inserted into the uterus, where they stay from one to ten years. An IUD prevents the fertilized egg from implanting in the lining of the uterus and may have other effects as well.
* Tubal ligation: This medical procedure is a permanent form of contraception for women. Each fallopian tube is either tied or burned closed. The sperm cannot reach the egg, and the egg cannot travel to the uterus.
* Vasectomy: This medical procedure is a the male form of sterilization and should be considered permanent. In vasectomy, the vas defrens, the tiny tubes that carry the sperm into the semen, are cut and tied off.

**Description**

All forms of birth control have one feature in common. They are only effective if used faithfully. Birth control pills work only if taken every day; the diaphragm is effective only if used during every episode of sexual intercourse. The same is true for condoms and the cervical cap. Some methods are automatically working every day, no matter what. These methods include Depo Provera, Norplant, the IUD, and tubal sterilization.

There are many different ways to use birth control. They can be divided into several groups:

* By mouth (oral): Birth control pills must be taken by mouth every day.
* Injected: Depo Provera is a hormonal medication that is given by injection every three months.
* Implanted: Norplant is a long-acting hormonal form of birth control that is implanted under the skin of the upper arm.
* Vaginal: Spermicides and barrier methods work in the vagina.
* Intra-uterine: The IUD is inserted into the uterus.
* Surgical: Tubal sterilization is a form of surgery. A doctor must perform the procedure in a hospital or surgical clinic. Many women need general anesthesia.

The methods of birth control differ from each other regarding when they are used. Some methods of birth control must be used specifically at the time of sexual intercourse (condoms, diaphragm, cervical cap, spermicides). All other methods of birth control must be working all the time to provide protection (hormonal methods, IUDs, tubal sterilization).

### Condoms and spermicides

Condoms are about 85 percent effective in preventing pregnancies. That means that out of 100 females whose partners use condoms, 15 will still become pregnant during the first year of use, according to the nonprofit advocacy group Planned Parenthood. Unwanted pregnancies usually occur because the condom is not attached or used properly or breaks during intercourse. More protection against pregnancy is possible if a spermicide is used along with a condom. Spermicide is a pharmaceutical substance used to kill sperm, especially in conjunction with a birth-control device such as a condom or diaphragm. Spermicides come in foam, cream, gel, suppository, or as a thin film. The most common spermicide is called nonoxynol-9, and many condoms come with it already applied as a lubricant. However, spermicides do not kill HIV or other sexually transmitted viruses and do not prevent the spread of HIV and other STDs. Also, nonoxynol-9 can irritate vaginal tissue and thus increase the risk of getting an STD. In anal sex, especially between two males, spermicides also can irritate the rectum, increasing the risk of getting HIV. Spermicides are specifically discouraged for use by gay or bisexual males for anal sex.

Latex condoms are also recommended over condoms made from other materials, especially lambskin, because they are thicker and stronger and have less risk of breakage during sex. Non-latex condoms do not prevent the spread of STDs, including HIV, and should not be used by gay or bisexual men or men who have HIV or other sexually transmitted diseases. Condoms are available over-the-counter, meaning they do not require a prescription, and there are no age restrictions on purchasing condoms. They are available at a variety of locations, including drug stores, convenience stores, supermarkets, and [**family**](http://www.healthofchildren.com/E-F/Family.html) planning clinics. They are also available for purchase on the Internet.

**FEMALE CONDOM** The female condom is a seven-inch polyurethane pouch that fits into the vagina. It collects semen before, during, and after ejaculation, keeping semen from entering the uterus through the cervix and thus protecting against pregnancy. In one year of use, it is 79 percent effective in preventing pregnancies. It also reduces the risk of many STDs, including HIV. There is a flexible ring at the closed end of the thin, soft pouch of the female condom. A slightly larger ring is at the open end. The ring at the closed end holds the condom in place in the vagina. The ring at the open end rests outside the vagina. When the condom is in place during sexual intercourse, there is no contact of the vagina and cervix with the skin of the penis or with secretions from the penis. It can be inserted up to eight hours before sex.

### Precautions

There are risks associated with some forms of birth control. Some of the risks of each method are:

* Birth control pills: The hormone (estrogen) in birth control pills can increase the risk of heart attack in women over forty who smoke.
* IUD: This device can increase the risk of serious pelvic infection. The IUD can also injure the uterus by poking into or through the uterine wall. Surgery might be needed to fix this injury.
* Tubal sterilization: "Tying the tubes" is a surgical procedure and has all the risks of any other surgery, including the risks of anesthesia, infection, and bleeding.
* Condom: The most common problems associated with condoms are breakage during use and improper technique in using condoms. These can lead to pregnancy and sexually transmitted diseases, especially HIV.

### Preparation

No specific preparation is needed before using contraception. However, a woman must be sure that she is not already pregnant before using a hormonal method or having an IUD placed.

## Risks

Many methods of birth control have side effects. Knowing the side effects can help a woman to determine which method of birth control is right for her. There is no perfect form of birth control. Every method has a small failure rate and side effects. Some methods carry additional risks. However, every method of birth control has fewer risks than pregnancy. The risks include:

* Hormonal methods: The hormones in birth control pills, Depo Provera, and Norplant can cause changes in menstrual periods, changes in mood, weight gain, [**acne**](http://www.healthofchildren.com/A/Acne.html) , and headaches. In addition, once a woman stops using Depo Provera or Norplant, she may go many months before she begins ovulating again.

The different types of contraception

1. [Cap](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#cap)
2. [Combined pill](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#combined-pill)
3. [Condoms](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#condoms)
4. [Contraceptive implant](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#contraceptive-implant)
5. [Contraceptive injection](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#contraceptive-injection)
6. [Contraceptive patch](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#contraceptive-patch)
7. [Diaphragm](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#diaphragm)
8. [Female condoms](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#female-condoms)
9. [Female sterilisation](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#female-sterilisation)
10. [IUD (intrauterine device, coil)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#iud-intrauterine-device-coil)
11. [IUS (intrauterine system)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#ius-intrauterine-system)
12. [Progestogen-only pill (POP, mini pill)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#progestogen-only-pill-pop-mini-pill)
13. [Vaginal ring](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#vaginal-ring)
14. [Vasectomy](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#vasectomy)
15. [Natural family planning (fertility awareness)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#natural-family-planning-fertility-awareness)

## Cap

A woman can get pregnant if a man's sperm reaches one of her eggs (ova). Contraception tries to stop this happening by keeping the egg and sperm apart or by stopping egg production. One method of contraception is the cap.

The contraceptive cap is a circular dome made of thin, soft silicone. It's inserted into the vagina before sex, and covers the cervix so that sperm cannot get into the womb. You need to use spermicide with it (spermicide kills sperm).

The cap must be left in place for six hours after sex. After that time, you take out the cap and wash it. Caps are reusable. They come in different sizes, and you must be fitted for the correct size by a trained doctor or nurse.

## At a glance: facts about the cap

* There's one type of cap on the market in the UK just now: Femcap.
* There aren't many studies of Femcap. It's generally thought that when used correctly with spermicide, the cap is 92-96% effective at preventing pregnancy. This means that between four and eight women out of every 100 who use a cap as contraception will become pregnant in a year.
* As humans make mistakes, in real world use at least 12 women in 100 a year become pregnant (88% effective).
* There are no serious health risks of using the cap.
* A cervical cap can be inserted with spermicide any time before intercourse.
* You should use more spermicide if the cap has been in place for 3 hours or more, or if sex is repeated with the method in place.
* A diaphragm or cervical cap shouldn't be removed until at least 6 hours after the last episode of intercourse.
* It can take time to learn how to use a cap.
* If you have a baby, miscarriage or abortion, you may need to be fitted with a new size of cap.
* By using condoms as well as a cap, you will help to protect yourself against [sexually transmitted infections (STIs)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception).

## How the cap works

A cap, like a diaphragm, is a barrier method of contraception. It fits inside your vagina and prevents sperm from passing through the entrance of your womb (the cervix). At present only one brand of cap is available in the UK, Femcap. Femcaps are soft, thin domes made of silicone, and come in three sizes.

About 80% of women find a Femcap that fits them. You can get a cap at some GP surgeries, sexual health clinics and some young people's services.

To be effective in preventing pregnancy, the cap needs to be used in combination with spermicide, which is a chemical that kills sperm.

You only need to use a cap when you have sex. You must leave it in for at least six hours after the last time you have sex. You can leave it in for up to 48 hours.

For the best protection against STIs it's advised that you use a condom as well.

### Inserting a contraceptive cap

Your doctor or nurse will show you how to put in a cap. Caps come with instructions and are all inserted in a similar way:

* With clean hands, fill one-third of the cap with spermicide, but do not put any spermicide around the rim, as this will stop the cap staying in place.
* Femcap has a groove between the dome and the rim – some spermicide should also be placed there.
* Squeeze the sides of the cap together and hold it between your thumb and first two fingers.
* Slide the cap into your vagina, upwards.
* The cap must fit neatly over your cervix – it stays in place by suction.
* Some women squat while they put their cap in, while others lie down or stand with one foot up on a chair – use the position that's easiest for you.
* You can insert a cap up to three hours before you have sex – after this time, you will need to take it out and put some more spermicide on it.

When you are fitted with a cap you will be asked to practise with at home. This gives you the chance to learn how to use it properly, see how it feels and find out if the method is suitable for you. Until you are confident you're using the cap correctly, you might need to use additional contraception, such as condoms, when you have sex.

When you go back for a follow-up appointment with your doctor or nurse, wear the cap so they can check that it is the right size and you have put it in properly.

## Removing a Femcap

A Femcap can be easily removed by gently hooking your finger under its rim, loop or strap and pulling it downwards and out. You must leave your cap in place for at least 6 hours after the last time you had sex. Sperm can survive up to 6 hours in the vagina so if the barrier is removed too early, you increase your chances of pregnancy.

You can leave a Femcap in for longer than this, but don't leave it in for longer than the recommended maximum time of 48 hours.

### Looking after your cap

After use, you can wash your cap with warm water and mild, unperfumed soap. Rinse it thoroughly, then leave to dry. You will be given a small container for it, which you should keep in a cool, dry place.

* Never boil a cap.
* Your cap may become discoloured over time, but this doesn't make it less effective.
* Always check your cap for any signs of damage before using it.

You can visit your GP or nurse when you want to replace your cap. Most women can use the same cap for a year before they need to replace it. You may need to get a different sized cap if you have a baby, miscarriage or abortion.

## Who can use the cap

Most women are able to use contraceptive caps. However, they may not be suitable for you if you:

* have an unusually shaped or positioned cervix (entrance to the womb), or if you cannot reach your cervix
* have a sensitivity or an allergy to the chemicals in spermicide
* have ever had toxic shock syndrome (a rare, but life-threatening bacterial infection)
* currently have a vaginal infection (wait until your infection clears before using a diaphragm or cap)
* are not comfortable touching your vagina

Research shows that spermicides which contain the chemical nonoxynol-9 do not protect against STIs and may even increase your risk of getting an STI. If you're at a high risk of getting an STI, for example, if you have multiple sexual partners, a cap may not be the best choice for you.

A cap may be less effective if:

* it is damaged – for example, it is torn or has holes
* it is not the right size for you
* you use it without spermicide
* you do not use extra spermicide with your cap every time you have more sex
* you remove it too soon (less than six hours after the last time you had sex)

If any of these things happen, or you have had sex without contraception, you may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception/).

You can use a cap after having a baby, but you may need a different size. It is recommended that you wait at least six weeks after giving birth before using a contraceptive cap. You can use a cap after a miscarriage or abortion, but you may need a different size.

## Advantages and disadvantages of the cap

A cap has the following advantages:

* you only need to use it when you want to have sex
* you can put it in at a convenient time before having sex (do not forget to use extra spermicide if you have it in for more than three hours)
* there are no serious associated health risks or side effects

A cap has the following disadvantages:

* it is not as effective as other types of contraception
* it only provides limited protection against STIs
* it can take time to learn how to use a cap
* putting a cap in can interrupt sex
* cystitis (bladder infection) can be a problem for some women who use a cap
* spermicide can cause irritation in some women and their sexual partners

## Risks of the cap

There are no serious health risks associated with using a contraceptive cap.

## Where you can get the cap?

Most types of contraception are free in the UK. Contraception is free to all women and men through the NHS. Places where you can get contraception include:

* most GP surgeries – talk to your GP or practice nurse
* sexual health clinics – they also offer contraceptive and STI testing services
* some young people's services (call our Sexual Health Line on 0800 22 44 88 for more information)

Contraception services are free and confidential, including for people under the age of 16.

If you're under 16 and want contraception, the doctor, nurse or pharmacists won't tell your parents (or carer).  They will provide you with contraception as long as they believe you fully understand the information you're given and are able to use the contraception safely.

Doctors and nurses have a responsibility to make sure that you are safe and free from harm. They'll encourage you to consider telling your parents (or carer), but they won't make you. The only time that a professional will not be able to keep confidentiality is if they believe you're at risk of serious harm, such as abuse. If this was the case they would usually discuss it with you first.

## Condoms

A woman can get pregnant if a man’s sperm reaches one of her eggs (ova). Contraception tries to stop this happening by keeping the egg and sperm apart or by stopping egg production. One method of contraception is the condom.

There are two types of condoms: male condoms, which are worn on the penis, and female condoms, which are worn inside the vagina. This page is about male condoms, where you can get them and how they work.

Male condoms are made from very thin latex (rubber), polyisoprene or polyurethane, and are designed to stop a man's semen from coming into contact with his sexual partner.

When condoms are used correctly during vaginal, anal or oral sex, they help to protect against pregnancy and sexually transmitted infections (STIs), including [HIV](https://www.nhsinform.scot/illnesses-and-conditions/immune-system/hiv).

Condoms are the only contraception that protect against pregnancy and STIs.

## At a glance: condoms

* If used correctly every time you have sex, male condoms are 98% effective. This means that two out of 100 women using male condoms as contraception will become pregnant in one year.
* As humans make mistakes, in real world use at least 15 women in 100 a year become pregnant (85% effective).
* You can get free condoms community sexual health clinics and some GP surgeries, pharmacies or young people's clinics.
* Oil-based products, such as moisturiser, lotion and Vaseline, can make latex and polyisoprene condoms less effective, but they are safe to use with condoms made from polyurethane.
* Water-based lubricant, available in pharmacies and sexual health clinics, is safe to use with all condoms.
* It's possible for a condom to slip off during sex. If this happens, you may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception/), and to get checked for STIs.
* Condoms need to be stored in places that aren't too hot or cold, and away from sharp or rough surfaces that could tear them or wear them away.
* Putting on a condom can be an enjoyable part of sex, and doesn't have to feel like an interruption.
* If you're sensitive to latex, you can use polyurethane or polyisoprene condoms instead.
* A condom must not be used more than once. Use a new one each time you have sex.
* Condoms have a use-by date on the packaging. Don't use out-of-date condoms.
* Always buy condoms that have the BSI kite mark and the CE mark on the packet. This means that they've been tested to high safety standards.

## How a condom works

Condoms are a barrier method of contraception. They stop sperm from reaching an egg by creating a physical barrier between them. Condoms can also protect against STIs if used correctly during vaginal, anal and oral sex.

It's important that the man's penis does not make contact with the woman's vagina before a condom has been put on. This is because semen can come out of the penis before a man has fully ejaculated (come). If this happens, or if semen leaks into the vagina while using a condom, seek advice about emergency contraception from your GP or sexual health clinic. You should also consider having an STI test.

### How to use a condom

* Take the condom out of the packet, taking care not to tear it with jewellery or fingernails – do not open the packet with your teeth.
* Place the condom over the tip of the erect penis.
* If there's a teat on the end of the condom, use your thumb and forefinger to squeeze the air out of it.
* Gently roll the condom down to the base of the penis.
* If the condom won't roll down, you're probably holding it the wrong way round – if this happens, throw the condom away because it may have sperm on it, and try again with a new one.
* After sex, withdraw the penis while it's still erect – hold the condom onto the base of the penis while you do this.
* Remove the condom from the penis, being careful not to spill any semen.
* Throw the condom away in a bin, not down the toilet.
* Make sure the man's penis does not touch his partner's genital area again.
* If you have sex again, use a new condom.

### Condoms with spermicide

Some male condoms come with spermicide on them. Spermicide is a chemical that kills sperm. These condoms are slowly being phased out, as research has found that a spermicide called nonoxynol 9 does not protect against STIs such as chlamydia and HIV, and may even increase the risk of infection. It's best to avoid using spermicide-lubricated condoms, or spermicide as an additional lubricant.

## Who can use condoms?

Most people can safely use condoms. There are many different varieties and brands of male condom, and it's up to you and your partner which type of condom you use. However, condoms may not be the most suitable method of contraception for everyone.

* Some men and women are sensitive to the chemicals in latex condoms. If this is a problem, polyurethane or polyisoprene condoms have a lower risk of causing an allergic reaction.
* Men who have difficulty keeping an erection may not be able to use male condoms, as the penis must be erect to prevent semen leaking from the condom, or the condom slipping off.

## Advantages and disadvantages of condoms

It is important to consider which form of contraception is right for you and your partner. Take care to use condoms correctly, and consider using other forms of contraception for extra protection.

#### Advantages

* When used correctly and consistently, condoms are a reliable method of preventing pregnancy.
* They help to protect both partners from STIs, including chlamydia, gonorrhoea and [HIV](https://www.nhsinform.scot/illnesses-and-conditions/immune-system/hiv/).
* You only need to use them when you have sex – they do not need advance preparation and are suitable for unplanned sex.
* In most cases, there are no medical side effects from using condoms.
* Male condoms are easy to get hold of and come in a variety of shapes, sizes and flavours.

#### Disadvantages

* Some couples find that using condoms interrupts sex. Communicating about sex and with your partner can help avoid embarrassment and make sex better.
* Condoms are very strong, but may split or tear if not used properly.
* Some people may be allergic to latex, plastic or spermicides – you can get condoms that are less likely to cause an allergic reaction.
* When using a male condom, the man has to pull out after he has ejaculated and before the penis goes soft, holding the condom firmly in place.

If male condoms aren't used properly, they can slip off or split. Practice and communication with your partner can help avoid this.

### Can anything make condoms less effective?

Sperm can sometimes get into the vagina during sex, even when using a condom. This may happen if:

* the penis touches the area around the vagina before a condom is put on
* the condom splits or comes off
* the condom gets damaged by sharp fingernails or jewellery
* you use oil-based lubricants, such as lotion, baby oil or petroleum jelly, with latex or polyisoprene condoms – this damages the condom
* you are using medication for conditions like thrush, such as creams, pessaries or suppositories – this can damage latex and polyisoprene condoms and stop them working properly

As well as condoms, you can use other forms of contraception, such as the contraceptive pill, for extra protection against pregnancy. However, other forms of contraception will not protect you against STIs. You will still be at risk of STIs if the condom breaks.

### Using lubricant

Condoms come ready lubricated to make them easier to use, but you may also like to use additional lubricant, or lube. This is particularly advised for anal sex, to reduce the chance of the condom splitting.

Any kind of lubricant can be used with condoms that are not made of latex. However, if you are using latex or polyisoprene condoms, do not use oil-based lubricants, such as:

* body oil or lotion
* petroleum jelly or creams (such as Vaseline)

This is because they can damage the condom and make it more likely to split.

### If a condom splits or comes off

If the condom splits or comes off and you think that sperm has entered the vagina, you can access emergency contraception OR STI testing at your GP or sexual health clinic. Emergency contraception can also be accessed at most pharmacies.

Depending on the type of pill, you need to take the emergency contraceptive pill up to 72 hours or up to 120 hours (five days) after unprotected sex. The intrauterine device (IUD) can be used as emergency contraception up to five days after sex.

## Risks of using condoms

For most people, there are no serious risks associated with using condoms, although some people are allergic to latex condoms. You can get condoms that are less likely to cause an allergic reaction.

## Where can you get condoms?

Everyone can get condoms for free, even if they are under 16. They are available from:

* your local free condom service provider
* sexual health clinics
* some GP surgeries
* some pharmacies

You can also buy condoms from:

* pharmacies
* supermarkets
* websites
* mail-order catalogues
* vending machines in some public toilets
* some petrol stations

If you buy condoms online, make sure that you buy them from a pharmacist or other legitimate retailer. Always choose condoms that carry the BSI kite mark and the European CE mark as a sign of quality assurance. This means they have been tested to the required safety standards.

Contraception services are free and confidential, including for people under the age of 16.

If you're under 16 and want contraception, the doctor, nurse or pharmacists won't tell your parents (or carer). They will provide you with contraception as long as they believe you fully understand the information you're given and are able to use the contraception safely.

Doctors and nurses have a responsibility to make sure that you are safe and free from harm. They'll encourage you to consider telling your parents (or carer), but they won't make you. The only time that a professional will not be able to keep confidentiality is if they believe you're at risk of serious harm, such as abuse. If this was the case they would usually discuss it with you first.

## Vaginal ring

A woman can get pregnant if a man’s sperm reaches one of her eggs (ova). Contraception tries to stop this happening by keeping the egg and sperm apart or by stopping egg production. One method of contraception is the vaginal ring.

The vaginal ring is a small, soft plastic ring that you place inside your vagina. It’s about 4mm thick and 5.5cm in diameter. You leave it in your vagina for 21 days, then remove it and throw it in the bin (not down the toilet) in a special disposal bag. Seven days after removing the ring, you insert a new one for the next 21 days.

The ring releases oestrogen and progestogen. This prevents ovulation (release of an egg), makes it difficult for sperm to get to an egg and thins the womb lining, so it’s less likely that an egg will implant there.

## At a glance: facts about the vaginal ring

* If used correctly, the vaginal ring is more than 99% effective. This means that fewer than one woman out of every 100 who use the vaginal ring as contraception will become pregnant in one year.
* As humans make mistakes, in real world use at least 9 women in 100 a year become pregnant (91% effective).
* One ring will provide contraception for a month, so you don’t have to think about it every day.
* It doesn’t interrupt sex, because you can have sex with the ring in place.
* Unlike the pill, the ring is still effective if you have vomiting or diarrhoea.
* The ring may ease premenstrual symptoms, and bleeding will probably be lighter and less painful.
* Some women have temporary side effects, including more vaginal discharge, breast tenderness and headaches.
* A few women develop a blood clot (thrombosis) when using the ring, but this is rare.
* The ring can sometimes come out on its own, but you can rinse it in warm water and put it back in as soon as possible. You might need emergency contraception, depending on how long it has been out.
* The vaginal ring doesn’t protect against sexually transmitted infections (STIs). By using condoms as well as the ring, you’ll protect yourself against STIs.

## How the ring works

The ring continually releases oestrogen and progestogen, which are synthetic versions of the hormones that are naturally released by the ovaries. This:

* reduces ovulation (the release of an egg)
* thickens vaginal mucus, which makes it more difficult for sperm to get through
* thins the lining of the womb so that an egg is less likely to implant there

### Using the vaginal ring

You can start using the vaginal ring at any time during your menstrual cycle. You leave it in for 21 days, then remove it and have a seven-day ring-free break. You’re protected against pregnancy during the ring-free break. You then put a new ring in for another 21 days.

The licence for the vaginal ring states that:

* you will be protected against pregnancy straight away if you insert it on the first day of your period (the first day of your menstrual cycle)
* you won't be protected from pregnancy if you start using it at any other time in your menstrual cycle, and you'll need to use additional contraception (such as condoms) for the first seven days

You can discuss this with your doctor or nurse to decide when might be the best time for you to start using the ring.

#### To insert the ring:

* with clean hands, squeeze the ring between your thumb and finger, and gently insert the tip into your vagina
* gently push the ring up into your vagina until it feels comfortable

Unlike a diaphragm or cap, the ring does not need to cover your cervix (the entrance to your womb) to work.

If you can feel the ring and it is uncomfortable, push it a bit further into your vagina. There isn’t a right or wrong place for it to be, as long as it isn’t uncomfortable.

You should be able to check that the ring is still there using your fingers. If you can’t feel it, but you’re sure it’s there, see your doctor or nurse. The ring cannot get "lost" inside you.

After the ring has been in your vagina for 21 days (three weeks), you remove it. This should be on the same day of the week that you put it in.

#### To remove the ring:

* with clean hands, put a finger into your vagina and hook it around the edge of the ring
* gently pull the ring out
* put it in the special bag provided and throw it in the bin – don’t flush it down the toilet

Removing the ring should be painless. If you have any bleeding or pain, or you can’t pull it out, tell your doctor or nurse immediately.

When you’ve taken the ring out, you don’t put a new one in for seven days (one week). This is the ring-free interval. You might have a period-type bleed during this time.

After seven days without a ring in, you need to insert a new one. Put the new ring in even if you’re still bleeding. Leave this ring in for 21 days, then repeat the cycle.

You can have sex and use tampons while the ring is in your vagina. You and your partner may feel the ring during sex, but this isn’t harmful.

### If you forget to take the ring out

If you forget to take the ring out after 21 days, what you should do depends on how much extra time the ring has been left in.

If the ring has been in for up to seven days after the end of week three:

* take the ring out as soon as you remember
* don’t put a new ring in – start your seven-day interval as normal
* begin your new ring after your seven-day interval as normal
* you’re still protected against pregnancy, and you don’t need to use additional contraception

If the ring has been in for more than seven extra days (more than four weeks in total):

* take the ring out as soon as you remember
* put a new ring in straight away

The licence for the vaginal ring states that you should use additional contraception (such as condoms) until the new ring has been in for seven days.

Speak to your doctor or nurse about when you should use additional contraception.

You may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception/) if you had sex in the days before changing the rings over. Talk to your doctor or nurse.

### If you forget to put a new ring in

Put in a new ring as soon as you remember, and use additional contraception, such as condoms, for seven days.

You may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception/) if you had sex before you remembered to put the new ring in, and the ring-free interval was 48 hours or more longer than it should have been (nine days or more in total). If this is the case, talk to your doctor or nurse.

### If the ring comes out by itself

Sometimes the ring may come out on its own (this is called expulsion). This is most likely to happen after or during sex, or when you're constipated. What you should do depends on how long the ring is out for, and whether you’re in the first, second or third week of using it.

The licence for the vaginal ring states that if the ring is out for more than three hours, you will not be protected against pregnancy. Discuss this with your GP or nurse.

The information below is based on the licence information on what to do if the ring comes out.

If the ring is out for more than three hours in the first or second week of using it, rinse it and put it back in. You need to use additional contraception for seven days. You may need emergency contraception if you have had sex in the last few days – talk to your doctor or nurse.

If the ring is out for more than three hours in the third week of using it, don’t put it back in. Dispose of it in the normal way. You now have two options:

* You can put a new ring in straight away. You may not have a period-type bleed, but you may have spotting.

OR

* Don’t put a ring in and have a seven-day interval. You’ll have a period-type bleed, and you should put a new ring in seven days after the old one came out (you can only choose this option if the ring was in continuously for the previous seven days).

Whichever option you choose, you need to use additional contraception until the ring has been in for seven days in a row. You should also talk to your doctor or nurse if you’ve had sex in the last few days, as you may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception/).

## Who can use the vaginal ring?

Some women cannot use the vaginal ring. Your doctor or nurse will ask about your medical history and your family's medical history, to see whether the ring is suitable for you. The ring may not be suitable if you:

* have had a [blood clot in a vein](https://www.nhsinform.scot/illnesses-and-conditions/blood-and-lymph/deep-vein-thrombosis/) or [artery](https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/conditions/arterial-thrombosis/)
* have had heart or circulatory problems, including [high blood pressure](https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/conditions/high-blood-pressure-hypertension/)
* are 35 or older and smoke, or stopped smoking in the past year
* have severe [migraine](https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/migraine/) with aura (warning symptoms)
* have had [breast cancer](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/breast-cancer-female/) in the past five years
* have [diabetes](https://www.nhsinform.scot/illnesses-and-conditions/diabetes/) with complications
* are overweight
* take certain medicines
* have vaginal muscles that can’t hold a vaginal ring

If you don’t smoke and there are no medical reasons why you can’t use the ring, you can use it until you are 50 years old.

### After giving birth

You can start using the vaginal ring 21 days after giving birth, and you will be protected against pregnancy straight away.

If you start the ring more than 21 days after giving birth, you need to use additional contraception for seven days after you insert the ring.

The vaginal ring may reduce your flow of milk if you’re breastfeeding a baby under six months old. It’s usually recommended that you use a different method.

### After miscarriage or abortion

You can start using the ring immediately after a miscarriage or abortion, and it will work straight away. You don’t need to use additional contraception.

## Advantages and disadvantages of the ring

Some of the advantages of the vaginal ring include:

* it doesn’t interrupt sex
* it’s easy to put in and remove
* you don’t have to think about it every day or each time you have sex
* the ring is not affected if you vomit or have diarrhoea
* it may help with premenstrual symptoms
* period-type bleeding usually becomes lighter, more regular and less painful
* it may reduce the risk of cancer of the ovary, uterus and colon
* it may reduce the risk of [fibroids](https://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/fibroids/), [ovarian cysts](https://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/ovarian-cyst/) and non-cancerous breast disease

Some of the disadvantages of the vaginal ring include:

* it may not be suitable if you don’t feel comfortable inserting or removing it from your vagina
* spotting and bleeding while the ring is in your vagina can occur in the first few months
* it may cause temporary side effects, such as increased vaginal discharge, headaches, nausea, breast tenderness and mood changes
* the ring does not protect against STIs

### The vaginal ring with other medicines

Some medicines may interact with the vaginal ring, meaning it doesn’t work properly. If you want to check that your medicines are safe to take with the vaginal ring, you can:

* ask your GP, practice, pharmacist or sexual health clinic
* read the patient information leaflet that comes with your medicine

The vaginal ring can interact with medicines called enzyme inducers. These speed up breakdown of progestogen by your liver, reducing the effectiveness of the ring.

Examples of enzyme inducers are:

* the epilepsy drugs carbamazepine, oxcarbazepine, phenytoin, phenobarbital, primidone and topiramate
* St John’s Wort (a herbal remedy)
* some antiretroviral medicines used to treat HIV
* antibiotics called rifampicin and rifabutin, which can be used to treat illnesses including tuberculosis (TB) and meningitis

Your GP or nurse may advise you to use an alternative or additional form of contraception while taking any of these medicines.

## Risks of using the vaginal ring

There are some serious side effects, but these are not common. They include:

* developing a blood clot in a vein or artery
* having a heart attack or stroke

Research into the risk of breast cancer and hormonal contraception is complex and contradictory. It suggests that all women who use hormonal contraception appear to have a small increased risk of being diagnosed with breast cancer, compared with women who don’t use hormonal contraception.

Research suggests there is a small increase in the risk of developing [cervical cancer](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/cervical-cancer/) with longer use of oestrogen and progestogen hormonal contraception. Some research suggests a link between oestrogen and progestogen hormonal contraception and a very rare liver cancer.

## Where can you get the vaginal ring?

Most types of contraception are available for free in the UK. Contraception is free to all women and men through the NHS. Places where you can get contraception include:

* some GP surgeries – talk to your GP or practice nurse
* sexual health clinics – they also offer contraceptive and STI testing services

Contraception services are free and confidential, including for people under the age of 16.

If you're under 16 and want contraception, the doctor, nurse or pharmacists won't tell your parents (or carer). They will provide you with contraception as long as they believe you fully understand the information you're given and are able to use the contraception safely.

Doctors and nurses have a responsibility to make sure that you are safe and free from harm. They'll encourage you to consider telling your parents (or carer), but they won't make you. The only time that a professional will not be able to keep confidentiality is if they believe you're at risk of serious harm, such as abuse. If this was the case they would usually discuss it with you first.

## IUD (intrauterine device, coil)

An IUD is a small T-shaped plastic and copper device that’s inserted into your womb (uterus) by a specially trained doctor or nurse.

The IUD works by stopping the sperm and egg from surviving in the womb or fallopian tubes. It may also prevent a fertilised egg from implanting in the womb.

The IUD is a long-acting reversible contraceptive (LARC) method. This means that once it's in place, you don't have to think about it each day or each time you have sex. There are several types and sizes of IUD.

You can use an IUD whether or not you've had children.

## At a glance: facts about the IUD

* There are different types of IUD, some with more copper than others. IUDs with more copper are more than 99% effective. This means that fewer than one in 100 women who use an IUD will get pregnant in one year. IUDs with less copper will be less effective.
* An IUD works as soon as it's put in, and lasts for five to 10 years, depending on the type.
* It can be put in at any time during your menstrual cycle, as long as you're not pregnant.
* It can be removed at any time by a doctor or nurse and you'll quickly return to normal levels of fertility.
* Changes to your periods (for example, being heavier, longer or more painful) are common in the first three to six months after an IUD is put in, but they're likely to settle down after this. You might get spotting or bleeding between periods.
* There's a very small chance of infection within 20 days of the IUD being fitted.
* There's a risk that your body may expel the IUD.
* If you get pregnant, there's an increased risk of [ectopic pregnancy](https://www.nhsinform.scot/illnesses-and-conditions/pregnancy-and-childbirth/ectopic-pregnancy/) (when the egg implants outside the womb). But because you're unlikely to get pregnant, the overall risk of ectopic pregnancy is lower than in women who don't use contraception.
* Having the IUD put in can be uncomfortable. Ask the doctor or nurse about pain relief.
* An IUD may not be suitable for you if you've had previous pelvic infections.
* The IUD does not protect against sexually transmitted infections (STIs). Use condoms as well as the IUD, to protect yourself against STIs.

## How an IUD works

The IUD is similar to the IUS (intrauterine system) but works in a different way. Instead of releasing the hormone progestogen like the IUS, the IUD releases copper. Copper changes the make-up of the fluids in the womb and fallopian tubes, stopping sperm surviving there. IUDs may also stop fertilised eggs from implanting in the womb.

There are types and sizes of IUD to suit different women. IUDs need to be fitted by a doctor or nurse at your GP surgery or sexual health clinic.

An IUD can stay in the womb for five to 10 years, depending on the type. If you're 40 or over when you have an IUD fitted, it can be left in until you reach the menopause or until you no longer need contraception.

### Having an IUD fitted

An IUD can be fitted at any time during your menstrual cycle, as long as you are not pregnant. You'll be protected against pregnancy straight away.

Before you have an IUD fitted, you will have an internal examination to find out the size and position of your womb. This is to make sure that the IUD can be put in the correct place.

You may also be tested for infections, such as STIs. It's best to do this before an IUD is fitted so that you can have treatment (if you need it) before the IUD is put in. Sometimes, you may be given antibiotics at the same time as the IUD is fitted.

The fitting process can be uncomfortable and sometimes painful. You may get cramps afterwards. You can ask for a local anaesthetic or painkillers before having the IUD fitted. An anaesthetic injection itself can be painful, so many women have the procedure without.

You may get pain and bleeding for a few days after having an IUD fitted. Discuss this with your doctor or nurse beforehand.

The IUD needs to be checked by a doctor after three to six weeks. Speak to your doctor or nurse if you have any problems before or after this first check or if you want the IUD removed.

Speak to your doctor or nurse if you or your partner are at risk of getting an STI. This is because STIs can lead to an infection in the pelvis.

See your GP or go back to the clinic where your IUD was fitted as soon as you can if you:

* have pain in your lower abdomen
* have a high temperature
* have a smelly discharge

These may mean you have an infection. You should also speak to your GP if you think your pregnant.

### How to tell whether an IUD is still in place

An IUD has two thin threads that hang down a little way from your womb into the top of your vagina. The doctor or nurse who fits your IUD will teach you how to feel for these threads and check that it's still in place.

Check your IUD is in place a few times in the first month, and then after each period or at regular intervals.

It's very unlikely that your IUD will come out, but if you can't feel the threads, or if you think the IUD has moved, you may not be fully protected against getting pregnant. See your doctor or nurse straight away and use an extra method of contraception, such as condoms, until your IUD has been checked. If you've had sex recently, you may need to use [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception#what-is-emergency-contraception).

Your partner shouldn't be able to feel your IUD during sex. If he can feel the threads, get your doctor or nurse to check that your IUD is in place. They may be able to cut the threads to a shorter length. If you feel any pain during sex, go for a check-up.

### Removing an IUD

An IUD can be removed at any time by a doctor or nurse.

If you're not going to have another IUD put in and you don't want to get pregnant, use another method (such as condoms) for seven days before you have the IUD removed. This is to stop sperm getting into your body. Sperm can live for up to seven days in the body and could make you pregnant once the IUD is removed.

As soon as an IUD is taken out, your normal fertility should return.

## Who can use an IUD?

Most women can use an IUD. This includes women who have never been pregnant and those who are [HIV](https://www.nhsinform.scot/illnesses-and-conditions/immune-system/hiv/) positive. Your doctor or nurse will ask about your medical history to check if an IUD is the most suitable form of contraception for you.

You should not use an IUD if you have:

* an untreated STI or a pelvic infection
* problems with your womb or cervix
* any unexplained bleeding from your vagina – for example, between periods or after sex

Women who have had an ectopic pregnancy or recent [abortion](https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/abortion/), or who have an artificial heart valve, must consult their GP or clinician before having an IUD fitted.

You should not be fitted with an IUD if there's a chance that you are already pregnant or if you or your partner are at risk of catching STIs. If you or your partner are unsure, go to your GP or a sexual health clinic to be tested.

### Using an IUD after giving birth

An IUD can usually be fitted four to six weeks after giving birth (vaginal or caesarean). You'll need to use alternative contraception from three weeks (21 days) after the birth until the IUD is fitted. In some cases, an IUD can be fitted within 48 hours of giving birth. An IUD is safe to use when you're breastfeeding and it won't affect your milk supply.

### Using an IUD after a miscarriage or abortion

An IUD can be fitted straight away or within 48 hours after an abortion or [miscarriage](https://www.nhsinform.scot/illnesses-and-conditions/pregnancy-and-childbirth/miscarriage/) by a doctor or nurse, as long as you were pregnant for less than 24 weeks. If you were pregnant for more than 24 weeks, you may have to wait a few weeks before having an IUD fitted.

## Advantages and disadvantages of an IUD

Although an IUD is an effective method of contraception, there are some things to consider before having one fitted.

#### Advantages of an IUD

* Most women can use an IUD, including women who have never been pregnant.
* Once an IUD is fitted, it works straight away and lasts for up to 10 years (depending on type) or until it's removed.
* It doesn't interrupt sex.
* It can be used if you're breastfeeding.
* Your normal fertility returns as soon as the IUD is taken out
* It's not affected by other medicines.

#### Disadvantages of an IUD

* Your periods may become heavier, longer or more painful, though this may improve after a few months.
* An IUD doesn't protect against STIs, so you may have to use condoms as well. If you get an STI while you have an IUD, it could lead to a pelvic infection if not treated.
* The most common reasons that women stop using an IUD are vaginal bleeding and pain.

## Risks of an IUD

Complications after having an IUD fitted are rare. Most will appear within the first year after fitting.

### Damage to the womb

In fewer than one in 1,000 cases, an IUD can perforate (make a hole in) the womb or neck of the womb (cervix) when it's put in. This can cause pain in the lower abdomen, but doesn't usually cause any other symptoms. If the doctor or nurse fitting your IUD is experienced, the risk of this is very low.

If perforation occurs, you may need surgery to remove the IUD. Contact your GP straight away if you feel a lot of pain after having an IUD fitted as perforations should be treated immediately.

### Pelvic infections

Pelvic infections can occur in the first 20 days after the IUD is fitted. The risk of infection is very small. Fewer than one in 100 women who are at low risk of STIs will get a pelvic infection.

### Rejection

Occasionally, the IUD is rejected (expelled) by the womb or can move (this is called displacement). This is more likely to happen soon after it has been fitted, although this is uncommon. Your doctor or nurse will teach you how to check that your IUD is in place.

### Ectopic pregnancy

If the IUD fails and you become pregnant, you should see a doctor to arrange a scan.

## Where can you get an IUD?

Most types of contraception are available free in the UK. Contraception is free to all women and men through the NHS. Places where you can get contraception include:

* most GP surgeries – talk to your GP or practice nurse
* sexual health clinics

Contraception services are free and confidential, including for people under the age of 16.

If you're under 16 and want contraception, the doctor, nurse or pharmacists won't tell your parents or carer, as long as they believe you fully understand the information you're given, and your decisions.

Doctors and nurses work under strict guidelines when dealing with people under 16. They'll encourage you to consider telling your parents, but they won't make you. The only time that a professional might want to tell someone else is if they believe you're at risk of harm, such as abuse. The risk would need to be serious, and they would usually discuss this with you first.

## Progestogen-only pill (POP, mini pill)

A woman can get pregnant if a man’s sperm reaches one of her eggs (ova). Contraception tries to stop this happening by keeping the egg and sperm apart or by stopping egg production.

The progestogen-only pill (POP) is a method of contraception. It contains the hormone progestogen but doesn't contain oestrogen. You need to take the progestogen-only pill at or around the same time every day.

The progestogen-only pill thickens the mucus in the cervix, which stops sperm reaching an egg. It can also stop ovulation, depending on the type of progestogen-only pill you take. Newer progestogen-only pills contain desogestrel.

## At a glance: facts about the progestogen-only pill

* If taken correctly, it can be more than 99% effective. This means that fewer than one woman in 100 who use the progestogen-only pill as contraception will get pregnant in one year.
* In real life use about 8 women in 100 will get pregnant in year because they forget to take it (92% effective).
* You take a pill every day, with no break between packs of pills.
* The progestogen-only pill can be used by women who can't use contraception that contains oestrogen – for example, because they have [high blood pressure](https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/conditions/high-blood-pressure-hypertension/), have had previous blood clots, are overweight or smoke after the age of 35.
* You must take the progestogen-only pill at the same time each day – if you take it more than three hours late (or 12 hours late if you take a desogestrel pill, such as Cerazette) it may not be effective.
* If you’re sick (vomit) or have severe diarrhoea, the progestogen-only pill may not work.
* Some medicines may affect the progestogen-only pill's effectiveness – ask your doctor for details.
* Your periods may stop or become lighter, irregular or more frequent.
* Side effects may include spotty skin and breast tenderness – these should clear up within a few months.
* The progestogen-only pill doesn’t protect against sexually transmitted infections (STIs). Use condoms as well as the progestogen-only pill, to protect yourself against STIs.

## How the progestogen-only pill works

The progestogen-only pill works by thickening the mucus in the neck of the womb, so it is harder for sperm to penetrate into the womb and reach an egg.

The progestogen-only pill can prevent ovulation (the release of an egg from your ovaries each month). Non-desogestrel pills stop ovulation about 60% of the time. Desogestrel pills stops ovulation in 97% of menstrual cycles. This means that if you're using a 12-hour progestogen-only pill, you won't release an egg in 97 cycles out of 100.

### Using the progestogen-only pill

There are two different types of progestogen-only pill:

* The three-hour progestogen-only pill must be taken within three hours of the same time each day. Examples are Norgeston and Noriday.
* The 12-hour progestogen-only pill (desogestrel pill, such as Cerazette) must be taken within 12 hours of the same time each day.

It's important to follow the instructions that come with your pill packet, because missing pills or taking the pill alongside other medicines can reduce its effectiveness.

There are 28 or 35 pills in a pack of progestogen-only pills. You need to take one pill every day, within either three or 12 hours of the same time each day, depending on which type you are taking. There’s no break between packs of pills – when you finish one pack, you start the next one the next day.

### Starting the first pack of pills

* Choose a convenient time in the day to take your first pill.
* Continue to take a pill at the same time each day until the pack is finished.
* Start your next pack of pills the following day. There is no break between packs of pills.

You can start the progestogen-only pill at any time in your menstrual cycle.

If you start the POP on **day one of your menstrual cycle** (the first day of your period) it will work straight away and you will be protected against pregnancy. You won’t need additional contraception.

If you start the POP on **day five of your menstrual cycle or earlier** (the fifth day after the start of your period or before) you will be protected from pregnancy straight away **unless** you have a short menstrual cycle (your period is every 23 days or less). If you have a short menstrual cycle, you will need additional contraception, such as condoms, until you have taken the pill for two days.

If you start the POP on **any other day of your cycle**, you will not be protected from pregnancy straight away and will need additional contraception until you have taken the pill for two days.

### After having a baby

If you have just had a baby, you can start the progestogen-only pill on day 21 after the birth. You will be protected against pregnancy straight away.

If you start the progestogen-only pill more than 21 days after giving birth, you will need additional contraception (such as condoms) until you have taken the pill for two days.

### After a miscarriage or abortion

If you have had a [miscarriage](https://www.nhsinform.scot/ready-steady-baby/pregnancy/health-problems-in-pregnancy/miscarriage/) or [abortion](https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/abortion/), you can start the progestogen-only pill up to five days afterwards and you will be protected from pregnancy straight away.

If you start the pill more than five days after a miscarriage or abortion, use additional contraception until you have taken the pill for two days.

## What to do if you miss a pill

If you forget to take a progestogen-only pill, what you should do depends on:

* the type of pill you are taking
* how long ago you missed the pill and how many pills you have forgotten to take
* whether you have had sex without using another form of contraception during the previous seven days

#### Three-hour progestogen-only pill

If you're taking the three-hour progestogen-only pill and have taken it:

* Less than 3 hours late - take the late pill as soon as you remember **and** take the remaining pills as normal, even if that means taking two pills on the same day.
* More than 12 hours late - take the late pill as soon as you remember (if you have missed more than one, take only one) **and** take the remaining pills as normal, even if that means taking two pills on the same day.

In **either case**, use additional contraception such as condoms for two days. If you had sex around the time you missed your pill, you may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception#what-is-emergency-contraception). Get advice from your pharmacy or local sexual health clinic.

#### 12-hour progestogen-only pill

If you're taking the 12-hour progestogen-only pill and have taken it:

* Less than 12 hours late - take the late pill as soon as you remember **and** take the remaining pills as normal, even if that means taking two pills on the same day.
* More than 12 hours late - take the late pill as soon as you remember (if you have missed more than one, take only one) **and** take the remaining pills as normal, even if that means taking two pills on the same day.

In **either case**, use additional contraception such as condoms for two days. If you had sex around the time you missed your pill, you may need [emergency contraception](https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception#what-is-emergency-contraception). Get advice from your pharmacy or local sexual health clinic.

### Vomiting and diarrhoea

If you vomit within two hours of taking a progestogen-only pill, it may not have been fully absorbed into your bloodstream. Take another pill straight away and the next pill at your usual time.

If you don’t take the replacement within three hours (or 12 hours for the 12-hour pill) of your normal time, use additional contraception, such as condoms, for two day.

If you continue to be sick, keep using another form of contraception while you’re ill and for two days after recovering.

Very severe diarrhoea (six to eight watery stools in 24 hours) may also mean that the pill doesn’t work properly. Keep taking your pill as normal, but use additional contraception, such as condoms, while you have diarrhoea and for two days after recovering (seven days if you are taking a 12-hour pill).

Speak to your GP or contraception nurse or call the NHS 24 111 service or our Sexual Health Line on 0800 22 44 88 if you are unsure whether you are protected against pregnancy, or if your sickness or diarrhoea continues.

## Who can use the progestogen-only pill?

Most women can use the progestogen-only pill. You may not be able to use it if you have had:

* heart disease
* liver disease
* breast cancer
* cysts on your ovaries
* unexplained vaginal bleeding

If you are healthy and there are no medical reasons why you should not take the progestogen-only pill, you can take it until your menopause or until you are 55.

### Breastfeeding

The progestogen-only pill is safe to use if you are breastfeeding. Small amounts of progestogen may pass into your breast milk, but this is not harmful to your baby. The progestogen-only pill does not affect the way your breast milk is produced.

### Pregnancy

Although it is very unlikely, there is a very small chance that you could become pregnant while taking the progestogen-only pill. If this happens, there is no evidence that the pill will harm your unborn baby. If you think you may be pregnant, speak to your GP or visit your local sexual health clinic.

Get medical advice if you have a sudden or unusual pain in your abdomen (tummy), or if your period is much shorter or lighter than usual. It is possible that these are warning signs of an ectopic pregnancy, although this is rare.

## Advantages and disadvantages of the mini pill

Some advantages of the progestogen-only pill include:

* it does not interrupt sex
* you can use it when breastfeeding
* it is useful if you cannot take the hormone oestrogen, which is in the [combined pill](https://www.nhsinform.scot/healthy-living/contraception/the-pill/combined-pill/), [contraceptive patch](https://www.nhsinform.scot/healthy-living/contraception/methods-that-may-help-heavy-or-painful-periods/contraceptive-patch/) and [vaginal ring](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#vaginal-ring)
* you can use it at any age – even if you smoke and are over 35
* it can reduce the symptoms of premenstrual syndrome (PMS) and painful periods

Some disadvantages of the progestogen-only pill include:

* you may not have regular periods while taking it – your periods may be lighter, more frequent or may stop altogether, and you may get spotting between periods
* it doesn't protect you against STIs so you may need to use condoms if you are at high risk of getting an STI, for example, if you have more than one sexual partner or you are not certain of your partners sexual health
* you need to remember to take it at or around the same time every day
* some medications, including certain types of antibiotic, can make it less effective

The progestogen-only pill is generally well tolerated and side effects are rare. Some side effects can include:

* acne
* breast tenderness and breast enlargement
* an increased or decreased sex drive
* mood changes
* headache and migraine
* nausea or vomiting
* cysts (small fluid-filled sacs) on your ovaries (these are usually harmless and disappear without treatment)

These side effects are most likely to occur during the first few months of taking the progestogen-only pill, but they generally improve over time and should stop within a few months.

If you have any concerns about your contraceptive pill, see your GP, practice nurse, pharmacist or sexual health clinic. They may advise you to change to another pill or a different form of contraception.

### The progestogen-only pill with other medicines

Some medicines can reduce the POP's effectiveness. These include:

* some medication for HIV
* some medication for epilepsy
* complementary remedies, such as St John's Wort
* rifabutin (which can be used to treat tuberculosis)
* rifampicin (which can be  used to treat several conditions, including tuberculosis and meningitis)

These are called enzyme-inducing drugs. If you are using these medicines for a short while (for example, rifampicin to protect against meningitis), it is recommended that you use additional contraception during the course of treatment and for 28 days afterwards.

Women taking enzyme-inducing drugs in the long term may wish to consider using a method of contraception that isn't affected by their medication. Always tell your doctor that you are using the POP if you are prescribed any medicines.

Ask your doctor or nurse for more details about the POP and other medication.

## Risks of taking the progestogen-only pill

The progestogen-only pill is very safe to take. However, as with the combined contraceptive pill, there are certain risks. These risks are small. For most women, benefits of the progestogen-only pill outweigh the risks.

### Ovarian cysts

Some women can develop fluid-filled cysts on their ovaries. These are not dangerous and do not usually need to be removed. These cysts usually disappear without treatment. In many cases, the cysts do not cause symptoms, although some women experience pelvic pain.

### Breast cancer

Research is continuing into the link between breast cancer and the progestogen-only pill. Research suggests that women who use any type of hormonal contraception have a slightly higher chance of being diagnosed with breast cancer compared with people who don’t use hormonal contraception. However, 10 years after you stop taking the pill, your risk of breast cancer goes back to normal.

## Where can you get the progestogen-only pill?

Most types of contraception are available for free in the UK. Contraception is free to all women and men through the NHS. Places where you can get contraception include:

* most GP surgeries – talk to your GP or practice nurse
* sexual health clinics – they also offer contraceptive and STI testing services
* some young people’s services

Contraception services are free and confidential, including for people under the age of 16.

If you're under 16 and want contraception, the doctor, nurse orpharmacists won't tell your parents (or carer). They will provide you with contraception as long as they believe you fully understand the information you're given and are able to use the contraception safely.

Doctors and nurses have a responsibility to make sure that you are safe and free from harm. They'll encourage you to consider telling your parents (or carer), but they won't make you. The only time that a professional will not be able to keep confidentiality is if they believe you're at risk of serious harm, such as abuse. If this was the case they would usually discuss it with you first.