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Level: 300L(Carry over Student)

Course Code: PHS 204

Course Title: Endocrinology and Reproductive Physiology

Assignment Question(s): Discuss contraception and different types with details of any five(5)

CONTRACEPTION

Contraception aims to prevent pregnancy.

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

-stopping egg production

-stopping the combined sperm and egg (fertilised egg) attaching to the lining of the womb

Contraception is free for most people in the UK. Condoms can also be bought in pharmacies and supermarkets.

With 15 methods to choose from, you can find one that suits you best.

Barrier methods, such as condoms, are a form of contraception that help to protect against both sexually transmitted infections (STIs) and pregnancy.

You should use condoms to protect both your sexual health and that of your partner, no matter what other contraception you're using to prevent pregnancy.

Selected Types/Methods of Contraception

1. Contraceptive Diaphragm or Cap: A contraceptive diaphragm or cap is a circular dome made of thin, soft silicone that's inserted into the vagina before sex.

It covers the cervix so sperm can't get into the womb (uterus) to fertilise an egg.

contraceptive cap

At a glance: contraceptive diaphragm or cap

When used correctly with spermicide, a diaphragm or cap is 92-96% effective at preventing pregnancy – this means that between 4 and 8 women out of every 100 who use a diaphragm or cap as contraception will become pregnant within a year.

There are no serious health risks.

You only have to think about it when you have sex.

You can put in a diaphragm or cap with spermicide any time before you have sex.

More spermicide is needed if it's been in place for more than 3 hours.

The diaphragm or cap needs to be left in place for at least 6 hours after sex.

It can take time to learn how to use it.

Some women develop cystitis (a bladder infection) when they use a diaphragm or cap. Your doctor or nurse can check the size – switching to a smaller size may help.

If you lose or gain more than 3kg (7lbs) in weight, or have a baby, miscarriage or abortion, you may need to be fitted with a new diaphragm or cap.

By using condoms as well as a diaphragm or cap, you'll help to protect yourself against sexually transmitted infections (STIs).

How the contraceptive diaphragm or cap works

A diaphragm or cap is a barrier method of contraception. It fits inside your vagina and prevents sperm passing through the cervix (the entrance of your womb). You need to use it with a gel that kills sperm (spermicide).

You only have to use a diaphragm or cap when you have sex, but you must leave it in for at least 6 hours after the last time you had sex. You can leave it in for longer than this, but don't take it

out before.

You need to apply more spermicide if:

you have sex again with the diaphragm or cap in place

the diaphragm or cap has been in place for 3 hours or more before you have sex

Don't take the diaphragm or cap out to reapply spermicide.

When you first start using a diaphragm or cap, a doctor or nurse will examine you and advise on the correct size.

A diaphragm or cap doesn't provide reliable protection against sexually transmitted infections (STIs). If you're at a high risk of getting an STI – for example, you or your partner has more than one sexual partner – you may be advised to use another form of contraception.

You shouldn't use a diaphragm or cap during your period as there is a possible link with toxic shock syndrome (TSS), a rare condition that can be life threatening.

Inserting a diaphragm or cap

Your doctor or nurse will show you how to put in a diaphragm or cap.

Some women squat while they put their diaphragm or cap in; others lie down or stand with one foot up on a chair – use the position that's easiest for you.

Inserting a diaphragm

with clean hands, put two 2cm strips of spermicide on the upper side of the diaphragm

put your index finger on top of the diaphragm and squeeze it between your thumb and other fingers

slide the diaphragm into your vagina, upwards – this should ensure that the diaphragm covers your cervix

always check that your cervix is covered – it feels like a lump, a bit like the end of your nose

if your cervix isn't covered, take the diaphragm out by hooking your finger under the rim or loop (if there is one) and pulling downwards, then try again

Inserting a cap

with clean hands, fill one-third of the cap with spermicide, but don't put any spermicide around the rim as this will stop the cap staying in place

the cap has a groove between the dome and the rim – place some spermicide in this groove

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

depending on your type of cap, you may need to add extra spermicide after it's been put in

Your doctor or nurse may give you a temporary diaphragm or cap to practise with at home. You can learn how to use it properly and find out if the method is suitable for you.

During this time, you're not protected against pregnancy and need to use additional contraception, such as condoms, when you have sex.

When you go back to see your doctor or nurse, wear the diaphragm or cap so they can check it's the right size and you've put it in properly. When they're happy that you can use it properly, they'll give you one to use as contraception.

Removing a diaphragm or cap

Hook your finger under its rim, loop or strap and gently pull it downwards and out. You must leave your diaphragm or cap in place for at least 6 hours after the last time you had sex.

You can leave them in for longer than this, but don't leave them in for longer than the recommended time of 30 hours (including the minimum of 6 hours).

Looking after your diaphragm or cap

After using, you can wash your diaphragm or cap with warm water and mild unperfumed soap. Rinse it thoroughly, then leave it to dry and put it in its container. Keep it in a cool, dry place.

Never boil a diaphragm or cap.

Don't use disinfectant, detergent, oil-based products or talcum powder, as these can damage it.

Use water-based or silicone-based lubricant rather than oil-based lubricant, if needed.

Your diaphragm or cap may become discoloured over time, but this doesn't make it less effective.

Always check your diaphragm or cap for any signs of damage before using it.

You can visit your GP or nurse when you want to replace your diaphragm or cap. Most women can use the same diaphragm or cap for a year before they need to replace it.

You may need to get a different size if you:

gain or lose more than 3kg (7lb) in weight

have a baby, miscarriage or abortion

You're advised to wait until 6 weeks after having a baby before using a diaphragm or cap.

Who can use a diaphragm or cap?

Most women are able to use a diaphragm or cap, but it may not be suitable for you if you:

have an unusually shaped or positioned cervix (entrance to the womb), or if you can't reach your cervix

have weakened vaginal muscles (possibly as a result of giving birth) that can't hold a diaphragm in place

have a sensitivity or an allergy to latex or the chemicals in spermicide

have ever had toxic shock syndrome

have repeated urinary tract infections

currently have a vaginal infection (wait until your infection clears before using a diaphragm or cap)

aren't comfortable touching your vagina

have a high risk of getting an STI – for example, if you have multiple sexual partners

Research shows spermicides that contain the chemical nonoxynol-9 don't protect against STIs, and may even increase your risk of getting an infection.

A diaphragm or cap may be less effective if:

it's damaged – for example, it's torn or has holes

it's not the right size for you

you use it without spermicide

you don't use extra spermicide with your diaphragm or cap every time you have more sex

you remove it too soon (less than 6 hours after the last time you had sex)

you use oil-based products, such as baby lotion, bath oils, moisturiser or some vaginal medicines (for example, pessaries) with latex diaphragms – these can damage the latex

If any of these things happen or you've had sex without contraception, you may need to use emergency contraception.

Advantages and disadvantages

Advantages of a diaphragm or cap:

you only need to use a diaphragm or cap when you want to have sex

you can put it in at a convenient time before having sex (use extra spermicide if you have it in

for more than 3 hours)

there are usually no serious associated health risks or side effects

you're in control of your contraception

Disadvantages of a diaphragm or cap:

it's not as effective as other types of contraception, and it depends on you remembering to use it and using it correctly

it doesn't provide reliable protection against STIs

it can take time to learn how to use it

putting it in can interrupt sex

cystitis (bladder infection) can be a problem for some women who use a diaphragm or cap

latex and spermicide can cause irritation in some women and their sexual partners

Risks

There are no health risks associated with using a contraceptive diaphragm or cap if you use it according to the instructions that come with it.

Where you can get a diaphragm or cap

Contraception is free to all women and men through the NHS.

Places where you can get contraception include:

community contraception clinics

some genitourinary (GUM) clinics

sexual health clinics – they also offer contraceptive and STI testing services

most GP surgeries

some young people's services (call the Sexual Health Line on 0300 123 7123 for more information)

Find your nearest sexual health clinic

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

Find out about the different types of contraception in [Which contraceptive method suits me?](#)

If you're under 16

The doctor, nurse or pharmacist 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 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.

2. Vaginal Ring: The vaginal ring (NuvaRing) is a small soft, plastic ring that you place inside your vagina.

It releases a continuous dose of the hormones oestrogen and progestogen into the bloodstream to prevent pregnancy.

Vaginal ring

At a glance: facts about the vaginal ring

If used correctly, the vaginal ring is more than 99% effective.

One ring provides contraception for a month, so you don't have to think about it every day.

You can continue to have sex when the ring is in place.

Unlike the pill, the ring still works if you have sickness (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 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.

It doesn't protect against sexually transmitted infections (STIs), so you may need to use condoms as well.

How the ring works

The ring steadily releases the hormones oestrogen and progestogen into your bloodstream, which prevents the release of an egg each month.

It also thickens the cervical mucus, which makes it more difficult for sperm to move through the cervix, and thins the lining of the womb so a fertilised egg is less likely to implant itself.

When it starts to work

You can start using the vaginal ring at any time during your menstrual cycle if you're not pregnant.

You leave it in for 21 days, then remove it and have a 7-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.

You'll be protected against pregnancy straight away if you insert it on the first day of your period (the first day of your menstrual cycle).

If you start using the ring at any other time in your menstrual cycle, you'll be protected against pregnancy as long as you use additional contraception (such as condoms) for the first 7 days of using it.

You can discuss this with your GP or nurse to decide when might be the best time for you to start using it and how to insert and remove it.

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 doesn't need to cover the entrance to your womb (the cervix) to work.

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 a GP or nurse. The ring can't get "lost" inside you.

After the ring has been in your vagina for 21 days (3 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, see your GP or nurse immediately.

When you've taken the ring out, you don't put a new one in for 7 days (1 week). This is the ring-free interval. You might have a period-type bleed during this time.

After 7 days without a ring in, 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 after 21 days

If the ring has been in for up to 7 days after the end of week 3 (up to 4 weeks in total):

take the ring out as soon as you remember

don't put a new ring in – start your 7-day interval as normal

begin your new ring after your 7-day interval

you're still protected against pregnancy, and you don't need to use additional contraception

If the ring has been in for more than 7 days after the end of week 3 (more than 4 weeks in total):

take the ring out as soon as you remember

put a new ring in straight away

use additional contraception, such as condoms, for 7 days

you may need emergency contraception if you've had sex in the days before changing the rings over – see a GP or nurse for advice

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 7 days.

You may need emergency contraception if you had sex before you remembered to put the new ring in, and the ring-free interval was 48 hours longer than it should have been or more (9 days or more in total).

If the ring comes out by itself

Sometimes the ring may come out on its own (expulsion). It may happen after or during sex, or if it wasn't put in properly.

What you should do depends on how long the ring is out for and which week in your cycle you're on.

If the ring is out for less than 3 hours (regardless of where you are in your cycle):

rinse it with cool or lukewarm water

reinsert the same ring as soon as possible within 3 hours

you don't need additional contraception and you're protected from pregnancy

If the ring is out for more than 3 hours in the first or second week:

rinse it with cool or lukewarm water

reinsert the same ring as soon as possible

use additional contraception for 7 days

you may need emergency contraception if you've had sex in the last few days

If the ring is out for more than 3 hours in the third week, throw it away and choose one of two options:

put a new ring in straight away – you may not have a period-type bleed, but you may have spotting

don't put a ring in and start your 7-day interval – you'll have a period-type bleed

If you choose not to put a ring in, you should put a new ring in 7 days after the previous one came out. You can only choose this option if the ring was in continuously for the previous 7 days.

Whichever option you choose, use additional contraception for 7 days and see a GP or nurse if you've had sex in the last few days, as you may need emergency contraception.

Who can use the vaginal ring?

Some women can't use the vaginal ring.

It may not be suitable if you:

have had a blood clot in a vein or artery

have had heart or circulatory problems, including high blood pressure

are 35 or older and smoke, or stopped smoking in the past year

have migraine with aura (warning symptoms)

have had breast cancer in the past 5 years

have diabetes with complications

are overweight

take medicines that make interact with the ring

can't hold the ring in your vagina

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

After giving birth

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

If you start the ring more than 21 days after giving birth, you need to use additional contraception (such as condoms) for 7 days after you insert the ring.

If you're breastfeeding a baby under 6 months old, you should use a different method of contraception. This is because the vaginal ring can sometimes reduce your flow of milk.

After miscarriage or abortion

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

Advantages and disadvantages

Advantages:

it doesn't interrupt sex

it's easy to put in and take out

you don't have to think about it every day or each time you have sex

the ring isn't affected if you're sick (vomit) or have diarrhoea

it may help with premenstrual symptoms

period-type bleeding usually becomes lighter, more regular and less painful

it can have additional health benefits, such as reducing the risk of some cancers

it has no long-term effect on your fertility

Disadvantages:

you may not feel comfortable inserting or removing it from your vagina

you can have spotting and bleeding 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 doesn't protect against STIs

you need to remember to change it and put in a new one – if remembering to do this is difficult, a longer-acting method such as the contraceptive implant or intrauterine device (IUD) may be more suitable

some medicines can make the ring less effective – see a GP, nurse or pharmacist for advice

Risks

There's a very small risk of some serious side effects when you use a hormonal contraceptive like the vaginal ring.

For most women, the benefits of the ring outweigh the possible risks, but you should discuss all risk and benefits with a GP or nurse before you start it.

Blood clots

A very small number of people using the vaginal ring may develop a blood clot in a vein or an artery. Don't use the ring if you've had a blood clot before.

Cancer

Research suggests that people who use the vaginal ring have a small increased risk of being diagnosed with breast cancer compared with those who don't. But this reduces with time after you've stopped using the ring.

Research also suggests there's a small increase in the risk of developing cervical cancer with long-term use of oestrogen and progestogen hormonal contraception.

Where you can get the vaginal ring

You can get contraception for free, even if you're under 16, from:

contraception clinics

sexual health or genitourinary medicine (GUM) clinics

some GP surgeries

some young people's services

But not all clinics are able to provide the vaginal ring, so it's worth checking first.

You won't be able to get a prescription for more than 4 months' supply at a time because this is

its shelf life.

Find your nearest sexual health clinic

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 pharmacist won't tell your parents (or carer) as long as they believe you fully understand the information you're given, and the decisions you're making.

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 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.

3. Contraceptive Injection: The contraceptive injection (Depo-Provera, Sayana Press or Noristerat) releases the hormone progestogen into your bloodstream to prevent pregnancy.

Depo-Provera is most commonly given in the UK and lasts for 13 weeks. Occasionally, Noristerat may be given, which lasts for 8 weeks.

Sayana Press also lasts for 13 weeks, but it's a newer type of injection so is not available at all clinics or GP surgeries.

Contraceptive injection

At a glance: the contraceptive injection

If used correctly, the contraceptive injection is more than 99% effective.

It lasts for 8 or 13 weeks (depending on which injection you have) so you do not have to think about contraception every day or every time you have sex during this period.

It's very useful for women who find it difficult to remember to take a pill at the same time every day.

It does require you to remember to have a repeat injection before it expires or becomes ineffective.

It can be useful for women who cannot use contraception that contains oestrogen.

It's not affected by other medicines.

Side effects can include weight gain, headaches, mood swings, breast tenderness and irregular bleeding.

Your periods may become more irregular, heavier, shorter, lighter or stop altogether.

It can take up to 1 year for your fertility to return to normal after the injection wears off, so it may not be suitable if you want to have a baby in the near future.

It does not protect against sexually transmitted infections (STIs), so you may need to use condoms as well.

How it works

The contraceptive injection steadily releases the hormone progestogen into your bloodstream, which prevents the release of an egg each month (ovulation).

It also thickens the cervical mucus, which makes it difficult for sperm to move through the cervix, and thins the lining of the womb so a fertilised egg is less likely to implant itself.

You usually have the Depo-Provera and Noristerat injections in your bottom, but you can have them in your upper arm.

You can have the Sayana Press injection in your tummy (abdomen) or thigh and would normally learn to do this yourself.

When it starts to work

You can have the injection at any time during your menstrual cycle, as long as you're not pregnant.

If you have the injection during the first 5 days of your menstrual cycle, you'll be immediately protected against becoming pregnant.

If you have the injection on any other day of your cycle, you'll need to use additional contraception, such as condoms, for 7 days.

After giving birth

You can have the contraceptive injection any time after you have given birth if you're not breastfeeding. If you're breastfeeding, the injection will usually be given after 6 weeks.

If you start injections on or before day 21 after giving birth, you'll be immediately protected against becoming pregnant.

If you start injections after day 21, you'll need to use additional contraception, such as condoms, for the next 7 days.

You're more likely to have heavy and irregular bleeding if you have the injection during the first few weeks after giving birth.

It's safe to use contraceptive injections while you're breastfeeding.

After a miscarriage or abortion

You can have the injection immediately after a miscarriage or an abortion and will be protected against pregnancy straight away.

If you have the injection more than 5 days after a miscarriage or abortion, you'll need to use

additional contraception, such as condoms, for the next 7 days.

Who can use the injection?

Most women can have a contraceptive injection.

But it may not be suitable if you:

think you might be pregnant

do not want your periods to change

want to have a baby in the next year

have unexplained bleeding in between periods or after sex

have arterial disease or a history of heart disease or stroke

have liver disease

have breast cancer or have had it in the past

are at risk of osteoporosis

Advantages and disadvantages of the injection

Advantages:

each injection lasts for either 8 or 13 weeks

it does not interrupt sex

it's an option if you can't use oestrogen-based contraception

you do not have to remember to take a pill every day

it's safe to use while you're breastfeeding

it's not affected by other medicines

it may reduce heavy, painful periods and help with premenstrual symptoms for some women

Disadvantages:

your periods may change and become irregular, heavier, shorter, lighter or stop altogether – this can carry on for some months after you stop the injections

it does not protect you against STIs

there can be a delay of up to 1 year before your periods return to normal and you can become pregnant

some people may put on weight when they use Depo-Provera or Sayana Press contraceptive injections

you may experience side effects like headaches, acne, hair loss, decreased sex drive and mood swings

any side effects can continue for as long as the injection lasts (8 or 13 weeks) and for some time after

Risks

There's a small risk of infection at the site of the injection. In very rare cases, some people may have an allergic reaction to the injection.

Using Depo-Provera affects your natural oestrogen levels, which can cause thinning of the bones, but it does not increase your risk of breaking a bone.

This is not a problem for most women because the bone replaces itself when you stop the injection, and it does not appear to cause any long-term problems.

Sometimes the doctor may recommend that you stop after 2 years so there's no long-term effect on your bones.

Where you can get it

You can get the contraceptive injection for free, even if you're under 16, from:

contraception clinics

sexual health or genitourinary medicine (GUM) clinics

GP surgeries

some young people's services

Find a sexual health clinic.

Sayana Press is a new form of Depo-Provera and is available in some clinics.

It's very similar to Depo-Provera in the way it works and the effects it can have on your body.

But you'll be taught how to give yourself the injection, rather than having a doctor or nurse give it to you.

If you're under 16 years old

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 pharmacist won't tell your parents (or carer) as long as they believe you fully understand the information you're given, and the decisions you're making.

Doctors and nurses work under strict guidelines when dealing with people under 16. They'll encourage you to consider telling your parents, but they will not make you.

The only time a professional might want to tell someone else is if they believe you're at risk of harm, such as abuse.

3. Natural Family Planning: Natural family planning (fertility awareness)

-Your contraception guide

Secondary navigation

Getting started

Methods of contraception

Which is best for me?

Worries and questions

Questions about the pill

Natural family planning (or "fertility awareness") is a method of contraception where a woman monitors and records different fertility signals during her menstrual cycle to work out when she's likely to get pregnant.

This page briefly explains how it works and what you would need to do, but is not a substitute for instruction and training from a specialist natural family planning teacher.

At a glance: facts about natural family planning

If natural family planning is followed correctly, it can be up to 99% effective. This means that 1 woman in 100 who use natural family planning will get pregnant in 1 year.

It is less effective if the instructions aren't carefully followed.

There are no physical side effects, and you can use it to plan when you get pregnant.

You have to keep a daily record of your fertility signals, such as your temperature and the fluids coming from your cervix – it takes 3 to 6 menstrual (monthly) cycles to learn the method.

Your fertility signals can be affected by illness, stress and travel.

If you want to have sex during the time when you might get pregnant, you'll need to use contraception, such as a condom, diaphragm or cap.

By using condoms as well as natural family planning, you'll help to protect yourself against sexually transmitted infections (STIs).

How natural family planning works

Natural family planning involves identifying the signs and symptoms of fertility during your menstrual cycle so you can plan or avoid pregnancy.

If you're interested in learning natural family planning, make sure you're taught by a qualified fertility awareness teacher. Find an NHS fertility awareness clinic in your local area.

There are 3 different fertility signals you can monitor and record for natural family planning. These are:

the length of your menstrual cycle

daily readings of your body temperature

changes to your cervical secretions (cervical mucus)

It's best to record these measures together to give you a more accurate picture of when you're likely to be most fertile.

You can use fertility charts to record and track your measurements over the course of each menstrual cycle. You can download fertility charts from the Fertility Education and Training site, with information on how to use them.

You can also download smartphone apps to track this information.

Your menstrual cycle and ovulation

Your menstrual cycle lasts from the first day of your period until the day before your next period starts. This is 28 days on average but longer or shorter cycles, from 21 to 40 days, are normal.

During your cycle, an egg is released from one of your ovaries (ovulation) and travels down the fallopian tube. It is usually released 10-16 days before your next period. Occasionally, a second egg is released, within 24 hours of the first egg.

The egg only lives for a maximum of 24 hours after ovulation, and a sperm must meet the egg within that period for pregnancy to happen.

You can get pregnant in up to 2 days after you ovulate. But if you've had sex in the 7 days before ovulation, it's possible to get pregnant because sperm can live inside a woman's body for up to 7 days and fertilise the egg when it's released.

By tracking your cycle, you can calculate when you're most likely to be fertile (able to conceive). But you need to allow for uncertainty over exactly when you ovulate.

The length of a menstrual cycle can vary over time, so to make sure your calculations are as precise as possible, measure your menstrual cycle over the course of 12 months.

The temperature method

The temperature method is used because there's a small rise in body temperature after ovulation.

You'll need to use either a digital thermometer or a thermometer specifically designed for natural family planning. Ear or forehead thermometers are not accurate enough for this.

The temperature method involves taking your temperature every morning before you get out of bed. This should be done before eating, drinking and smoking, and ideally at the same time every morning.

Look out for 3 days in a row when your temperature is higher than all of the previous 6 days. The increase in temperature is very small, usually around 0.2C (0.4F). It's likely that you're no longer fertile at this time.

Cervical secretion monitoring method

There's a change in the amount and texture of your cervical secretions (cervical mucus) during different times in your menstrual cycle.

You can check this by gently placing your middle finger into your vagina and pushing it up to around your middle knuckle. For the first few days after your period, you'll probably find your vagina is dry and you cannot feel any mucus.

As your hormone levels rise to prepare your body for ovulation, you'll probably find that you start to produce mucus that is moist, sticky, white and creamy. This is the start of the fertile period of your menstrual cycle.

Immediately before ovulation the mucus will get wetter, clearer and slippery – a bit like raw egg white. This is when you're at your most fertile.

The mucus should then soon return to being thicker and sticky, and after 3 days you should no longer be fertile.

How effective is natural family planning?

If natural family planning instructions are carefully followed, this method can be up to 99% effective. This means that 1 out of 100 women using natural family planning correctly will get pregnant.

But if natural family planning methods are not quite followed correctly, more women will get pregnant. It takes commitment and practice to use natural family planning effectively.

Who can use natural family planning

Most women can use natural family planning. However, certain situations can affect fertility signs and you might want to consider a different method if:

there could be a health risk to the baby if you got pregnant

you're having irregular periods

you have a short or long-term condition affecting your fertility signs, such as a sexually transmitted infection (STI) or pelvic inflammatory disease

you're taking a medication that disrupts production of cervical mucus (ask your GP or a pharmacist if you're not sure)

you've recently stopped taking hormonal contraception

you've recently had a miscarriage or abortion

you've recently given birth and are breastfeeding

you regularly travel through different time zones

you have a vaginal infection such as thrush or an STI, or you're at increased risk of getting an STI

you're not able to take your temperature in the recommended way

you're a heavy drinker

Advantages:

It doesn't cause any side effects.

Natural family planning is acceptable to all faiths and cultures.

Most women can use natural family planning, as long as they're properly trained by a fertility awareness teacher.

Once you've learned the techniques, there should be no further need for input from health professionals.

Natural family planning can be used either to avoid pregnancy or to become pregnant.

It doesn't involve chemicals or physical products.

It can help you recognise normal and abnormal vaginal secretions, so you can be aware of possible infection.

It involves your partner in the process, which can help increase feelings of closeness and trust.

Disadvantages:

Natural family planning does not protect against STIs such as chlamydia or HIV.

You'll need to avoid sex, or use contraception such as condoms, during the time you might get pregnant, which some couples can find difficult.

If you decide to abstain, there can sometimes be up to 16 days during which you cannot have sex, depending on your cycle.

It can be much less effective than other methods of contraception if the methods aren't followed accurately.

It won't work without continued commitment and practice.

It can take several menstrual cycles before you become confident in identifying your fertile time. During this time, you'll have to use barrier contraception, such as condoms.

You'll need to keep a daily record of your fertility signs.

It's not suitable for every woman.

Stress, illness, travel, lifestyle and hormonal treatments can disrupt your fertility signs.

If you use the emergency contraceptive pill, you'll need to wait for 2 complete cycles before relying on natural family planning again.

Lactational amenorrhoea method (LAM)

You're unlikely to have any periods if you breastfeed exclusively (give your baby breast milk only) and your baby is under 6 months old. Because of this, some women use breastfeeding as a form of natural contraception. This is known as the lactational amenorrhoea method (LAM).

When used correctly and consistently, less than 2 in 100 women who use LAM will get pregnant in the first 6 months. However, take care to use the method correctly. Don't feed your baby other foods because this may reduce your lactation.

LAM becomes unreliable when:

other foods or liquids are substituted for breastmilk

your baby reaches 6 months old

you have a period

After having a baby, it is possible to get pregnant before your periods start again. This is because you ovulate around 2 weeks before your period.

4. Contraceptive Implant:

Contraceptive implant

-Your contraception guide

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The contraceptive implant (Nexplanon) is a small flexible plastic rod that's placed under the skin in your upper arm by a doctor or nurse.

It releases the hormone progestogen into your bloodstream to prevent pregnancy and lasts for 3 years.

Contraceptive implant

At a glance: the implant

The implant is more than 99% effective.

Once the implant is in place, you don't have to think about it again for 3 years.

It can be useful for women who can't use contraception that contains oestrogen.

It's very useful for women who find it difficult to remember to take a pill at the same time every day.

The implant can be taken out if you have side effects.

You can have it removed at any time, and your natural fertility will return very quickly.

When it's first put in, you may feel some bruising, tenderness or swelling around the implant.

Your periods may become irregular, lighter, heavier or longer.

A common side effect is that your periods stop (amenorrhoea). It's not harmful, but you may

want to consider this before deciding to have an implant.

Some medicines can make the implant less effective.

It doesn't protect against sexually transmitted infections (STIs), so you may need to use condoms as well.

How it works

The implant steadily releases the hormone progestogen into your bloodstream, which prevents the release of an egg each month (ovulation).

It also thickens the cervical mucus, which makes it more difficult for sperm to move through the cervix, and thins the lining of the womb so a fertilised egg is less likely to implant itself.

When it starts to work

You can have the implant put in at any time during your menstrual cycle, as long as you're not pregnant.

If the implant is fitted during the first 5 days of your menstrual cycle, you'll be immediately protected against becoming pregnant.

If it's fitted on any other day of your menstrual cycle, you'll need to use additional contraception (such as condoms) for 7 days.

After giving birth

You can have the implant fitted any time after you've given birth.

If it's fitted before day 21 after the birth, you'll be immediately protected against becoming pregnant.

If it's fitted on or after day 21, you'll need to use additional contraception (such as condoms) for the next 7 days.

It's safe to use the implant while you're breastfeeding.

After a miscarriage or abortion

The implant can be fitted immediately after a miscarriage or an abortion and you'll be protected against pregnancy straight away.

How is a contraceptive implant fitted or removed?

A local anaesthetic is used to numb the area on the inside of your upper arm.

The implant is then inserted under your skin – it only takes a few minutes to put in and feels like having an injection. You won't need any stitches after your implant has been fitted.

Nexplanon works for 3 years before it needs to be replaced. You can use this method until you reach the menopause, when a woman's monthly periods stop naturally.

The implant can be removed at any time by a specially trained doctor or nurse. It only takes a few minutes to remove, and a local anaesthetic will be used. The doctor or nurse will make a tiny cut in your skin to gently pull the implant out.

As soon as the implant has been removed, you'll no longer be protected against pregnancy.

Who can use the implant

Most women can be fitted with the contraceptive implant.

It may not be suitable if you:

think you might be pregnant

don't want your periods to change

take other medicines that may affect the implant

have unexplained bleeding in between periods or after sex

have arterial disease or a history of heart disease or stroke

have liver disease

have breast cancer or have had it in the past

have a medical condition that may affect which contraception you can use – speak to your GP or practice nurse, or visit your nearest sexual health clinic to discuss further

Advantages and disadvantages of the implant

Advantages:

it works for 3 years

it doesn't interrupt sex

it's an option if you can't use oestrogen-based contraception, such as the combined contraceptive pill, contraceptive patch or vaginal ring

it's safe to use while you're breastfeeding

your fertility will return to normal as soon as the implant is taken out

it may reduce heavy periods or painful periods

Disadvantages:

you may experience temporary side effects during the first few months, like headaches, nausea, breast tenderness and mood swings

your periods may be irregular or stop altogether

you may get acne or your acne might get worse

you'll need a small procedure to have it fitted and removed

it doesn't protect you against sexually transmitted infections (STIs), so you may need to use

additional contraception (such as condoms) as well

Will other medicines affect the implant?

Some medicines can make the implant less effective, such as:

medicines for HIV, epilepsy and tuberculosis

complementary remedies, such as St John's Wort

some antibiotics, such as rifabutin or rifampicin

If you're taking any of these medicines, you'll need additional contraception (such as condoms), or you may wish to use a different method of contraception that isn't affected by your medicine.

Always tell your doctor that you're using an implant if you're prescribed any medicine. You can also ask them whether the medicine you're taking will affect the implant.

Risks of the implant

In rare cases, the area of skin where the implant has been fitted can become infected. If this happens, you may need antibiotics.

You should also see a GP or healthcare professional at any time if:

you can't feel the implant

the implant feels like it's changed shape

you notice any changes to the skin or feel any pain at the site of the implant

you become pregnant

Where can I get a contraceptive implant fitted or removed?

You can get the contraceptive implant for free, even if you're under 16, from:

contraception clinics

sexual health or genitourinary medicine (GUM) clinics

GP surgeries

some young people's services

Some (but not all) GPs or practice nurses are able to fit and remove implants, so you'll need to check at your GP surgery.

Alternatively, most sexual health clinics will be able to do this for you.

Find a sexual health clinic.

If you're under 16 years old

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 pharmacist 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 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.

5. Combined Oral Contraceptive Pill:

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The combined oral contraceptive pill is usually just called "the pill". It contains artificial versions of female hormones oestrogen and progesterone, which women produce naturally in their ovaries.

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

Combined pill

[At a glance: the combined pill](#)

When taken correctly, the pill is over 99% effective at preventing pregnancy. This means that fewer than one woman in 100 who use the combined pill as contraception will get pregnant in one year. Other methods, such as the IUD, implant and injection, are more effective.

The usual way to take the pill is to take one every day for 21 days, then stop for seven days, and during this week you have a period-type bleed. You start taking the pill again after seven days.

You need to take the pill at around the same time every day. You could get pregnant if you don't do this, or if you miss a pill, or vomit or have severe diarrhoea.

Some medicines may make the pill less effective. Check with your doctor if you're taking any other tablets.

If you have heavy periods or painful periods, PMS (premenstrual syndrome) or endometriosis the combined pill may help.

Minor side effects include mood swings, nausea, breast tenderness and headaches.

There is no evidence that the pill makes women gain weight.

There's a very low risk of serious side effects, such as blood clots and cervical cancer.

The combined pill is not suitable for women over 35 who smoke, or women with certain medical conditions.

The pill does not protect against sexually transmitted infections (STIs), so using a condom as well will help to protect you against STIs.

How the combined pill works

How it prevents pregnancy

The pill prevents the ovaries from releasing an egg each month (ovulation). It also:

thickens the mucus in the neck of the womb, so it is harder for sperm to penetrate the womb and reach an egg

thins the lining of the womb, so there is less chance of a fertilised egg implanting into the womb and being able to grow

The pill is over 99% effective if used correctly. Some women find it difficult to take the pill at the same time every day, and it's less effective if not used correctly. Other methods of contraception are better at preventing pregnancy, such as the IUD, IUS, implant and injection.

There are many different brands of pill, made up of three main types:

Monophasic 21-day pills

This is the most common type. Each pill has the same amount of hormone in it. One pill is taken

each day for 21 days and then no pills are taken for the next seven days. Microgynon, Marvelon, Yasmine and Cilest are examples of this type of pill.

Phasic 21-day pills

Phasic pills contain two or three sections of different coloured pills in a pack. Each section contains a different amount of hormones. One pill is taken each day for 21 days and then no pills are taken for the next seven days. Phasic pills need to be taken in the right order. Logynon is an example of this type of pill.

Every day (ED) pills

There are 21 active pills and seven inactive (dummy) pills in a pack. The two types of pill look different. One pill is taken each day for 28 days with no break between packets of pills. Every day pills need to be taken in the right order. Microgynon ED is an example of this type of pill.

Follow the instructions that come with your packet. If you have any questions, ask your GP, practice nurse or pharmacist.

It's important to take the pills as instructed, because missing pills or taking them at the same time as certain medicines may make them less effective.

How to take 21-day pills

Take your first pill from the packet marked with the correct day of the week, or the first pill of the first colour (phasic pills).

Continue to take a pill at the same time each day until the pack is finished.

Stop taking pills for seven days (during these seven days you will get a bleed).

Start your next pack of pills on the eighth day, whether you are still bleeding or not. This should be the same day of the week as when you took your first pill.

How to take every day pills

Take the first pill from the section of the packet marked "start". This will be an active pill.

Continue to take a pill every day, in the correct order and preferably at the same time each day, until the pack is finished (28 days).

During the seven days of taking the inactive pills, you will get a bleed.

Start your next pack of pills after you have finished the first, whether you are still bleeding or not.

Starting the combined pill

Most women can start the pill at any time in their menstrual cycle. There is special guidance if you have just had a baby, abortion or miscarriage.

You may need to use additional contraception during your first days on the pill – this depends on when in your menstrual cycle you start taking it.

Starting on the first day of your period

If you start the combined pill on the first day of your period (day one of your menstrual cycle) you will be protected from pregnancy straight away. You will not need additional contraception.

Starting on the fifth day of your cycle or before

If you start the pill on the fifth day of your period or before, you will still 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 seven days.

Starting after the fifth 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 seven days.

If you start the pill after the fifth day of your cycle, make sure you have not put yourself at risk of pregnancy since your last period. If you're worried you're pregnant when you start the pill, take a pregnancy test three weeks after the last time you had unprotected sex.

Taking pill packs back to back

Find out more about taking pill packs back-to-back.

What to do if you miss a pill

If you miss a pill or pills, or you start a pack late, this can make the pill less effective at preventing pregnancy. The chance of getting pregnant after missing a pill or pills depends on:

when the pills are missed

how many pills are missed

Find out what to do if you miss a combined pill.

Vomiting and diarrhoea

If you vomit within two hours of taking the combined 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 continue to be sick, keep using another form of contraception until you've taken the pill again for seven days without vomiting.

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.

Speak to your GP or contraception nurse or call NHS 111 for more information, or if your sickness or diarrhoea continues.

Who can use the combined pill

If there are no medical reasons why you cannot take the pill, and you don't smoke, you can take the pill until your menopause. However, the pill is not suitable for all women. To find out whether the pill is right for you, talk to your GP, practice nurse or pharmacist.

You should not take the pill if you:

are pregnant

smoke and are 35 or older

stopped smoking less than a year ago and are 35 or older

are very overweight

take certain medicines (ask your GP or a health professional at a contraception clinic about this)

You should also not take the pill if you have (or have had):

thrombosis (a blood clot) in a vein, for example in your leg or lungs

stroke or any other disease that narrows the arteries

anyone in your close family having a blood clot under the age of 45

a heart abnormality or heart disease, including high blood pressure

severe migraines, especially with aura (warning symptoms)

breast cancer

disease of the gallbladder or liver

diabetes with complications or diabetes for the past 20 years

After having a baby

If you have just had a baby and are not breastfeeding, you can most likely start the pill on day 21 after the birth but you will need to check with your doctor. You will be protected against pregnancy straight away.

If you start the pill later than 21 days after giving birth, you will need additional contraception (such as condoms) for the next seven days.

If you are breastfeeding, you're not advised to take the combined pill until six weeks after the

birth.

After a miscarriage or abortion

If you have had a miscarriage or abortion, you can start the pill up to five days after this and you will be protected from pregnancy straight away. If you start the pill more than five days after the miscarriage or abortion, you'll need to use additional contraception until you have taken the pill for seven days.

Advantages and disadvantages

Some advantages of the pill include:

it does not interrupt sex

it usually makes your bleeds regular, lighter and less painful

it reduces your risk of cancer of the ovaries, womb and colon

it can reduce symptoms of PMS (premenstrual syndrome)

it can sometimes reduce acne

it may protect against pelvic inflammatory disease

it may reduce the risk of fibroids, ovarian cysts and non-cancerous breast disease

Some disadvantages of the pill include:

it can cause temporary side effects at first, such as headaches, nausea, breast tenderness and mood swings – if these do not go after a few months, it may help to change to a different pill

it can increase your blood pressure

it does not protect you against sexually transmitted infections

breakthrough bleeding and spotting is common in the first few months of using the pill

it has been linked to an increased risk of some serious health conditions, such as thrombosis (blood clots) and breast cancer

The combined pill with other medicines

Some medicines interact with the combined pill and it doesn't work properly. Some interactions are listed on this page, but it is not a complete list. If you want to check your medicines are safe to take with the combined pill, you can:

ask your GP, practice nurse or pharmacist

read the patient information leaflet that comes with your medicine

Antibiotics

The antibiotics rifampicin and rifabutin (which can be used to treat illnesses including tuberculosis and meningitis) can reduce the effectiveness of the combined pill. Other antibiotics do not have this effect.

If you are prescribed rifampicin or rifabutin, you may need additional contraception (such as condoms) while taking the antibiotic. Speak to your doctor or nurse for advice.

Epilepsy and HIV medicines, and St John's wort

The combined pill can interact with medicines called enzyme inducers. These speed up the breakdown of hormones by your liver, reducing the effectiveness of the pill.

Examples of enzyme inducers are:

the epilepsy drugs carbamazepine, oxcarbazepine, phenytoin, phenobarbital, primidone and topiramate

St John's wort (a herbal remedy)

antiretroviral medicines used to treat HIV (research suggests that interactions between these medicines and the progestogen-only pill can affect the safety and effectiveness of both)

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

Risks of taking the combined pill

There are some risks associated with using the combined contraceptive pill. However, these risks are small and, for most women, the benefits of the pill outweigh the risks.

Blood clots

The oestrogen in the pill may cause your blood to clot more readily. If a blood clot develops, it could cause:

deep vein thrombosis (clot in your leg)

pulmonary embolus (clot in your lung)

stroke

heart attack

The risk of getting a blood clot is very small, but your doctor will check if you have certain risk factors that before prescribing the pill.

The pill can be taken with caution if you have one of the risk factors below. It is unlikely you would be advised to take it if you have two or more risk factors. These include:

being 35 years old or over

being a smoker or having quit smoking in the past year

being very overweight (in women with a BMI of 35 or over, the risks of using the pill usually outweigh the benefits)

having migraines (you should not take the pill if you have severe or regular migraine attacks, especially if you get aura or a warning sign before an attack)

having high blood pressure

having had a blood clot or stroke in the past

having a close relative who had a blood clot when they were younger than 45

being immobile for a long time – for example, in a wheelchair or with a leg in plaster

Cancer

Research is ongoing into the link between breast cancer and the pill. Research suggests that users of all types of hormonal contraception have a slightly higher chance of being diagnosed with breast cancer compared with women who do not use them. However, 10 years after you stop taking the pill, your risk of breast cancer goes back to normal.

Research has also suggested a link between the pill and the risk of developing cervical cancer and a rare form of liver cancer. However, the pill does offer some protection against developing womb (endometrial) cancer, ovarian cancer and colon cancer.

Where you can get the combined pill

Contraception is free to all women and men through the NHS. Places where you can get contraception include:

community contraception clinics

some genitourinary medicine (GUM) clinics

sexual health clinics – they also offer contraceptive and STI testing services

some GP surgeries – talk to your GP or practice nurse

some young people's services (call the Sexual Health Line on 0300 123 7123 for more information)

Find a sexual health clinic.

How do I change to a different pill?

If you want advice about changing your contraceptive pill, you can visit your GP, contraceptive nurse (sometimes called a family planning nurse), or sexual health clinic.

You should not have a break between different packs, so you will usually be advised to start the new pill immediately or wait until the day after you take the last of your old pills.

You may also be advised to use alternative methods of contraception during the changeover, as the new pill may take a short time to take effect.

If you're under 16 years old

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 pharmacist 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.