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**DEPARTMENT: ANATOMY**

**COURSE: PHS 204**

**ASSIGNMENT TITLE: Discuss contraception and different types with details of any five**

**ASSIGNMENT**

The different types of contraception

1. Cap
2. Combined pill
3. Condoms
4. Contraceptive implant
5. Contraceptive injection
6. Contraceptive patch
7. Diaphragm
8. Female condoms
9. Female sterilisation
10. IUD (intrauterine device, coil)
11. IUS (intrauterine system)
12. Progestogen-only pill (POP, mini pill)
13. Vaginal ring
14. Vasectomy
15. Natural family planning (fertility awareness)

Cap

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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).

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

**Combined pill**

The combined oral contraceptive pill is usually just called "the pill". It contains synthetic female hormones, oestrogen and progesterone. These hormones are produced naturally in woman's ovaries.

The hormones in the pill prevent a woman's ovaries from releasing an egg (ovulating). They also make it difficult for sperm to reach an egg, or for an egg to implant itself in the lining of the womb.

The pill is usually taken to prevent pregnancy, but can also be used to treat painful periods, heavy periods, premenstrual syndrome (PMS) and endometriosis.

**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.
* As humans make mistakes, in real world use at least 8 women in 100 a year become pregnant (92% effective).
* You need to take the pill 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 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.
* Minor side effects include mood swings, 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**

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

Although there are many different brands of pill, there are 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, Rigevidon, Brevinor 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. Binovum and Logynon are examples 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 and Logynon ED are examples of this type of pill.

Follow the instructions that come with your packet. If you have any questions about how to take the pill, 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, abotion 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.

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.

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.

If you start the pill 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 seven days.

**Taking pill packs back-to-back (continuously)**

For monophasic combined pills (pills all the same colour and with the same level of hormones), it's normally fine to start a new pack of pills straight after your last one – for example, if you want to delay your period for a holiday.

However, avoid taking more than two packs together unless advised to by a doctor or nurse. This is because you may have breakthrough bleeding as the womb lining sheds slightly. Some women find they feel bloated if they run several packs of the pill together.

**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

A pill is late when you have forgotten to take it at your usual time. You have missed a pill when it is more than 24 hours since the time you should have taken it. Missing one pill anywhere in your pack or starting the new pack one day late isn’t a problem, as you will still be protected against pregnancy (known as having contraceptive cover).

However, missing two or more pills, or starting the pack two or more days late (more than 48 hours late) may affect your contraceptive cover. In particular, if you make the 7-day pill-free break longer by forgetting two or more pills, your ovaries might release an egg and there is a risk of getting pregnant. This is because your ovaries are not getting any effect from the pill during the seven-day break.

If you miss a pill, follow the advice below. If you are not sure what to do, continue to take your pill and use another method of contraception, such as condoms, and seek advice as soon as possible.

If you have missed one pill, anywhere in the pack:

* take the last pill you missed now, even if it means taking two pills in one day
* continue taking the rest of the pack as usual
* you don’t need to use additional contraception, such as condoms
* take your seven-day pill-free break as normal

If you have missed 2 or more pills (you are taking your pill more than 48 hours late) anywhere in the pack:

* take the last pill you missed now, even if it means taking two pills in one day
* leave any earlier missed pills
* continue taking the rest of the pack as usual and use an extra method of contraception for the next seven days
* you may need emergency contraception
* you may need to start the next pack of pills without a break)

You may need emergency contraception if you have had unprotected sex in the previous 7 days and have missed 2 or more pills (you are taking your pill more than 48 hours late) in the first week of a pack.

Get advice from your contraception clinic, doctor or pharmacist about this. **Starting the next pack after missing 2 or more pills**

If there are seven or more pills left in the pack after the last missed pill:

* finish the pack
* have the usual seven-day break

If there are fewer than seven pills left in the pack after the last missed pill:

* finish the pack and start the new one the next day, without having a break

**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 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.

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 do not 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, pharmacist or go to your local sexual health clinic.

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 about this)

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

* thrombosis (a blood clot)
* a heart abnormality or heart disease, including high blood pressure
* severe [migraines](https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/migraine/), especially with aura (warning symptoms)
* breast cancer
* disease of the gallbladder or liver
* [diabetes](https://www.nhsinform.scot/illnesses-and-conditions/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 start the pill on day 21 after the birth. 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 a baby less than six months old, taking the pill can reduce your flow of milk. It is recommended that you use a different method of contraception until you stop breastfeeding.

**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 pill up to 5 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 7 days.

**Advantages and disadvantages of the combined pill**

Some advantages of the pill include:

* it doesn't 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
* 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](https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/conditions/high-blood-pressure-hypertension/)
* it does not protect you against [sexually transmitted infections](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception)
* 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, pharmacist or local sexual health clinic
* 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 go to the sexual health clinic 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 progestogen 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](https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/stroke/) or [heart attack](https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/conditions/heart-attack/). The risk of getting a blood clot is very small, but your doctor will check if you have certain risk factors that make you more vulnerable before prescribing the pill.

The pill can be taken with caution if you have one of the risk factors below, but you should not 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](https://www.nhsinform.scot/healthy-living/food-and-nutrition/healthy-eating-and-weight-loss/understanding-your-health-and-weight-body-mass-index-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](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/breast-cancer-female/) 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](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/cervical-cancer/) and a rare form of [liver cancer](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/liver-cancer/). However, the pill does offer some protection against developing [endometrium (lining of the womb) cancer](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/womb-uterus-cancer/), [ovarian cancer](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/ovarian-cancer/) and [colon cancer](https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/bowel-cancer/).

**Where can you get the combined 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 [Female sterilisation](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#female-sterilisation)
* [IUD (intrauterine device, coil)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#iud-intrauterine-device-coil)
* [IUS (intrauterine system)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#ius-intrauterine-system)
* [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)
* [Vaginal ring](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#vaginal-ring)
* [Vasectomy](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#vasectomy)
* [Natural family planning (fertility awareness)](https://www.nhsinform.scot/healthy-living/contraception/getting-started/the-different-types-of-contraception#natural-family-planning-fertility-awareness)
* **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.
* STI testing services