

Contraceptive Options

- **Withdrawal Method** - removal of the penis from the vagina prior to ejaculation. Success rate is about 72%.
- **Rhythm** - determining probable fertile period during a menstrual cycle, using body temperatures and graphs, and avoiding intercourse during these fertile times. Success rate is about 70%.
- **Vaginal Spermicide** - foams, suppositories, tablets, or jellies inserted into the vagina before intercourse. Success rate is about 79-95%.
- **Condom** - a rubber sheath worn over the penis during genital contact. It acts as a barrier to transmission of semen and/or organisms that may cause sexually-transmitted diseases (non-latex condoms do not act as a barrier for HIV). Success rate is about 88-98%.
- **Diaphragm** - a vaginal barrier method used in combination with spermicidal cream or jelly. Success rate is about 82-94%.
- **IUD** (intrauterine device) - a small device placed in the uterus that doesn't allow the fertilized egg to implant in the uterine wall. Success rate is about 98%. Two IUD's are available. The Mirena IUD lasts 5 years and the Paragard lasts 10 years. Both IUDs are as effective as the birth control pill or tubal ligation. See Mirena-us.com or Paragard.com.
- **Implanon** - a small, thin, implantable progesterone contraceptive that is effective for up to three years.
- **Minipill** - progesterone only oral contraceptive - Used frequently while nursing because it does not decrease the quantity of breast milk.
- **Oral contraceptive pill (OCP)** – A cyclic pill of both estrogen and progestin. It suppresses ovulation, diminishes growth of the endometrium, and increases the thickness of mucus around the cervix, preventing the passage of sperm through the cervix. Success rate is 98-99.5%.
- **Depo Provera** (Contraceptive Injection) - a hormonal injection that stops ovulation and prevents sperm from entering the uterus. It is given every 12 weeks (3 months) and starts working within 24 hours after injection. Success rate is 99.5%.
- **Nuvaring** – a vaginal ring that secretes both estrogen and progesterone locally into the uterus and vagina to prevent ovulation and implantation. It is as effective as the OCP.
- **OrthoEvra** (Contraceptive patch) – a weekly combination patch of estrogen and progesterone that works like the OCP.
- **Vasectomy** (Male) - an incision is made over the vas deferens on each side of the scrotum. The ducts are cut and tied. The procedure is usually performed by a Urologist in his office under local anesthesia. A sperm count is necessary after the procedure to confirm its success.
- **Tubal Ligation** (Female) – a surgical procedure to sever the fallopian tubes. This procedure can be performed at the time of cesarean section, the time of delivery or later as an outpatient surgery. An anesthetic is required for the surgery.