

## **Birth Control- an Overview**

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### **Basics**

- Remember, all methods of birth control are safer and have fewer side effects than pregnancy
- Even with perfect use, each method of birth control has a failure rate
  - still, most pregnancies are due to incorrect use of each method
  - Failure rates are usually given for both perfect and typical use
  - Failure rate- % becoming pregnant in 1<sup>st</sup> year of use
- Only condoms can reduce STD transmission
- Birth control methods can be divided into
  - Natural
  - Barrier
  - Spermicidal
  - Hormonal
  - Sterilization
- Some methods should not be used by some women because of specific medical conditions, lifestyle choices, age or use of other medications
- A nice source of information is <http://www.contracept.org/>

### **Natural Methods of Birth Control**

- Failure rate for perfect use 0.4 – 5%, depending on method
- Failure rate for typical use 24%

- Each method's reliability is increased when combined with condoms
- Depends on fact that a woman's fertility varies through her cycle
  - The first day of bleeding is day # 1 of a new cycle
    - 95% ovulate within 4 days before or after midpoint of cycle
  - Chance of becoming pregnant (without birth control)
    - 0%: 5 days before ovulation, 11%: 4 days before ovulation
    - 26%: 1 day before ovulation, 15%: on day of ovulation
    - 9%: 1 day after ovulation, 0%: 3 days after ovulation
- See article on "Natural Methods of Birth Control"- in summary they are
  - Natural Family Planning Basal Body Temperature Charting
  - Sympto-thermal Method
  - Ovulation-mucous Method
  - Calendar Rhythm Method
  - Standard Days Method
  - Two Days Method
  - Fertility Computers
  - Breastfeeding
  - Withdrawal

## **Barrier Methods**

- See article on "Barrier Methods of Birth Control"

- Perfect use failure rates 2 – 6%
- Typical use failure rates 12 – 21%
- Three methods
  - Male condom
  - Female condom
  - Diaphragm – less reliable in women who have had a child

### **Spermicidal**

- Perfect use failure rates 9 – 24% (highest for sponge)
- Typical use failure rates 26 – 28% (highest for sponge)
- Failure rate decreased when combined with a barrier method
- Includes
  - Vaginal suppositories- need to allow time to dissolve
  - Foams
  - Sponge (high failure rate if previous birth)

## **Hormonal**

- See chapter on “Birth Control Pills, Patch, Ring, Injection & Implant”
- See chapter on “IUD’s”
- Failure rates less than 1% with perfect use and 9% with typical use
  - Lowest failure rate are with those methods requiring less user effort
    - IUD, implant, injection
- Have other health benefits, for example
  - Birth control pills decrease ovarian cancer risk by 50% (5 years use)
  - All decrease cancer of the uterine lining (endometrial) in women with polycystic ovarian syndrome (chronic lack of ovulation)
- Only method shown to cause weight gain is Depo-provera (injection)
- Large variety of methods
  - Pills, vaginal rings, patch, IUDs, injection, implant

## **Copper IUD**

- Actually, should probably be classified as spermicidal
- Perfect use failure rate 0.6%, typical use failure rate 0.8%
- Usually causes menstrual flows to become heavier

## **Sterilization**

- See chapter on “Sterilization”
- High risk of regret if done when young
- Options include
  - Vasectomy

- Removal of fallopian tubes (may reduce ovarian cancer risk)
  - Cutting or blocking fallopian tubes (tubal ligation)
  - Tubal occlusion
- Vasectomy should always have follow-up sperm count
  - Failure rate 1%

- Tubal ligation
  - Failure rate 0.2-2% (depends on method)
    - Lowest when done postpartum
  - May be reversed in up to 70% of women
- Tubal occlusion
  - Failure rate 0.02% once x-ray study confirms occlusion
  - Done with scope through cervix- no incision required
  - Works by placing material into tubal canals that cause the tubes to scar and occlude
  - Not effective until at least 3 months after the procedure
  - Requires 1 month of depo-provera before procedure & a second injection 2 months after the procedure
  - Must have radiology study 3 months after procedure to confirm that both fallopian tubes are occluded
    - 5% will not be occluded until 6 months after the procedure
  - Cannot be reversed

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