

A Smart Woman's Guide to

CONTRACEPTION

QUESTIONS

TO CONSIDER BEFORE
CHOOSING A CONTRACEPTIVE

Your contraceptive options

WHAT THE
EXPERTS SAY

MATCH
YOUR PROFILE



Bayer HealthCare

A woman is walking away from the camera on a wet cobblestone street. She is wearing a white long-sleeved top, a teal skirt, black tights, and grey knee-high boots. The street is wet, and her reflection is visible on the ground. The background is a bright, overexposed outdoor setting.

A Smart Woman's Guide to **Contraception**

Life is busy and everyday routine is hectic enough without having to add the thought of contraception into the mix. Innovations in contraception mean that there are now a wide variety of options to choose from and finding a method that suits your lifestyle can mean that you will have one less thing to think about, leaving you time to plan ahead for the nicer things in life.

This guide has been designed to provide you with:

- A quick and easy overview of some of the factors to consider when choosing a contraceptive
- A look at some of the options available to you
- Insight into what the experts say

Why finding the 'right' contraceptive is important



Many women may choose to use the same contraceptive method throughout their lives; however there are many different life-stage opportunities, such as going to college or giving birth, these are good times to reassess your current contraceptive method and ask if it's the right one for you at that time.

Despite there being a range of different methods, many women aren't aware of the full choice available to them and how their contraception can complement their lifestyle. For example, there are two main types of contraception: short term contraception and long-acting contraception.

Along with avoiding unintended pregnancies, of which approximately 80 million occur globally¹, contraception can also offer additional health benefits, such as the alleviation of heavy or painful periods. Choosing a method that fits your body and life-stage could be one of the most important health decisions you make and it's important that you don't settle for anything but the best for your particular needs.

Consistent use of contraception is the most effective way to reduce the risk of experiencing an unwanted pregnancy or acquiring a sexually transmitted infection. Despite this, many individuals, including those who do not want a pregnancy and those who are not in a monogamous relationship, fail to adhere to a regular contraceptive routine.

In Ireland, for women, 1 in every 7 pregnancies was a crisis pregnancy².



Questions to consider before selecting a **contraceptive**

Choosing a contraceptive is a highly personal decision so it is always useful to ask yourself a couple of questions to help you weigh up the options and select the one that is right for you. Consider these questions:

WHERE AM I IN MY LIFE-STAGE AND HOW CAN MY CONTRACEPTION FIT AROUND THIS?

Are you planning to have a family soon, within the next few years or not at all? Will you be requiring a contraceptive that will complement these plans and not affect short-term fertility?

WHAT TYPE OF METHOD WILL I BE ABLE TO USE MOST CONSISTENTLY?

Are you someone who is able to remember to take something daily, or does your current lifestyle mean that you would prefer something longer lasting that you don't have to remember to take on a daily basis?

DO I HAVE A PREFERENCE IN HOW THE CONTRACEPTIVE IS ADMINISTERED?

Would you prefer a method that is self-administered, or are you open to the idea of having a contraceptive administered by your doctor?

DO I SUFFER FROM HEAVY PERIODS?

Would you like a method of contraception that reduces or lightens your bleeding?

DO I NEED ADDITIONAL PROTECTION?

If you are not in a monogamous relationship or know that your partner has a Sexually Transmitted Infection (STI), barrier method should be considered as the hormonal contraception mentioned in this leaflet do not prevent against STIs.

Keep your answers to these questions in the back of your mind as they will help you decide which method might be best for you when we go through the options. Of course, remember that your contraceptive needs can change over time. It is also very important to talk with your healthcare provider before making a final decision on what is most appropriate for you.



The contraceptive OPTIONS

There are two main types of contraceptives available: short-acting or long-acting, with the latter being split into whether the contraceptive is long-acting and reversible or non-reversible. This guide will only explore reversible methods, however please speak with your healthcare provider if you would prefer a more permanent option.

SHORT-ACTING CONTRACEPTIVES

What are they?

Methods of contraception that are user-dependent and require frequent administration, on either a daily, weekly, or monthly basis.

Who are they suitable for?

- Women who prefer to administer the contraceptive themselves
- Women who prefer to take contraception with added benefits.
- Women who want to be able to control the stopping and starting of the contraception very easily.

What are the options?

1. The combined pill³

The combined pill, more commonly just referred to as 'the Pill', is taken orally every day for usually 21 days, followed by one 'pill free' week, during which the woman will bleed; afterwards, a new pack is started. Nowadays, there are also options which are taken every day or 24 active pill days, followed by a 4-placebo pill days. The Pill contains the hormones estrogen and progesterone, is over 99% effective if used consistently and can help to regulate menstruation. The Pill can be started from three weeks (21 days) after delivery in women who are not breastfeeding.⁴

2. The progestogen-only pill (POP)⁵

The progestogen-only pill, sometimes called the 'Mini Pill', is a pill that has to be taken every day to work.

When used correctly, it is over 99% effective, it may help with premenstrual symptoms and painful periods. It can also be used while breastfeeding and can be taken starting from 21 days after delivery in breastfeeding women.⁴

3. The contraceptive patch⁶

The contraceptive patch is a small plaster applied to the skin that releases the hormones, estrogen and progesterone, to prevent pregnancy. It is worn continuously for seven days, and then is replaced with a fresh patch on the eighth day. After three weeks of use, users have a patch-free week, during which the woman may bleed. The patch is over 99% effective when used correctly and is not recommended for breastfeeding mothers. The patch can be started from

three weeks (21 days) after delivery in women who are not breastfeeding.⁴

4. The vaginal ring⁷

The vaginal ring is a small, flexible, plastic ring that is inserted (by the user) inside the vagina and contains the hormones estrogen and progesterone. After 21 days, it is taken out to allow the woman to have a monthly bleed, before putting in a new ring for the next cycle. It is more than 99% effective, can be worn when having sex and can be used to regulate periods and even make them lighter. The ring can be started from three weeks (21 days) after delivery in women who are not breastfeeding.⁴



LONG-ACTING REVERSIBLE CONTRACEPTIVES, (LARCs)

What are they?

LARCs are contraceptives that offer the convenience of being administered on a less frequent basis compared with methods such as the Pill. Awareness of LARC methods are low amongst women and many family planning and health authorities are calling for a greater awareness of this method among women who have had children.⁸

Who are they suitable for?

- Women who prefer the convenience of a non-daily contraceptive
- Women who want to space the time between the births of their children and require flexibility in terms of reversibility
- Women who have completed their families but do not want a permanent form of contraception
- Breastfeeding mothers

*Research suggests that 80%
of LARC users are satisfied
with their method⁹*



What are the options?

1. Intrauterine contraception (IUC)¹⁰

IUCs are methods of contraception that are fitted into the uterus by a doctor. While this may seem daunting, they are among the most effective contraceptives available and once inserted, they provide protection for between three and ten years. IUCs can be removed at any point and will generally provide an immediate return to fertility on removal; they can also be used while breastfeeding. There are two types of IUC:

a) Copper intrauterine device (IUD)¹¹

A copper intrauterine device (IUD), also known as a copper coil, is 99% effective and can usually be used for five to ten years. IUDs contain no hormones and work to prevent the egg and sperm from meeting; the copper also acts as a spermicide. An IUD can be inserted from four weeks after delivery. Some women may experience heavier, longer periods when using it. This type of IUD can also be used for emergency contraception.

b) Intrauterine system (IUS)¹²

The intrauterine system (IUS) is a plastic T-shaped device which is more than 99% effective and lasts for up to five years. It releases daily small doses of progestogen hormone called levonorgestrel directly into the womb. It can be inserted starting from six weeks after delivery, and can be used during breastfeeding. Your periods usually become much lighter and shorter, and sometimes less painful. They may stop completely after the first year of use. It can also be used as a treatment for heavy periods.

2. Implant¹⁴

An implant is a small flexible rod inserted into a woman's arm by a short surgical procedure. Once in place, it can be felt with the fingers but not seen. It contains a progestogen hormone called etonogestrel and is over 99% effective up to three years. Some women using an implant experience reduced or absent periods, however others might experience heavier, longer periods. The implant can be inserted from three weeks (21 days) after delivery and can be used while breastfeeding.⁴

3. Injection¹³

The injection contains progestogen-only and lasts for 3 months. It is over 99% effective. Injections can be given from four weeks after delivery, and can be used during breastfeeding. It may sometimes take many months for fertility to return. Irregular bleeding may continue for some months after you stop the injections. Other adverse effects may be experienced such as weight gain.¹⁹

Match your PROFILE

Four women with four different life-stages, using four different contraceptives; match your life-stage to the profiles below to see which contraceptive might be right for you:

Clarissa

Clarissa is 28 years-old and after three years of taking the contraceptive pill, she decided that it was time to start planning for a family with her husband. Two years after she stopped taking the pill, she became pregnant and gave birth to her daughter. Juggling busy motherhood, Clarissa wanted a contraceptive with no daily routine, one that she could use while breastfeeding and one that offers flexibility so that she can plan to expand her family within the next few years. Her doctor recommended an intrauterine system and fitted it for her during her six week post-birth check-up.

HELEN

Helen is 42 years-old, has three children and has completed her family. With a hectic work schedule, Helen wanted the convenience of a long-term contraceptive, but one that is not permanent. She was recommended an IUC, and opted for the IUD, effective for up to five years.

JESSICA

Jessica is 19 years-old and has been in a relationship with her boyfriend for eight months; having previously used barrier methods, she decided to visit her doctor about alternative contraception now that her relationship is stable. It was her first time using hormonal contraception and so her doctor recommended the combined oral contraceptive pill, to be taken daily.

Sarah

Sarah is 24 years-old, and has just entered into a serious relationship with her partner; having relied on barrier methods in the past, she was conscious about having to remember to take a daily pill and wanted a method that doesn't interfere with intercourse - she was recommended an implant, effective for up to three years.



What the experts **SAY**

TALKING WITH YOUR DOCTOR AT IMPORTANT LIFE STAGES: DID YOU KNOW...

Going to College:

What are the recommended types of contraception for this life stage. Short term contraception can be a good option for a person who may want to change contraception according to their changing needs. Many of the short term contraceptives have added benefits which you may want in addition to contraception. If one of these types of contraception are not suiting you , they are easily changed.

For those who have recently given birth:

Healthcare professionals recommend that all new mothers attend their six to eight week post-birth check up to ensure that they are coping both physically and emotionally. This is also the time when the subject of contraception will likely arise, and there are a couple of misconceptions around fertility and contraception that should be addressed. For example, did you know that:

Women can return to fertility as early as two to three weeks after delivery.¹⁵

Fertility levels between women can vary after the birth of a child. However it is still possible to get pregnant within a few weeks, even if a new mother's period has not returned.

Breastfeeding is not a guaranteed method of contraception.¹⁶

While breastfeeding can postpone ovulation, this is not a guarantee and ovulation can occur even when a woman is breastfeeding.

While it may initially seem daunting to talk with your doctor about some of the more personal changes to your body after delivery, remember that you are not alone and all new mothers will be going through similar changes. Consider writing a list of things you'd like to discuss with your doctor and don't be afraid to speak up should you have any worries or concerns. Contraception will most likely form part of this discussion and so be sure to do your research and come armed with any questions that you might have to ensure that you select an option that is right for you.

Remember that there is no one size fits all approach to contraception and it is important to talk with your doctor about the different options available to help you make an informed, collaborative decision about what will work best for you. For more information check out www.mycontraception.ie

REFERENCES

¹Spiedel J and Harper CC. The potential of long-acting reversible contraception to decrease unintended pregnancy. *Contraception* 2008; 78: 197-200

²Crisis Pregnancy: Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010) : http://crisispregnancy.ie/wp-content/uploads/2012/06/ICCP-2010_REPORT.pdf Date accessed: 10/12/12

³Family Planning Association. Combined Pill [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/combinedpill> Date accessed: 1/8/12

⁴World Health Organisation. (2009) *Medical Eligibility for contraceptive use*. 4th Ed.

⁵Family Planning Association. Progestogen only pill. [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/progestogenonlypillpop> Date accessed: 1/8/12

⁶Family Planning Association. Contraceptive Patch. [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/contraceptivepatch> Date accessed: 1/8/12.

⁷Family Planning Association. Vaginal Ring. [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/contraceptivevaginalring> Date accessed: 1/8/12.

⁸Faculty of Sexual & Reproductive Healthcare Clinical Guidance [online]. Available at: <http://www.fsrh.org/pdfs/CEUGuidancePostnatal09.pdf> Date accessed: 1/8/12

⁹Peipert, J.F. et al. (2011) Continuation and Satisfaction of Reversible Contraception. *Obstetrics and Gynecology*. 117(5)1107-1113

¹⁰Faculty of Sexual & Reproductive Healthcare Clinical Guidance [online] Available at: <http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraceptionNov07.pdf> Date accessed: 1/8/12

¹¹Family Planning Association. Intrauterine Device. [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/iud> Date accessed: 1/8/12

¹²Family Planning Association. Intrauterine System. [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/ius> Date accessed: 1/8/12

¹³Family Planning Association. Contraceptive Injection. [online] Available at : <http://www.fpa.org.uk/helpandadvice/contraception/contraceptiveinjection>. Date accessed: 10.12.12

¹⁴Family Planning Association. Contraceptive Implant. [online] Available at: <http://www.fpa.org.uk/helpandadvice/contraception/contraceptiveimplant> Date accessed 1/8/12

¹⁵<http://www.babyhopes.com/articles/what-are-the-chances-of-getting-pregnant-soon-after-giving-birth.html>

¹⁶<http://www.webmd.com/sex-relationships/guide/birth-control-contraceptive-myths>

¹⁷Gemzell-Danielsson, K et al. (2012) Use of contraceptive methods and contraceptive recommendations among health care providers actively involved in contraceptive counselling — results of an international survey in 10 countries. *Contraception*. Epub ahead of print.





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