

Non-Hormonal Contraception



Cervical Cap

A thick, thimble-shaped cap that fits over the cervix. It blocks sperm from entering the uterus. **Must be used with a gel spermicide.**



Contraceptive Sponge

A disposable sponge that contains a spermicide. The sponge fits over the cervix and absorbs sperm, preventing it from entering the uterus. The spermicide in the sponge then kills the sperm.



Diaphragm

The diaphragm is a cap, made of latex or silicone and nylon, that covers the cervix and prevents sperm from entering. The diaphragm **should always be used with a spermicide gel**, which is placed inside the diaphragm to immobilize or kill sperm.



External Condom (also called a male condom)

A latex cover that is rolled over a penis before sex (intercourse or oral). Condoms prevent semen and other secretions from entering their partner's body. Protects against pregnancy and most *STBBIs.



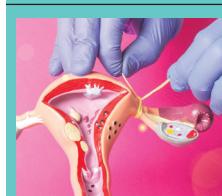
Internal Condom (also called a female condom)

Looks like a long, deflated balloon and is coated with lubricant. The internal condom is inserted into a vagina before sex. Protects against pregnancy and most *STBBIs.



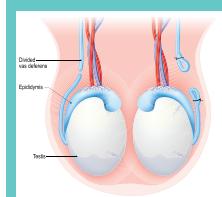
Spermicide

A gel, foam, film, suppository, or cream that is placed in the vagina, near the cervix. It kills sperm before it can enter the uterus and fertilize an egg. Spermicides **should be used with another method of contraception**, such as a condom, because alone they are not highly effective.



Tubal Ligation & Salpingectomy

Tubal ligation is a surgical procedure that blocks the fallopian tubes that carry an egg from the ovary to the uterus.
Salpingectomy is a surgical procedure where the fallopian tubes are removed, therefore, no egg can reach the uterus.
Both procedures are permanent.



Vasectomy

A surgical procedure that is performed on the scrotum. A small portion of the tubes that carry sperm from the testicles is removed or blocked so that no sperm are released to fertilize an egg.

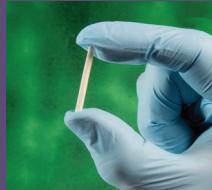
BIRTH CONTROL OPTIONS NON-HORMONAL CONTRACEPTION

Method	How well it works	How it works	Advantages	Disadvantages
Cervical Cap <i>Must be used with spermicide</i>	Given birth before: 71% Never given birth: 86%	Prevents sperm from entering the cervix.	<ul style="list-style-type: none"> • Various sizes • Reusable 	<ul style="list-style-type: none"> • Must be fitted by a health care professional • Must be used correctly and consistently every time • Does not protect from STBBIs
Contraceptive Sponge	Never given birth: 88 – 91% Given birth: 76 – 80%	Blocks the cervix so sperm cannot enter the uterus & spermicide absorbs, traps, & destroys sperm.	<ul style="list-style-type: none"> • Can buy it at the drugstore • Once inserted, can be left in place and used for up to 24 hrs 	<ul style="list-style-type: none"> • Must be used consistently and correctly • Must be left in place for 6 hrs after intercourse • Increased risk of vaginal and cervical irritation from spermicide • Does not protect against STBBIs
Diaphragm <i>Must be used with spermicidal gel</i>	Effectiveness rates vary <ul style="list-style-type: none"> • Data is lacking on gel available in Canada • Previous studies on use with spermicidal gel show higher failure rates compared to other forms of contraception 	A shallow, bendable cup that covers the cervix to block sperm from entering.	<ul style="list-style-type: none"> • Reusable • Can buy a one-size-fits-most at a drugstore (or can be fitted for a one by a health care professional) 	<ul style="list-style-type: none"> • Must be used correctly and consistently • Does not protect against STBBIs • Many health care professionals are no longer trained on how to fit • The spermicidal gel is difficult to obtain (need to order online or obtain in the USA)
Condom <i>External for a penis & internal for a vagina</i>	External condom for use on a penis 85 - 98% Internal condom for use in a vagina 79 - 95%	Collects sperm and prevents it from entering the vagina.	<ul style="list-style-type: none"> • Can buy it at a drugstore • Cheap • Fits everyone • External condoms are free at the WECHU • If used correctly, can protect against most STBBIs 	<ul style="list-style-type: none"> • Must be used correctly and consistently • May slip or break during intercourse • Must be stored and handled properly
Spermicide	72 – 82%	Kills sperm on contact.	<ul style="list-style-type: none"> • Can buy it at the drugstore 	<ul style="list-style-type: none"> • Must be inserted before sex and many are only effective for 1 hr • It may be messy and irritating • Does not protect against STBBIs
Tubal Ligation Salpingectomy Vasectomy <i>Sterilization – surgical procedure</i>	98 – 99%	Prevents the joining of the sperm and the egg.	<ul style="list-style-type: none"> • Considered to be permanent 	<ul style="list-style-type: none"> • Surgery involved • Does not protect against STBBIs

References: The Society of Obstetricians and Gynecologists of Canada (n.d.). *Sexandu.ca. Contraception*. Retrieved June 29, 2022, from https://www.sexandu.ca/wp-content/uploads/2021/05/SOGC_14372_Contraception_DownloadablePDF_ENG_WEB.pdf

Planned Parenthood (n.d.). *Birth Control*. Retrieved June 29, 2022, from <https://www.plannedparenthood.org/learn/birth-control>

Hormonal Contraception



Contraceptive Implant

A flexible rod is placed by a health care provider in the upper arm (under the skin using local anesthesia) which releases progestin hormone into the bloodstream. The progestin prevents ovulation and thickens the cervical mucus making it difficult for the sperm to reach the egg.



Contraceptive Patch

Looks like a square bandage. Slowly releases hormones through the skin. The hormones prevent ovulation and create a barrier to prevent sperm from entering the uterus. Each patch is worn for seven days before changing to another patch and each patch can be worn on the back, upper arm, buttocks, or stomach (never on the breast).



Injectable Contraception

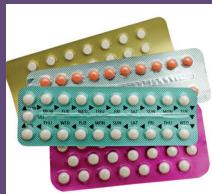
A birth control shot containing only progestin (no estrogen). It stops the ovaries from releasing an egg every month, and it thins the lining of the uterus. The shot is given in the upper arm or buttocks every 12-13 weeks.



Intrauterine Contraception (IUC)

Hormonal IUC: A T-shaped device that is placed into the uterus. The device emits a hormone that causes the uterine lining to thin and the cervical mucus to thicken. Copper Intrauterine device: The copper wire changes the chemistry in the uterus and destroys sperm. The device is replaced every 3-10 years.

May be used as a form of emergency contraception. Should be inserted within 7 days of unprotected vaginal sex by a Health Care Practitioner.



Oral Contraceptives (The Pill)

Can be a combination of hormones called estrogen and progestin (combined oral contraceptive) or just progestin-only pill (POP). Birth control pills protect against pregnancy by preventing the release of an egg from the ovary, thickening the cervical mucus, and changing the uterine lining to make implantation difficult. They are taken daily.



Vaginal Ring

A thin, flexible, clear ring that is inserted into the vagina. It releases progestin and estrogen hormones for 3 weeks. The hormones prevent ovulation and thicken the cervical mucus.



BIRTH CONTROL OPTIONS HORMONAL CONTRACEPTION

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Contraceptive Implant	99%	Prevents the ovaries from releasing an egg.	<ul style="list-style-type: none"> May reduce menstrual flow and cramps Can remain in place for up to 3 years 	<ul style="list-style-type: none"> Must be inserted by a health care professional May cause side effects Does not protect against STBBIs
Contraceptive Patch	91 – 99%	Prevents the ovaries from releasing an egg & destroys sperm.	<ul style="list-style-type: none"> Easy to use May reduce menstrual flow and cramps 	<ul style="list-style-type: none"> Need to remember to change the patch weekly May cause side effects Does not protect against STBBIs
Injectable Contraception	94 – 99%	Prevents the ovaries from releasing an egg and changes the lining of the uterus making it difficult for an egg to implant.	<ul style="list-style-type: none"> Only need to take it 4 times per year Reduces or eliminates periods 	<ul style="list-style-type: none"> Must be administered by a healthcare provider every 3 months Decreases bone mineral density which may return to normal when usage stops Does not protect against STBBIs May cause side effects
Intrauterine Contraception (IUC)	99 – 99.9%	Prevents the implantation of an egg in the uterus.	<ul style="list-style-type: none"> Can remain in place for 3-10 years depending on the device type May reduce menstrual flow and cramps Reversible 	<ul style="list-style-type: none"> Must be inserted into the uterus by a healthcare professional Possible side effects Does not protect against STBBIs
Oral Contraceptives (The Pill)	91 – 99%	Prevents the ovaries from releasing an egg.	<ul style="list-style-type: none"> Easy to use May reduce/regulate menstrual flow and cramps 	<ul style="list-style-type: none"> Must be taken every day, at the same time Does not protect against STBBIs Possible side effects
Vaginal Ring	90 – 99%	Prevents the ovaries from releasing an egg.	<ul style="list-style-type: none"> Easily inserted and removed Does not have to be remembered each day (leave in place for 3 weeks) May reduce/regulate menstrual flow and cramps 	<ul style="list-style-type: none"> Requires remembering to change the ring every 3 weeks Does not protect against STBBIs Possible side effects

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Other Important Information

Abstinence

Not having sex is 100% effective.

Abstinence is avoiding all activities that lead to the exchange of bodily fluids.

Advantages: Free, no side effects

Disadvantages: None

Withdrawal

Also known as the “pull-out method.” A penis is pulled out and away from the vagina and external genitalia before ejaculation.

Advantages: Free, no prescription, no side effects

Disadvantages: Very risky, with high failure rate (only 78% effective in preventing pregnancy); does not protect against *STBBIs

**Emergency
Contraceptive Pill
(ECP)**

Please note that the ECP is not a regular form of birth control but is an emergency method only. It works by temporarily stopping the ovaries from releasing an egg.

Effectiveness depends on factors such as weight and timing. The effectiveness is highest when taken within 24 hours of unprotected vaginal sex (e.g., did not use a condom/condom broke, missed birth control, forced unprotected vaginal sex); but it can be taken up to five days after unprotected sex.

Available from most pharmacies without a prescription.

Possible side effects: nausea, irregular vaginal bleeding, headache, and breast tenderness.

Dental Dam

Please note a dental dam is not a form of birth control but can be used as an effective barrier to prevent the transmission of *STBBIs by preventing the skin-to-skin contact between a mouth and a vulva or anus.

**Abbreviations: STBBI - sexually transmitted and blood-borne infection*

References:

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