HEALTH BASICS

Birth control and family planning

Birth control and family planning help people choose whether and when pregnancy happens.

WHAT IT IS
Methods and planning used to choose when pregnancy happens

WHERE IT COMES UP
Before sex, after sex, between pregnancies, and before conception

WHY IT MATTERS
Helps align pregnancy timing with health, goals, and circumstances

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, sexual health, family planning, or obstetric clinicians

HOW IT IS CHECKED
No single test; method choice uses health and pregnancy assessment

Overview

Birth control means using medicines, devices, procedures, or behaviors to reduce the chance of pregnancy. Family planning is broader. It includes deciding whether to have children, when to try for pregnancy, and how to space pregnancies.

This is not a disease or diagnosis. People may use family-planning services to prevent pregnancy, prepare for pregnancy, manage menstrual bleeding, or discuss permanent contraception.

Methods differ in how they work, how often they require action, and whether they contain hormones. Personal priorities also differ. You may care most about privacy, ease of use, menstrual changes, control over stopping, protection from sexually transmitted infections, or avoiding certain hormones.

No single method is best for everyone. Health history, medicines, pregnancy plans, cost, access, and personal preference can all shape the choice. A method that is safe and practical for one person may not suit another.

Birth control does not remove the need for consent. It should always be your choice, free from pressure from a partner, family member, or healthcare professional.

How it works

Pregnancy begins when sperm fertilizes an egg and the fertilized egg implants in the uterus. Birth-control methods interrupt one or more steps in this process.

Barrier methods keep sperm from reaching an egg. These include external and internal condoms, diaphragms, cervical caps, and contraceptive sponges. Condoms also reduce the spread of many sexually transmitted infections, although protection is not complete.

Hormonal methods may stop the ovaries from releasing an egg, thicken cervical mucus so sperm cannot move through it easily, and thin the uterine lining. Options include pills, patches, vaginal rings, injections, and implants. The hormones and schedules are not the same for every method.

Intrauterine devices , or IUDs, are small devices placed in the uterus by a trained clinician. Hormonal IUDs mainly thicken cervical mucus and may suppress ovulation in some people. Copper IUDs affect sperm movement and function without using hormones.

Fertility-awareness methods use menstrual-cycle information to identify days when pregnancy is more likely. Tracking may involve cycle dates, waking temperature, or changes in cervical mucus. These methods require consistent records and clear instructions. Phone predictions alone may not accurately identify fertile days.

Withdrawal means removing the penis from the vagina before ejaculation. It requires correct timing every time and does not protect against sexually transmitted infections.

Permanent contraception includes procedures that block or remove the fallopian tubes and vasectomy, which blocks sperm from entering semen. These are intended to be permanent. Vasectomy is not immediately effective, so a semen test is used later to confirm when another method is no longer needed.

Emergency contraception can lower the chance of pregnancy after unprotected sex or a birth-control problem. Options include emergency contraceptive pills and certain IUDs. The useful time window and suitability differ by method, so seeking advice promptly can preserve more options. Emergency contraception does not end an established pregnancy.

Why it matters for your health

Reliable family planning can help you avoid a pregnancy you do not want or plan for pregnancy at a time that fits your health and circumstances. It can also create time to review medicines, vaccinations, long-term conditions, and pregnancy-related health risks before conception.

Some hormonal methods can make periods lighter, more regular, or less painful. Some can also

cause irregular bleeding, especially during the first months. Copper IUDs may make bleeding or cramps heavier, particularly after placement.

Birth-control safety is affected by specific health factors. For example, methods containing estrogen may not be suitable for some people with a history of blood clots, certain migraine patterns, cardiovascular disease, or other risk factors. This does not mean all hormonal contraception is unsafe. Progestin-only and non-hormonal options have different considerations.

Some medicines and supplements can reduce the effectiveness of certain hormonal methods. Examples include some seizure treatments and medicines that strongly affect how the liver processes drugs. Always mention prescription medicines, non-prescription products, and herbal supplements when discussing contraception.

Most birth-control methods do not protect against sexually transmitted infections. Condoms can be used alongside another method when infection protection is important.

What can go wrong

An unintended pregnancy can happen if a method fails, is used late or incorrectly, or is affected by another medicine. If your period is late, you develop possible pregnancy signs, or you are concerned after unprotected sex, use a home pregnancy test according to its instructions or ask about testing.

Sexually transmitted infections can occur when a method prevents pregnancy but does not block infection. Testing may be appropriate after a new exposure, when a partner is diagnosed, or as part of routine sexual healthcare.

Side effects may include changes in bleeding, headaches, breast tenderness, nausea, mood changes, or skin irritation, depending on the method. These can often be discussed at routine follow-up. You do not need to tolerate a method that is unacceptable to you; alternatives may be available.

An IUD expulsion means the device partly or completely comes out of the uterus. A clinician should check an IUD if you can feel the hard device, the strings seem very different, or you develop new pain or bleeding. Rarely, an IUD can injure the wall of the uterus during placement.

Pregnancy with an IUD in place needs prompt medical assessment. Although pregnancy is uncommon with an IUD, a pregnancy that does occur must be checked for ectopic pregnancy , in which the pregnancy implants outside the uterus.

Serious problems are uncommon, but some symptoms should not wait for routine follow-up. Seek urgent or emergency care for:

- Sudden chest pain, difficulty breathing, or coughing blood
- New one-sided leg swelling or severe leg pain
- Sudden weakness, trouble speaking, loss of vision, or an unusual severe headache
- Severe lower abdominal pain, fainting, or shoulder pain with possible pregnancy
- Heavy bleeding with dizziness, weakness, or fainting
- Severe pain, fever, or foul-smelling discharge soon after an IUD procedure

What you can do

Think about what matters most to you before comparing methods. Useful questions include whether you want hormones, how often you can take action, whether you want lighter periods, and how soon you may want pregnancy.

At a contraception visit, ask:

Keep the method name, start or placement date, and replacement or renewal date in a secure record. Set reminders when regular action is required.

If unprotected sex has already happened, ask a pharmacist, sexual-health service, or clinician about emergency contraception as soon as possible. If there may have been an infection exposure, ask about testing as well.

If you are preparing for pregnancy, arrange a preconception review. Bring a list of medicines and supplements. Ask about folic acid, vaccinations, genetic or carrier screening where relevant, and how any long-term condition should be managed before pregnancy. Do not stop an important prescription medicine without medical advice.

- How is this method used, and what commonly causes it to fail?
- What bleeding changes or side effects should I expect?
- Do my health conditions, migraines, smoking, or medicines affect safety?
- What should I do after a missed pill, delayed injection, broken condom, or displaced device?
- How quickly can fertility return after stopping?
- Does this method require an examination, procedure, or follow-up test?

Common questions

Which method is most effective?

Methods that require little ongoing action, such as implants and IUDs, avoid missed daily or per-use steps. Effectiveness is only one consideration. Safety, access, bleeding effects, privacy, and your comfort with a procedure also matter.

Do I need a pelvic examination to get birth control?

Most hormonal methods do not require a pelvic examination. IUD placement and fitting certain barrier methods do. Blood pressure or other checks may be needed for particular options.

Does reversible birth control cause infertility?

Reversible methods are not intended to permanently affect fertility. Fertility can return quickly after many methods are stopped, although the timing differs. Return after contraceptive injections may take longer than after some other methods.

Can I use condoms with another method?

Yes. Condoms can add protection against pregnancy and reduce the chance of many sexually transmitted infections. They can be used with pills, injections, implants, IUDs, or fertility-awareness methods.

Can emergency contraception be used more than once?

Emergency contraception can be needed more than once, but it is not as practical as an ongoing method. Instructions for starting or restarting regular contraception differ between emergency pill types. A pharmacist or clinician can explain the correct timing.

What if my partner disagrees with my choice?

Contraceptive decisions should be voluntary. If someone is pressuring you to become pregnant, avoid pregnancy, or use or stop a method, confidential sexual-health or family-planning services can help you discuss safe options.

Sources

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- American College of Obstetricians and Gynecologists. Long-Acting Reversible Contraception: IUD and Implant
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