HEALTH BASICS

Birth control

Birth control includes medicines, devices, behaviors, and procedures used to prevent pregnancy.

WHAT IT IS
Ways to prevent pregnancy

WHERE IT COMES UP
Sex, pregnancy planning, menstrual care, and reproductive health

WHY IT MATTERS
It supports control over whether and when pregnancy happens

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, pharmacy, sexual health, or reproductive health services

HOW IT IS CHECKED
Pregnancy testing and method-specific checks when needed

Overview

Birth control, also called contraception, means methods used to prevent pregnancy. It is not a disease or diagnosis.

Methods include condoms, pills, patches, vaginal rings, injections, implants, intrauterine devices, or IUDs, and permanent procedures. Fertility-awareness methods track fertile days. Withdrawal means removing the penis from the vagina before ejaculation.

Emergency contraception can reduce the chance of pregnancy after sex without effective birth control. It includes certain pills and IUDs. Emergency contraception does not end an established pregnancy and is not the same as abortion medication.

Methods differ in how well they work during everyday use. "Typical use" includes missed pills, late injections, condoms used incorrectly, and other common mistakes. Methods that do not require regular action, such as implants and IUDs, are less affected by these mistakes.

Your preferred method may depend on whether you want pregnancy later, how often you want to think about birth control, your bleeding preferences, health conditions, medicines, cost, privacy, and access to care. No single method is best for everyone.

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 leading to pregnancy.

Hormonal methods contain estrogen, progestin, or both. Progestin is a laboratory-made hormone similar to progesterone. Depending on the method, these hormones may:

Combined hormonal methods contain estrogen and progestin. They include certain pills, patches, and vaginal rings. Progestin-only options include certain pills, injections, implants, and hormonal IUDs.

A copper IUD contains no hormones. Copper interferes with sperm movement and function. Both copper and hormonal IUDs are placed inside the uterus by a trained clinician.

Barrier methods physically block sperm. External condoms are worn over the penis. Internal condoms are placed inside the vagina. Diaphragms and cervical caps cover the cervix and are generally used with spermicide.

Fertility-awareness methods use menstrual dates, cervical mucus, body temperature, or a combination of signs to estimate fertile days. Avoiding vaginal sex or using a barrier method during those days lowers pregnancy risk. Irregular cycles, illness, and inconsistent tracking can make these methods harder to use.

Permanent methods include vasectomy and procedures that block or remove the fallopian tubes. They are intended for people who do not want a future pregnancy. Reversal may not be possible or successful.

- Stop the ovaries from releasing an egg
- Thicken cervical mucus, making it harder for sperm to enter the uterus
- Thin the uterine lining

Why it matters for your health

Reliable birth control can help you decide whether and when to become pregnant. This may be important when pregnancy would affect your education, work, finances, relationships, medical treatment, or health.

Some hormonal methods have uses beyond contraception. Depending on the method, they may make periods lighter, more predictable, or less painful. Certain methods may also be used as part of care for heavy menstrual bleeding, endometriosis, acne, or other conditions. The possible benefits are method-specific.

Most birth control methods do not protect against sexually transmitted infections, or STIs. External and internal condoms can lower STI transmission when used correctly. Using condoms together with another contraceptive method provides STI protection plus additional pregnancy prevention.

Most methods do not cause permanent infertility. Fertility often returns soon after a method is stopped or removed. Return to fertility can take longer after contraceptive injections, even after their pregnancy protection has worn off.

Hormonal methods do not require routine "breaks." Stopping and restarting may instead increase pregnancy risk or cause bleeding changes.

What can go wrong

No reversible method prevents every pregnancy. Pregnancy can occur if a method fails, is used incorrectly, is stopped, or interacts with another medicine. Vomiting or severe diarrhea may also affect some pills.

Some medicines and supplements can reduce the effectiveness of certain hormonal methods. Examples include some seizure medicines, rifampin-like antibiotics like amoxicillin or doxycycline , and St John's wort. Most common antibiotics do not have this effect. A pharmacist or prescribing clinician can check your exact combination.

Bleeding changes are common with many methods. Periods may become lighter, heavier, less predictable, or absent. Other possible effects depend on the method and may include nausea, headaches, breast tenderness, skin irritation, or mood changes. These concerns usually need routine follow-up rather than emergency care.

Estrogen-containing methods are not suitable for everyone. Health situations that may change the choice include migraine with aura, high blood pressure, a history of blood clots or stroke, certain heart or liver conditions, smoking at age 35 or older, and the weeks after childbirth. These factors do not affect every method in the same way.

IUDs can sometimes move out of place or come out. Rarely, insertion can injure the uterus. If pregnancy occurs with an IUD in place, prompt assessment is important because the pregnancy may be ectopic, meaning it is growing outside the uterus.

Condoms can break or slip. Fertility-awareness methods can be less dependable when cycles or tracking are unpredictable. Permanent procedures can occasionally fail and should be considered permanent despite that possibility.

Seek emergency care for:

These signs do not prove that birth control caused a problem, but they need prompt assessment.

Contact a clinician or service soon, but not usually as an emergency, if an IUD thread suddenly feels different, an implant seems to have moved, bleeding is difficult to manage, or side effects are affecting daily life. Use backup contraception if you have been told the method may not be in place.

- Chest pain, sudden shortness of breath, coughing blood, or one-sided leg swelling
- Sudden weakness, trouble speaking, severe vision changes, or an unusual severe headache
- A positive pregnancy test with severe one-sided pelvic pain, shoulder pain, fainting, or heavy bleeding
- Severe pain, heavy bleeding, fever, or collapse after an IUD procedure

What you can do

Start by deciding what matters most to you. You might prioritize effectiveness, STI protection, lighter periods, privacy, avoiding hormones, easy stopping, or not having to remember a daily method.

Ask a clinician or pharmacist:

Provide a complete list of prescription medicines, nonprescription products, and supplements. If you are considering an estrogen-containing method, a recent blood pressure measurement is usually needed. A pelvic examination is not required for every method, although IUD placement requires an examination and procedure.

Keep a record of an injection date or the insertion and replacement date for an implant or IUD. Follow the instructions for your exact product rather than assuming all pills, devices, or injections have the same schedule.

If sex occurred without effective contraception, ask promptly about emergency contraception. Emergency contraceptive pills work best when taken as soon as possible; available pill options have different time limits and medication interactions. A copper IUD, and in some settings certain hormonal IUDs, may also be options within a limited time after sex. A pharmacist or reproductive health service can help identify an appropriate choice.

Take a pregnancy test if a period is late, pregnancy is possible, or a clinician advises testing after emergency contraception. Follow the test instructions because testing too early can miss a pregnancy.

If someone is pressuring you to become pregnant, avoid contraception, or use a method you do not want, tell a trusted healthcare or sexual health service if it is safe to do so. Contraceptive decisions should be voluntary.

- Which options fit my health history and current medicines?
- How quickly does this method start working?
- What should I do if I miss or delay it?
- What bleeding changes should I expect?
- When must it be replaced, repeated, or removed?
- How soon could fertility return after stopping?

Common questions

Which method works best?

Methods such as implants, IUDs, and permanent procedures are among the most effective because they require little or no ongoing action. The best personal fit also depends on your health, preferences, and plans for future pregnancy.

Do I need an examination before getting birth control?

Not for every method. Blood pressure is important before starting combined hormonal contraception. IUD placement requires a pelvic procedure. STI or pregnancy testing may be offered based on your situation, but routine pelvic examination is not necessary for pills, patches, rings, injections, or condoms.

Can birth control stop periods?

Some hormonal methods can make bleeding very light or absent. This is usually an expected effect rather than blood building up inside the body. New bleeding changes can still be discussed during routine follow-up.

Does birth control protect against STIs?

Most methods do not. External and internal condoms lower the risk of many STIs. Testing may also be appropriate after a possible exposure, even when there are no symptoms.

Can I use more than one method?

Yes. Condoms may be used with pills, an implant, an IUD, or another method. This can add STI protection and reduce pregnancy risk if one method is used incorrectly.

What if I want to stop?

Condoms, pills, patches, rings, and fertility-awareness methods can be stopped without a procedure. Implants and IUDs must be removed by a trained clinician. Do not try to remove them yourself.

Sources

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