LIVING WELL

# How to Choose Contraception Without Getting Lost

A clear way to compare effectiveness, effort, reversibility, infection protection and health risks before you choose.

## Start with the life you have

You are looking at a long list of contraceptives, and every option seems to come with a different instruction, trade-off or warning. The useful question is not which method is "best." It is which method fits your body, priorities and actual life well enough that you can use it as intended.

Begin with what you want contraception to do. Preventing pregnancy may be the main aim, but you may also need protection from sexually transmitted infections (STIs), a method you control yourself, something reversible or an option requiring little repeated action. Cost, access, side effects and how easily a method can be stopped or removed can all change the answer.

Your plans matter too. Consider whether you may want children, and how soon. Permanent options include tubal surgery and vasectomy; reversible choices range from condoms and pills to an implant or intrauterine device (IUD). Choosing contraception should be voluntary and informed, rather than driven by the idea that one category suits everyone.

Then be honest about repetition. A pill must be taken at the same time each day. A patch is replaced weekly, while a vaginal ring is worn for three weeks and removed for the fourth. An injection is given every three months. If remembering regular tasks is likely to be difficult, that is not a personal failing. It is information that should shape your shortlist.

## Effectiveness includes ordinary mistakes

Contraceptive numbers can look reassuring until you notice the words "typical use." Typical-use failure rates reflect what happens in ordinary life, including missed pills and methods not used correctly every time. That makes them especially helpful when you are choosing between something that requires repeated action and something that stays in place.

Among reversible methods, the implant has a typical-use failure rate of 0.1%. Hormonal IUDs range from 0.1% to 0.4%, while the copper IUD has a rate of 0.8%. These methods are placed

by a clinician and then work for years: up to three years for the implant in one current public-health description, up to three to eight years for hormonal IUDs, and up to 10 years for a copper IUD.

The injection has a typical-use failure rate of 4%. Combined and progestin-only pills, the patch and the hormonal vaginal ring each have a listed rate of 7%. These options differ in how they are used, but all ask you to remember an action repeatedly. The practical question is whether that action is realistic for you.

Typical-use failure rates are higher for several methods used around sex: 13% for external condoms, 17% for the diaphragm and sponge, 21% for internal condoms and spermicides, and 22% for the cervical cap. Fertility-awareness methods vary widely, with rates ranging from 2% to 23%. Withdrawal and fertility tracking may have higher pregnancy rates than other options.

Permanent methods are highly effective but should be considered as permanent decisions. Tubal surgery has a typical-use failure rate of 0.5%. Vasectomy does not work immediately: follow-up with a clinician is needed to confirm that the sperm count has fallen to zero, which takes about 12 weeks, and another contraceptive method is needed in the meantime.

The method that looks strongest on paper may not be strongest in your life.

## Condoms answer a different question

Most contraceptive methods do not protect against STIs, including human immunodeficiency virus (HIV). Condoms can therefore play a role even when another method is already handling pregnancy prevention. Using condoms alone or with another contraceptive can help protect against HIV and other STIs.

Material matters. Latex external condoms help prevent pregnancy and also help protect against HIV and other STIs. Polyurethane condoms can help prevent STIs too. "Natural" or lambskin condoms may help prevent pregnancy but may not provide protection against STIs, including HIV. Internal condoms might also help prevent STIs.

This creates a choice that is not really either-or. You might prefer an IUD, implant, pill, patch, ring or injection for pregnancy prevention while also using condoms for infection protection. The two methods are doing different jobs.

Your number of partners and your need for HIV or other STI protection belong in the decision from the beginning, not as an afterthought. If infection protection is important, a method's pregnancy failure rate does not tell you everything you need to know.

## Your medical history can redraw the shortlist

Some health conditions and risk factors make a clinician's input essential rather than optional. Combined oral contraceptives contain estrogen and progestin. If you are older than 35 and smoke, or have a history of blood clots or breast cancer, a doctor may advise you not to use the combined pill.

Some hormonal birth-control pills raise the likelihood of blood clots, and the likelihood tends to be highest in the first few months after starting. Other risk factors can raise it further. If you know you have a high clotting risk, discuss contraception without estrogen, including IUDs, progestin-only pills or implants, and barrier methods such as condoms or a diaphragm.

For people with systemic lupus erythematosus (SLE) or antiphospholipid syndrome (APS), the decision needs more individual risk assessment. A systematic review followed by expert consensus found that hormonal contraception can be used when disease is stable or inactive and thrombosis risk is low. Disease activity, autoantibodies, previous vascular or pregnancy problems, hypertension and medicines all belong in that assessment.

Do not choose an oral contraceptive because of claims that it will transform exercise performance or body composition. A 2023 review found no compelling support that oral contraceptives significantly affect exercise performance, fat and carbohydrate use, or muscle growth. The available evidence in some areas remains limited, but the overall effects reviewed were small or nonexistent.

You may also encounter claims that hormonal contraceptives protect the anterior cruciate ligament (ACL) in the knee. A 2022 systematic review found suggestions of reduced injury risk, but judged the overall strength of evidence low. That is not firm enough to make knee-injury prevention the deciding reason to use hormonal contraception.

## Make a one-page shortlist

For your next step, take a blank sheet of paper and a pen. Draw five columns headed pregnancy protection, STI protection, effort, reversibility and health questions. You do not need to reproduce every option. Write down only the methods you would genuinely consider.

Under effort, note whether each option asks for action around sex, a repeated task or placement by a clinician. Under reversibility, separate temporary methods from tubal surgery and vasectomy. Under STI protection, remember that most methods leave that column empty; condoms are the important exception in the evidence provided here.

Circle the two or three options that best match your priorities. Beside each, write what could make it hard to use correctly: access, affordability, remembering repeated actions, discomfort

with insertion or uncertainty about side effects. The method that looks strongest on paper may not be strongest in your life.

Add your medical questions at the bottom, including smoking after age 35, a history of blood clots or breast cancer, high clotting risk, SLE or APS. Take the page to a health care appointment if any of those apply, or if you need help weighing safety and side effects. A diaphragm or cervical cap also requires a clinician to determine the appropriate size.

Keep emergency contraception separate from your regular shortlist. A copper IUD can be inserted within five days of unprotected sex, and emergency contraceptive pills can be taken up to five days afterward; the sooner the pills are taken, the better they work. Emergency contraception is a backup after no contraception or a method failure, not a regular method. Your page, pen and honest answers are enough to turn a crowded list into a workable conversation.

## Where this comes from

- Birth Control

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/birthcontrol.html
- Contraception | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/contraception/
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  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/venous-thromboembolism/women
- Menstrual cycle hormones and oral contraceptives: a multimethod systems physiology-based review of their impact on key aspects of female physiology.

  Journal of applied physiology (Bethesda, Md. : 1985), 2023 · https://pubmed.ncbi.nlm.nih.gov/37823207/
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- The Effect of Menstrual Cycle and Contraceptives on ACL Injuries and Laxity: A Systematic Review and Meta-analysis.

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