

Birth control is a lot like banking – we tend to plump for one option and stick with it. But with so much choice these days, we give you the low-down to help you decide on the best method for you

THE CONTRACEPTION CONUNDRUM

Have you ever considered if your birth control is right for you? Or, like lots of us, are you still taking the same pill you were handed during your school days, because you don't have the time to research the alternatives? We're not surprised. Since the pill revolutionised women's lives more than 50 years ago, there are now so many contraception options – think patch, injection, pill – it can be difficult to see the, er, vaginal rings for the coils, so to speak. But with NHS figures suggesting more women than ever are turning their back on the pill, and the number of those using long-acting, reversible contraception (such as coils, implants or injections) almost doubling between 2007 and 2017, it's clear that more of you are experimenting with what works best for you. Here's the info you need to help you understand your options and make that discussion with your GP a little easier.

●●● OESTROGEN- AND PROGESTERONE-BASED

COMBINED PILL

Efficacy: Over 99%*

The 411: It contains both oestrogen and progestogen, which work by preventing the ovaries from releasing an egg each month.

Pros: Convenience. And there are other benefits: starting a woman on a combined pill can be useful in managing polycystic ovary syndrome, and some types may also help reduce acne. Plus, the new guidance from the Faculty Of Sexual And Reproductive Healthcare (which sets the standards for the NHS) suggests that it's not always necessary to have a break and a bleed after 21 days, so hurrah – no periods! But remember to speak to your GP before changing the way you take the combined pill.

Cons: You may get adjustment side effects (headaches, nausea, mood swings, breast tenderness). Plus, it's been linked to an increased risk of some serious health conditions, such as thrombosis (blood clots) and breast cancer. GP Dr Jane Leonard warns: 'Women with certain issues, such as severe migraines,

blood clots or liver issues, should avoid the combined pill, as it can aggravate them. Those with a higher risk of getting blood clots (related to weight, age and smoking) often can't take oestrogen-based pills either.' And don't forget that the effectiveness of the combined pill may be reduced by certain other medicines you're taking, as well as by vomiting and diarrhoea (check with your GP or pharmacist).

PATCH

Efficacy: Over 99%*

The 411: A small patch you wear that contains oestrogen and progestogen; usually changed weekly, with a break every 21 days.

Pros: Less hassle than a daily pill. And, unlike the pill, the patch is still effective if you vomit or have diarrhoea. Plus, it may also make your periods lighter. In addition, like the combined pill, it may not always be necessary to have a break and a bleed after 21 days.

Cons: It can cause skin irritation, and you're likely to get a withdrawal bleed when you have the break. Also, it has the same health watch-outs and risks as listed for the combined pill. →

*When used correctly.



VAGINAL RING

Efficacy: Over 99%*

The 411: This is a small plastic ring you insert (using an applicator) that releases oestrogen and progestogen. Changed monthly, with a break every 21 days.

Pros: It involves just one monthly change, plus, it can help make periods lighter.

Cons: Again, it's no good if you can't take oestrogen. It may cause temporary side effects, such as headaches or discharge. Sometimes, it can expel itself, or come out during/after sex. Certain meds may disrupt its efficacy (ask your pharmacist or GP). In addition, it has the same health and medicine watch-outs and risks as listed for the combined pill and patch.

●●● PROGESTERONE ONLY

MINI PILL

Efficacy: Over 99%*

The 411: A pill without oestrogen, taken daily with no breaks. The newer type of progestogen-only pill, or POP (the desogestrel POP), stops ovulation altogether (read: no periods!).

Pros: Convenient; suitable if you can't use contraception containing oestrogen.

Cons: You might get spotting. You have to take the traditional POP pill within three hours of the same time each day, or it might not be effective; it's also not effective following diarrhoea or vomiting.

HORMONAL COIL

Efficacy: Over 99%*

The 411: An IUS (intrauterine system) – which is small, T-shaped and plastic – sits in the womb and releases progestogen. Fitted by a GP/nurse; works for three to five years.

Pros: Periods can become lighter or stop, and usually there are fewer side effects than the POP pill. 'The hormone release is localised in the womb, not the bloodstream,' Dr Wilson explains.

Cons: Side effects can include acne and headaches. The procedure may be

uncomfortable, you can get period-like cramps for the next few days, and there's a slight risk of infection.

INJECTION

Efficacy: Over 99%*

The 411: Administered by a GP or nurse every eight to 13 weeks, depending on which injection you have.

Pros: Daily reminders aren't required.

Cons: It may cause irregular periods and weight gain. And, crucially, it can take a year after you come off it for your cycle to return to normal, which may affect fertility.

IMPLANT

Efficacy: Over 99%*

The 411: A small plastic rod placed under the skin in your upper arm that releases the hormone progestogen. It's fitted by a GP or nurse and lasts three years.

Pros: It can be removed at any time – and your fertility quickly returns. Once in place, you don't have to think about contraception for three years.

Cons: Some women may experience adjustment side effects (headaches, nausea, breast tenderness, mood swings) and it could make your periods irregular. You need a small procedure to have it inserted and removed, which can cause bruising.

●●● HORMONE-FREE

NON-HORMONAL COIL

Efficacy: Over 99%*

The 411: An IUD (intrauterine device) – a small, T-shaped plastic and copper device – that's inserted in the womb by a GP or nurse. Works for five to 10 years, depending on the type.

Pros: No hormone-related side effects. Can be removed at any time by a doctor or nurse, after which it's possible to get pregnant straight away.

Cons: Periods can become heavier and there's a small risk of infection. The procedure may cause period-type cramps.

BARRIER METHODS

Efficacy: Male condoms are 98%; female ones (inserted in the vagina) are 95%; and the female diaphragm or cap are 92-96%, when used correctly with a spermicide.

The 411: Use each time you have sex.

Pros: Condoms are the *only* form of contraception that protect against sexually transmitted diseases (STIs).

Cons: They can fail (hello, split condom panic!). The diaphragm or cap can be fiddly to insert and may cause bladder infections. It needs to be left in place for at least six hours after sex; and it shouldn't be used during your period, due to the risk of toxic shock syndrome.

NATURAL FAMILY PLANNING APPS

Efficacy: Difficult to measure.

The 411: You input info daily about your menstrual cycle and temperature into an app, which then uses the data to predict the likelihood of you conceiving.

Pros: Zero chemicals or hormones.

Cons: You need to have a clockwork cycle, be seriously organised and strictly follow the instructions. For accurate results, you must record your temperature at the same time *every* day. Needless to say, if you want to have sex during the time you might get pregnant, use contraception.

