

## External Barriers

These tend to be slightly less effective than other methods but offer important protection.

### **Condoms: Male**

#### **Description:**

A thin sheath of rubber that is placed on the penis (when hard and erect) before contact occurs between the penis and the partner's vagina to prevent both pregnancy and sexually transmitted infections.

#### **Important:**

More effective if used with water based lubricant to prevent friction and breakage.

Can be bought from supermarkets, chemists, and vending machines in public toilets, SHine SA clinics .

### **Condoms: Female**

#### **Description:**

A loose fitting polyurethane sheath that is placed inside the vagina and over the outside to prevent both pregnancy and STIs

#### **Important:**

An alternative to the male condom if either partner suffers with an allergy to rubber.

Can be bought from SHine SA clinics and the AIDS Council of SA.

### **Diaphragms and Caps**

Used in conjunction with spermicide.

#### **Description:**

A soft, dome shaped rubber cap that is placed over the cervix.

#### **Important:**

**Initially fitted at SHine SA clinics and by some GP's.**

Must be inserted before sex and left in place for at least 6 hours following intercourse.

## Timing Methods

These methods depend on choosing to have sex at those times of the month when the woman is not fertile. No STI protection.

### **Natural Family Planning**

#### **Ovulation, Billings and Temperature Methods**

#### **Description:**

A natural way of detecting the fertile phase of menstrual cycle to either achieve or avoid a pregnancy.

#### **Important:**

For best success attend teaching sessions through Centacare Adelaide NFP Unit or The Billings Centre .

Requires motivation, experience and cooperation by both partners.

The woman needs to monitor her own cycle.

### **Lactational Amenorrhoea**

#### **Description:**

During breast feeding hormonal changes in a woman's body stop ovulation and periods.

#### **Important:**

Is only effective for the first six months after birth, if the mother is fully breast feeding and her periods have not returned.

Does not affect milk composition or production. Breast feeding women may consider using many of the methods in this pamphlet. Please discuss with your GP or SHine SA doctor.

## Not Recommended

### **Withdrawal**

#### **Description:**

Removal of the penis from the vagina before ejaculation (cum).

#### **Important:**

Very low effectiveness for inexperienced couples.

## SHine SA Contact Details

Southern PHC Team	8325 8164
Northern PHC Team	8252 7955
East/West PHC Team	8431 5177
Library & Resource Centre	8364 5537
Sexual Healthline 9am - 1pm, Mon- Fri	8364 0444
Country Callers (Toll Free):	1800 188 171
TTY:	8431 5177
Email:	sexualhealthhotline@dhs.sa.gov.au

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# Choices in Contraception



## Hormonal Methods

These methods use sex hormones to change fertility by blocking sperm, stopping the release of the egg and changing the lining of the womb. These methods are very effective but may have side effects and do not protect against sexually transmitted infections (STIs). They are prescribed by a doctor.

### Emergency Contraceptive Pill: ECP

**Description:**

Two tablets of progestogen taken after unprotected sex.

**Important:**

To be taken as soon as possible after unprotected sex for maximum effectiveness.

May still be effective if taken within 5 days of unprotected sex.

Prescribed by a doctor, Shine SA clinics or some emergency departments (public hospitals).

### Combined Oral Contraceptive Pill: The Pill

**Description:**

A pill taken daily, which is a combination of two hormones, progestogen and oestrogen.

**Important:**

May make periods lighter, more regular and less painful.

Side effects such as headaches, nausea, breast tenderness and weight gain may occur if the combination is not correct for the woman. Changing the type may help these problems.

### Progestogen Only Pill

**Description:**

A hormone pill containing progestogen and taken daily.

**Important:**

Does not interfere with lactation, so considered a good contraceptive method for breast feeding mothers. Implanon and Depo can also be used while breast feeding.

May be considered for women who have high blood pressure, a past history of a deep vein thrombosis (clot) or over 35 years of age and unable to quit smoking.

May cause hormonal side effects but these tend to be less than The Pill .

### Injectable Contraceptives: Depo Ralovera/ Provera

**Description:**

An injection, containing progestogen, given every 3 months.

**Important:**

Periods sometimes stop while using this method.

Can cause side effects such as headache, breast tenderness, weight gain, moodiness and irregular bleeding.

May cause a six to nine month delay in return to normal periods and fertility after stopping the injections.

May be considered if the woman has high blood pressure, endometriosis or a past history of a deep vein thrombosis.

### Implantable Contraceptives: Implanon

**Description:**

A thin flexible rod that is placed in the upper arm and releases progestogen into the body for 3 years.

**Important:**

The implant is inserted and removed under local anaesthetic .

Changes to the bleeding pattern will occur. Periods may become lighter, heavier, come when they are not expected or stop altogether.

Side effects such as breast tenderness, acne, moodiness, loss of desire may occur.

Inserted by GPs, gynaecologists (needs a referral) and SHine SA doctors.

### Hormonal Intrauterine Device: Mirena

**Description:**

Plastic intra uterine contraceptive device placed in uterus (womb) that releases a small amount of the hormone progestogen locally. It works for 5 years.

**Important:**

Reduces bleed and pain of periods but may cause irregular bleeding.

Costs the price of a prescription.

Minimal other side effects because the dose of hormone is small.

Inserted by a doctor at SHine SA or referral needed to gynaecologist or gynaecology outpatient client. Your GP can do assessment checks for this method.

## Barrier Methods

These methods of contraception rely on blocking access of sperm to the egg or the egg to the lining of the womb or both. There are usually less side effects than with hormonal methods as they work locally.

**Condoms provide important protection against sexually transmitted infections.**

## Internal Barriers

These tend to be as effective as the hormonal methods.

### Intrauterine Device: IUD

**Description:**

Copper and plastic device placed in uterus to cause blockage to sperm and change the lining of the uterus to prevent implantation of a fertilised egg.

**Important:**

Lasts from 5-8 years .

Can cause heavier or more painful periods.

No hormones, so no hormonal side effects.

Inserted by a doctor at SHine SA or referral needed to gynaecologist or gynaecology outpatient clinic. Your GP can do assessment checks for this method.

### Sterilisation: Male: Vasectomy

**Description:**

Surgery to block the vas deferens (the tube that carries the sperm from the testes), so the sperm can not enter the ejaculate (cum).

**Important:**

Procedure is performed under either local or general anaesthetic. See your GP for referral.

Not immediately effective. Requires about 20 ejaculations to become effective.

Considered permanent contraception - not easily reversible.

### Sterilisation: Female

**Description:**

This is either a surgical procedure blocking the tubes to prevent sperm getting to the egg, which needs hospital admission and general anaesthetic or a new procedure, called ESSURE, of putting fine coils into the tubes under local anaesthetic in the surgery.

**Important:**

Needs a referral to a specialist or gynaecology outpatient clinic from your GP.

Tubal Surgery is more invasive, less easily reversible than a vasectomy and immediately effective.

ESSURE is irreversible and takes 3 months to be effective.