

BIRTH CONTROL GUIDE (CHART)

This birth control chart provides high-level information about different birth control options. It is meant for educational purposes for the general public. This chart is not meant to be a complete list of all available birth control options. Talk with your health care provider about the best birth control choice for you.

If you do not want to get pregnant, you can choose from many birth control options. No one product is best for everyone. Some types of birth control are better than others at preventing pregnancy. Check the pregnancy rates on this chart to get an idea of how effective a method is at preventing pregnancy. The pregnancy rates on this chart tell you the number of pregnancies expected during the first year of use for each 100 women who use that method. These rates can help you understand how effective the different methods are during actual use (including sometimes using a method in a way that is not correct or not consistent). The chart also provides some of the risks or side effects associated with each type of birth control to help you determine which option may be best for you. The only sure way to avoid pregnancy is to not have sex.

BIRTH CONTROL METHODS ¹		NUMBER OF PREGNANCIES EXPECTED (per 100 women) ²	USE ³	SOME RISKS OR SIDE EFFECTS⁴ This chart does not list all of the possible risks and side effects.	
	Sterilization surgery for women	Less than 1	• One-time procedure • Permanent	 Bleeding Infection or other complications after surgery 	• Pain
	Sterilization surgery for men (vasectomy)	Less than 1	• One-time procedure • Permanent	BleedingInfection	• Pain
	IUD (intrauterine device)/IUS (intrauterine system) without hormone (copper)	Less than 1	 Inserted and removed by a health care provider Lasts up to 10 years 	• Cramps • Heavier, longer periods	• Spotting between periods
	IUD (intrauterine device)/IUS (intrauterine system) with hormone (progestin)	Less than 1	 Inserted and removed by a health care provider Lasts up to 8 years, depending on the type 	• Abdominal/pelvic pain • Irregular bleeding	• No periods (amenorrhea)
	Implantable rod	Less than 1	 Inserted and removed by a health care provider Lasts up to 3 years 	• Acne • Headache • Menstrual changes	 Mood swings or depressed mood Weight gain
	Contraceptive injection/shot	4	• A health care provider gives a shot every 3 months	 Abdominal discomfort Delay in fertility return Headache Irregular bleeding/ bleeding between periods 	 Loss of bone density No periods (amenorrhea) Weight gain
	Oral contraceptives "the pill" (combined pill)	7	 Must swallow a pill every day Generally, get a monthly period 	• Breast tenderness • Headache • Nausea	 Spotting/bleeding between periods
	Oral contraceptives "the pill" (extended/continuous use combined pill)	7	 Must swallow a pill every day Generally, get period less often than monthly 	• Breast tenderness • Headache • Nausea	 Spotting/bleeding between periods
	Oral contraceptives "the mini pill" (progestin only)	7	 Must swallow a pill at the same time every day Generally, get a monthly period 	• Acne • Breast tenderness • Headache • Nausea	 Spotting/bleeding between periods Weight gain
	Patch (transdermal system)	7	 Put on a new patch once a week for 3 weeks (wear a patch for 21 consecutive days) Don't put on a patch during the 4th week 	• Breast tenderness • Headache • Nausea • Skin irritation	 Spotting/bleeding between periods Stomach pain

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BIRTH CONTROL METHODS ¹		NUMBER OF PREGNANCIES EXPECTED (per 100 women) ²	PREGNANCIES USE ³ This chart do		
\bigcirc	Vaginal contraceptive ring/vaginal contraceptive system	7	 Put the ring into the vagina yourself Keep the ring in your vagina for 3 weeks and then take it out for 1 week Certain types of rings can be reused for multiple cycles 	 Breast tenderness Headache Nausea Mood changes Vaginal discharge, discomfort in the vagina, and mild irritation 	
	Software application for contraception	7-8	• Enter the requested information into the app (e.g., daily basal body temperature, menstrual cycle information)	• May provide inaccurate information (ovulation prediction) if used when currently or recently on hormonal birth control or hormonal treatments that prevent ovulation (release of egg)	
	Male condom	13	 Must use every time you have vaginal sex Certain types may provide protection against some sexually transmitted infections (STIs) 	• Allergic reactions • Irritation	
	Diaphragm with spermicide	17	• Must use every time you have sex	• Allergic reactions • Urinary tract infection	
	Sponge with spermicide	17	• Must use every time you have sex	• Irritation	
	Cervical cap with spermicide	22-23	• Must use every time you have sex	• Allergic reactions • Urinary tract infection	
	Internal (female) condom	21	 Must use every time you have vaginal sex Provides protection against some STIs 	• Burning sensation, rash, or itching insertion or sex	
	Anti-sperm vaginal contraceptives (includes spermicides and other anti-sperm agents)	21-28	• Must use every time you have vaginal sex	 Allergic reactions Irritation Urinary tract infection 	

Emergency Contraceptives (EC): May be used if you did not use birth control or if your regular birth control fails (such as a condom breaks). It should not be used as a regular form of birth control.

Levonorgestrel 1.5 mg (1 pill) 7 out of every 8 women who would have gotten pregnant will not become pregnant after taking this EC

• Swallow the pill as soon as possible within 3 days after having unprotected sex

- Breast pain
- Dizziness
- Headache
- Lower stomach (abdominal) pain
- Menstrual changes
- Nausea
- Tiredness
- Vomiting

Ulipristal acetate	6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking this EC	• Swallow the pill(s) as soon as possible within 5 days after having unprotected sex	• Abdominal pain • Dizziness • Headache	• Menstrual pain • Nausea • Tiredness

¹ Consumers should be aware that FDA approves, clears, and grants marketing authorization for individual contraceptive products, not "methods."
 ² Data is drawn from Bradley SEK, et al., Effectiveness, safety, and comparative side effects. In: Cason P, Cwiak C, Edelment A, et al. [Eds.]
 Contraceptive Technology. 22nd edition. Burlington, MA: Jones-Bartlett Learning, 2023; in instances where clinical trial data described in FDA required labeling showed higher pregnancy rates, that information is also provided. For more information on the chance of getting pregnant while using a certain product (medicine or device), please check the product label or consult your health care provider.

³ Refer to the Prescribing Information or instructions for use for a specific product or ask your health care provider for specific instructions for use. ⁴ The risks and side effects are listed in alphabetical order; the information on this chart does not include all risks and benefits for each method. Learn more:



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