



Helping Young People to Choose the Birth Control Method Right for Them

Birth Control Methods Booklet

Amanda M. Griffin, Colleen Schlecht,
Emma Pliskin, and Amy Dworsky

The goal of Activate: The Collective to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals is to bridge the gap between research and practice to support the Office of Population Affairs' mission to prevent teen pregnancy and promote adolescent health. Activate translates research into practice by creating resources for professionals who support young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school (i.e., opportunity youth).

Table of Contents

	Introduction.....	1
	Levonorgestrel intrauterine system (LNG IUD).....	2
	Copper T intrauterine device (IUD).....	3
	Implant.....	4
	Injection or “Shot”.....	5
	Oral Contraceptive Pill (Combined).....	6
	Oral Contraceptive Pill (Progestin only).....	7
	Transdermal Contraceptive Patch.....	8
	Contraceptive Ring.....	9
	Emergency Contraceptive Pill: Ella.....	10
	Emergency Contraceptive Pill: Levonorgestrel.....	11
	Diaphragm.....	12
	Cervical Cap.....	13
	Sponge.....	14
	Spermicide/Contraceptive Gel.....	15
	Internal (“Female”) Condom.....	16
	External (“Male”) Condom.....	17
	Fertility Awareness-Based Methods.....	18
	Withdrawal.....	19
	Tubal Ligation or “Tying Tubes”.....	20
	Vasectomy.....	21
	Glossary of Key Terms.....	22

Introduction

Birth control, also known as contraception, is a method or device used to prevent pregnancy. Choosing which birth control method to use is an extremely personal decision. No contraceptive method is the right choice for everyone, and what works best for one person may not work as well for another. To make an informed choice, young people—who may have less experience using birth control and be less aware of their needs and preferences—require medically accurate information about the full range of birth control options. This is no less true for young people who are involved with the child welfare or justice systems, who are experiencing homelessness, and who are disconnected from work and school.

Activate developed this booklet to help youth-supporting professionals empower these young people to choose the birth control method that is right for them. Except where otherwise noted, we drew on information from several online sources, including Bedsider, Planned Parenthood, the Cleveland Clinic, the Centers for Disease Control and Prevention, and the Food and Drug Administration.¹⁻⁵ The booklet addresses the following questions about 18 birth control methods:⁶

- What is it?
- What type of method is it?
- What brands are available?
- Who can use it?
- How is it used?
- Can it be reused?
- How long does it last?
- Does it require an appointment with a health care provider?
- Does this method require a prescription?
- Does it prevent STIs?
- Can you get pregnant in the future if you use this method now?
- What percentage of users are likely to get pregnant within the first 12 months with [typical use](#)?⁷⁻⁹
- What percentage of users are likely to get pregnant within the first 12 months with [perfect use](#)?
- What are some side effects of using this method?
- What are the potential benefits of using this method?
- What are the less common risks associated with using this method?
- Who should not use this method?

The booklet also includes some follow-up questions that youth-supporting professionals to ask young people who are considering a particular method of birth control [as well as a glossary of key terms](#). The booklet is designed to be used in conjunction with the [Helping Young People Choose the Birth Control Method Right for Them: A Guide for Youth-Supporting Professionals](#), which youth-supporting professionals can use to guide young people's contraceptive decision making.



Levonorgestrel intrauterine system (LNG IUD)

What is it?	Small T-shaped device placed inside the uterus that releases progestin
What type of method is it?	Intrauterine hormonal & Long-acting reversible contraceptive (LARC)
What brands are available?	Mirena, Kyleena, Liletta, & Skyla
Who can use it?	Individuals with uteruses
How is it used?	Placed into the uterus by a healthcare provider
Can it be reused?	No
How long does it last?	3-7 years
Does it require an appointment with a health care provider?	Yes—One to place the IUD and one to check its placement
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider before insertion
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	0.1%-0.4%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.1%-0.3%
What are some of the side effects of using this method?	Spotting between periods, irregular periods, and cramps
What are the potential benefits of using this method?	Reduced cramps, lighter or no periods, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	Rarely pushes through the uterine wall during insertion; pelvic inflammatory disease or ectopic pregnancy
Who should not use this method?	Individuals who are pregnant Individuals with any of the following medical conditions should consult a doctor prior to use: anatomical abnormalities; breast, cervical, or endometrial cancer; pelvic inflammatory disease; postpartum sepsis; gestational trophoblastic disease; sexually transmitted infection, tuberculosis, or unexplained vaginal bleeding

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Copper T intrauterine device (IUD)

What is it?	Small T-shaped copper device placed inside the uterus
What type of method is it?	Intrauterine & LARC
What brands are available?	Paragard
Who can use it?	Individuals with uteruses
How is it used?	Placed into the uterus by a healthcare provider; can act as emergency contraception if inserted within 5 days of unprotected sexual intercourse
Can it be reused?	No
How long does it last?	4-12 years ¹⁰
Does it require an appointment with a health care provider?	Yes—One to place the IUD and one to check its placement
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider before insertion
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	0.8%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.6%
What are some of the side effects of using this method?	Spotting between periods, irregular periods, heavy bleeding, anemia, and cramps
What are the potential benefits of using this method?	Non-hormonal, long-lasting, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	Rarely pushes through the uterine wall, slips out, or results in an infection
Who should not use this method?	Individuals who are pregnant Individuals with any of the following medical conditions should consult a doctor prior to use: anatomical abnormalities, endometrial or cervical cancer, pelvic inflammatory disease, are post-abortion, have postpartum sepsis, confirmed gestational trophoblastic disease, have a sexually transmitted disease, tuberculosis, or unexplained vaginal bleeding

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Implant

What is it?	Single, thin rod placed under the skin of the upper arm that releases progestin
What type of method is it?	Hormonal & LARC
What brands are available?	Nexplanon
Who can use it?	Individuals with uteruses
How is it used?	Placed under the skin in the upper arm by a healthcare provider
Can it be reused?	No
How long does it last?	FDA approved for 3 years, but shown to be effective for 5 years
Does it require an appointment with a health care provider?	Yes—One to place the implant and one (potentially telehealth) for follow-up
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider before implantation
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	0.1%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.1%
What are some of the side effects of using this method?	Spotting or irregular periods (especially for the first 6-12 months); less common side effects include acne, change in appetite or sex drive, ovarian cysts, depression, discoloring or scarring on the skin over the implant, dizziness, hair loss, headache, nausea, nervousness, and sore breasts
What are the potential benefits of using this method?	Reduced cramps, lighter or no periods, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	Insertion or removal complications
Who should not use this method?	Individuals who have breast cancer

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Injection or “Shot”

What is it?	Shot of progestin in the buttocks or arm
What type of method is it?	Hormonal
What brands are available?	Depo-Provera
Who can use it?	Individuals with uteruses
How is it used?	Shot in the buttocks or arm by a healthcare provider
Can it be reused?	No
How long does it last?	3 months
Does it require an appointment with a health care provider?	Yes—Every 3 months
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	4%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.2%
What are some of the side effects of using this method?	Loss of bone density (after 2 years), irregular bleeding or bleeding between periods, appetite changes, weight gain Less common side effects include changes in sex drive, depression, hair loss, more body or facial hair, nervousness, dizziness, headache, nausea, and sore breasts
What are the potential benefits of using this method?	Lighter periods after 1 year of use, prevention of uterine cancer, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	None reported
Who should not use this method?	Individuals who have breast cancer

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Are you afraid of needles?



Oral Contraceptive Pill (Combined)

What is it?	Pill that combines estrogen and progestin
What type of method is it?	Hormonal
What brands are available?	Kariva, Reclipsen, Solia, Yasmin, and Yaz
Who can use it?	Individuals with uteruses
How is it used?	Taken by mouth at the same time every day
Can it be reused?	No
How long does it last?	1 day
Does it require an appointment with a health care provider?	Yes—Healthcare providers in some states allow telehealth appointments, and in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—In some states, health care providers will prescribe the combined birth control pill via an app or telehealth appointment Some states allow pharmacists to prescribe the combined birth control pill or to dispense the combined birth control pill to individuals without a prescription ¹¹
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are some of the side effects of using this method?	Spotting between periods, nausea, breast tenderness, headaches, or change in sex drive; side effects typically lessen or stop after the first 2 to 3 months
What are the potential benefits of using this method?	Lighter and more regular period; reduced cramps or PMS; less or no acne; prevention of bone thinning, breast or ovary cysts, ectopic pregnancy, endometrial and ovarian cancers, and anemia
What are the less common risks associated with using this method?	Rare but serious risks include high blood pressure, blood clots, heart attacks, or strokes
Who should not use this method?	Individuals who are breastfeeding and/or <21 days postpartum (or < 42 days with other risk factors) Individuals with any of the following medical conditions should consult a doctor prior to use: history of stroke, migraine headaches, breast or liver cancer, cirrhosis, deep venous thrombosis, pulmonary embolism, hypertension, heart disease, lupus, solid organ transplant, or peripartum cardiomyopathy

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you be able to take a pill at the same time every day?



Oral Contraceptive Pill (Progestin only)

What is it?	Progestin-only pill
What type of method is it?	Hormonal
What brands are available?	Aygestin, Camila, Errin, Heather, Jencycla, Jolivette, Nora-Be, Ortho-Micronor, Nor-QD, Heather, Jencycla, Norlyroc, Deblitane, Sharobel, Lyza, Norlyda, Tulana, Incassia, Lyleq (Norethindrone) Orval (Norgestrel) Slynd (Drospiridone)
Who can use it?	Individuals with uteruses
How is it used?	Taken by mouth at the same time every day
Can it be reused?	No
How long does it last?	1 day
Does it require an appointment with a health care provider?	Yes—Health care providers in some states allow telehealth appointments and, in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—In some states, health care providers will prescribe the progestin-only birth control pill via an app or telehealth appointment; some states allow pharmacists to prescribe the progestin-only birth control pill or to dispense it to individuals without a prescription ¹²
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are some side effects of using this method?	Irregular bleeding, acne, breast tenderness, headaches, nausea, change in sex drive, and ovarian cysts; side effects typically lessen or stop after the first 2 to 3 months
What are the potential benefits of using this method?	Lighter periods Slynd has a 24-hour window in which to take a missed pill
What are the less common risks associated with using this method?	None reported
Who should not use this method?	Individuals who have breast cancer

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you be able to take a pill at the same time every day?



Transdermal Contraceptive Patch

What is it?	Patch worn on the lower abdomen, buttocks, or upper body (but not on the breasts) where it releases progestin and estrogen
What type of method is it?	Hormonal
What brands are available?	Xulane and Twirla
Who can use it?	Individuals with uteruses
How is it used?	Placed on the skin by the user each week for 3 weeks then not placed in week 4 to have a menstrual period
Can it be reused?	No
How long does it last?	1 week
Does it require an appointment with a health care provider?	Yes—Health care providers in some states allow telehealth appointments and, in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—Some states allow pharmacists to prescribe the patch or to dispense the patch to individuals without a prescription ¹³
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are some of the side effects of using this method?	Spotting between periods, nausea, breast tenderness, headache (first 2 to 3 months), skin irritation, and change in sex drive
What are the potential benefits of using this method?	Lighter and more regular period; reduced cramps or PMS; prevention of bone thinning, breast or ovarian cysts, ectopic pregnancy, endometrial and ovarian cancers, and anemia
What are the less common risks associated with using this method?	Rare but serious risks include high blood pressure, blood clots, heart attacks, or strokes
Who should not use this method?	Individuals who are breastfeeding and/or postpartum <21 days postpartum (or < 42 days with other risk factors) Individuals with any of the following medical conditions should consult a doctor prior to use: history of stroke, migraine headaches, breast or liver cancer, cirrhosis, deep venous thrombosis, pulmonary embolism, hypertension, heart disease, lupus, solid organ transplant, or peripartum cardiomyopathy

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?

Contraceptive Ring

What is it?	Small flexible ring placed inside the vagina where it releases progestin and estrogen
What type of method is it?	Hormonal
What brands are available?	NuvaRing and Annovera
Who can use it?	Individuals with uteruses
How is it used?	Placed into the vagina by the user for 3 weeks then taken out for 7 days
Can it be reused?	NuvaRing: No—Insert a new ring after 7 days with no ring Annovera: Yes—Reuse same ring after 7 days with no ring for 13 cycles
How long does it last?	NuvaRing: 3 weeks Annovera: 1 year
Does it require an appointment with a health care provider?	Yes—Health care providers in some states allow telehealth appointments and, in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—Some states allow pharmacists to prescribe the ring or to dispense the ring to individuals without a prescription ¹⁴
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are the side effects of using this method?	Bleeding between periods nausea and vomiting, breast tenderness, vaginal discharge, discomfort or mild irritation, and change in sex drive
What are the potential benefits of using this method?	Lighter and more regular period; reduced cramps or premenstrual syndrome (PMS); less or no acne; prevention of bone thinning, breast or ovary cysts, endometrial and ovarian cancers, or anemia
What are the less common risks associated with using this method?	Rare but serious risks include high blood pressure, blood clots, heart attacks, or strokes
Who should not use this method?	Individuals with any of the following medical conditions should consult a doctor prior to use: history of stroke, migraine headaches, breast or liver cancer, cirrhosis, deep venous thrombosis, pulmonary embolism, hypertension, heart disease, lupus, solid organ transplant, or peripartum cardiomyopathy

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?



Emergency Contraceptive Pill: Ella

What is it?	Pill with ulipristal acetate taken up to 5 days after unprotected sex
What type of method is it?	Hormonal
What brands are available?	Ella
Who can use it?	Individuals with uteruses
How is it used?	Taken by mouth as soon as possible after having unprotected sexual intercourse; must wait 5 days before (re)starting a different hormonal contraceptive method
Can it be reused?	No
How long does it last?	Can work up to 5 days after unprotected sexual intercourse
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	Yes
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	89% effective at preventing a pregnancy if taken within 72 hours
What % of users are likely to get pregnant within the first 12 months with perfect use?	N/A
What are some of the side effects of using this method?	Bleeding between periods, abdominal pain, breast pain, dizziness, fatigue, headache, nausea; if you experience side effects with EC, they'll probably go away after 24 hours
What are the potential benefits of using this method?	N/A
What are the less common risks associated with using this method?	There is a decreased risk of effectiveness with obesity
Who should not use this method?	Individuals who are pregnant or who used the Levonorgestrel emergency contraceptive pill within the past 5 days

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Do you have transportation to a pharmacy?
- What birth control methods would you consider using on a routine basis?



Emergency Contraceptive Pill: Levonorgestrel

What is it?	Pill with levonorgestrel taken within 72 hours after unprotected sexual intercourse
What type of method is it?	Hormonal
What brands are available?	Plan B One Step, Take Action, My Way, Option 2, Preventeza, AfterPill, My Choice, Aftera, EContra, and Levonelle
Who can use it?	Individuals with uteruses
How is it used?	Taken by mouth as soon as possible after having unprotected sexual intercourse; should only be used in emergency situations
Can it be reused?	No
How long does it last?	FDA approved for up to 72 hours after unprotected sexual intercourse; shown to be effective up to 5 days after unprotected sexual intercourse, but effectiveness decreases over time ¹⁵
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	89% effective at preventing a pregnancy if taken within 72 hours
What % of users are likely to get pregnant within the first 12 months with perfect use?	N/A
What are some of the side effects of using this method?	Headaches, nausea, abdominal pain, menstrual pain, irregular bleeding, tiredness, and dizziness
What are the potential benefits of using this method?	N/A
What are the less common risks associated with using this method?	Decreasing effectiveness with obesity
Who should not use this method?	Individuals who are pregnant or who used the Ella "morning after" pill within the past 5 days

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Do you have transportation to a pharmacy?
- What birth control methods would you consider using on a routine basis?

Diaphragm

What is it?	Shallow cup placed inside the vagina to cover the cervix to block sperm; two types: fitted and “one size fits most”
What type of method is it?	Barrier
What brands are available?	Caya® and Milex
Who can use it?	Individuals with uteruses
How is it used?	Placed into the vagina with spermicide by the user prior to having sexual intercourse and removed within 24 hours
Can it be reused?	Yes
How long does it last?	Event-specific method, works when in place (when one is having sex)
Does it require an appointment with a health care provider?	Yes, one appointment to be fitted
Does this method require a prescription?	Yes
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	17%
What % of users are likely to get pregnant within the first 12 months with perfect use?	16%
What are some of the side effects of using this method?	Vaginal irritation and frequent urinary tract infections
What are the potential benefits of using this method?	Non-hormonal; reduced risk of pelvic inflammatory disease and tubal infertility
What are the less common risks associated with using this method?	Toxic shock syndrome if not removed after 24 hours
Who should not use this method?	Individuals who are at high risk for HIV/AIDS or who gave birth/had a second-trimester abortion less than 6 weeks ago

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?
- Are you confident you will be able to use this birth control method each time you have sex?

Cervical Cap

What is it?	Thimble-shaped cup placed inside the vagina to block sperm by covering the cervix
What type of method is it?	Barrier
What brands are available?	FemCap
Who can use it?	Individuals with uteruses
How is it used?	Placed into the vagina with spermicide by the user prior to having sexual intercourse and removed within 24 hours
Can it be reused?	Yes
How long does it last?	Event-specific method, works when in place (when one is having sexual intercourse)
Does it require an appointment with a health care provider?	Yes—One appointment to be fitted
Does this method require a prescription?	Yes
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	If no prior childbirth: 14% If prior childbirth: 29%
What % of users are likely to get pregnant within the first 12 months with perfect use?	Not reported
What are some of the side effects of using this method?	Vaginal irritation and frequent urinary tract infections
What are the potential benefits of using this method?	Non-hormonal; reduced risk of pelvic inflammatory disease and tubal infertility
What are the less common risks associated with using this method?	Toxic shock syndrome if not removed after 48 hours
Who should not use this method?	Individuals who gave birth/had a second-trimester abortion less than 6 weeks ago Individuals who have silicone or spermicide allergies or are at high risk for HIV/AIDS

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?
- Are you confident you will be able to use this birth control method each time you have sex?



What is it?	Spermicide-containing sponge that is placed in the vagina where it fits over the cervix
What type of method is it?	Barrier
What brands are available?	Today Sponge
Who can use it?	Individuals with uteruses
How is it used?	Placed into the vagina by the user no more than 18 hours prior to having sexual intercourse and kept in for at least 6 hours after
Can it be reused?	No
How long does it last?	Up to 24 hours
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	If no prior childbirth: 14% If prior childbirth: 27%
What % of users are likely to get pregnant within the first 12 months with perfect use?	If no prior childbirth: 9% If prior childbirth: 20%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal and can be placed up to 24 hours prior to intercourse
What are the less common risks associated with using this method?	Toxic shock syndrome if not removed after 24 hours
Who should not use this method?	Individuals who recently gave birth Individuals who have silicone, sulfite, or polyurethane allergies; HIV/AIDS; a vaginal infection; or a history of toxic shock syndrome

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?
- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?

Spermicide/Contraceptive Gel

What is it?	Foam, gel, cream, film, suppository, or tablet that kills sperm
What type of method is it?	Barrier
What brands are available?	Advantage-S, Conceptrol, Crinone, Delfen Foam, Phexxi
Who can use it?	Individuals with uterus
How is it used?	Placed into the vagina by the user no more than 1 hour prior to having sexual intercourse and kept in for at least 6-8 hours after; used with diaphragm or cervical cap.
Can it be reused?	No
How long does it last?	7-9 hours
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No—Except Phexxi, which requires a prescription via telehealth
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	21%
What % of users are likely to get pregnant within the first 12 months with perfect use?	16%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal
What are the less common risks associated with using this method?	Urinary tract infections and, if used frequently, an increased risk for HIV.
Who should not use this method?	Individuals at high risk for HIV

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?
- Would you feel comfortable inserting this substance inside your body?

Internal (“Female”) Condom

What is it?	Little nitrile (soft plastic) pouches placed into vagina to prevent sperm from entering the vagina
What type of method is it?	Barrier
What brands are available?	Cupid’s Female Condoms and FC2 Female Condoms
Who can use it?	Individuals with uteruses
How is it used?	Placed into the vagina up to 8 hours before having sexual intercourse; can also be inserted into the anus to prevent STIs during anal intercourse; cannot be used with male condom
Can it be reused?	No
How long does it last?	Event-specific method, works when in place (when one is having sex)
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	Yes
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	21%
What % of users are likely to get pregnant within the first 12 months with perfect use?	5%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal and protects against STIs
What are the less common risks associated with using this method?	Urinary tract infection
Who should not use this method?	Individuals with latex allergies should avoid latex condoms Individual with sensitivity to spermicide should use a condom without spermicide

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?
- Would you feel comfortable inserting this device inside your body?



External (“Male”) Condom

What is it?	Thin, stretchy pouch that is worn over the penis to prevent sperm from entering the vagina
What type of method is it?	Barrier
What brands are available?	Durex and Trojan
Who can use it?	Individuals with penises
How is it used?	Placed on the penis prior to having sexual intercourse; cannot be used with female condom
Can it be reused?	No
How long does it last?	Event-specific method, works when in place (when one is having sexual intercourse)
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	Yes
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	13%
What % of users are likely to get pregnant within the first 12 months with perfect use?	2%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal and protects against STIs
What are the less common risks associated with using this method?	Urinary tract infection
Who should not use this method?	Individuals with latex allergies should avoid latex condoms Individual with sensitivity to spermicide should use a condom without spermicide

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?

Fertility Awareness-Based Methods

What is it?	Using the body basal temperature and cervical mucus method to determine whether you are at a point in your menstrual cycle at which you are likely to become pregnant; requires a lot of time, planning, and willpower to use
What type of method is it?	Behavioral
What brands are available?	N/A
Who can use it?	Individuals with uteruses
How is it used?	Tracked daily
Can it be reused?	N/A
How long does it last?	N/A
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	2%-23% depending on the specific method used
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.4%-5%
What are some of the side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal
What are the less common risks associated with using this method?	N/A
Who should not use this method?	Individuals less than 4 weeks postpartum or less than 6 weeks postpartum if breastfeeding Individuals who have irregular vaginal bleeding or discharge or acute diseases that elevate body temperature; who use drugs that affect cycle regularity, hormones, or fertility signs; or who are not willing/able to abstain from sexual intercourse during fertile periods

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?



Withdrawal

What is it?	Relying on pulling the penis out of the vagina before ejaculation to avoid pregnancy; also called the “pull-out method”; requires a lot of willpower to use
What type of method is it?	Behavioral
What brands are available?	N/A
Who can use it?	Individuals with a penis
How is it used?	Pulling the penis out of the vagina before ejaculation to avoid pregnancy
Can it be reused?	N/A
How long does it last?	Event-specific method when one is having sex
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	22%
What % of users are likely to get pregnant within the first 12 months with perfect use?	4%
What are the most common side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal
What are the less common risks associated with using this method?	N/A
Who should not use this method?	Individuals not willing/able to withdraw

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?

Tubal Ligation or “Tying Tubes”

What is it?	Surgically closing the fallopian tubes so sperm and eggs cannot meet for fertilization
What type of method is it?	Surgical
What brands are available?	N/A
Who can use it?	Individuals with uteruses
How is it used?	Surgical
Can it be reused?	N/A
How long does it last?	Forever
Does it require an appointment with a health care provider?	Yes
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	No
What % of users are likely to get pregnant within the first 12 months with typical use?	0.5%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.5%
What are some of the side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal and only needs to be done once
What are the less common risks associated with using this method?	Possible complications with surgery, like bleeding, infection, or a reaction to anesthesia. Very rarely, the tubes may reconnect themselves—which could lead to a pregnancy.
Who should not use this method?	Individuals considering having children in the future

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?

Vasectomy

What is it?	Surgically sealing the vas deferens to prevent sperm from entering the penis
What type of method is it?	Surgical
What brands are available?	N/A
Who can use it?	Individuals with penises
How is it used?	Surgical
Can it be reused?	N/A
How long does it last?	Forever
Does it require an appointment with a health care provider?	Yes
Does this method require a prescription ?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	No
What % of users are likely to get pregnant within the first 12 months with typical use?	0.15%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.1%
What are common of the side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal and only needs to be done once
What are the less common risks associated with using this method?	Possible complications with surgery, like bleeding, infection, or a reaction to anesthesia
Who should not use this method?	Individuals considering having children in the future

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?

Glossary of Key Terms¹⁶

This glossary of terms may help you understand the information contained in this booklet. It can also be used to explain the information in this booklet to young individuals.

Barrier birth control methods prevent pregnancy by blocking sperm from passing through the cervix. Examples include condoms, diaphragms, foam, sponges, and cervical caps.

Basal body temperature method is a fertility awareness-based birth control method that involves tracking body temperature over time to predict ovulation.

Birth control is any behavior, device, medicine, or procedure used to prevent pregnancy—also known as contraception.

Cisgender refers to a person whose gender identity matches the sex they were assigned at birth.

Cervical mucus monitoring is one fertility awareness-based birth control method that involves tracking changes in the appearance and quantity of cervical mucus.

Cervix is the narrow, lower part of the uterus, with a small opening that connects the uterus to the vagina.

Contraception is any behavior, device, medicine, or procedure used to prevent pregnancy—also known as birth control.

Ectopic pregnancy is a pregnancy in which the fertilized egg implants outside the uterus.

Eggs are reproductive cells stored in the ovaries and released during ovulation. Pregnancy happens when sperm enters an egg, grows into a ball of cells, and implants into the uterus.

Ejaculation is the moment at which semen spurts out of the opening of the urethra in the glans of the penis.

Estrogen is a hormone made in the ovaries that plays a part in puberty, the menstrual cycle, and pregnancy.

Fallopian tubes are narrow tubes that carry an egg from the ovary to the uterus during ovulation.

Fertilization is the joining of an egg and a sperm.

Hormonal birth control uses hormones to prevent pregnancy. Examples include the implant, the hormonal IUD, the pill, the patch, the ring, and the shot.

Intrauterine refers to a device placed inside the uterus.

Long-acting reversible contraceptives (LARCs), which include IUDs and implants, are the most effective methods of birth control, last for several years, and can be removed at any time.

Menstrual cycle is the time from the first day of one period to the first day of the next period. During the menstrual cycle, the lining of the uterus grows, an egg is released by the ovaries, and the uterine lining sheds.

Menstrual period is the monthly flow of blood and tissue from the uterus and out of the vagina if a pregnancy doesn't occur.

Nonbinary refers to a person who does not identify as either a man or woman.

Penis is a reproductive and sex organ made of spongy tissue that fills with blood during sexual excitement (known as erection).

Perfect use is the effectiveness of a birth control method if always used exactly the right way.

Premenstrual syndrome (PMS) is a combination of symptoms that many women get about a week or two before their menstrual period.

Progestin is a synthetic version of the hormone progesterone found in all hormonal birth control methods.

Sexual intercourse is sex that involves penetration of the vagina or anus with a penis.

Sexually transmitted infection (STIs) are passed from one person to another during vaginal, anal, or oral sex, or via sexual skin-to-skin contact.

Sperm are reproductive cells made in the testes that combine with an egg to cause a pregnancy.

Spermicide is chemical birth control found in sponges, foams, creams, films, suppositories, and gels that immobilizes sperm to prevent pregnancy.

Transgender refers to a person whose gender identity does not match the sex to which they were assigned at birth.

Typical use is the effectiveness of a particular birth control method when accounting for the fact that individuals don't always use their method consistently or correctly.

Unprotected sex is oral, vaginal, or anal sex without condoms or birth control. It can increase one's chances of getting an STI and/or experiencing an unintended pregnancy.

Uterus is the pear-shaped reproductive organ from which individuals menstruate and where a pregnancy develops—also called “womb.”

Vas deferens is a long, narrow, sperm-carrying tube that is cut for a vasectomy.

Vagina is the stretchy passage that connects the vulva with the cervix and uterus.

Acknowledgments

The authors would like to thank the many contributors to this resource.

Experts who informed the resource include:

- Vikki Carpenter, Pathways to Parenting
- Laura Hochman, Boulder County Health Department- Longmont
- Anna Johnson, John Burton Advocates for Youth
- Mary Ott, Indiana University School of Medicine
- Amanda Phillips, Multi Agency Alliance for Children

Young people with lived expertise who informed the resource include:

- Jamilexx Deysianey Fleming
- Rachel Litchman
- Martine Jones
- Evelyn Bagley
- Keona Rose
- Memunat Bilewu
- Makayla Dawkins
- Darlecia Dublin
- Bianca Bennett

Thank you also to the youth supporting professionals and young people who contributed to this resource but are not named here. Finally, we are grateful for the contributions of other Child Trends, Chapin Hall, and Healthy Teen Network staff who contributed to this resource including:

- Jennifer Manlove, Child Trends
- Catherine Schaefer, Child Trends

A special thank you to the Child Trends communications staff, especially Olga Morales, Catherine Nichols, and Stephen Russ.

Suggested Citation: Griffin, A. M., Schlecht, C., Pliskin, E., & Dworsky, A. (2022). *Helping young people to choose the birth control method right for them: Birth control methods booklet*. Child Trends. <https://activatecollective.org/wp-content/uploads/2022/09/activate-booklet-helping-young-people-choose-birth-control.pdf>

Endnotes

¹ www.bedsider.org/birth-control

² www.plannedparenthood.org/learn/birth-control

³ <https://my.clevelandclinic.org/health>

⁴ www.fda.gov/consumers/free-publications-women/birth-control#EC

⁵ <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec>

⁶ Information on the 18 available birth control methods is up-to-date as of August 2022.

⁷ Trussell, J. & Hatcher, R. (2018). *Contraceptive technology (21st)*. Ardent Media.

⁸ Liddon, N., Olsen, E., Carter, M., & Hatfield-Timajchy, K. (2016). Withdrawal as pregnancy prevention and associated risk factors among US high school students: Findings from the 2011 National Youth Risk Behavior Survey. *Contraception, 93*, 126-132.

⁹ The difference between typical and perfect use is especially relevant for adolescents who have more difficulty than adults using methods that require daily action or action each time they have sexual intercourse. Kaneshiro, B., & Salcedo, J. (2015). Contraception for adolescents: focusing on long-acting reversible contraceptives (LARC) to improve reproductive health outcomes. *Current Obstetrics and Gynecology Reports, 4*, 53-60.

¹⁰ Kaneshiro, B., & Aeby, T. (2010). Long-term safety, efficacy, and patient acceptability of the intrauterine Copper T-380A contraceptive device. *International Journal of Women's Health, 2*, 211.

¹¹ To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹² To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹³ To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹⁴ To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹⁵ American College of Obstetricians and Gynecologists (2015, reaffirmed 2022). Practice Bulletin No. 152: Emergency Contraception. *Obstetrics and Gynecology, 126*, e1-e11. DOI: 10.1097/aog.0000000000001047

¹⁶ Planned Parenthood (n.d.). *Glossary*. Planned Parenthood. <https://www.plannedparenthood.org/learn/glossary>