

Fact Sheet



Division of Developmental Disabilities Health Care Services

Contraception

Health Information Fact Sheet

Contraception (or birth control) can help you prevent pregnancy. There are different contraceptive methods. When choosing a contraceptive method, consider safety, effectiveness, availability (including accessibility and affordability), side effects, user control, reversibility, and ease of removal or discontinuation.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.



Types of Contraception or Birth Control

There are different types of contraception or birth control, including reversible methods such as intrauterine contraception, hormonal methods, barrier methods, fertility awareness-based methods, or emergency contraception. There are also permanent birth control methods.

WARNING:

Most contraceptive methods do not protect against sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) infection. Using condoms (alone or with another contraceptive method) can help protect against HIV and other STIs. Also, pre-exposure prophylaxis (PrEP) can help protect against HIV. For more information on STI/HIV prevention, visit the Centers for Disease Control and Prevention (CDC) website.

- How to Prevent STIs
[cdc.gov/sti/prevention/index.html](https://www.cdc.gov/sti/prevention/index.html)
- Preventing HIV
[cdc.gov/hiv/prevention/index.html](https://www.cdc.gov/hiv/prevention/index.html)

Discuss contraceptive methods with your primary healthcare provider to find the right one for you based on your medical history, lifestyle, and preferences. You can contact your primary healthcare provider to obtain contraception. You can also get them from any family planning service provider, including maternity care providers. Providers do not have to be in your DDD Health Plan's network. You do not need a referral or prior authorization. There is no cost for contraception supplies. For more information on the benefits and risks of birth control, visit the [Office on Women's Health](https://www.womenshealth.gov/a-z-topics/birth-control-methods) at [womenshealth.gov/a-z-topics/birth-control-methods](https://www.womenshealth.gov/a-z-topics/birth-control-methods).

If you need a ride to an appointment, ask a friend, family member, or neighbor first. Contact your DDD Health Plan Member Services if you cannot find a ride. Contact your Support Coordinator if you need help getting a ride.

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Permanent methods of birth control

- **Tubal surgery or “tying tubes”**—The fallopian tubes are tied (or closed) or cut so that sperm and eggs cannot meet for fertilization. The procedure can be done in a hospital or in an outpatient surgical center. The patient can go home the same day of the surgery and resume normal activities within a few days. This method is effective immediately. Typical use failure rate is 0.5%.
- **Vasectomy**—This procedure is done to keep sperm from going to the penis, so the ejaculate never has any sperm in it that can fertilize an egg. The procedure is typically done at an outpatient surgical center. The patient can go home the same day. Recovery time is less than 1 week. After the operation, it is important to visit a health care provider to make sure the sperm count has dropped to zero; this takes about 12 weeks. Another form of birth control should be used until the sperm count has dropped to zero. Typical use failure rate is 0.15%.

Reference: [Contraception | CDC, cdc.gov/contraception/index.html](https://www.cdc.gov/contraception/index.html)

Reversible birth control methods

(Centers for Disease Control and Prevention [CDC], 2024, [cdc.gov/contraception/about/index.html](https://www.cdc.gov/contraception/about/index.html)).

Intrauterine Contraception

- **Levonorgestrel intrauterine system (LNG IUD)**—The LNG IUD is a small T-shaped device. It is placed inside the uterus by a doctor. It releases a small amount of progestin each day to keep you from getting pregnant. The LNG IUD stays in your uterus for 3 to 8 years, depending on the device. Typical use failure rate is 0.1-0.4%.
- **Copper T intrauterine device (IUD)**—This IUD is a small device that your doctor places inside the uterus to prevent pregnancy. It can stay in your uterus for up to 10 years. Typical use failure rate is 0.8%.

Hormonal Methods

- **Implant**—The implant is a single, thin rod that is inserted under the skin of the upper arm. The rod contains a progestin that is released into the body over 3 years. Typical use failure rate is 0.1%.
- **Injection or “shot”**—You can get shots of the hormone progestin in the buttocks or arm every three months. The shot can be self-injected or given by a health care provider. Typical use failure rate is 4%.
- **Combined oral contraceptives**—Also called “the pill.” These combined oral contraceptives contain the hormones estrogen and progestin. It is prescribed by a doctor. A pill is taken at the same time each day. If you are older than 35 years and smoke, have a history of blood clots or breast cancer, your doctor may advise you not to take the pill. Typical use failure rate is 7%.
- **Progestin-only pill**—Unlike the combined pill, this pill (sometimes called the mini-pill) only has one hormone, progestin, instead of both estrogen and progestin. It is prescribed by a doctor. It is taken at the same time each day. It may be a good option for women who can’t take estrogen. Typical use failure rate is 7%.
- **Patch**—This skin patch is worn on the lower abdomen, buttocks, or upper body (but not on the breasts). This method is prescribed by a doctor. It releases hormones, progestin, and estrogen into the bloodstream. You put on a new patch once a week for three weeks. During the fourth week, you do not wear a patch, so you can have a menstrual period. Typical use failure rate is 7%.
- **Hormonal vaginal contraceptive ring**—The ring releases the hormones progestin and estrogen. You place the ring inside your vagina. You wear the ring for three weeks, take it out for the week you have your period, and then put in a new ring. Typical use failure rate is 7%.

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Barrier Methods

- **Diaphragm or cervical cap**—Before sex, the diaphragm or cap is inserted in the vagina with spermicide to block or kill sperm. These methods are prescribed by a health care provider. Typical use failure rate for the diaphragm is 17%. Typical use failure rate for the cervical cap is 22%.
- **Sponge**—The contraceptive sponge contains spermicide and is placed in the vagina where it fits over the cervix. The sponge works for up to 24 hours and must be left in the vagina for at least 6 hours after the last act of sex, at which time it is removed and discarded. Typical use failure rate is 17%.
- **Male condom**—External (male) condoms help prevent sperm from entering a partner's body. Latex condoms, the most common type, also help prevent HIV and other STIs. "Natural" or "lambskin" condoms help prevent pregnancy, but may not provide protection against STIs, including HIV. Condoms are available over the counter. Typical use failure rate is 13%.
- **Female condom**—Internal (female) condoms help prevent pregnancy by blocking sperm from getting to the egg. It is packaged with a lubricant and is available over the counter. It can be inserted up to 8 hours before sex. Internal (female) condoms might help prevent STIs. Typical use failure rate is 21%.
- **Spermicides**—These products include spermicides and vaginal pH regulators and work by killing sperm or making it difficult for sperm to reach the egg. They come in several forms, including foam, gel, cream, film, suppository, or tablet. They are placed in the vagina no more than 1 hour before intercourse. They are left in place for at least 6 to 8 hours after sex. Spermicide can be used with an external (male) condom, diaphragm, or cervical cap. They can be purchased over the counter or prescribed by a health care provider. Typical use failure rate is 21%.

For more information on external condom use, visit [cdc.gov/condom-use/resources/external.html](https://www.cdc.gov/condom-use/resources/external.html). For more information on internal condom use, visit [cdc.gov/condom-use/resources/internal.html](https://www.cdc.gov/condom-use/resources/internal.html).

Fertility Awareness-Based Methods

- **Fertility awareness-based methods**—Understanding your monthly fertility pattern can help you plan to get pregnant or avoid getting pregnant. Your fertility pattern is the number of days in the month when you are fertile (able to get pregnant), days when you are infertile, and days when fertility is unlikely but possible. If you have a regular menstrual cycle, you have about nine or more fertile days each month. If you do not want to get pregnant, do not have sex on the days you are fertile, or if you do, use a barrier method of birth control on those days. Failure rates vary across these methods. The range of typical use failure rates is 2-23%.
Reference: [Trying to conceive | Office on Women's Health, womenshealth.gov/pregnancy/you-get-pregnant/trying-conceive](https://www.womenshealth.gov/pregnancy/you-get-pregnant/trying-conceive)

Emergency Contraception

Emergency contraception is not a regular method of birth control. Emergency contraception can be used after no birth control was used during sex, or if the birth control method failed, such as if a condom broke.

- **Copper IUD**—The copper IUD can be inserted within 5 days of unprotected sex.
- **Emergency contraceptive pills**—Emergency contraceptive pills can be taken up to 5 days after unprotected sex, but the sooner the pills are taken, the better they will work. Three different types of pills can be used for emergency contraception. Some emergency contraceptive pills are available over the counter, and some are available only by prescription within the United States.