

Birth Control Methods Chart

Designed for providers to help patients consider their birth control options, this chart takes client autonomy into account and presents methods that patients can start and stop on their own and those that require provider involvement (prescription or procedure). The chart highlights method characteristics, including use & frequency, so patients can make informed decisions, based on their own preferences. Note: Within each table, the methods are listed in order of number of pregnancies expected, and side effects are alphabetized within each method. Not all risks and benefits for each method are included on this chart.

PATIENTS CAN START AND STOP ON THEIR OWN

Method	Number of Pregnancies Expected ¹	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Fertility Awareness-based (FAB) 	2–23 out of 100 (depends on specific FAB method)	Patient tracks signs of fertility daily and abstains from sex on fertile days.	None	None	Must have regular cycles and be comfortable tracking basal body temperature and cervical mucus.
Pill (progestin-only), Opill 	7 out of 100	Patient takes by mouth same time every day.	Spotting or bleeding between periods. May not have traditional withdrawal bleeding	Acne, breast tenderness, headache, nausea, weight gain	Available over the counter. Safe for people with high blood pressure, blood clot history, and those who can't take estrogen.
Condom (external) 	13 out of 100	Patient rolls onto erect penis before sex.	None	Allergic reactions, vaginal irritation	Method prevents sexually transmitted diseases. Requires a cooperative partner.
Spermicide or vaginal sponge 	21–28 (spermicide alone) or 17 (sponge w/ spermicide) out of 100	Patient inserts into vagina before sex.	None	Vaginal irritation	Pair with another method for back-up.
Condom (internal) 	21 out of 100	Patient inserts into vagina before sex.	None	Allergic reactions, vaginal irritation	Method prevents STIs. Requires a cooperative partner.
Withdrawal 	25 out of 100	Patient ejaculates outside of and away from vagina.	None	None	Requires a cooperative partner

REQUIRES PROVIDER TO START WITH A PRESCRIPTION (PATIENTS CAN STOP ON THEIR OWN)—CONTINUED ON OTHER SIDE

Method	Number of Pregnancies Expected ¹	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Shot (intramuscular/subcutaneous) progestin-only 	4 out of 100	Provider administers shot (intramuscular) or the client self-administers shot (subcutaneous) every 12–15 weeks.	Spotting, lighter period, or no period	Bone density loss, headache, weight gain	Delay in fertility return. Not visible to others.
Patch (transdermal system estrogen + progestin) 	7 out of 100	Patient places patch on back, butt, or belly. Every month, changes patch weekly for 3 weeks and no patch for 1 week.	Temporary spotting or lighter period	Breast tenderness, headache, nausea, skin irritation, stomach pain	May be less effective in people with a BMI of 30 or over. Extended/continuous use option.*
Pill (combined estrogen + progestin) 	7 out of 100	Patient takes by mouth daily.	Temporary spotting or lighter period	Breast tenderness, headache, nausea, risk for blood clots	May reduce acne, cramping, and PMS. Routine blood pressure checks recommended. Extended/continuous use option.
Ring (estrogen + progestin) 	7 out of 100	Patient places ring into vagina. Every month, keeps ring in vagina for 3 weeks and then removes for 1 week.	Lighter period or temporary spotting	Breast tenderness, nausea	Two types: monthly and yearly. May reduce acne, cramping, and PMS. Not visible but can be felt by partners.
Pill (progestin-only, "the mini pill") 	7 out of 100	Patient takes by mouth at the same time every day.	Spotting or bleeding between periods. May not have traditional withdrawal bleeding	Acne, breast tenderness, headache, nausea, weight gain	Safe for people with high blood pressure, blood clot history, and those who can't take estrogen.

REQUIRES PROVIDER TO START WITH A PRESCRIPTION (PATIENTS CAN STOP ON THEIR OWN)—CONTINUED

Method	Number of Pregnancies Expected ¹	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Diaphragm or cervical cap (both w/spermicide) 	17 (diaphragm) and 22–23 (cap) out of 100	Patient inserts into vagina with spermicide before sex.	None	Allergic reactions, urinary tract infection (UTI), vaginal irritation	Same device may be used for two years.
Vaginal contraceptive gel (Phexxi) 	28 out of 100	Patient inserts into vagina before sex.	None	Allergic reactions, urinary tract infection (UTI), vaginal irritation	May act as lubricant for dryness.

REQUIRES PROVIDER FOR CLIENTS TO START AND STOP (REVERSIBLE METHODS)

Method	Number of Pregnancies Expected ¹	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Implant (progestin-only) 	<1 out of 100	Provider inserts rod under skin in upper arm. Lasts up to 5 years* and can be removed earlier.	Unpredictable spotting, lighter period, or no period	Acne, depressed mood, headache, mood swings, weight gain	Mild pain with placement. Not visible but can be felt by partners.
Hormonal IUD (progestin-only) 	<1 out of 100	Provider inserts device into uterus. Varies by type, up to 8 years, and can be removed earlier.	Spotting, lighter period, or no period	Cramping pain with placement	Not visible but can be felt by partners.
Non-hormonal copper IUD 	<1 out of 100	Provider inserts device into uterus. Lasts up to 12 years* and can be removed earlier.	Spotting or heavier period	Cramping pain with placement	Effective as emergency contraception within 5 days* of unprotected sex. Not visible but can be felt by partners.

REQUIRES PROVIDER TO PERFORM PROCEDURE (PERMANENT METHODS)

Method	Number of Pregnancies Expected ¹	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Tubal ligation 	<1 out of 100	Single surgical procedure done at a hospital.	None	Bleeding, surgical pain	Requires anesthesia and up to 2 weeks of recovery.
Vasectomy 	<1 out of 100	Single outpatient surgical procedure.	NA	Bleeding, surgical pain	Up to 2 days for recovery.

EMERGENCY CONTRACEPTION (EC)

Method	Number of Pregnancies Expected ¹	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Non-hormonal copper IUD* 	<1 out of 100	Provider inserts device into uterus within 5 days of unprotected sex.	Spotting or heavier period	Cramping pain with placement	Lasts up to 12 years* and can be removed earlier.
Ulipristal acetate (ella) 	7 out of 10 who would have become pregnant will not	Patient takes by mouth as soon as possible within 5 days of unprotected sex.	Spotting or period at new time	Abdominal pain, dizziness, headache, nausea	Requires prescription. May be less effective in people over 194 pounds.
Levonorgestrel 1.5mg pill (Plan B) 	7 out of 10 who would have become pregnant will not	Patient takes by mouth within 120 hours (~5 days)* of unprotected sex.	May induce spotting or period	Breast tenderness, dizziness, headache, nausea, stomach pain, tiredness, vomiting	Available over the counter. May be less effective in people over 165 pounds.

* Use of this product for an extended duration has not been approved by FDA. Use of the non-hormonal copper IUD for EC has not been approved by FDA. Cason P, Cwiak C, Edelmant A, et al. [Eds.] Contraceptive Technology. 22nd edition. Burlington, MA: Jones-Bartlett Learning, 2023.

¹ Data is drawn from Bradley SEK, et al., Effectiveness, safety, and comparative side effects. In: Cason P, Cwiak C, Edelmant A, et al. [Eds.] Contraceptive Technology. 22nd edition. Burlington, MA: Jones-Bartlett Learning, 2023. For more information, check the product insert.

