



# Your Contraceptive Choices



[sexualwellbeing.ie](http://sexualwellbeing.ie)



# Choosing the right contraception for you

**When it comes to your sexual health, it is important to choose the contraception that fits your situation and lifestyle. In this leaflet, you will find information on:**

- how to protect yourself from an unplanned pregnancy;
- how to avoid sexually transmitted infections (STIs).

You'll also find descriptions of the main types of contraception available.

Read on and then have a chat with your GP or Family Planning Clinic about what is best for you. All the methods are very effective, and most are 99% effective when they are used correctly and consistently.

# Some things to consider



- **Talk to an expert:** Discuss your contraceptive choices with your GP or Family Planning Clinic. You may need to try different methods to find the contraception that works best for you. You might, for example, choose a long-acting method of contraception such as an implant or an injection. Long acting methods can be more reliable.
- **Make the right choice:** Different contraceptives suit different people for different reasons.
- **Talk it over:** Discuss contraception with your sexual partner before you get intimate.
- **Think about it in time:** Think about using contraception before you think about having sexual intercourse.
- **Consider dual protection:** Using 'dual protection' (condoms with another method of contraception) will help you to have safer sex.

Condoms offer the best protection from STIs as well as protection against pregnancy.

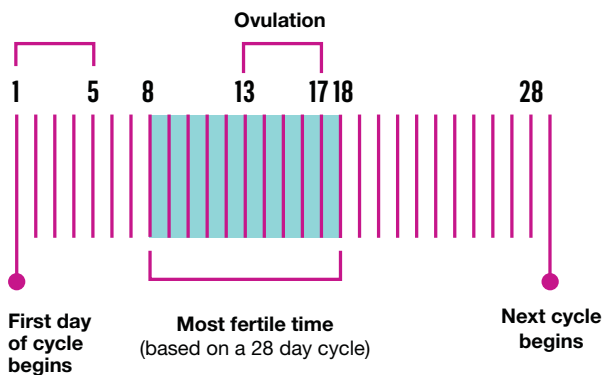
# Your fertility

Lots of women do not know when they are most fertile during their cycle.

In other words, they're not sure when they are most likely to get pregnant. You will release an egg (ovulate) every month 12–16 days before the start of your next menstrual period. When you are ovulating is the most fertile time during your menstrual cycle.

You may find that the time when you ovulate varies from month to month. It can depend on the length of your cycle and on a range of external factors over which you may have no control. Examples of external factors could be stress, travel or illness.

The diagram below is based on a 28-day cycle and should only be used as a guide. For more information on fertility, talk to a GP or Family Planning Clinic.



If you have regular 28-day cycles, you will usually ovulate (become fertile) around the middle of your cycle. The egg you produce when you ovulate can usually survive for 12–24 hours.

**Sperm  
can survive  
for 5 to 7  
days inside  
your body.**

This means that  
**your fertile time  
can extend from  
7 to 10 days each  
month.**



If you have sexual intercourse or intimate sexual contact that causes sperm to reach your egg during this fertile time, your egg may be fertilised by a single one of the millions of sperm released every time your partner ejaculates.

If, like many women, you have an irregular menstrual cycle, it can be difficult for you to identify when your likely fertile time will fall in each cycle. Your menstrual cycle is unique to you.

**If you have sexual intercourse without using contraception, you may become pregnant, even at a time in your cycle when you thought you were safe.**

# Condom

## Male (*external*) and Female (*internal*)



### How does it work?

Condoms work by preventing the man's sperm from meeting the woman's fertile egg.

The male condom is rolled onto the erect penis before you have sex.

The female condom lines the vagina and is inserted before you have sex.

### How effective is it?

#### Male (*external*) condom:

- **98%** effective when you use the method correctly every time.
- **82%** effective when you don't always use the method correctly.

#### Female (*internal*) condom:

- **95%** effective when you use the method correctly every time.
- **79%** effective when you don't always use the method correctly.

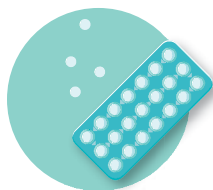
### Things to know before you choose this method

- Condoms are widely available for sale in pharmacies (chemists) and some shops. You don't need a prescription to buy them.
- They help to protect both partners from STIs, including HIV.
- They can be used with hormonal contraceptives for additional protection.
- For both types of condom to work, you have to use them correctly and consistently. Learning to do that often needs practice.



# Combined oral contraception

## – the pill



### How does it work?

This type of pill contains an artificial version of the female hormone oestrogen and progesterone and is taken every day for 3 weeks of each month. It works mainly by stopping you from producing an egg.

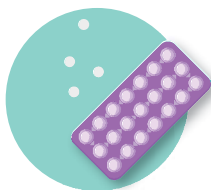
### How effective is it?

- **99%** effective when you take the pill correctly every time you're meant to.
- **91%** effective when you don't always use the method correctly.

### Things to know before you choose this method

- You can only get the combined oral contraceptive pill with a prescription.
- If you vomit or have diarrhoea or if you miss taking a pill, this can interfere with how it works.
- Does not protect against STIs.

# Progesterone only pills



## How does it work?

This pill contains an artificial version of the female hormone progesterone. You take it every day without a break. It works mainly by stopping you from producing an egg.

The progesterone-only pill may thin the lining of your womb, which prevents your egg from implanting there.

## How effective is it?

- **99%** effective when you use the method correctly every time.
- **91%** effective when you don't always use the method correctly.

### Things to know before you choose this method

- You can only get the progesterone-only pill with a prescription.
- Useful for women who cannot or do not want to take oestrogen.
- You can take it while you're breastfeeding.
- May cause irregular periods.
- Does not protect against STIs.

# Injectable



## How does it work?

You will be given an injection of the artificial version of the female hormone – progesterone – every 12 weeks.

The artificial hormone works mainly by stopping you from producing an egg.

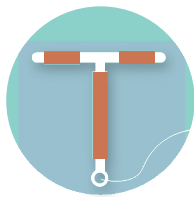
## How effective is it?

- **99%** effective when you use the method correctly every time.
- **94%** effective when you don't always use the method correctly.

## Things to know before you choose this method

- Your injection must be given by a GP or a nurse.
- Useful for women who find it hard to remember to take a pill every day.
- May cause irregular bleeding at first. Then can create a lighter period or no period at all in most cases.
- Not suitable for long-term use if you are at risk of osteoporosis.
- Does not protect against STIs.

# Copper coil



## How does it work?

The copper coil is a small copper device that is put into your womb. The copper is toxic to both the sperm and your egg.

The copper coil works in several different ways:

- It prevents fertilisation by damaging the sperm and egg.
- Causes mild inflammation at the womb lining. This stops the egg from implanting in your womb.

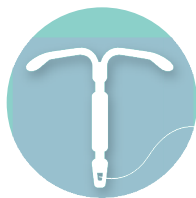
## How effective is it?

This is a highly effective method – more than **99%** effective.

### Things to know before you choose this method

- Works as soon as it is inserted and can stay in place for 5 to 10 years.
- Can only be inserted by a specially trained doctor.
- The copper coil may cause some women to have heavier periods.
- Does not protect against STIs.

# Intrauterine system (IUS)



## How does it work?

The IUS is a small plastic device that is put into your womb, where it releases an artificial version of the female hormone progesterone.

The IUS works in several different ways. It can stop your partner's sperm from meeting your egg by:

- delaying when the egg reaches your womb, or;
- preventing the egg from implanting in your womb.

## How effective is it?

This is a highly effective method – more than **99%** effective.

### Things to know before you choose this method

- Works as soon as it is inserted and can stay in place for 3 to 5 years.
- Can only be inserted by a specially trained doctor.
- The IUS may cause irregular bleeding for the first few months but after that, most women have lighter periods and often no periods.
- Does not protect against STIs.

# The implant



## How does it work?

The implant is a small flexible rod that releases the artificial version of the female hormone progesterone into your bloodstream. It is inserted under the skin of your upper arm.

It works mainly by stopping you from producing an egg.

It also thickens the fluid at the neck of the womb and thins the lining of the womb.

## How effective is it?

This is a highly effective method – more than **99%** effective.

### Things to know before you choose this method

- Lasts for up to 3 years after the implant is inserted.
- It can only be inserted and removed by a specially trained doctor.
- It may cause irregular bleeding.
- Does not protect against STIs.

# The patch



## How does it work?

The patch is like a thin plaster that contains artificial versions of the female hormones oestrogen and progesterone. You wear the patch on your skin for 3 weeks out of every 4.

## How effective is it?

- **99%** effective when you use the method correctly every time.
- **91%** effective when you don't always use the method correctly.

### Things to know before you choose this method

- It is only available with a prescription.
- It has the same side effects as the combined oral contraceptive pill.
- It's easier to remember, the patch only needs to be replaced once a week.
- It costs more than the pill.
- Does not protect against STIs.

# Vaginal ring



## How does it work?

The vaginal ring contains artificial versions of the female hormones oestrogen and progesterone, and is inserted into your vagina for 3 weeks of every month. It works like the combined oral contraceptive pill.

## How effective is it?

- **99%** effective when you use the method correctly every time.
- **91%** effective when you don't always use the method correctly.

### Things to know before you choose this method

- It is only available with a prescription.
- It can be inserted by the woman herself.
- It is inserted once a month.
- It has the same side effects as the combined oral contraceptive pill.
- It costs more than the pill.
- Does not protect against STIs.



# Diaphragm



## How does it work?

The diaphragm covers your cervix (neck of womb), and this stops sperm from reaching your egg. It is a barrier method that fits inside your vagina. You can use spermicide, a cream or jelly to cover the diaphragm. This will help it work better.

## How effective is it?

- **92-96%** effective when you use the method correctly every time
- **71-88%** when you don't always use the method correctly

## Things to know before you choose this method

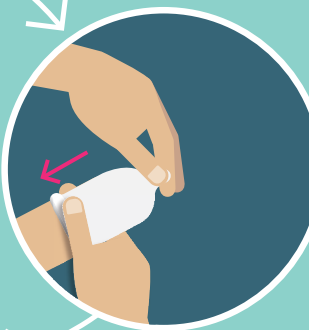
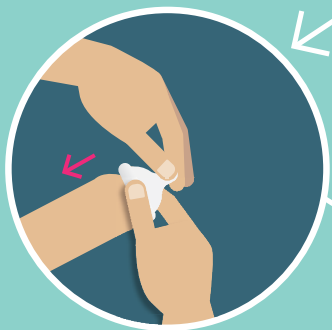
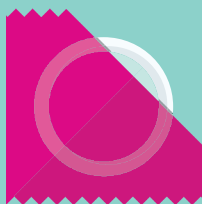
- You can get a diaphragm from family planning clinics and some GPs.
- You must leave the diaphragm in place for at least 6 hours after sex, but must not leave it in for more than 24 hours.
- It is useful for you if you wish to avoid hormones.
- Does not protect against STIs

# How to use a male condom (external)

**Male condoms are effective when they are used properly. They protect against most (but not all) STIs.**

**It takes a little practice to use one properly – here are some tips.**

- Make sure you use a good quality condom. Look for the BSI Kitemark or CE mark and check the expiry date.
- Be careful that condoms don't tear when you open the packet. Don't use your teeth and be careful with long nails and jewellery.
- Put the condom on before there is any genital contact or penetration. There can be semen on the penis before ejaculation.
- Don't try to put a condom on if the penis is not hard.
- Put the condom on the right way with the roll on the outside.
- Hold the condom at the head of the penis. Pinch the top to get rid of any air and with your other hand gently roll it down over the penis.
- Use water-based lubricants if necessary – they are designed especially for use with condoms. Most pharmacies (chemists) stock these products close to the condom range. Remember that oil-based lubricants (massage or baby oil, petroleum jelly) and products such as body cream can damage condoms, making them split.
- When pulling out after sex, hold the base of the condom. Be careful when removing the condom so that you don't spill any semen. There will still be semen on the penis, so keep it away from the vagina.
- Wrap the condom in a tissue and dispose of it safely and hygienically (not down the toilet).



# Your guide to emergency contraception

(The morning after pill)

**If you've taken a chance or your  
contraception has failed, you could be  
at risk of getting pregnant.**

## What is emergency contraception?

Emergency contraception is a secondary method or back up contraception. You can use it if you want to avoid an unplanned pregnancy after you have had sex without using contraception or if contraception has failed (e.g. the condom slipped or you missed a pill).

Emergency contraception can be used up to 5 days after having unprotected sex and is more effective the sooner you take it.

Emergency contraception does not provide any protection from sexually transmitted infections (STIs).

**To get advice on STI testing visit  
[www.sexualwellbeing.ie](http://www.sexualwellbeing.ie).**

It's important that you think about using a regular method of contraception.

For information about **your** contraceptive options visit **[www.sexualwellbeing.ie](http://www.sexualwellbeing.ie)**.

**Emergency  
contraception  
is more effective  
the sooner you  
take it after having  
unprotected sex.**

# Emergency contraception facts

Women of all ages can use emergency contraception to prevent an unplanned pregnancy if they have had sex without using contraception or their contraception has failed.

- Emergency contraception is not suitable as a regular method of contraception and it does not prevent pregnancy in every woman.
- Many women believe that emergency contraception can only be taken 3 times in their lifetime - there is no evidence to support this.
- There is no evidence to suggest that emergency contraception can cause infertility.
- If you are already pregnant, emergency contraception will not work.

**For more  
information  
on emergency  
contraception  
visit [www.  
sexualwellbeing.ie](http://www.sexualwellbeing.ie).**

# Emergency contraceptive choices

You can choose from a number of different emergency contraception options. Some will be more suitable than others for your particular situation, depending on:

- **When you had your last period.**
- **How long it has been since you had unprotected sex.**

or;

- **If your contraceptive method had failed.**

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**Emergency contraception is more effective if you take it soon after you have unprotected sex.**

**You do not need a prescription for either the 3-day or the 5-day pill. You can get both directly from your chemist.**

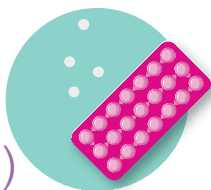
Here is a list of emergency contraceptive choices available to you.

## 3-day pill (levonorgestrel)



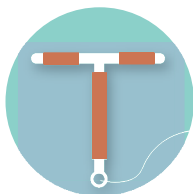
- **Time limit for use after unprotected sex (3 days) 72 hours.**
- **Is 99% effective.**

## 5-day pill (ulipristal acetate)



- Time limit for use after unprotected sex (5 days) 120 hours.
- Is 99.5% effective.

## Copper coil (post-coital IUD)



- Time limit for use after unprotected sex (5 days) 120 hours.
- Is more than 99% effective.
- Can be inserted by specially trained GPs or at a Family Planning Clinic.

### Remember

**You do not need a prescription to get the 3-day or 5-day pill from a pharmacist.**

You may want to talk to your GP, Family Planning Clinic or pharmacist about which emergency contraceptive will work best for you.

While you are there, it may be a good time to talk about regular contraception too.

Since July 2017, medical card holders can get emergency contraception from a pharmacist, free of charge.

If you do not have a medical card, you will have to pay for the emergency contraception pill and copper coil.

# Sexually transmitted infections

An STI is an infection that is passed on through sexual contact with someone who is infected.

Most STIs are passed between sexual partners through unprotected oral, anal or vaginal sex. Some STIs are passed on by skin-to-skin contact.

Using condoms correctly and every time you have sex will reduce your risk of getting an STI.

Many people with STIs don't notice anything wrong or anything different. Even when you don't notice any symptoms, you can still pass on an STI to a sexual partner.

## Some people may experience some of the following symptoms:

- unusual discharge.
- pain when passing urine.
- spots, bumps or blisters in the genital area.
- pain in the genital area.
- pain or bleeding during or after sex.

If you think you may have an STI, it is important to be tested. Some STIs can cause serious health problems if left untreated. You should visit your GP, pharmacist or an STI clinic for professional advice.

## STI facts:

- You can get an STI the first time you have sex.
- You can get an STI even if you know your partner.
- You can't tell if someone has an STI by looking at them.
- You can get STIs from oral sex.
- You can be infected with more than one STI at a time.
- You can get an STI more than once.



# STI Testing

## When should I have an STI test?

### You should be tested if:

- you have had unprotected sex or if the condom breaks.
- you have any symptoms which suggest an STI.
- your partner has an STI.
- you change your sexual partner.

## What does the test involve?

The type of test may depend on your symptoms.

**For men**, you will be asked to give a urine sample into a small bottle. Men should not urinate (pee) for 2 hours before giving a urine sample.

Sometimes a swab is used to take a sample from inside the top of the penis. This will depend on what symptoms you have and will be explained to you by the doctor or nurse who sees you.

Sometimes swabs will also be taken from your throat or anus (back passage).

A swab is like a cotton bud.

**For women**, a swab is taken from the vagina. This can be done by the doctor or nurse. You can sometimes do it yourself.

**Women and men** will also have blood tests to check for viral or bacterial infections.

All STI testing in public sexual health or GUM (genitourinary medicine) clinics is provided free of charge.

STI testing is also available through many GPs, NGOs (non-governmental organisations) and student health services. There may be a fee for this service.

# Free public STI screening services

**Carlow**  
**STI Clinic**  
051 842 646

**Clare**  
**STI Clinic, Ennis**  
061 482 382

**Cork**  
**STI Clinic**  
021 496 6844

**Donegal**  
**Letterkenny Sexual Health Clinic (GUM)**  
074 912 3715

**Dublin**  
**GUIDE Clinic, St. James's Hospital**  
01 416 2315/6

**STI Clinic, Mater Hospital**  
01 803 2063

**Gay Men's Health Service**  
01 921 2730

**Women's Health Project**  
076 6958280

**HIV Ireland**  
01 873 3799

**Galway**  
**STI Clinic, Ballinasloe**  
090 964 8372  
(extension 676)

**University College Hospital STI Clinic**  
091 525 200

**Kerry**  
**STI Clinic, Tralee**  
021 496 6844

**Laois**  
**STI Clinic, Portlaoise**  
086 859 1273

**Limerick**  
**STI Clinic**  
061 482 382

**Louth**  
**Louth County Hospital GUM Clinic, Dundalk**  
086 824 1847

**Our Lady's Hospital, Drogheda**  
086 824 1847

**Mayo**  
**STI Clinic, Castlebar**  
094 902 1733  
(extension 3501)

**Monaghan**  
**General Hospital GUM Clinic**  
086 824 1847

**Sligo**  
**GUM Clinic**  
071 917 0473

**Tipperary**  
**STI Clinic, Clonmel**  
051 842 646

**STI Clinic, Nenagh**  
061 482 382

**Waterford**  
**STI Clinic**  
051 842 646

**Westmeath**  
**Midland Regional Hospital, Mullingar**  
086 416 9830

**HIV & Sexual Health Helpline,**  
1800 459 459  
helpline@hse.ie

The information in this leaflet has been supplied by the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP), March 2020

### **Disclaimer**

The HSE SHCPP have made every effort to ensure that the information in this leaflet is accurate before going to print. The information does not replace medical advice, diagnosis or treatment.

If you have questions or concerns or need more information, ask your GP, pharmacist (chemist) or local Family Planning Clinic.

### Reference:

Contraceptive efficacy rates;

Trussel, J. 2009. Understanding contraceptive failure. *Clinical Obstetrics & Gynaecology*: 23:2 pp. 199-209.

You can order more copies of this booklet  
free of charge from [healthpromotion.ie](http://healthpromotion.ie).

For more information  
please visit



[sexualwellbeing.ie](http://sexualwellbeing.ie)



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service