Intracutaneous Contraceptives

- Three types: DMPA—injection every 3 months (13 weeks); NET EN—injection every 2 months; Cyclo-Fem and others—injection every month.
- Can still get next injection even if 4 weeks late for DMPA, 2 weeks late for NET EN, or 1 week late for monthly injectables.
- Effective and safe.
- Private. Others cannot tell you are using it.
- Can be used at any age and whether or not you have had children.
- DMPA and NET EN are safe during breastfeeding, starting 6 weeks after childbirth. Montelukast not advised.
- May be able to get injections in the community.
- With monthly injectables, monthly bleeding usually becomes lighter, shorter or less frequent. Spotting and unexpected bleeding can occur.
- When injections stop, a woman can get pregnant again. After DMPA, it may take a few more months.

Emergency Contraceptive Pills

- Help prevent pregnancy when taken within 5 days after unprotected sex or a mistake with a family planning method.
- Safe for all women.
- They do not disrupt pregnancy or harm the baby if the woman is already pregnant.
- Regular family planning methods are more effective. Please consider starting another method now.

How to make your method more effective:

Implants, IUD, female sterilization:
- After procedure, little or nothing to do or remember.
- Vasectomy: Use another method for first 3 months.

Injectables:
- Get repeat injections on time.
- Lactational Amenorrhea Method (LAM):
  - A family planning method based on fully or nearly fully breastfeeding, for up to 6 months after childbirth.
  - A breastfeeding woman uses LAM when:
    - Her baby gets little or no food or drink except breast milk, and she breastfeeds often, both day and night, and
    - Monthly bleeding has not returned, and
    - Her baby is less than 6 months old.
    - Before she can no longer use LAM, a woman should plan for another method.
- Condoms:
  - Help prevent pregnancy and some sexually transmitted infections (STIs), including HIV/AIDS, when used correctly every time.
  - For protection from STIs/HIV, some couples use condoms along with other family planning methods.
  - Easy to use with a little practice.
  - Effective if used correctly every time. Often not used every time, however.
  - Some people object that condoms interrupt sex, reduce sensation, or embarrass them. Talking with partner can help.

Injectable Contraceptives

- One or 2 small rods placed under the skin of a woman’s upper arm.
- Little to do once implants are in place.
- Very effective for 3 to 5 years, depending on which implant.
- Can be used at any age and whether or not a woman has had children.
- A woman can have a trained provider take out the implants at any time. Then she can become pregnant with no delay.
- Unexpected light bleeding or spotting may occur; or monthly bleeding may stop. Not harmful.
- Safe during breastfeeding.

Female Sterilization

- Meant to be permanent. For women who are sure that they will not want more children. Think carefully before deciding.
- Very effective (but not 100% effective).
- Involves physical exam and safe, simple surgery. The woman usually stays awake. Pain is blocked.
- Pain and swelling can last a few days after surgery. Serious complications are rare. No long-term side effects. No effect on sexual ability or feelings.
- Can be done right after childbirth, as well as at other times.

Combined Oral Contraceptives

- Good choice for breastfeeding mothers who want pills.
- Very effective during breastfeeding and reversible without delay.
- Take one pill every day for greatest effectiveness.
- If not breastfeeding, spotting and unexpected light bleeding are common. Not harmful.

Diaphragm With Spermicide

- A woman learns to tell the fertile time of her monthly cycle.
- During the fertile time a couple avoids vaginal sex, or they use another method such as condoms.
- Can be effective if used correctly. Usually only somewhat effective, however.
- Requires partner’s cooperation.
- No physical side effects.
- Certain methods may be hard to use during fever or vaginal infection, after childbirth, or while breastfeeding.

Some Methods Are Not Advised If You Have Certain Health Conditions

- Smoke cigarettes and also age 35 or older
- High blood pressure
- Migraine aura (sometimes see a growing bright spot in one eye), at any age
- Known high blood pressure
- Migraine aura (sometimes see a growing bright spot in one eye), at any age
- Known high blood pressure
- Glaucoma
- Certain uncommon serious diseases of the heart, blood vessels, or liver or breast cancer
- Migraine headaches (type of severe headache)
- Migraine aura (sometimes see a growing bright spot in one eye), at any age
- Glaucoma
- Certain uncommon conditions of female organs
- Vasectomy
- Sexually transmitted infections of the cervix, particularly, in the rare event of getting those infections; pelvic inflammatory disease (PID); untreated AIDS
- Vulva discomfort even if it also involves another method
- Women with HIV who includes women with AIDS and those on treatment, can generally use any family planning method they choose. (This includes use of IUD in a woman with actual AIDS if she is on treatment and doing well.) Women at high risk of HIV infection can use any method except methods that involve spermicides.
- Known obesity
- No method needed.

Note: Also consult national standards for specific guidance.

For more information about the family planning method, birth control pills, emergency contraception, and the DMPA-SC method, the Family Planning: A Global Handbook for Providers handbook and more copies of this wall chart from Knowledge SUCCESS, Johns Hopkins Center for Communication Programs (JHCCP), 111 Market Place, Suite 310, Baltimore, MD 21202. A translated version is available in Spanish.

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