

There are many different contraceptive methods available in the UK and you should choose one that suits you. This leaflet gives information about four methods that don't depend on you remembering to take or use them to be effective. The figures given for how well each method works are based on independent research.

Visit [www.sexwise.org.uk](http://www.sexwise.org.uk) for more information about these four methods and all other contraceptive methods.

## Is contraception free and where can I go to get it?

You can get **free** contraception, including emergency contraception, from most general practices, a contraception or sexual health clinic, a young people's service (these have an upper age limit) and some genitourinary medicine (GUM) clinics.

Emergency contraceptive pills are available for free from some pharmacies. Age restrictions may apply.

## How do I find out about contraception services?

The National Sexual Health Helpline provides confidential advice and information on all aspects of sexual health.

The number is 0300 123 7123. It's open Monday to Friday from 9am-8pm.

For more information on sexual health visit [www.fpa.org.uk](http://www.fpa.org.uk) or [www.sexwise.org.uk](http://www.sexwise.org.uk)

Information for young people can be found at [www.brook.org.uk](http://www.brook.org.uk)

## Clinics

To find your closest clinic you can:

- use Find a Clinic at [www.fpa.org.uk/clinics](http://www.fpa.org.uk/clinics)
- use FPA's Find a Clinic app (iPhone or Android).

Details of general practices and pharmacies in England are at [www.nhs.uk](http://www.nhs.uk) and in Wales at [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk). In Scotland, details of general practices are at [www.nhsinform.scot](http://www.nhsinform.scot) and in Northern Ireland at [www.hscni.net](http://www.hscni.net)

## Emergency contraception

If you've had sex without contraception, or think your method might've failed, there are different types of emergency contraception you can use.

- An IUD is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with an active ingredient called ulipristal acetate can be taken up to five days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to three days (72 hours) after sex. It's available with a prescription or to buy from a pharmacy. There are different brands.

Try and get emergency contraception as soon as possible after unprotected sex.

## Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections. Male (external) and female (internal) condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

## A final word

This leaflet can only give you general information. The information is based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and the World Health Organization.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember - contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.



[www.fpa.org.uk](http://www.fpa.org.uk)

To order more copies of this booklet go to [fpa.org.uk/shop](http://fpa.org.uk/shop)

This booklet is produced by the sexual health charity FPA, registered charity number 250187. Limited liability company registered in England, number 887632. FPA does not run the Sexual Health Helpline.

© FPA printed September 2017 ISBN 978-1-908249-98-2

© Crown Copyright Public Health England

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next planned review by September 2020.

If you'd like information on the evidence used to produce this booklet or would like to provide us with feedback, email [feedback@fpa.org.uk](mailto:feedback@fpa.org.uk)

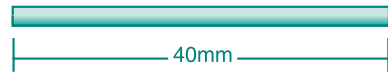


MI\_5911914\_12.08.19\_V\_1 Review 18.07.2022

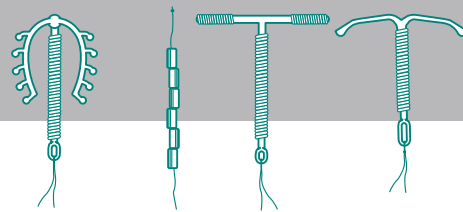
# your guide to long-acting reversible contraception (LARC)

Helping you choose the method of contraception that's best for you

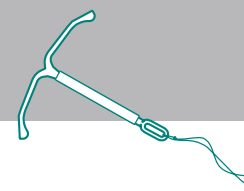




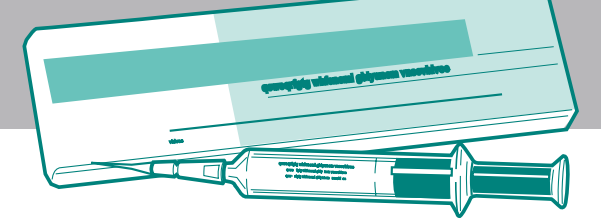
### Contraceptive implant



### Intrauterine device (IUD)



### Intrauterine system (IUS)



### Contraceptive injection

Effectiveness	Over 99% effective once fitted. Less than 1 in 100 implant users will get pregnant in a year.	Over 99% effective once fitted. Less than 1 in 100 IUD users will get pregnant in a year.	Over 99% effective once fitted. Less than 1 in 100 IUS users will get pregnant in a year.	With perfect use, over 99% effective. Less than 1 in 100 injection users will get pregnant in a year. Perfect use means that you always use the injection exactly as instructed. With typical use, around 94% effective. Around 6 in 100 injection users will get pregnant in a year. Typical use means that you don't always use the injection as instructed, for example if you have an injection late.
How it works	A small, flexible rod is put under the skin of your upper arm. It releases the hormone progestogen. It stops ovulation (releasing an egg), thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting.	A small plastic and copper device is put into the uterus (womb). The copper prevents sperm from surviving, and alters your cervical mucus to prevent sperm from reaching an egg. An IUD may also stop a fertilised egg implanting in the uterus.	A small, T-shaped plastic device, which releases the hormone progestogen, is put into the uterus (womb). This thins the lining of the uterus to prevent a fertilised egg implanting and thickens cervical mucus to prevent sperm reaching an egg.	It releases the hormone progestogen which stops ovulation (releasing an egg), thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting. The injection can't be removed from the body so any side effects may continue for as long as it works and for some time afterwards.
How long it lasts	Works for 3 years but can be taken out sooner.	Works for 5 or 10 years, depending on type, but can be taken out sooner. If fitted after age 40, it can stay in place until after the menopause when contraception is no longer needed.	Works for 5 years (Mirena) or 3 years (Jaydess and Levosert) but can be taken out sooner. If fitted after age 45, Mirena can stay in place for contraception until after the menopause, when contraception is no longer needed.	Works for 13 weeks (Depo-Provera and Sayana Press) or eight weeks (Noristerat).
How it affects periods	Your periods may stop, be irregular or longer.	Your periods may be heavier or longer or more painful.	With Mirena and Levosert, your periods usually become lighter, shorter and often less painful. They may stop altogether. With Jaydess, your periods may become lighter, shorter or sometimes stop.	Your periods may stop, be irregular or longer.
How it affects fertility	Your fertility returns to normal as soon as the implant is removed.	Your fertility returns to normal as soon as the IUD is taken out.	Your fertility returns to normal as soon as the IUS is taken out.	Your periods and fertility may take up to one year to return after stopping the injection. It may take longer for some people.
How it's inserted and removed	A doctor or nurse numbs the skin in the inner area of your upper arm with a local anaesthetic and inserts the implant. It takes a few minutes and feels similar to having an injection. To remove it, the doctor or nurse uses a local anaesthetic, makes a small cut and gently pulls the implant out.	A doctor or nurse will insert the IUD. Your appointment will last around 20–30 minutes. Inserting the IUD usually takes around 5 minutes. It can be uncomfortable or painful for some people and you may be offered a local anaesthetic. The IUD has threads which hang through the cervix (opening of the uterus) into the top of your vagina. A doctor or nurse can remove the IUD by pulling gently on the threads.	A doctor or nurse will insert the IUS. Your appointment will last around 20–30 minutes. Inserting the IUS usually takes around 5 minutes. It can be uncomfortable or painful for some people and you may be offered a local anaesthetic. The IUS has threads which hang through the cervix (opening of the uterus) into the top of your vagina. A doctor or nurse can remove the IUS by pulling gently on the threads.	Depo-Provera and Noristerat are injected into a muscle, usually in your buttocks. Depo-Provera can sometimes be given in your arm. Noristerat is a thicker solution so you may find the injection is slightly more painful. Sayana Press is injected beneath the skin at the front of your thigh or abdomen. It's possible for you to be taught how to inject Sayana Press yourself at home. Ask your clinic or general practice about this.