

Choosing a Contraceptive that's right for you.

sexualityandu.ca's contraception comparison chart lets you compare birth control methods side-by-side, helping you choose the contraceptive that's right for you. Learn more about the options available in Canada by comparing their benefits, their disadvantages, how they work, and how effective they are at preventing pregnancy.



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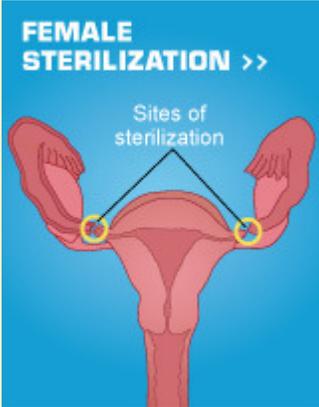
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
	<ul style="list-style-type: none"> • "The Pill" is the most popular method of birth control. • Oral contraceptive pills contain estrogen and progestin. • They come in packs of 21 or 28 pills, or extended cycle packs of 91 pills. • Progestin-only pills ("mini-pill") are also available. They contain only progestin and can be prescribed to women who can't take estrogen. Discuss with your healthcare provider for more information. • Requires a prescription 	<ul style="list-style-type: none"> • One pill is taken every day • Prevents the ovaries from releasing an egg • Thickens cervical mucus so sperm can't pass through it • Causes changes in the lining of the uterus 	<ul style="list-style-type: none"> • The pill is 99.7% effective when used perfectly • With typical use, it is 92% effective 	<ul style="list-style-type: none"> • Effective and reversible (not permanent) • Makes periods more regular and decreases menstrual cramping • Extended cycle pills can reduce the number of periods per year to four • Less acne and less hirsutism • Decreases the risk of endometrial and ovarian cancer 	<ul style="list-style-type: none"> • Must remember to take everyday • A possible side effect is irregular bleeding or spotting • Other possible side effects are nausea, bloating, breast tenderness, and headaches • Women over the age of 35 who smoke can't use it • May increase the risk of blood clots • Does not protect against sexually transmitted infections (STIs)

	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
	<ul style="list-style-type: none"> • A small patch placed on the skin on the buttocks, upper outer arm, lower abdomen or upper body • Two hormones (estrogen and progestin) are released slowly and absorbed through the skin • Requires a prescription 	<ul style="list-style-type: none"> • Apply patch once a week for three weeks and then one week without the patch • Like the OC, the patch prevents the ovary from releasing an egg, thickens the cervical mucus, and causes changes in the lining of the uterus 	<ul style="list-style-type: none"> • The patch is 99.7% effective when used perfectly • With typical use, it is 92% effective 	<ul style="list-style-type: none"> • Effective and reversible (not permanent) • Once a week • Makes periods more regular and decreases menstrual cramping • Probably similar benefits as OC but no research available yet 	<ul style="list-style-type: none"> • Possible side effects include irregular bleeding or spotting, breast tenderness, and headaches • Possible skin irritation where the patch is applied • Patch may detach from skin (less than 2%) • May increase the risk of blood clots • Does not protect against sexually transmitted infections

	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
	<ul style="list-style-type: none"> • A flexible ring that measures 54 mm across • The ring releases two hormones (estrogen and progestin) that are absorbed through the vagina • Requires a prescription 	<ul style="list-style-type: none"> • The ring is inserted into the vagina where it stays for a total of three weeks. The ring is then removed and the woman has one "ring-free" week • Like the OC, the ring prevents the ovary from releasing an egg, thickens the cervical mucus, and causes changes in the lining of the uterus 	<ul style="list-style-type: none"> • The ring is 99.7% effective when used perfectly • With typical use, it is 92% effective 	<ul style="list-style-type: none"> • Effective and reversible (not permanent) • Once a month contraception • Makes periods more regular • Does not interfere with intercourse • Probably similar benefits as OC but no research available yet 	<ul style="list-style-type: none"> • Possible side effects include irregular bleeding or spotting, nausea, breast tenderness, and headache • May cause vaginal discomfort or irritation (but uncommon) • The ring may fall out (expelled) but this is uncommon

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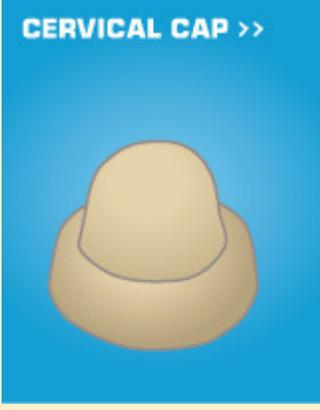
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
 <p>INJECTABLE CONTRACEPTIVE >></p> <p>The image shows a large white plastic vial with a blue cap and three smaller vials of the same type, all on a blue background.</p>	<ul style="list-style-type: none"> • An injection that is given in the arm or buttocks 4 times per year (every 12-13 weeks) • It contains only one hormone (a progestin) and does not contain estrogen. It can be used by women who cannot take contraceptive methods with estrogen, for example women over 35 who smoke. • Requires a prescription and the injection has to be given by a healthcare professional 	<ul style="list-style-type: none"> • Prevents the ovary from releasing an egg • Thickens the cervical mucus making it difficult for sperm to get through • Causes changes in the lining of the uterus 	<ul style="list-style-type: none"> • The “shot” is 99.7% effective when used perfectly • With typical use, it is 97% effective 	<ul style="list-style-type: none"> • Effective and reversible (not permanent) • Does not contain estrogen • Only 4 times per year • May be suitable for breastfeeding women • May stop having periods (amenorrhea). After 1 year, over 50% of users will stop having periods, and after 2 years, over 66% of women will stop having periods • Improves symptoms of endometriosis • Decreases the risk of endometrial cancer 	<ul style="list-style-type: none"> • Irregular bleeding is a common side effect • Causes a decrease in bone mineral density. This appears to be reversible when the injection is stopped • May cause weight gain • Delay in getting pregnant when it is stopped. May take up to 9 months after the last injection for the ovaries to start releasing an egg again. • Does not protect against sexually transmitted infections (STIs)
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
 <p>INTRAUTERINE SYSTEM >></p> <p>The image shows a white T-shaped intrauterine system (IUS) with a thin wire extending from the base, set against a blue background.</p>	<ul style="list-style-type: none"> • A T-shaped device that contains the hormone levonorgestrel (also called the “hormonal IUD”) and sits inside the uterus • The hormone is released slowly over time and acts on the lining of the uterus • The intrauterine system can be left in place for up to 5 years • Requires a prescription and has to be inserted by a 	<ul style="list-style-type: none"> • Mainly by preventing the sperm from fertilizing the egg • Thickens the cervical mucus making it difficult for the sperm to get through • Causes changes in the lining of the uterus • In some women, it prevents the ovaries from releasing an egg 	<ul style="list-style-type: none"> • The IUS is 99.9% effective 	<ul style="list-style-type: none"> • Effective and long acting (up to five years) • Does not contain estrogen • Does not interfere with intercourse • Decreases menstrual bleeding and menstrual cramping • May decrease endometriosis pain • May decrease the risk of precancerous 	<ul style="list-style-type: none"> • Possible side effects after insertion include irregular bleeding or spotting • Perforation of the uterus may occur at the time of insertion (but rare) • May be expelled (fall out) in up to 6% of women • Does not protect against STIs • A physician must insert and remove the IUS

	WHAT IS IT?	DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
 <p>FEMALE STERILIZATION >></p> <p>Sites of sterilization</p> <p>The diagram shows a frontal view of the female reproductive system. Two yellow circles are placed on the fallopian tubes, one on each side, with lines pointing to them from the text 'Sites of sterilization'.</p>	<ul style="list-style-type: none"> • A surgical procedure to permanently close or block the fallopian tubes • Sometimes called “having your tubes tied” • Minor operation done in a hospital or clinic, often as day surgery 	<ul style="list-style-type: none"> • Laparoscopy: A camera is inserted through a small incision below the belly button and a second instrument is inserted through a small incision just above the pubic bone. The tubes are then blocked by applying a clip or a ring or by burning them • Mini-laparotomy: A small incision is made in the abdomen. The tubes are then blocked by applying a clip, a ring, by burning them, or by cutting out a small piece of the tube • Hysteroscopy: A small camera is inserted through the cervix into the uterus. Tiny plugs are inserted into the fallopian tubes where they enter the uterus. A special x-ray is done 3 months later to make sure that the tubes are blocked 	<ul style="list-style-type: none"> • Female sterilization is 99.5% effective • Failure rates vary depending on the type of procedure. • For example, female sterilization by laparoscopy is 99.5% effective while no pregnancies have been reported to date for sterilization done by hysteroscopy. 	<ul style="list-style-type: none"> • Permanent • Does not interfere with intercourse 	<ul style="list-style-type: none"> • Permanent and difficult to reverse • May regret decision in the future • Possible risks of surgery include risk of anesthetic, bleeding, infection or damage to organs in the pelvis (bowels, bladder, blood vessels) • Short term side effects after surgery may include abdominal and shoulder tip discomfort and bruising • If pregnancy does occur, there is a risk that it will be an ectopic pregnancy • Does not protect against STIs

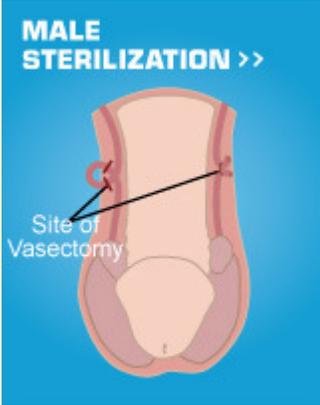
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENES	ADVANTAGES	DISADVANTAGES
<p>SPONGE >></p> 	<ul style="list-style-type: none"> • A soft foam sponge that contains a spermicide to disable sperm. • Available in stores, pharmacies and online 	<ul style="list-style-type: none"> • Sponge is placed inside the vagina over the cervix where it acts as a barrier, absorbing and disabling sperm. It is effective for up to 12 hours. 	<ul style="list-style-type: none"> • The sponge is 91% effective for women who have not given birth (nulliparous) and 80% effective for women who have previously given birth (parous) when used perfectly. • With typical use, it is 84% effective for nulliparous women and 68% for parous women 	<ul style="list-style-type: none"> • Does not contain hormones • Can be used by women who smoke or are breastfeeding 	<ul style="list-style-type: none"> • Does not protect against certain sexually transmitted infections • Sponge users may experience vaginal infection or irritation • If the sponge is left in the vagina for excessive periods of time, symptoms of toxic shock may appear • Some people may be allergic to spermicides
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
<p>SPERMICIDE >></p> 	<ul style="list-style-type: none"> • Spermicides come in several other forms, including creams, jellies, tablets, suppositories, foams and film. • Available in stores, pharmacies and online 	<ul style="list-style-type: none"> • Spermicides are inserted into the vagina, and contain ingredients that disable sperm. They can be used together with other forms of contraception. 	<ul style="list-style-type: none"> • Spermicide is 82% effective when used perfectly • With typical use, it is 71% effective • Spermicides are very effective when used with a barrier method. 	<ul style="list-style-type: none"> • Does not contain hormones • Can be used by women who smoke or are breastfeeding • Spermicide may also provide lubrication 	<ul style="list-style-type: none"> • Does not protect against sexually transmitted infections • Some people may be allergic to spermicides
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
<p>FEMALE CONDOM >></p> 	<ul style="list-style-type: none"> • A soft, disposable, polyurethane sheath • Available online and in some stores and pharmacies 	<ul style="list-style-type: none"> • Placed in the vagina before vaginal intercourse. • Lines the vagina and prevents direct genital contact and exchange of body fluids • A new condom should be used for each act of intercourse 	<ul style="list-style-type: none"> • The female condom is 95% effective when used perfectly • With typical use, it is 79% effective 	<ul style="list-style-type: none"> • Available without a prescription • Protects against some sexually transmitted infections 	<ul style="list-style-type: none"> • Must be available at time of intercourse • Needs to be inserted properly • More expensive than male condoms • Makes a noise during intercourse. • May slip or break.

	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
<p>DIAPHRAGM >></p> 	<ul style="list-style-type: none"> The diaphragm is a latex dome with a flexible steel ring around its edge that is positioned in the vagina, over the cervix (non-latex diaphragms also available) Requires a prescription and needs to be sized by a healthcare professional. Available in pharmacies, family planning clinics and online. 	<ul style="list-style-type: none"> Block the entry to the uterus so sperm cannot enter and fertilize an egg Must be left in the vagina for 6-8 hours after intercourse Spermicide should be reapplied for each act of intercourse 	<ul style="list-style-type: none"> The diaphragm is 94% effective when used perfectly With typical use, it is 84% effective 	<ul style="list-style-type: none"> Contains no hormones Can be used by breastfeeding women Some protection against certain sexually transmitted infections Can be inserted several hours before intercourse 	<ul style="list-style-type: none"> Must be available at time of intercourse Requires proper insertion technique Does not protect against certain sexually transmitted infections Diaphragm may increase the risk of recurrent urinary tract infections May be dislodged during intercourse (consider morning after pill) Some people may be allergic to spermicides

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<p>CERVICAL CAP >></p> 	<ul style="list-style-type: none"> The cervical cap is a thimble-shaped silicone cap that fits over the cervix Requires a prescription and needs to be sized by a healthcare professional. Available in pharmacies, family planning clinics and online. 	<ul style="list-style-type: none"> Block the entry to the uterus so sperm cannot enter and fertilize an egg Must be left in the vagina for 6-8 hours after intercourse Spermicide should be reapplied for each act of intercourse 	<ul style="list-style-type: none"> The cervical cap is 91% effective for women who have not given birth (nulliparous) and 74% effective for women who have previously given birth (parous) when used perfectly. With typical use, it is 84% effective for nulliparous women and 68% for parous women. 	<ul style="list-style-type: none"> Contains no hormones Can be used by breastfeeding women Some protection against certain sexually transmitted infections Can be inserted several hours before intercourse 	<ul style="list-style-type: none"> Must be available at time of intercourse Requires proper insertion technique Does not protect against certain sexually transmitted infections Cap may cause vaginal odour and discharge May be dislodged during intercourse (consider morning after pill) Some people may be allergic to spermicides
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	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
	<ul style="list-style-type: none"> • A soft disposable sheath that fits over the erect penis • Available in different sizes, shapes, thicknesses, colours, and flavours • Most are latex but non-latex condoms are also available (polyurethane, silicone, lambskin) • Available in stores, pharmacies and online 	<ul style="list-style-type: none"> • Physical barrier acts to prevent direct genital contact and the exchange of genital fluids • A new condom is used for each act of intercourse 	<ul style="list-style-type: none"> • The condom is 98% effective when used perfectly • With typical use, it is 85% effective 	<ul style="list-style-type: none"> • Available without a prescription • Latex condoms protect against sexually transmitted infections • May help to avoid premature ejaculation 	<ul style="list-style-type: none"> • Must be stored and handled properly • Must be available at time of intercourse and may reduce spontaneity • May slip or break (consider the morning after pill) • May reduce sensitivity for either partner
	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
	<ul style="list-style-type: none"> • Also called vasectomy • A surgical procedure to permanently close or block the vas deferens (the tubes that carry sperm to the penis) • Minor operation, usually done in physician's office and can also be performed in a hospital or clinic 	<ul style="list-style-type: none"> • No sperm is released in the man's ejaculate, so the egg cannot be fertilized 	<ul style="list-style-type: none"> • A vasectomy is 99.9% effective • The main reason for failure after a vasectomy is because back-up contraception was not used between the time of surgery and the follow-up semen analysis. Another form of contraception is required until that analysis shows no sperm. 	<ul style="list-style-type: none"> • Does not interfere with intercourse • No significant long term side effects • Less invasive and more cost-effective than female sterilization 	<ul style="list-style-type: none"> • Difficult to have reversed • Possible short term surgery related complications include: pain & swelling, infection at incision sites • Does not protect against STIs • Not effective immediately. Need follow-up sperm analysis that shows no sperm are present in the semen

	WHAT IS IT?	HOW DOES IT WORK?	EFFECTIVENESS	ADVANTAGES	DISADVANTAGES
	<ul style="list-style-type: none"> Natural family planning methods rely on a woman's knowledge and awareness of her body and menstrual cycle to avoid pregnancy. They do not rely on contraceptive devices, hormones or barrier methods to provide contraception. There are several methods: Calendar, Ovulation, Sympto-Thermal, Post-Ovulation Instructions and materials available in pharmacies. Contact SERENA Canada for expert advice 	<ul style="list-style-type: none"> A woman monitors her monthly cycle by tracking the days on a calendar and/or by taking her temperature and/or by monitoring changes to her cervical mucus This information helps her determine when her body releases an egg (ovulates); Ovulation is when she is most likely to become pregnant from intercourse Intercourse is avoided during this fertile period 	<ul style="list-style-type: none"> Depends heavily on the method used, motivation, and experience The sympto-thermal method is 98% effective when used perfectly. Other natural family planning methods are not as effective. The typical use failure rate is 25% 	<ul style="list-style-type: none"> Women become familiar with their body and menstrual cycles Information can also be used later to plan a pregnancy Inexpensive and natural 	<ul style="list-style-type: none"> Requires willpower, periodic abstinence, and motivation Takes time and effort to learn to use the method properly Does not prevent STIs Reduces spontaneity