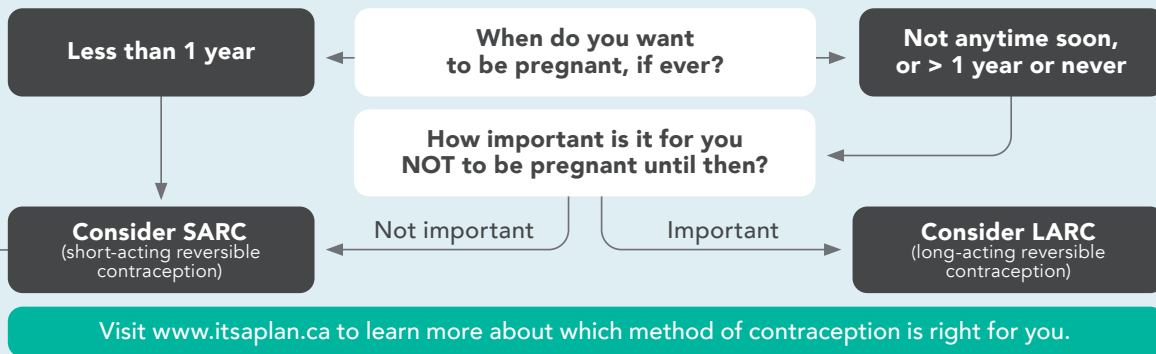


IT'S A PLAN – CONTRACEPTION

WHICH BIRTH CONTROL METHOD IS RIGHT FOR YOU?



Adapted from Dr. Rupinder Toor, NE Calgary Women's Clinic. Provided as a guide; should not substitute clinical judgment.

BIRTH CONTROL OPTIONS – FREQUENCY AND EFFECTIVENESS

Relative efficacy of contraceptive options: **perfect use** vs. **typical use**

👤 Pregnancies for every 1,000 women during first year of use

		Frequency	Perfect Use†	Typical Use†	
LARC*	Contraceptive Implant	3 years	0.5	0.5	
	Hormonal Intrauterine Contraceptive (Hormonal IUC)	5 years	2	2	
	Copper Intrauterine Contraceptive (Copper IUC)	3-12 years	6	8	
SARC*	Injectable Contraception	Every 3 months	2	60	
	Oral Contraceptive Pill	Every day	3	90	
	Contraceptive Patch	Every week	3	90	
	Vaginal Ring	Every month	3	90	
	Male Condom	Every time	20	180	
	Female Condom	Every time	50	210	
	Withdrawal (pulling out)		40	220	
	Natural Birth Control Methods		50	240	
	No Method		850	850	

Adapted from Canadian Contraception Consensus, 2015.

For STI protection, it is advisable to use condoms and/or dental dams.

To learn more about contraception methods, visit SexandU.ca

*SARC: Short-acting reversible contraception; *LARC: Long-acting reversible contraception †The relative effectiveness of a birth control method is defined in two ways: actual effectiveness and theoretical effectiveness. Actual effectiveness refers to the "typical use" of a method, meaning how effective the method is during actual use (including inconsistent and incorrect use). Theoretical effectiveness refers to the "perfect use" of a method, which is defined by when the method is used correctly and consistently as directed. This material is made possible through the support of Bayer Canada Inc. and Merck Canada Inc. The opinions expressed in this material are those of the authors and do not necessarily reflect the views of Bayer Canada Inc. or Merck Canada Inc. PP-PF-WHC-CA-0027-1 IUS033E