<table>
<thead>
<tr>
<th>Method</th>
<th>How to Use</th>
<th>Impact on Bleeding</th>
<th>Things to Know</th>
<th>How well does it work?*</th>
</tr>
</thead>
</table>
| **External Condom**            | • Use a new condom each time you have sex                                  | None              | • Can buy at many stores  
• Can put on as part of sex play/foreplay  
• Can help prevent early ejaculation  
• Can be used for oral, vaginal, and anal sex  
• Protects against HIV and other STIs  
• Can decrease penile sensation  
• Can cause loss of erection  
• Can break or slip off  
• Does not need a prescription                                                                                     | 87%                    |
| **Internal Condom**            | • Use a new condom each time you have sex                                  | None              | • Can put in as part of sex play/foreplay  
• Can be used for anal and vaginal sex  
• May increase vaginal/an al pleasure  
• Good for people with latex allergy  
• Protects against HIV and other STIs  
• Can decrease penile sensation  
• May be noisy  
• May be hard to insert  
• May slip out of place during sex  
• May require a prescription from your health care provider                                                              | 79%                    |
| **Diaphragm**                  | • Put in vagina each time you have sex                                    | None              | • Can last several years  
• Costs very little to use  
• May protect against some infections, but not HIV  
• Using spermicide may raise the risk of getting HIV  
• Should not be used with vaginal bleeding or infection  
• Raises risk of bladder infection                                                                                     | 83%                    |
| **Emergency Contraception Pills** | • Works best the sooner you take it after unprotected sex              | • Your next monthly bleeding may come early or late | • Available at pharmacies, health centers, or health care providers: call ahead to see if they have it  
• People of any age can get progestin EC without a prescription  
• May cause stomach upset or nausea  
• Progestin EC does not interact with testosterone, but we don’t know whether Ulipristal acetate EC does or not  
• Ulipristal acetate EC requires a prescription  
• May cost a lot  
• Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26.  
• Ulipristal acetate EC works better than progestin EC 3-5 days after sex                                                                 | 58 - 94%              |

*Typical Use

Reproductive Health Access Project / October 2022  

www.reproductiveaccess.org
<table>
<thead>
<tr>
<th>Method</th>
<th>How to Use</th>
<th>Impact on Bleeding</th>
<th>Things to Know</th>
<th>How well does it work?</th>
</tr>
</thead>
</table>
| **Fertility Awareness** | • Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your monthly bleeding  
• It works best if you use more than one of these methods  
• Avoid sex or use condoms/spermicide on fertile days | • Does not work well if your monthly bleeding is irregular | • Costs little  
• Can help with avoiding or trying to become pregnant  
• Use a different method on fertile days  
• This method requires a lot of effort  
• Does not require a prescription | 85% |
| Natural Family Planning |                                                                             |                                                     |                                                                                                          |                       |
| **The Implant**         | • A clinician places it under the skin of the upper arm  
• It must be removed by a clinician | • Can cause irregular bleeding and spotting  
• After 1 year, you may have no monthly bleeding at all  
• Cramps often improve | • Long lasting (up to 5 years)  
• You can become pregnant right after it is removed  
• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)  
• May cause mood changes | > 99% |
| Nexplanon®              |                                                                             |                                                     |                                                                                                          |                       |
| **IUD: Copper**         | • Must be placed in uterus by a clinician  
• Usually removed by a clinician | • May cause cramps and heavy monthly bleeding  
• May cause spotting between monthly bleeding (if you take testosterone, this may not be an issue) | • May be left in place for up to 12 years  
• You can become pregnant right after removal  
• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)  
• Rarely, uterus is injured during placement | > 99% |
| ParaGard®               |                                                                             |                                                     |                                                                                                          |                       |
| **IUD: Hormonal**       | • Must be placed in uterus by a clinician  
• Usually removed by a clinician | • May improve cramps  
• May cause lighter monthly bleeding, spotting, or no monthly bleeding at all | • Uses levonorgestrel, a progestin  
• May be left in place 3 to 8 years, depending on which IUD you choose  
• You can become pregnant right after removal  
• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)  
• Rarely, uterus is injured during placement | > 99% |
<p>| Lillette®, Mirena®, Skyla® and others |                                                                             |                                                     |                                                                                                          |                       |</p>
<table>
<thead>
<tr>
<th>Method</th>
<th>How to Use</th>
<th>Impact on Bleeding</th>
<th>Things to Know</th>
<th>How well does it work?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Patch</strong></td>
<td>• Apply a new patch once a week for three weeks</td>
<td>• Can make monthly bleeding more regular and less painful</td>
<td>• You can become pregnant right after stopping patch</td>
<td>93%</td>
</tr>
<tr>
<td>Ortho Evra®</td>
<td>• No patch in week 4</td>
<td>• May cause spotting the first few months</td>
<td>• Can irritate skin under the patch</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• This method contains estrogen - it is unclear if estrogen interacts with testosterone</td>
<td></td>
</tr>
<tr>
<td><strong>The Pill</strong></td>
<td>• Take the pill daily</td>
<td>• Often causes spotting, which may last for many months</td>
<td>• Can improve PMS symptoms</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Can improve acne</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Helps prevent cancer of the ovaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• This method contains estrogen - it is unclear if estrogen interacts with testosterone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• You can become pregnant right after stopping the pills</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• May cause nausea, weight gain, headaches, change in sex drive - some of these can be relieved by changing to a new brand</td>
<td></td>
</tr>
<tr>
<td><strong>Progestin-Only Pills</strong></td>
<td>• Take the pill daily</td>
<td>• Can make monthly bleeding more regular and less painful</td>
<td>• You can become pregnant right after stopping the pills</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May cause spotting the first few months</td>
<td>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• May cause depression, hair or skin changes, change in sex drive</td>
<td></td>
</tr>
<tr>
<td><strong>The Ring</strong></td>
<td>• Insert a small ring into the vagina</td>
<td>• Can make monthly bleeding more regular and less painful</td>
<td>• There are two types: a monthly ring and a yearly ring.</td>
<td>93%</td>
</tr>
<tr>
<td>ANNOVERA®</td>
<td>• Monthly Ring: Change ring each month</td>
<td>• May cause spotting the first few months</td>
<td>• One size fits all</td>
<td></td>
</tr>
<tr>
<td>Nuvaring®</td>
<td>• Yearly Ring: Change ring each year</td>
<td></td>
<td>• Private</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• You can become pregnant right after stopping the ring</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• This method contains estrogen - it is unclear if estrogen interacts with testosterone</td>
<td></td>
</tr>
<tr>
<td><strong>The Shot</strong></td>
<td>• Get a shot every 3 months (13 weeks)</td>
<td>• Often decreases monthly bleeding</td>
<td>• Each shot works for up to 15 weeks</td>
<td>96%</td>
</tr>
<tr>
<td>Depo-Provera®</td>
<td>• Give yourself the shot or get it in a medical office</td>
<td>• May cause spotting or no monthly bleeding</td>
<td>• Private for user</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Helps prevent cancer of the uterus</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• May cause weight gain, depression, hair or skin changes, change in sex drive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Side effects may last up to 6 months after you stop the shots</td>
<td></td>
</tr>
</tbody>
</table>

*Typical Use
| Method                        | How to Use                                                                 | Impact on Bleeding | Things to Know                                                                                       | How well does it work?*
|------------------------------|---------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------|----------------------|
| Sterilization: Tubal Methods | • These methods block or cut the Fallopian tubes  
• A clinician reaches the tubes through your belly | None              | • These methods are permanent and highly effective  
• Reversal is difficult  
• The risks include infection, bleeding, pain, and reactions to anesthesia | 98%                  |
| Sterilization: Vasectomy     | • A clinician blocks or cuts the tubes that carry sperm from your testicles | None              | • This method is permanent and highly effective  
• It is more effective, safer, and cheaper than tubal procedures  
• Can be done in the clinician’s office  
• No general anesthesia needed  
• Reversal is difficult  
• Risks include infection, pain, and bleeding  
• It takes up to 3 months to work | 99%                  |
| Vaginal Acidifying Gel       | • Insert gel each time you have sex                                      | None              | • Can be put in as part of sex play/foreplay  
• Does not have any hormones  
• Requires a prescription  
• May irritate vagina, penis  
• Should not be used with urinary tract infection | 86%                  |
| Vaginal Spermicide           | • Insert spermicide each time you have sex.                              | None              | • Can buy at many stores  
• Can be put in as part of sex play/foreplay  
• Comes in many forms: cream, gel, sponge, foam, inserts, film  
• May raise the risk of getting HIV  
• May irritate vagina, penis  
• Cream, gel, and foam can be messy  
• Does not require a prescription | 79%                  |
| Withdrawal                   | • Pull penis out of vagina before ejaculations (that is, before coming) | None              | • Costs nothing  
• Less pleasure for some  
• Does not work if penis is not pulled out in time  
• Must interrupt sex | 80%                  |

*Typical Use

Reproductive Health Access Project / October 2022  
www.reproductiveaccess.org