DEFINITIONS – Birth Control Method Chart

Typical Use

Typical use is the amount of protection effectiveness an average person could expect, taking into account the times that the method was not used correctly or consistently or was not used with every act of intercourse (e.g. not taking pills, not using a co dom, not changing the patch on time, etc.). Typical use is listed as the low end percentage of Effectiveness Use. Since this is an average, those who use these methods incorrectly or inconsistently more often than the average person will have a lower percentage of effectivness than those listed. (Teens usually have a much lower effectiveness than the lower number listed.)

Perfect Use

Perfect use would be the amount of protection effectiveness a person can expect if the method is used correctly and/or consistently with every act of intercourse. (e.g. taking pills as instructed, using a condom every time, etc.). Perfect use would be the high end effectiveness use percentage.

STD's

Sexually transmitted diseases.

Abortifacient***

A substance or device used to induce abortion. *** Pro-choice sources define abortion/abortifacient as only something that kills the embryo or fetus after implantation in the uterus, and thus claim that hormonal methods that interfere with implantation are not abortions/abortifacient. However, if the embryo is prevented from implanting in the uterus, it cannot survive. In this paper anything that causes the death of the embryo is referred to as an abortion/abortifacient.

Abstinence

Refraining (from intercourse and oral sex) is the only method of birth control that is 100% effective and protects against HIV and all STD's.

Barrier Methods

Barrier methods are designed to block or kill sperm before entering the cervix. These methods are more effective if used in conjunction with spermicides (foam, creams, etc.). Condoms offer some protection from certain STD's but spermicides do not and may even increase transmission of HIV.

Sterilization Methods

Female sterilization (Tubal Ligation) and male sterilization (vasectomy) require surgery to cut or close off the tubes or vas deferens to prevent sperm from reaching the egg. Neither of these methods provides protection against HIV or STD's.

Hormonal Methods

Hormonal methods release hormones such estrogen, progesterone, or a combination of these into the body, causing:

1) **Inhibition of ovulation:** nearly 100% with DepoProvera; high 90's with high dose estrogen combination pills down to 50% with progesterone only mini pills; 90% the first year dropping to 50% the fifth year in thin women with the implant (lower in heavier women); lower still with "emergency contraception" morning after pill which may not be taken until after ovulation has occurred, and even if ovulation did not occur prior to taking the pills, the hormone in these pills only prevents ovulation half the time [when taken in lower doses throughout the month].

2) **Thickening of cervical mucus** to make sperm transport difficult (since sperm reach the Fallopian tube where fertilization occurs within 5 minutes of intercourse.) This is ineffective in "emergency contraception" taken after intercourse. The morning after pill often relies upon Mechanism 3 (which results in the death of the embryo). Mechanisms 1 and 2 prevent fertilization and are not abortifacient.

3) **Interfering** with the ability of the Fallopian tube to transport the egg or early embryo to the uterus, and/or thinning the uterine lining, thus preventing the early embryo from implanting in the uterus, causing his or her death (in essence, abortion***). While this prevents implantation in the uterus, this mechanism of action does not affect or decrease ectopic pregnancies (those that implant in the Fallopian tube or anywhere except for the uterus). When this mechanism is involved, the percentage of pregnancies that are ectopic will be increased and this should be listed as a risk factor. That is the case for those hormonal methods that can be abortifacient*** (mini pill, implant, IUD, and "emergency contraception morning after pill"). Hormonal methods where ectopic pregnancies are not increased (combination estrogen and progesterone pills, patches, and Depo-Provera) apparently do not interfere with implantation.

None of these methods offer protection against HIV or STD's.

Other Methods

The rhythm method (natural family planning) requires careful planning and consistent monitoring to be effective. It involves determining when ovulation will occur and avoiding intercourse for a few days before and after ovulation.

Withdrawal (removing penis before ejaculation) is less effective because some sperm leak from the penis prior to ejaculation.

Neither method protects against HIV or STD's.

US Food and Drug Administration Birth Control Guide, familydoctor.org, American Academy of Family Physicians, Essure Permanent Birth Control, TeensHealth.org, and, Birth Control Comparison Chart published by Feminist Women's Health Center , Hormone Contraceptives Controversies and Clarifications Authored by four Christian ProLife Obstetrician-Gynecologists Susan A. Crockett, MD Donna Harrison, MD Joe DeCook, MD Camilla Hersh, MD April,1999 (94 references included)

Birth Control

*The Birth Control Method Chart is a simplified overview of the various forms of birth control, their effectiveness, risks, how they work, and whether or not they protect from HIV/STD's. Presbyterians Pro-Life is not recommending one method over another nor do we advocate for or against birth control in principle. This is a condensed, information only brochure that's compiled from multiple resources:**

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BIRTH CONTROL METHODS

HORMONAL METHODS	***EFFECTIVENESS USE (TYPICAL /PERFECT)***	RISKS AND/OR DISADVANTAGES	***HOW IT WORKS***	***ABORTIFACIENT (including pre-implantation death) (Y) YES (N) NO; (P) POSSIBLY; (PN) PROBABLY NOT***	***PROTECT FROM HIV/STD'S?***
ORAL (THE PILL) Combination Estrogen + Progesterone	92% - 99.7% (50% in teens)	DIZZINESS, NAUSEA,CLOTS, Stroke Weight gain, Heart Attacks, Headaches, Decreased breast milk production	HORMONES RELEASED SUPPRESS OVULATION and thicken cervical mucus preventing FERTILIZATION	**PN*** (research indicates that when ovulation occurs implantation is *not* prevented)	NONE
ORAL ("MINI PILL") Progestin only	92-99.7% much lower in teens	Irregular bleeding, Weight Gain, Breast tenderness	Ovulation suppressed only 50% of time (avg) Cervical mucus thickened Implantation prevented (early abortion)	**P** (Increase in ectopic pregnancy rate is evidence: uterine pregnancies are aborted)	NONE
"EMERGENCY CONTRACEPTION" (MORNING AFTER PILL)	75% - 89%	SAME AS ORAL, PELVIC INFLAMATORY DISEASE, INCREASED RISK FOR ECTOPIC, LACK OF RESEARCH	Taken before ovulation, ov. sometimes suppressed Taken after ovulation, can only work by preventing implantation of fertilized embryo causing its death	**YES, OFTEN** (only when both taken before ovulation & when it does prevent ovulation in that cycle will it not cause abortion)	NONE
PATCH	92% - 99.7%	SAME AS ORAL; less effective in women over 198 lbs.; Allergic reaction to tape	HORMONES RELEASED SUPPRESS OVULATION OR FERTILIZATION	**PN**** (assumed same as oral combination pill)	NONE
VAGINAL RING	92% - 99.7%	SAME AS ORAL, VAGINAL IRRITATION	HORMONES RELEASED SUPPRESS OVULATION OR FERTILIZATION	**PN**** (assumed same as oral combination pill)	NONE
INJECTION-DEPO PROVERA	97% - 99.7%	IRREGULAR BLEEDING, LOSS OF BONE DENSITY/SEX DRIVE, ACNE, HAIR LOSS NERVOUSNESS, DEPRESSION, HEADACHES, CANCER?, Amenorrhea	HORMONES RELEASED SUPPRESS OVULATION BEST Does not prevent implantation	**PN***	NONE
IUD	99.2% - 99.9%	IRREGULAR BLEEDING, CRAMPS, CAUSES PELVIC INFLAM DIS. PUNCTURE OF UTERUS	T-SHAPE WIRE INSERTED INTO UTERUS copper &progestin disable sperm (stop fertilization) if fertilization occurs, interferes with implantation	**P**	NONE
IMPLANT	99.70%	REQUIRES MINOR SURGERY to INSERT/REMOVE, same as "MiniPill" ECTOPIC PREGNANCY	SMALL RUBBER ROD IMPLANTED RELEASES Progestin only: suppresses ovulation 90% 1st year, only 50% by 5th year, less in larger women	**P**	NONE
BARRIER METHODS	***EFFECTIVENESS USE (TYPICAL /PERFECT)***	RISKS AND/OR DISADVANTAGES	***HOW IT WORKS***	***ABORTIFACIENT - (Y) YES, (N) NO, (P) POSSIBLE***	***PROTECT FROM HIV/STD'S?***
CERVICAL CAP	68% - 91%	MAY DISLODGE DURING INTERCOURSE, ALLERGIES TO SPERMICIDE	BLOCKS SPERM FROM CERVIX, MORE EFFECTIVE IF USED W/SPERMICIDE	N	SOME
DIAPHRAM (W/JELLY OR CREAM)	86% - 94%	MAY DISLODGE DURING INTERCOURSE, ALLERGIES TO SPERMICIDE, RISK OF BLADDER INF.	BLOCKS SPERM FROM CERVIX, MORE EFFECTIVE IF USED W/SPERMICIDE	N	SOME
SPERMICIDE (FOAM,CREAM,GEL)	71% - 82%	VAGINAL IRRITATION INCREASES RISK FOR HIV/STD'S	CHEMICALS KILL SPERM	N	NONE
FEMALE CONDOM	79% - 95%	MAY DISLODGE DURING INTERCOURSE, IRRITATION	BLOCKS SPERM FROM CERVIX	N	SOME
MALE CONDOM	85% - 98%	IRRITATION, ALLERGIES TO LATEX TYPE, PUNCTURE OR DEFECT DECREASES EFFECTIVENESS	BLOCKS SPERM FROM CERVIX	N	SOME
STERILIZATION METHODS	***EFFECTIVENESS USE (TYPICAL /PERFECT)***	RISKS AND/OR DISADVANTAGES	***HOW IT WORKS***	***ABORTIFACIENT - (Y) YES, (N) NO, (P) POSSIBLE***	***PROTECT FROM HIV/STD'S?***
FEMALE - TUBAL LIGATION	99.9% PERMANENT	PAIN, BLEEDING, INFECTION, OTHER SURGICAL COMPLICATIONS	SURGICALLY CUTS OR CLOSES FALLOPIAN TUBES SO THAT SPERM CANNOT REACH EGG	N	NONE
FEMALE - IMPLANT (ESSURE)	99.9% PERMANENT	MILD TO MODERATE PAIN, POSSIBLE ECTOPIC PREGNANCY	SURGICAL IMPLANT CAUSES SCAR TISSUE TO FORM BLOCKING FALLOPIAN TUBE	N UNLESS ETOPIC PREGNANCY (embryo will die)	NONE
MALE - VASECTOMY	99.9% PERMANENT	PAIN, BLEEDING, INFECTION,	VAS DEFERENS ARE SURGICALLY CUT TO BLOCK SPERM DURING EJACULATION	N	NONE
OTHER METHODS	***EFFECTIVENESS USE (TYPICAL /PERFECT)***	RISKS AND/OR DISADVANTAGES	***HOW IT WORKS***	***ABORTIFACIENT - (Y) YES, (N) NO, (P) POSSIBLE***	***PROTECT FROM HIV/STD'S?***
ABSTINENCE	100% FAIL SAFE	NONE	NO ORAL SEX OR INTERCOURSE	N	YES
WITHDRAWAL	73% - 96%	SPERM ON THE VULVA CAN STILL TRAVEL INSIDE FEMALE	REMOVE PENIS PRIOR TO EJACULATION	N	NONE
RYTHYM METHOD	80% - 98%	REQUIRES CAREFUL DAILY MONITORING OF FEMALE CYCLE, MISCALCULATION	REFRAINING FROM INTERCOURSE, USUALLY 4 DAYS PRIOR TO AND 2 DAYS AFTER FEMALE OVULATION	N	NONE