

GUIDELINES FOR CONTRACEPTION  
(FERTILITY REGULATION)

I. INTRODUCTION

Maryland Family Planning and Reproductive Health Program delegate agencies must offer a wide range of contraceptive methods to clients. Clients must receive accurate information about all contraceptive methods that are available and approved for use in the United States. In addition to counseling and education, delegate agencies must ensure that client participation in using a particular method is voluntary. Delegate agency staff must have training and education to appropriately advise clients on the most effective method for them.

II. CONTRACEPTIVE EFFICACY

Percentage of women experiencing an unintended pregnancy during the first year of typical use and the first year of perfect use of contraception and the percentage continuing use at the end of the first year.

Method (1)	% of Women Experiencing an Unintended Pregnancy with the First Year of Use		% of Women Continuing Use At One year <sup>3</sup> (4)
	Typical Use <sup>1</sup> (2)	Perfect Use <sup>2</sup> (3)	
No method <sup>4</sup>	85	85	
Spermicides <sup>5</sup>	29	18	42
Withdrawal	27	4	43
Fertility Awareness Methods	25		51
<i>Standard Days Method</i> <sup>6</sup>		5	
<i>Two-Day Method</i> <sup>6</sup>		4	
Sponge			
Parous women	32	20	46
Nulliparous women	16	9	57
Diaphragm <sup>7</sup>	16	6	57
Condom <sup>8</sup>			
Female (Reality)	21	5	49
Male	15	2	53
Combined pill/progestin only pill	8	0.3	68
Evra patch	8	0.3	68
NuvaRing	8	0.3	68
Depo-Provera	3	0.3	56
IUD			
ParaGard (copper T)	0.8	0.6	78
Mirena (LNG-IUS)	0.2	0.2	80
Implanon	0.05	0.05	84
Female sterilization	0.5	0.5	100
Male sterilization	0.15	0.10	100
Emergency Contraceptive Pills: Treatment initiated within 72 hours after unprotected intercourse reduces the risk of pregnancy by at least 75%. <sup>9</sup>			

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.<sup>10</sup>

#### FOOTNOTES:

<sup>1</sup>Among typical couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason. Estimates of the probability of pregnancy during the first year of typical use for spermicides, withdrawal, periodic abstinence, the diaphragm, the male condom, the pill, and Depo-Provera are taken from the 1995 National Survey of Family Growth corrected for the underreporting of abortions; see the text for the derivation of estimates for the other methods.

<sup>2</sup>Among couples who initiate use of a method (not necessarily for the first time) and who use it perfectly (both consistently and correctly), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason. See the text for derivation of the estimate for each method.

<sup>3</sup>Among couples attempting to avoid pregnancy, the percentage who continue to use a method for one year.

<sup>4</sup>The percentages becoming pregnant in columns (2) and (3) are based on data from populations where contraception is not used and from women who cease using contraception in order to become pregnant. Among such populations, about 89% become pregnant within 1 year. This estimate was lowered slightly (to 85%) to represent the percentage who would become pregnant within 1 year among women now relying on reversible methods of contraception if they abandoned contraception altogether.

<sup>5</sup>Foams, creams, gels, vaginal suppositories, and vaginal film.

<sup>6</sup>Cervical mucus (ovulation) method supplemented by calendar in the pre-ovulatory and basal body temperature in the post-ovulatory phases.

<sup>7</sup>With spermicidal cream or jelly.

<sup>8</sup>Without spermicides.

<sup>9</sup>The treatment schedule is one dose within 120 hours after unprotected intercourse, and a second dose 12 hours after the first dose. Both doses of Plan B can be taken at the same time. Plan B (1 dose is 1 white pill) is the only dedicated product specifically marketed for emergency contraception. The Food and Drug Administration has in addition declared the following 18 brands of oral contraceptives to be safe and effective for emergency contraception: Ogestrel or Ovral (1 dose is 2 white pills), Alesse, Lessina, Levlite, (1 dose is 5 pink pills), Levlen or Nordette (1 dose is 4 light-orange pills), Cryselle, Levora, Low-Ogestrel, or Lo/Ovral (1 dose is 4 white pills), Tri-Levlen or Triphasil (1 dose is 4 yellow pills), Portia, Seasonale, or Trivora (1 dose is 4 pink pills), Aviane (1 dose is 5 orange pills), and Empresse (1 dose is 4 orange pills).

<sup>10</sup>To maintain effective protection against pregnancy, another method of contraception must be used as soon as menstruation resumes, the frequency or duration of breastfeeds is reduced, bottle feeds are introduced, or the baby reaches 6 months of age.

#### REFERENCES

1. Hatcher RA et al. Contraceptive Technology. 19th Revised Edition. Ardent Media, Inc., New York, 2007
2. Ziemann M, Hatcher RA, et al. A Pocket Guide to Managing Contraception. Bridging the Gap Foundation, Tiger, GA, 2010

3. Speroff L, Darney P. A Clinical Guide for Contraception. 4th Ed., Lippincott Williams & Wilkins, Philadelphia, PA, 2004