

Safe and Sure – Contraception for all

What suits me?



Federal Institute
of Public Health

familienplanung.de
UNABHÄNGIG UND WISSENSCHAFTLICH FUNDIERT

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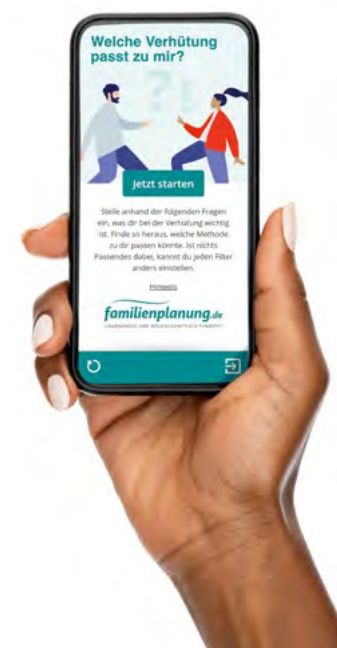
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Contraception for all – What suits me?



(ger) To the Online Test



Finding the right method

What people want in terms of contraception is as varied as the life circumstances in which they find themselves. Unfortunately, there's no perfect contraceptive method that suits everyone's wants and requirements. So it's important to find the contraceptive method that best suits your current life circumstances.

The question of which contraceptive method is the right one arises time and again precisely because life is constantly changing. Contraceptive methods differ in terms of such things as how and how long they work, how they are used, what side effects they have, how effective they are and how much they cost.

The aim of this brochure is to introduce you to the contraceptive methods, their characteristics and possible pros and cons – in a neutral way, based on recommendations from international guidelines which summarise the current state of the research. The choice is yours!

However, there's one thing this brochure can't do: It can't replace a personal consultation at a gynaecological practice, urological practice or advice centre, where you'll receive personalised advice and can ask any questions that are important to you.

You can also test which method of contraception is the right one for you on our website: It lets you use up to 7 filter questions to configure what's important to you when it comes to contraception. Enabling you to find out which method suits you best.

Sure? Unsure? It depends!

For most people, it's important that their contraceptive method provides reliable protection against pregnancy. But what exactly does the contraceptive effectiveness information mean?

Studies are conducted to analyse how effective a contraceptive method is. They calculate such things as how many women out of a hundred or a thousand who use a certain contraceptive method will nonetheless become pregnant within a year. In that regard, a distinction is usually made between 'ideal use', where the user of the contraceptive method always does everything by the book, and everyday use, where not everything always goes perfectly – you might forget to take the pill, to get a new prescription on time, to put the condom on, or you end up putting it on too late.

There are contraceptive methods that are practically impossible to use incorrectly in everyday life, such as the IUD (intrauterine device). Once inserted, you don't have to worry about contraception for several months or years. In the case of other methods, contraceptive effectiveness depends on how consistently they are used. Practice and experience can also help build confidence when it comes to using the method.

Contraceptive methods can also be combined – such as condom and diaphragm or condom and the symptothermal method. Condoms are often combined with another method, because they're the only contraceptive that can provide additional protection against **sexually transmitted infections (STIs)**.

Find out more about
STIs on the website
[liebesleben.de](https://www.liebesleben.de)



Where and how can I get contraception?

Some methods of contraception are prescription-only. This includes all hormonal contraceptive methods, for example, because they aren't suitable for everyone. You see, certain illnesses, interactions with medication or other risk factors (e.g. smoking) could make using a particular method not advisable. You can buy the contraceptive method with a prescription at the pharmacy. There are also contraceptive methods that require a prescription and may only be dispensed or used under a doctor's supervision. In such cases, a one-off or regular visit to a gynaecological practice will be required. This applies to all IUDs, the contraceptive implant and the contraceptive injection. These contraceptives can often be purchased directly at the practice.

All barrier method contraceptives and the technical aids for natural family planning

can be bought without a prescription in pharmacies, chemists or on the Internet.

By contrast, sterilisation is a surgical procedure and is planned and performed in specialised urological or gynaecological facilities.

And the costs?

You usually have to pay for contraception yourself. There are exceptions for young women or if there are medical reasons for prescribing a contraceptive method.

In some cities and municipalities there are special funds which, under certain conditions, will cover the costs of contraception if you can demonstrate that you can't afford it. It's best to ask at the job centre, the health department or a pregnancy advice centre. In the advice centre database featured in the portal familienplanung.de, you can search for advice centres in your city at which people on low incomes can apply to have the costs of contraception covered.

Who can advise me on contraception?

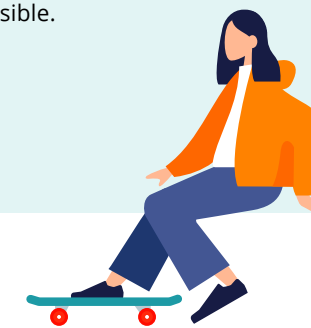
If you have any questions on the subject of contraception, for the most part you can put these to staff at your gynaecological practice. You can also get in touch with your GP or a urologist. What's more, you can get free advice on all questions relating to sexuality, contraception and family planning at one of over 1,500 state-approved advice centres nationwide. You can find a **counselling centre** near you using the counselling centre database at familienplanung.de.

Find the counselling centre database here



Good to know: Cost covering under the age of 22 years

Up to their 22nd birthday, the costs of prescription-only contraceptive methods are covered by statutory health insurance. In principle, a statutory co-payment (personal contribution) of at least 5 euros and a maximum of 10 euros must be paid at the pharmacy for each prescription from one's 18th birthday onwards. Privately insured people usually have to bear the costs of all contraceptive methods themselves, even before their 22nd birthday. However, it's worth asking your private health insurance company, as exceptions are possible.





Overview: Hormonal methods

Pill, mini pill, vaginal ring, contraceptive patch, contraceptive implant, contraceptive injection, hormonal coil

Hormonal contraceptive methods contain one hormone or 2 combined hormones that prevent pregnancy through their effect on the female menstrual cycle.

Hormonal contraceptive methods have the advantage of being very effective and straightforward to use. The disadvantage, as with any medication, is that they can have side effects and increase certain health risks. And so they should always be prescribed by a doctor (i.e. you need a prescription). In addition, certain medications can limit the level of contraceptive protection provided by the hormonal contraceptive method. These medications include St John's wort preparations or medication for epilepsy and viral diseases as well as special antibiotics for tuberculosis. It's best to discuss this with your doctor.

How do hormonal contraceptive methods work?

Hormonal contraceptive methods work in three ways:

- Most hormonal methods prevent ovulation (exceptions being the hormonal coil and some mini pills).
- They change the mucus in the cervix so that sperm have a hard time getting into the womb (uterus).
- They prevent the lining of the uterus from building up properly, preventing a fertilised egg from implanting itself.

What are the side effects of hormonal contraceptive methods?

Taking hormones can lead to side effects. Serious health problems are rare, however. Some women suffer from nausea, dizziness, headaches, mood swings, loss of libido or a feeling of tension in the breasts. Some complaints disappear of their own accord after the first few months. Some women experience low moods when using hormonal contraception. It has not been conclusively proven that these occur more frequently with hormonal contraception.

There is a slight increase in the risk of breast cancer and cervical cancer after prolonged use of hormonal contraceptive methods. By contrast, the risk of endometrial and ovarian cancer is reduced, meaning that the overall cancer risk is reduced too.

The possible side effects vary depending on the product.

- **Pill (combined oral contraceptive pill), vaginal ring and contraceptive patch** contain a combination of the two hormones oestrogen and progesterone. Side effects are comparatively more common with combined methods. There is a slight increase in the risk of thrombosis, especially in the first year. Risk factors are obesity and/or a family history of thrombosis. In addition, the risk of a heart attack or stroke is slightly increased, especially if you smoke and are older than 35.
- **The mini pill, contraceptive implants and hormonal coil** contain only one progesterone hormone. Compared to contraceptive methods with 2 hormones, the side effects are less common and the health risks are lower. There is

no increased risk of thrombosis, heart attack and stroke. The hormonal coil is covered in the chapter on **IUDs** → p. 24.

- The **contraceptive injection** contains a high-dose progesterone hormone. Side effects occur more frequently with this method than with other methods using only one hormone. With prolonged use, there is also a risk of reduced bone density and an above-average increase in body weight.



You can obtain detailed information...

...during a personal consultation or read the instructions for use enclosed in the packaging. Your doctor will advise you on the risks, side effects and possible contraindications.

The pill combined oral contraceptive pill

Alongside the condom, the **pill** is the most commonly used contraceptive method. It contains 2 combined hormones and prevents ovulation, among other things.

- The pill contains a combination of the two hormones oestrogen and progestogen.
- The pill must be taken daily.
- You won't have a natural menstrual cycle whilst on the pill. That said, bleeding usually occurs during the rest (pill-free) period, but it's lighter and shorter than proper menstruation.

How effective is the pill?

For every 1,000 women who use only the pill consistently and do everything right for a year, 3 to 10 women will become pregnant (no contraceptive method is 100% effective).

Incorrect use can occur in everyday life – sometimes you might forget to take the pill, take it too late or it doesn't work properly, due to such factors as digestive problems or interactions with other medications. In such cases of everyday use, between 24 and 70 women out of 1,000 will become pregnant within a year.

How is the pill taken?

With most pills, one tablet is taken every day for 21 days, followed by a rest (pill-free) period of 7 days. You then continue with the next blister pack. The contraceptive protection is still there even during the rest period. Some pills have a different dosing schedule. See the patient information leaflet for your pill.



There are different types of contraceptive pill. When people talk about the pill, they usually mean the combined oral contraceptive pill, which is what we mean by it in this brochure too.



The pill should be taken daily and preferably at the same time of day. If it's taken more than 12 hours later than usual, it may no longer work properly. Exception: In the case of pills containing the hormone norgestrel, the delay may be 24 hours in exceptional cases.

If you forget to take a pill

If you forget to take a pill, you must take it as soon as possible. You then take the next pill at the usual time. This may mean that you take 2 pills in one day. If need be, the morning-after pill might be an option for you. You can find more information on **contraceptive failures** on → p. 60.

Advantages

- + The pill is an effective contraceptive method and easy to use.
- + During the rest (pill-free) period, the bleeding is usually somewhat lighter, shorter and less painful than natural menstruation.

Disadvantages

- The pill is a medication that contains hormones. Side effects are therefore possible → p. 6. The instructions for use enclosed in the pill packaging provide information on risks, side effects and possible contraindications.
- You must remember to take the pill every day. A new prescription should be arranged regularly and in good time.
- Digestive problems (vomiting, diarrhoea) could result in the pill not working properly.

Costs

The pill can only be bought from a pharmacy with a doctor's prescription. Depending on the preparation, a monthly pack costs between 17 and 25 euros. Packs of 3 or 6 are proportionally cheaper.

You can find information on whether or not the costs are covered by statutory health insurance on → p. 5.

(ger) More
information
about the
pill



The mini pill progestogen-only pill



The **mini pill** provides contraception using a progestogen hormone, which thickens the mucus in the cervix, thus preventing sperm from entering the womb (uterus). Preparations containing desogestrel or drospirenone also prevent ovulation. Because it only contains one hormone, the mini pill usually has fewer side effects than a combined oral contraceptive pill.

- There are different types of mini pills containing different progestogen hormones (desogestrel, drospirenone and levonorgestrel). They differ slightly in their use, mode of action and possible side effects.
- The mini pill is taken daily. Unlike the combined oral contraceptive pill → p. 8, there is no rest (pill-free) period.
- During use, you won't have a natural menstrual cycle and you usually won't have any regular bleeding.

How effective is the mini pill?

For every 1,000 women who use only a mini pill containing the active substances desogestrel or drospirenone consistently and do everything right for one year, 3 to 10 women will still become pregnant (no contraceptive method is 100% effective). With the mini pill containing the active substance levonorgestrel, 4 to 14 out of 1,000 women who use contraception for a year will become pregnant.

Incorrect use can occur in everyday life. Sometimes you might forget to take the mini pill, take it too late or it doesn't work properly, due to such factors as digestive problems. Certain medications can also limit contraceptive effectiveness. With such everyday use, 24 to 70 out of 1,000 women will become pregnant within a year.



How is the mini pill used?

The mini pill is taken without a rest (pill-free) period. Once a blister pack is empty, you should continue with a new blister pack the next day.

In order for it to work effectively, the mini pill must be taken daily, preferably at the same time of day. Most mini pills (containing desogestrel) may be taken no more than 12 hours late. In the case of the rarely used mini pill containing levonorgestrel, the contraception will no longer be effective after a delay of just 3 hours. Mini pills containing drospirenone can be taken up to 24 hours later.

If you forget to take a mini pill

If you have forgotten to take a mini pill, you must take it as soon as possible. You then take the next pill at the usual time. This may mean that you take 2 pills in one day. If need be, the morning-after pill might be an option for you. You can find more information on **contraceptive failures** on → p. 60.

Tip: Much information on contraception after birth and during breastfeeding can be found on our Website familienplanung.de.



(ger) Contraception after birth
→



Advantages

- + The mini pill is just as effective as the combined oral contraceptive pill, but contains only one hormone and generally has fewer side effects than the combined oral contraceptive pill.
- + It's suitable if you should be avoiding contraception containing oestrogen due to a pre-existing condition, for instance.
- + It can also be taken if you're breast-feeding.
- + The bleeding usually becomes less heavy. The associated pain often disappears completely.

Costs

The mini pill containing the active substance desogestrel costs 20 to 30 euros for a 3-month pack, while the mini pill containing drospirenone costs around 45 euros. The mini pill containing the active substance levonorgestrel costs around 40 euros for a 3-month pack. 6-month packs are proportionally cheaper.

You can find information on whether or not costs are covered on → p. 5.

Disadvantages

- The mini pill is a hormonal contraceptive medication. Side effects are therefore possible → p. 6.
- Irregular bleeding usually occurs. Menstrual cycle disturbances are also possible.
- You must remember to take the mini pill every day. Mini pills containing the active substance levonorgestrel require special care when taking them, because even a delay of 3 hours risks undoing the contraceptive protection.
- A new prescription should be arranged regularly and in good time.

(ger) More
information
on the mini
pill



The vaginal ring

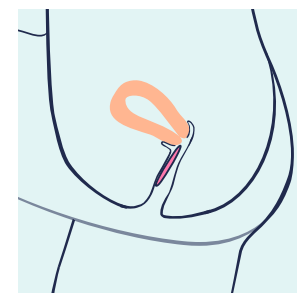
The **vaginal ring** is a flexible plastic ring that is inserted into the vagina. It releases the hormones oestrogen and progestogen. The vaginal ring works primarily by preventing ovulation.

- The vaginal ring works like the pill (combined oral contraceptive pill), except that the hormones are not absorbed via the stomach and intestines, but locally via the vagina.
- The ring is worn for 3 weeks. A new ring is inserted after a 7-day rest period. During the week without a ring, bleeding usually occurs, but it is lighter than the actual menstrual period. Protection against pregnancy continues during this time.

How effective is the vaginal ring?

For every 1,000 women who use only the vaginal ring consistently and do everything right for a year and always change it on time, 3 to 10 women will become pregnant (no contraceptive method is 100% effective).

Incorrect use can occur in everyday life. Sometimes the vaginal ring is taken out for longer than 3 hours in between or a new ring is inserted too late after the 7-day rest period. Certain medications can also limit contraceptive effectiveness. In such cases of everyday use, between 24 and 70 women out of 1,000 will become pregnant within a year.





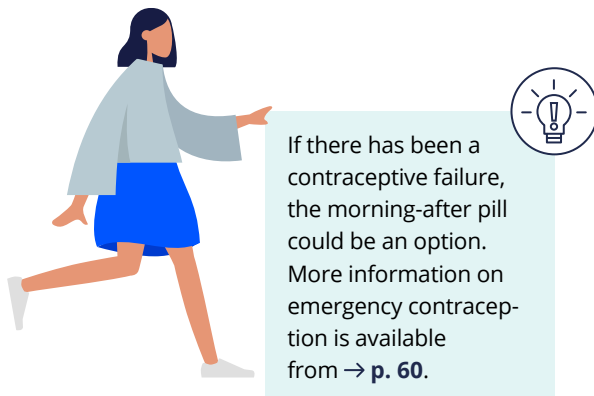
How is the vaginal ring used?

You insert the vaginal ring into the vagina in a similar way to a tampon. It stays there for 3 weeks. You then pull it out with a finger. After 7 days without a ring, a new vaginal ring is inserted.

If it interferes with sexual intercourse, it can be temporarily removed. However, it must be reinserted after no more than 3 hours.

If you forget to change a ring

If the ring is taken out for a longer period of time or a new ring is inserted too late after the 7-day rest period, the contraception will no longer be effective. Additional contraception, such as condoms, must then be used for 7 days.



Advantages

- + The vaginal ring is just as effective as the combined oral contraceptive pill.
- + It can even be inserted and removed by the user.
- + For the 3 weeks that the vaginal ring remains in the vagina, you no longer have to worry about contraception.
- + Unlike the pill, its effectiveness is not reduced by vomiting or diarrhoea. The vaginal ring is therefore also suitable for chronic intestinal inflammation or eating disorders, especially bulimia.
- + The bleeding is usually somewhat lighter, shorter and less painful than natural menstruation.

Disadvantages

- The vaginal ring is a medication containing hormones. Side effects are therefore possible → p. 6.
- You should always arrange for a new prescription for the vaginal ring in good time.
- It can lead to inflammation in the vaginal area and increased discharge.
- In the case of individual physical impairments, it may be difficult or impossible to insert and remove the vaginal ring independently.

Costs

The vaginal ring costs between 35 and 40 euros for a 3-month pack. Some versions are also available in packs of 6, which brings down the unit price.

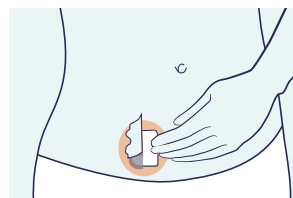
You can find information on whether or not the costs are covered by statutory health insurance on → p. 5.

(ger) Tips on using the vaginal ring can be found here



The **contraceptive patch** is applied like a normal plaster. It releases the hormones oestrogen and progestogen into the bloodstream via the skin, preventing ovulation, among other things.

- The contraceptive patch works like the combined oral contraceptive pill. However, the hormones are not absorbed via the stomach and intestines, but via the skin. That said, this doesn't make a significant difference to the mode of action or tolerability.
- A patch is applied for 7 days at a time for 3 weeks. This is followed by 1 week without patches. Bleeding usually occurs during this week, but it is lighter and shorter than the natural menstrual period. Protection against pregnancy continues during this time.



How effective is the contraceptive patch?

For every 1,000 women who use contraceptive patches consistently and do everything right for a year and always change them on time, 3 to 10 women will become pregnant (no contraceptive method is 100% effective).

Incorrect use can occur in everyday life. For example, the patch may come off unnoticed or the new patch may be applied too late after the 7-day rest period. Certain medications can also limit the contraceptive effectiveness of the patch. With such everyday use, 24 to 70 women out of 1,000 will become pregnant within a year.

How is the contraceptive patch used?

The contraceptive patch measures approximately 4.5 x 4.5 cm. One pack contains 3 patches, which are applied to the skin one after the other. The patch is applied to the

stomach, buttocks or any other part of the upper body, except the breasts. After 7 days, remove the first patch and apply the second. Apply the third patch 7 days later. The fourth week is 'patch-free'. After that, you start on the next monthly pack.

If a patch has come off more than 24 hours ago, the contraceptive protection will no longer be effective. Additional contraception, such as condoms, must then be used for 7 days.

If you forget to change a patch

If you realise that you have forgotten to change the patch in good time, you should remove the old patch as quickly as possible and stick on a new one. If less than 48 hours have passed since the actual changeover day, the contraceptive protection will be unaffected. The next patch change will then be on the usual day of the week. If the delay is more than 48 hours, additional contraception, such as condoms, must be used for 7 days after the change.

If there has been a contraceptive failure, the morning-after pill could be an option. More information on emergency contraception is available from → p. 60.



Advantages

- + The contraceptive patch is just as effective as the pill.
- + It's relatively easy to use.
- + Its effectiveness isn't limited by vomiting or diarrhoea. It's therefore also suitable for use if you have chronic intestinal inflammation or an eating disorder, especially bulimia.
- + The bleeding is usually lighter and less painful than natural menstruation.

Disadvantages

- The contraceptive patch is a medication that contains hormones. Side effects are therefore possible → p. 6. Slight skin irritation may occur in the area of the adhesive contact.
- Some people are bothered by the visible patches.
- You should always arrange for a new prescription for the contraceptive patch in good time.
- Occasionally the patch doesn't hold well and will keep coming off.



Costs

The contraceptive patch costs around 40 euros for a 3-month pack. You can find information on whether or not the costs are covered by statutory health insurance on → p. 5.

(ger) More
information
on the contra-
ceptive patch
→



The contraceptive implant

The **contraceptive implant** is a long-acting hormonal contraceptive. The plastic rod, which is about the size of a matchstick, is placed directly under the skin of the upper arm. It continuously releases a progestogen hormone into the blood. This primarily prevents ovulation. It protects against pregnancy for 3 years.

- As the contraceptive implant only contains a progestogen hormone and no oestrogen, it usually has fewer side effects than a combined oral contraceptive pill.
- Monthly periods often become irregular. They usually become lighter, occur infrequently or do not occur at all. However, they can also be frequent or long-lasting.

How effective is the contraceptive implant?

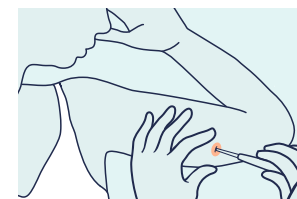
For every 1,000 women who use the contraceptive implant for a year, fewer than one will still become pregnant (no method of contraception is 100% effective). This is on the proviso that the contraceptive implant has been professionally inserted by a doctor.

Certain medications can limit the contraceptive effectiveness of the rod.

How is the contraceptive implant inserted and removed?

The contraceptive implant may only be inserted and removed by a doctor. Following a consultation, it is inserted under the skin under local anaesthetic using a small instrument.

After 3 years, the rod will be removed or replaced by a doctor. This requires a cut about 2 mm long. The contraceptive implant can even be removed before if you wish. In such cases, there will be an immediate possibility of becoming pregnant.



Costs

The contraceptive implant costs around 300 euros or a little more, including the insertion procedure. You can expect to pay 40 euros or more for removal. You can find information on whether or not the costs are covered by statutory health insurance on → p. 5.

Advantages

- + You no longer have to worry about contraception for 3 years.
- + Your monthly periods will usually become lighter or stop altogether, which is why period pain often improves.
- + The contraceptive implant can also be used whilst breastfeeding.
- + The health risks are lower than they are with a combined oral contraceptive pill.

Disadvantages

- The contraceptive implant contains hormones and can therefore have similar side effects to a mini pill → p. 6. In rare cases, the contraceptive implant may slip over time. If the rod moves to another part of the body, which happens very rarely, surgery may be necessary to remove it.
- Frequent or prolonged bleeding occurs in 1 in 4 women. Some therefore have the rod removed early.
- Bruising, pain, swelling or itching may occur when inserting the contraceptive implant, and in rare cases an infection may occur. Occasionally, nerves or blood vessels have been injured due to the contraceptive rod having been inserted too deeply.

Tip: Information on contraception after birth and during breastfeeding can be found at familienplanung.de.



(ger) More on contraception after birth
→



(ger) More information on the contraceptive implant
→



The contraceptive injection three-month injection



The **contraceptive injection** is a method of long-term contraception with hormones and is also known as the three-month injection or depot injection. Because it has more frequent, stronger side effects than other hormonal contraceptive methods, it is rarely prescribed.

- The contraceptive injection contains a high-dose progestogen hormone that is released evenly into the bloodstream over the following 3 months and prevents pregnancy.
- The progestogen hormone primarily prevents ovulation. Hence you won't have a natural menstrual cycle. The bleeding usually stops completely after a while.

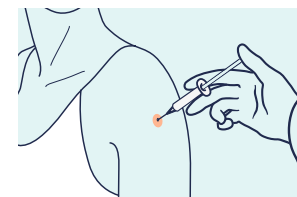
How effective is the contraceptive injection?

For every 1,000 women who use contraceptive injections consistently and do everything right for a year, around 2 will still become pregnant (no contraceptive method is 100% effective).

In everyday life, it's possible to miss getting your next injection in good time. With such everyday use, around 60 out of 1,000 women who have used contraceptive injections for a year will become pregnant.

How is the contraceptive injection inserted?

The contraceptive injection is administered into a muscle or under the skin by a doctor or healthcare professional every 3 months. The first contraceptive injection is usually given during menstruation (period). Some preparations are injected into the muscle on the upper arm or buttocks, others under the skin on the abdomen or thigh.





The contraceptive injection will then work immediately. The next injection follows after 12 weeks, but no later than 14 weeks.

If the next injection is given later than 14 weeks after the most recent one, the contraception will no longer be effective. Additional contraception, such as condoms, must then be used until the next injection.



If there has been a contraceptive failure, the morning-after pill could be an option. More information on emergency contraception is available from → p. 60.

Use only in exceptional circumstances



A decrease in bone density has been observed in cases of using the contraceptive injection for in excess of 2 years. Because bone formation is not yet complete in young women, the recommendation is to refrain from using contraceptive injections unless other contraceptive methods aren't an option.

As a precaution, the contraceptive injection should not be used for longer than 2 years, if possible. Thereafter you should check again with your doctor whether it might be possible to switch to another contraceptive method.



Advantages

- + The contraceptive injection provides a high level of contraceptive effectiveness.
- + For the 3 months over which the injection is effective, you no longer need to worry about contraception.
- + Unlike the pill, digestive problems don't impair the level of contraceptive protection.
- + In many cases, your monthly periods will stop after a few weeks. This is particularly appreciated by women who experience heavy bleeding and menstrual pain.
- + If you can't tolerate other hormonal contraceptive methods due to a particular illness (e.g. sickle cell disease) and/or medication, you may be able to use contraceptive injections in certain circumstances.

Disadvantages

- The contraceptive injection is a medication that contains hormones. Side effects are therefore possible → p. 6.
- There's a risk of decreased bone density after prolonged use.
- Weight gain is more common than it is with other hormonal contraceptive methods, especially if you're already overweight.
- As the effect lasts for 3 months, you can't stop using it prematurely if severe side effects occur.

Costs

The cost of a contraceptive injection is between 20 and 35 euros. 6-month packs are much cheaper in comparison. There may be additional costs of up to 15 euros each for the injection. You can find information on whether or not the costs of a contraceptive injection are covered by statutory health insurance on → p. 5.

(ger) More information
on the contraceptive
injection

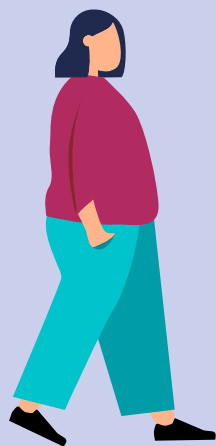


Overview: IUDs (intrauterine devices)

Hormonal coil, copper coil, copper chain, copper ball

IUDs (intrauterine devices) are inserted into the womb (uterus) by a doctor, where they can remain for several years and protect against pregnancy. IUD stands for intrauterine device. IUDs have the advantage of being highly effective and straightforward to use. They're particularly suitable for women and couples who are looking for a longer-term contraceptive method.

Copper coils, copper chains and copper balls provide contraception without hormones and so do not alter the natural menstrual cycle. The effect of the **hormonal coil** is based on a low-dose progestogen hormone that can have an effect on the menstrual cycle. All IUDs are prescription-only.



Typical IUDs consist of a small plastic rod in a T or anchor shape. The copper coil's rod is enveloped in a fine copper wire, while the hormonal coil contains a small hormone depot. IUDs are available in different sizes. The amount of copper or hormone used also varies from model to model.

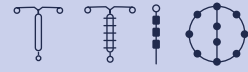
The copper chain and copper ball have a slightly different shape, but do not differ significantly from the 'normal' IUDs in terms of the way in which they work.

How are IUDs inserted and removed?

Following a consultation, the copper or hormonal coil will be inserted into the uterus through the vagina by a gynaecologist. Insertion is sometimes perceived to be very painful and sometimes as barely painful at all, which can depend on various factors: It depends on the condition of the cervix, whether you have given birth before and also on the doctor's experience. However, the insertion doesn't take long

and the pain usually subsides quickly. After insertion, an ultrasound will be done to check that the IUD is in the correct position. Further checks are recommended after the subsequent menstrual period and then at least once a year.

The insertion of a copper chain or a copper ball requires specialised medical experience. You can find out on the internet whether there are medical practices in your area that have the necessary expertise.



How do IUDs work?

In the case of the **copper coil**, the **copper chain** and the **copper ball**, copper ions are released by the copper wire into the uterus.

- They change the mucus in the cervix so that sperm have a hard time getting into the uterus.
- They restrict the sperm's mobility and ability to fertilise.
- The lining of the uterus is altered in such a way that a fertilised egg cannot implant itself.

In principle, the **hormonal coil** works in the same way, but instead of copper ions, it releases a progestogen hormone into the uterine lining.



More information on the effect of **hormonal contraceptive methods** is available from → p. 6.

What can impair contraceptive effectiveness?

As IUDs are inserted into the uterus by a doctor and remain there, there are practically no ways in which they can go wrong. Nonetheless, it's possible for an IUD to slip out of place or be pushed out, especially during the first 3 months after insertion. This happens in about 50 out of 1,000 women. As IUDs then no longer work reliably, it's important to have their position checked regularly or to check it yourself using the retrieval threads.

What are the health risks?

In rare cases, the uterine wall is damaged when an IUD is inserted, which is something that's usually spotted immediately and can be treated without any problems. It very rarely leads to further complications. The uterine wall is injured somewhat more often in breastfeeding women, however.

There's also a slightly increased risk of infection in the uterus or fallopian tubes during the first few weeks after insertion. This is especially true for those who have an undetected sexually transmitted infection (STI), e.g. chlamydia or gonorrhoea.

As the IUD releases hormones into the body, there may be side effects, but these are less severe and less frequent than they tend to be with other hormonal contraceptive methods due to the small quantities involved.

If a pregnancy occurs despite the IUD, it's more commonly an ectopic pregnancy.



IUDs are also suitable for young women

For a long time, IUDs were only recommended for women who had already given birth. Studies have now come to the conclusion that IUDs can also be an option for young women and women who haven't had children. You should discuss the pros and cons as well as possible risks with a doctor.

(ger) More information is available from →





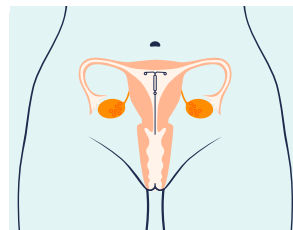
The **hormonal coil** is a long-term contraceptive method. It is inserted into the womb (uterus) by a doctor. There, it continuously releases a hormone. As the amount of hormone released is low, ovulation is often maintained with a hormonal coil.

- Hormonal coils consist of a T-shaped plastic rod with a small hormone depot in the shaft. This continuously releases the progestogen hormone levonorgestrel directly into the uterine lining. The models differ in their size, the dosage of the hormone and the duration of their effectiveness.
- If the IUD is inserted during your period, no additional contraception is necessary. When inserting outside of your period, additional contraception must be used for 7 days.
- Depending on the model, it's effective for 3 to 8 years.

How effective is the hormonal coil?

For every 1,000 women who use a hormonal coil for a year, 1 to 3 will become pregnant, depending on the model.

It's possible for a hormonal coil to slip out of place or be pushed out, especially during the first 3 months after insertion. This happens in about 50 out of 1,000 women. As the IUD will then no longer work reliably, it's important to have its position checked or to check it yourself using the retrieval threads. Pain outside of the menstrual period can be an indication that the IUD has slipped out of place.



Advantages

- + The IUD mainly works locally and only releases small amounts of hormones into the body. Hormone-related side effects are therefore rarer and less pronounced than they tend to be with other hormonal contraceptive methods.
- + You no longer have to worry about contraception while the IUD is in the uterus.
- + The bleeding usually becomes shorter, lighter and less painful or stops altogether. This is why the hormonal coil is often recommended for heavy bleeding and menstrual cramps.
- + Due to the low hormone dose, the hormonal coil can be used in many cases where the combined oral contraceptive pill is too risky. There is no increased risk of thrombosis, heart attack and stroke. If you have a serious illness (e.g. breast cancer or severe cardiovascular disease), you should discuss with your doctor whether the hormonal coil is an option.

Disadvantages

- As the hormonal coil contains hormones, side effects are possible → p. 6.
- There are rarely health risks associated with the hormonal coil → p. 26.
- As with all hormonal contraceptive methods, the risk of developing breast cancer may be slightly higher with the hormonal coil. This hasn't yet been demonstrated conclusively.

Costs

The hormonal coil costs up to 400 euros. The price includes the consultation, examination and insertion of the IUD. Ordinarily, the costs of the hormonal coil must be borne by the user herself. The ultrasound examinations recommended to regularly check that the IUD is in the correct position will also have to be paid for by the user and cost between 20 and 50 euros, depending on the practice.

You can find information on whether or not the costs of a hormonal coil are covered by statutory health insurance on → p. 5.

(ger) More information on the hormonal coil





The **copper coil** is a long-term contraceptive method without hormones that is inserted into the womb (uterus) by a gynaecologist. The copper coil doesn't alter the menstrual cycle. Ovulation and natural bleeding therefore continue to occur regularly.

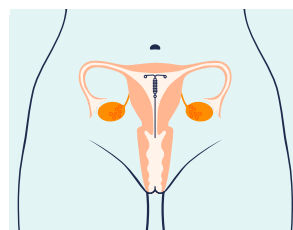
- The copper coils consist of a small plastic rod in a T or anchor shape. The models differ in their shape, size and the amount of copper wire used to wrap around the rod.
- The contraceptive effect begins immediately after insertion. For this reason, the copper coil can also be used as emergency contraception → **p. 64**.
- Depending on the model, the copper coil is effective for 3 to 10 years.

How effective is the copper coil?

For every 1,000 women who use the copper coil for a year, 1 to 10 will still become pregnant (no contraceptive method is 100% effective).

It's possible for an IUD to slip out of place or be pushed out, especially during the first 3 months after insertion. This happens in about 50 out of 1,000 women. As the IUD will then no longer work reliably, it's important to have its position checked or to check the retrieval threads yourself.

If you experience pain outside of your menstrual period, this may indicate that the copper coil has slipped out of place.



Advantages

- + The copper coil works without hormones, so there are no hormone-related side effects.
- + You no longer have to worry about contraception while the copper coil is in the uterus.

Disadvantages

- The copper coil usually increases menstrual bleeding, sometimes also menstrual pain. If you already have heavy bleeding anyway, the copper coil will be less suitable.
- Intermenstrual bleeding may occur in the first few months after insertion.
- In rare cases, there may be health risks associated with the copper coil → **p. 26**.

Costs

The copper coil costs between 120 and 300 euros, depending on the model. The price includes consultation, examination and insertion of the IUD. Ordinarily, the costs must be borne by the user herself. The ultrasound examinations recommended to regularly check that the IUD is in the correct position will also have to be paid for by the user and cost between 20 and 50 euros, depending on the practice.

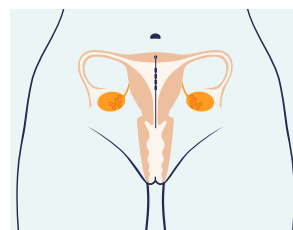
You can find information on whether or not the costs of a copper coil are covered on → **p. 5**.

(ger) More information on the copper coil →



The **copper chain** is a hormone-free contraceptive method with a long-term effect. It is inserted into the womb (uterus) by a doctor and works in a similar way to the copper coil.

- The copper chain consists of copper tubes strung on a nylon thread. When inserted into the uterus, the nylon thread is embedded into the uterine wall.
- The copper chain does not alter the menstrual cycle, which is why ovulation and natural bleeding continue to occur.
- The insertion of a copper chain requires specialised medical experience. Hence you will need to find out (e.g. on the Internet) whether there are doctors in your neighbourhood who have the necessary knowledge.
- The contraceptive effect begins immediately after insertion. Depending on the model, it is effective for 5 to 10 years.



How effective is the copper chain?

Statistically speaking, out of 1,000 women who use the copper chain, 1 to 5 will become pregnant in the first year after insertion.

It's possible for a copper chain to slip out of place or be pushed out, especially during the first few months after insertion. In the first year after insertion, this happens in around 50 out of 1,000 women, after which it becomes much rarer. It's therefore important to check whether the copper chain is still in the correct position using the retrieval threads.

Advantages

- + The copper chain works without hormones, hence there are no hormone-related side effects.
- + You no longer have to worry about contraception while the copper chain is in the uterus.
- + The copper chain adapts to the shape of the uterus. Hence it can also be considered in cases in which the uterine cavity is deformed and no normal IUD will fit, for example.
- + The chain might be an alternative for women whose copper coil has been pushed out.

Disadvantages

- Your periods may become heavier and possibly more painful too. Intermenstrual bleeding may occur, but this is rare.
- The copper chain can very rarely pose health risks → p. 26.
- In younger women in particular, the uterine wall may be too thin to anchor the chain securely.

Costs

The copper chain costs between 200 and 350 euros. The price includes consultation, examination and insertion of the copper chain. You normally have to pay for the copper chain yourself. The ultrasound examinations recommended to regularly check that the IUD is in the correct position will also have to be paid for by the user and cost between 20 and 50 euros, depending on the practice.

You can find information on whether the costs of a copper chain are covered by statutory health insurance on → p. 5.

(ger) More information on the copper chain →



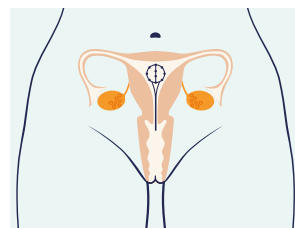
The copper ball intrauterine ball



The **copper ball** (intrauterine ball) is a hormone-free contraceptive method with a long-term effect. As the copper ball works without hormones, the natural menstrual cycle and ovulation are unaffected. It is inserted into the womb (uterus) by a doctor and works in a similar way to the copper coil. However, little is yet known about the possible pros and cons.



- The copper ball consists of a flexible thread on which several small copper beads have been threaded. After insertion, it adopts a spherical shape in the uterus.
- Insertion requires specialised medical experience. You can find out (e.g. on the Internet) whether there are any doctors in your area who have the necessary knowledge.
- The contraceptive effect begins immediately after insertion and lasts for about 5 years.



How effective is the copper ball?

There are only a few, not particularly conclusive study results on the question of how effective the copper ball is for contraception. According to these studies, out of 1,000 women who use only the copper ball for a year, 5 to 14 will still become pregnant.

In 50 to 80 out of 1,000 users, the copper ball had to be removed again in the first 3 months after insertion because it had slipped out of place; in around 50 out of 1,000 women, the copper ball was wholly or partially pushed out.



As the copper ball can no longer work properly in such cases, it's particularly important to check the position in the first few months. Pain outside of your menstrual period can be an indication that the copper ball has slipped.

Advantages

- + The copper ball works without hormones; hence there are no hormone-related side effects.
- + You no longer have to worry about contraception while the copper ball is in the uterus.

Disadvantages

- To date, there is little reliable information on the effectiveness of the copper ball, possible side effects and risks.
- Your periods may become heavier and possibly more painful too. Intermenstrual bleeding may also occur.
- The copper ball can very rarely cause health risks → p. 26.
- After insertion, discomfort similar to menstrual pain may occur, which usually subsides after a while. Cramps, a pulling sensation or nausea have been reported. If the symptoms persist, then you should discuss these with a doctor.
- The copper ball sometimes has to be removed again in the first few months after insertion due to persistent discomfort.



Costs

The copper ball and insertion cost between 300 and 500 euros. The first positional check using ultrasound after insertion of the copper ball is covered by statutory health insurance. Further recommended ultrasound examinations to check that the IUD is in the correct position must be paid for by the user and cost between 20 and 50 euros, depending on the practice.

You can find information on whether or not the costs of a copper ball are covered by statutory health insurance on → p. 5.

(ger) More
information
on the
copper ball
→





Overview: Barrier methods

Condom, diaphragm, female condom

Condoms, diaphragms and female condoms use a 'barrier' made of latex, polyurethane or silicone to prevent sperm and eggs from meeting and fertilisation from occurring. Which is why they are sometimes also called barrier methods. They are only used during sexual intercourse.

Barrier methods work without hormones and therefore have no hormone-related side effects, which is a significant reason why many people choose to use them. It's also the case that non-hormonal contraception does not interfere with hormonal balance, such as the natural female cycle, and so natural menstruation (period) is maintained.

Incorrect use is more common than it is with other methods, which reduces the contraceptive effectiveness. The advantage of the method only needing to be used during sexual intercourse can then become a disadvantage, such as when you don't manage to think ahead or don't manage to have the self-discipline in the heat of the moment to stop and put on a condom.

Non-hormonal methods can also be combined with other contraceptive methods, such as condoms or a diaphragm with natural family planning.

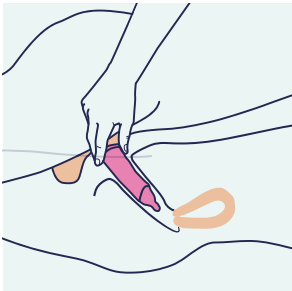
The condom is the most commonly used method of contraception in Germany. It has the advantage of being able to protect against not only pregnancy but also sexually transmitted infections (STIs). In addition, condoms are available over the counter at any chemist and are easy to use with a little experience. Diaphragms and female condoms are used much less frequently.





Condoms aren't just a way for couples to prevent pregnancy. Condoms are also the only contraceptive method with which you can protect yourself and your partner from sexually transmitted infections.

- Condoms usually consist of an ultra-thin, extremely tear-resistant latex skin that is rolled over the erect penis during sexual intercourse. There are also latex-free condoms made of polyurethane.
- The right size is important so that the condom can be unrolled without any problems and sexual arousal isn't diminished. The following also applies: If the condom fits perfectly, there's less risk of it tearing or slipping.
- Each condom can only be used once and should then be disposed of with household waste.



How effective are condoms?

For every 1,000 women whose partners only use condoms for a year, around 20 will become pregnant. For comparison: In the case of the pill, 3 to 10 women will become pregnant. Incorrect use can occur in everyday life, such as if condoms are not always used consistently when necessary or if the instructions for use are not followed. With this factored in, for every 1,000 women whose partners use only condoms for a year, up to 130 women will become pregnant (the pill: 24 to 70 women).



If you have limited experience with condoms, you can try out different brands and sizes in situations where there is no risk of pregnancy or infection. Over time, you will develop a natural routine and more confidence.

How are condoms used?

The condom should be unrolled over the penis before the initial contact with the vagina or anus, as sperm and pathogens can escape even before orgasm.

The ring of the condom which is still rolled up must be on the outside. Squeeze the reservoir tip (the 'teat' at the end of the condom) with two fingers and then roll the condom completely over the erect penis. When removing the condom after sex, the condom should be held firmly on the penis to prevent it from slipping off.

How do I find the right condom?

There is a wide array of shapes. Meaning there will be a suitable condom for every penis. It is particularly important to ensure that the condom has the correct ring width. To do this, measure the circumference of the erect penis at its widest point and then calculate the recommended ring width. The condometer on the back of this brochure will help you with this.

What happens if a condom tears or slips off?

If a condom tears or slips off, sperm can enter the vagina. There will then be a risk of an unplanned pregnancy.

In the event of such a contraceptive failure, the morning-after pill might be an option. You can find out more information on **contraceptive failure** from → p. 60 onwards.



On the back of the brochure is a Kondometer. This can be used to measure the correct condom size.

Good to know: Properly protected against sexually transmitted infections (STIs)

Condoms in the right size not only prevent pregnancy but also protect against sexually transmitted infections (STIs). There are different options depending on the preferred sexual practice: For anal intercourse, the additional use of lubricant is recommended. So-called dental dams are available for oral sex on the vulva or bottom.

(ger) Dental Dams?
Find out more
→



Advantages

- + Condoms are available in chemists, supermarkets and online without a prescription.
- + Men can use condoms for contraception too.
- + They are the only contraceptive that protects effectively against sexually transmitted infections (STIs).
- + Condoms only need to be used if sexual intercourse occurs.
- + They have no hormone-related side effects.
- + Condoms can be combined well with other contraceptive methods, especially with natural family planning.

Disadvantages

- The right condom size may not be available anytime, anywhere.
- Some couples find it annoying to have to interrupt sex briefly to unwrap and unroll a condom.
- If you suffer from vaginal dryness, the use of condoms can cause pain. Water-soluble lubricants can help in that regard.
- Some men have the feeling that the latex skin reduces their sensation. However, this can also be an advantage for better arousal control.

Costs

You need to pay for condoms yourself. Latex condoms cost between 20 cents and 1.20 euros each, depending on the pack size. Latex-free condoms made of polyurethane cost from 1 euro each.



(ger) Tips for using the condom can be found here

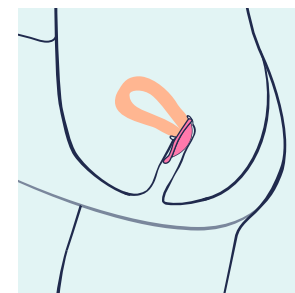


The diaphragm



The **diaphragm** is inserted into the vagina in a similar way to a tampon. There, it blocks the sperm's route into the womb (uterus). Using a diaphragm requires a bit of practice as well as professional advice and guidance.

- A diaphragm consists of an oval or round flexible ring covered in a silicone skin. It is inserted into the vagina and pushed over the cervix before sexual intercourse. It should be removed no earlier than six hours after intercourse.
- The diaphragm is always used together with a special contraceptive gel. It immobilises the sperm and forms an additional sperm prevention barrier.
- A diaphragm can be used for 2 years.



How effective is the diaphragm?

There have only been some small-scale, limited studies on the contraceptive effectiveness of the diaphragm: For every 1,000 women who used only a diaphragm consistently and did everything right for a year, between 60 and 140 women became pregnant, depending on the study.

Incorrect use can occur in everyday life. Sometimes the diaphragm is taken out too soon after sex or is not inserted at all beforehand. With such everyday use, between 120 and 180 out of 1,000 women can become pregnant within a year.

How is the diaphragm used?

The **diaphragm** is inserted along with the contraceptive gel at least 2 hours before sex. The cervix must be completely covered by the membrane of the diaphragm, which you will be able to feel with a finger. If you want to have sex again within the next few hours, use an applicator or your finger to add more gel from the outside.



A specially developed plastic rod (insertor/remover) can help with the insertion and removal of a diaphragm. This makes it easier to push the diaphragm over the cervix – and to remove it again.

How do I find the right shape and size?

2 differently shaped diaphragms are available. The most common one is the oval shape in one size, which, according to the manufacturer, fits almost 90% of users. The round model is available in 7 sizes. It is designed for those who need a smaller or larger diaphragm than the oval model.

To find out which model and size will be right for you, you can make an appointment at a doctor's surgery, advice centre or women's health centre. There, you can also request a demonstration of how to insert the diaphragm, how to check that it fits correctly and how to remove it again.

What happens if the diaphragm slips?

In the event of a **contraceptive failure**, the morning-after pill may be an option. You can find out more about this from → **p. 60** onwards.

Advantages

- + The diaphragm does not interfere with hormonal balance and therefore has no hormone-related side effects. Hence you will continue to have your natural cycle as well as your menstruation (period).
- + It only needs to be used for sexual intercourse.
- + The diaphragm is latex-free and therefore also suitable for people with a latex allergy.
- + It combines well with other contraceptive methods, especially with natural family planning.

Disadvantages

- Using a diaphragm requires practice and good professional guidance. It only offers good contraceptive protection if used properly.
- If the uterus is severely prolapsed or the pelvic floor is weak, the diaphragm may not have a secure hold.



Costs

A diaphragm can be bought over the counter at the pharmacy or online and costs between 40 and 60 euros. In addition, there is a charge of around 10 euros per tube of gel (60 ml), which is enough for around 15 applications. There may also be costs for shipping, insertion and check-ups.

(ger) Tips for
using the
diaphragm
can be
found here





The **female condom** provides protection against unwanted pregnancy and sexually transmitted infections (STIs). It can be bought in pharmacies or on the Internet. The female condom does not interfere with hormonal balance and therefore has no hormone-related side effects. Hence you will continue to have your natural cycle as well as your menstruation (period).

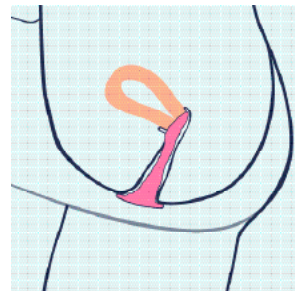
- The female condom is also known as the 'internal condom'. It is usually made of the ultra-thin plastic polyurethane, though sometimes latex too.
- It has a closed end with a flexible ring about 7 cm in diameter that is inserted into the vagina. The other end is open and has a slightly larger, thinner ring that prevents the female condom from slipping into the vagina during sex.
- Each female condom can only be used once and should then be disposed of in household waste.

How effective is the female condom?

Estimates of the contraceptive effectiveness of the female condom are based on only a few studies. According to this study, out of 1,000 women who use female condoms for a year and do everything right, around 50 will still become pregnant (no method of contraception is 100% effective).

Various forms of incorrect use can occur in everyday life. Sometimes contraception gets overlooked. With such everyday use, up to 210 out of 1,000 women will become pregnant within a year.

It would be reasonable to presume that the effectiveness of using female condoms increases with experience.



How is the female condom used?

The female condom can be inserted into the vagina a few hours before sex. It is often used together with a lubricant. Oil-based lubricants can be used with latex-free female condoms too, though only water-soluble and fat-free lubricants can be used with latex female condoms. The packaging will state what material the female condom is made of.

The lubricant can make it easier to insert the female condom and prevent it from accidentally sticking to the penis and being pulled out of the vagina.

What happens if the female condom slips?

If the female condom slips completely into the vagina during sex or is pulled out with the penis, sperm can enter the vagina.

In the event of such a **contraceptive failure**, the morning-after pill might be an option. You can find out more about this from → **p. 60**.

Advantages

- + It is the only contraceptive that women can use to protect themselves against sexually transmitted infections (STIs).
- + As most female condoms are latex-free, they can also be used by people with a latex allergy.
- + Female condoms can be combined well with other contraceptive methods, especially with natural family planning.

Disadvantages

- The use of female condoms requires practice and experience. Female condoms only offer full contraceptive protection when they are used effectively.
- A polyurethane female condom often makes an audible crackling sound. This can interfere with sex.
- As the female condom can only be used once, it is quite expensive as a regular method of contraception.

Costs

Female condoms are available in pharmacies or online. The larger the number of items in a pack, the lower the unit price, which starts at around 2 euros. The price can also be significantly higher, depending on the brand and pack size. There are also costs for lubricants and, if need be, for shipping.

(ger) Tips on using the female condom can be found here →





Overview: Natural family planning

Symptothermal method

There are fertile and infertile days during the female cycle, i.e. there are phases in which women can become pregnant and phases in which they can't. Knowing when your fertile period begins and ends will help you to either prevent pregnancy or increase your chances of conceiving, as you wish.

There is a wide array of natural family planning (NFP) methods. They all aim to determine the time of ovulation in the cycle and to infer or 'calculate' the fertile days on that basis. Various bodily signs are observed and documented, such as waking temperature, the consistency of the cervical mucus or the firmness of the cervix.

On fertile days, sexual intercourse is avoided or additional contraception is used, such as condoms. Contraception is not necessary on infertile days. When using NFP, you will continue to have your natural cycle and menstruation (period).



Good to know: The fertile days

Once every cycle, an egg is released into one of the two fallopian tubes during ovulation. It can then only be fertilised there for 12 to 24 hours. After which it dissolves. But unprotected sex can lead to pregnancy in the days prior to ovulation too. The reason being that sperm can survive in the uterus or fallopian tubes for up to 5 days. After sex, they can 'wait' there for ovulation. Adding these 5 days to the day of ovulation results in a total of 6 fertile days in each cycle. Nonetheless, there is no method to determine precisely when these 6 days will be.

There is a variety of digital tools or devices that can support you when it comes to using natural family planning methods, such as cycle apps, fertility monitors, calendar apps or ovulation calculators. However, they alone are not enough to provide effective contraception.

Out of all the methods for identifying fertile days, the **symptothermal method** is the most effective in terms of contraception. It combines measuring waking temperature and observing cervical mucus with specific calculation rules and analyses the data according to precise guidelines.

In the case of natural family planning methods too, good professional guidance, practice and experience are required to ensure that the contraception method can be used effectively. Incorrect use occurs more frequently than with other methods, which reduces how effective this method of contraception is.

However, the more you familiarise yourself with the chosen method, the more effective your contraception will be. In addition, non-hormonal methods such as condoms or the diaphragm are often combined with natural family planning methods.





The **symptothermal method** is based on the fact that the fertile and infertile days in the female cycle can be determined with the help of certain bodily signs and calculation rules.

- In order to spot the physical changes during the cycle effectively, you will need good professional guidance as well as practice and experience to be able to use the method effectively for contraception.
- On fertile days, you must either abstain from sexual intercourse or use an additional contraceptive method, such as condoms.

How effective is the symptothermal method?

A major study on the symptothermal method has been done in Germany. This study revealed that out of 1,000 women who have used the method consistently and done everything right for a year, around 4 still become pregnant.

Various application errors can occur in everyday life. With such everyday use, around 18 out of 1,000 women will become pregnant within a year.

However, these figures were only achieved by women who were very well versed in the use of the method and who received intensive support during the study.



Good to know: The everyday use

In everyday life, cycle signs and rules are not always consistently adhered to. As a result, the fertile days are not always calculated correctly. In addition, not all users apply the rules for analysing the bodily signs correctly. This can give rise to you making incorrect assumptions about the start and end of your fertile days. Nor do couples behave consistently at all times during their fertile days – they might fail to use additional contraception, for example.

How is the symptothermal method used?

The symptothermal method entails 2 bodily signs being determined and recorded on a daily basis:

- **The waking temperature (basal body temperature):** Basal body temperature is measured after waking up but before getting out of bed. On the day of ovulation or shortly thereafter, the basal body temperature rises by around 0.2 °C and remains at this level until the onset of the next menstruation. The sustained rise in temperature therefore indicates that ovulation has taken place.
- **The consistency of the cervical mucus:** A mucus plug blocks the cervix during most of the cycle. This cervical mucus prevents sperm from entering the womb (uterus). Shortly before ovulation, the cervical mucus liquefies. This makes it permeable to sperm. The consistency of the cervical mucus can be felt at the entrance to the vagina – as a dry or wet feeling, for instance.

The observations and measurements are recorded daily during a cycle in a relevant app or on a printed cycle sheet and analysed along with calculation rules in line with fixed specifications. This makes it easy to establish the beginning and end of your fertile days over time.

If a couple wants to have sexual intercourse on their fertile days, additional contraception must be used, such as a condom or diaphragm. Otherwise, the couple should restrict themselves to sexual practices in which fertilisation cannot occur. If the waking (basal body) temperature has been elevated for 3 days, contraception will no longer be needed until the next menstrual bleeding.

The method should be learnt over several months before relying on it as a means of contraception.





Advantages

- + The symptothermal method does not interfere with the body and has no side effects.
- + You will get to know your body and your own fertility better.
- + The symptothermal method can be combined well with other contraceptive methods, such as a condom or diaphragm. Meaning that protected sexual intercourse is also possible during the fertile phase.

Disadvantages

- The symptothermal method requires sufficient knowledge and experience as well as instruction from a professional in order to be used effectively.
- Some find it too time-consuming to regularly observe and document bodily signs.
- On fertile days, the couple must use an additional contraceptive method or abstain.
- If you have very long or irregular cycles, the phases during which additional contraception is required will be correspondingly long. This can particularly be the case during breastfeeding, puberty, the menopause, stress and illness.

Costs

The symptothermal method involves comparatively low costs. Expenses include a thermometer, an information book or training to learn the method as well as technical aids, paid apps and, if need be, condoms or a diaphragm, if they are also being used.

(ger) More
information on the
symptothermal method



Best combined: Ovulation calculator and other apps as Digital aids for natural family planning

Most of the so-called 'ovulation calculators', 'fertility calculators', 'menstrual cycle apps', 'menstruation apps' or 'calendar apps' on the Internet work with the so-called calendar method. Nonetheless, the calendar method is based on a 'standard cycle' of 28 days. But only about one in 10 women have a standard cycle. Cycle length fluctuates in each individual woman too. Even for those who have a regular cycle, the day of ovulation is not an absolute certainty, as an infection, a sleepless night, a short holiday or a lot of stress can delay ovulation by a few days.

Some apps and calculators therefore calculate a woman's personal average length of several cycles or include the longest and shortest cycle of the last few months when calculating the fertile days. However, none of this changes the fact that everything can be completely different in the current cycle to what it was during the last. If you want to prevent pregnancy, you shouldn't be relying on such calculations and apps alone.

Digital tools that combine 2 fertility features to calculate the fertile days and do so in accordance with the rules of the symptothermal method are more effective. However, they are no substitute for learning the method and its rules.

Little research has been done into the reliability of digital tools when it comes to calculating fertile days. There are hardly any manufacturer-independent studies – even if some manufacturers make claims to the contrary. Digital tools that only calculate or rely on a single fertility feature are unsuitable for effective contraception alone.





Overview: Sterilisation

Vasectomy, tubal ligation

Sterilisation leads to permanent infertility and is one of the most effective contraceptive methods. Sterilisation is only suitable for people who are certain that they don't want children or have completed their family planning. In principle, it is possible to reverse a sterilisation (refertilisation). However, this is time-consuming, expensive and not always successful. Sterilisation is a surgical procedure that's usually performed on an outpatient basis in a clinic.

In men, the sterilisation procedure is called **vasectomy**. This involves severing or clamping the sperm ducts. Although sperm cells are still produced in the testicles, they no longer end up in the seminal fluid and so can't leave the body during ejaculation.

The technical term for female sterilisation is **tubal ligation**. During tubal ligation, the fallopian tubes are cut, clamped or removed. The menstrual cycle, including ovulation, remains intact after sterilisation. However, the eggs only reach the point where the fallopian tubes have been sealed off and so can no longer be fertilised by sperm cells.

Sterilisation has no effect on the sensation of pleasure. Because both sperm

production and egg maturation continue, sterilisation doesn't alter natural hormone production.

Compared to many countries, sterilisation is rather uncommon in Germany: Around 3% of men and 2% of women opt for it.

For whom is sterilisation an option?

Sterilisation should only be an option for you if you're sure that you don't want to have children (or don't want to have any more children). If you have a partner, it would be a good idea to discuss the decision with each other so that both of you can express your wishes and concerns. Nobody should allow themselves to be pressured into undergoing sterilisation, not even by their partner. Everyone should decide for themselves whether this step is the right one.

Your feeling as to what's right at present might change in different circumstances. The desire to have children (or another child) might (re)surface in a new relationship. In difficult life circumstances – such as after a separation, an abortion or a stressful pregnancy – you should take your time before making a decision as momentous as whether or not to undergo sterilisation.

Counselling centres can answer any questions you may have and help you to collect your thoughts. Advice can also be sought by couples together.

Find the counselling centre database here
→



Male or female sterilisation?

If a couple decides to use sterilisation as a contraceptive method, the question may arise as to which of the two of them will be sterilised. Compared to tubal ligation in women, vasectomy in men is a short, straightforward procedure that rarely causes complications. By contrast, female sterilisation requires abdominal surgery. The procedure is not only more complex and associated with significantly higher surgical risks, but also more expensive and somewhat less effective. If, in rare cases, pregnancy occurs despite tubal ligation, there's an increased risk of an ectopic pregnancy.

Getting sperm or eggs frozen beforehand?

Prior to sterilisation, a sperm sample or eggs can be frozen (cryopreservation). Such a procedure is primarily offered to cancer patients who wish to have children if chemotherapy or radiotherapy is likely to lead to infertility. However, if you're in good health and are considering freezing sperm or eggs before sterilisation, you should perhaps reconsider whether your decision not to have children (or any more children) and to have yourself sterilised is really certain and final.

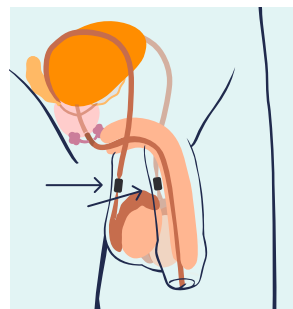
(ger) More info about cryopreservation
→





A **vasectomy** is a method of permanent contraception for men. The two sperm ducts are severed so that no more sperm can enter the seminal fluid.

- A vasectomy is a minor operation that's usually performed on an outpatient basis in a urology practice or urology centre after a detailed medical consultation.
- It can take several months after the procedure before infertility is achieved.



How effective is a vasectomy?

Vasectomy is a very effective method of contraception. However, it usually takes a few weeks after the operation until you're reliably infertile. It is also possible for the severed sperm ducts to grow back together by themselves during the first few months. Where infertility is confirmed by examining the seminal fluid, around one partner for every 2,000 men sterilised will become pregnant.

How does a vasectomy work?

The procedure involves severing both sperm ducts. Although sperm continue to be produced in the testicles, they can no longer mix with the seminal fluid and are instead dissolved and broken down by the body. However, it can take several months before you're reliably infertile because there's still a lot of sperm in the upper sections of the sperm ducts after the vasectomy.

How is a vasectomy performed?

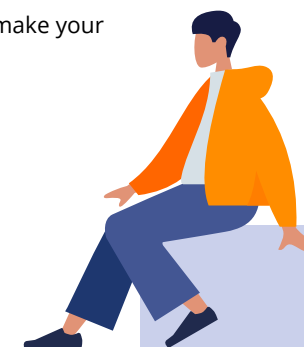
A local anaesthetic is generally sufficient. In order to access the two sperm ducts in the scrotum, 2 small incisions are made in the scrotal skin, or the scrotal skin is scored and spread slightly. The two sperm ducts are then cut, shortened by 1 to 2 cm and the two ends are sealed off by ligation, cauterisation or with titanium clips. The procedure is medically straightforward and takes 15 to 30 minutes.

Advantages

- + A vasectomy is the most effective male contraceptive method.
- + It is designed to be permanent, so you no longer have to worry about contraception.
- + Knowing that you're no longer fertile can make your love life more relaxed.

Disadvantages

- Vasectomy requires a minor surgical procedure that can cause discomfort and pain.
- Since sterilisation is a permanent procedure, there's a possibility of regretting the decision further down the line. Undoing it is expensive, time-consuming and not always successful.
- In rare cases, chronic pain in the genital area can occur after a vasectomy (post-vasectomy pain syndrome).



Costs

A vasectomy costs between 400 and 750 euros, depending on the practice.

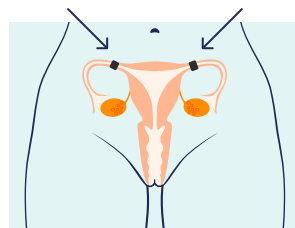
(ger) More
information
on
vasectomy
→





Tubal ligation is a method of permanent contraception for women. Both fallopian tubes are locked or removed so that the eggs can no longer be reached and fertilised by sperm.

- A tubal ligation is an operation and is performed on an outpatient or inpatient basis in a clinic.
- Following the operation, the woman is immediately infertile.



How effective is tubal ligation?

Tubal ligation is one of the most effective female contraceptive methods. For every 1,000 women who undergo sterilisation, fewer than 5 will still go on to become pregnant. Removal of the fallopian tubes and cauterisation are more effective than sealing them off with a clip. The risk of becoming pregnant despite sterilisation is also slightly higher in younger women than in older women. This is because younger women are generally more fertile.

How does tubal ligation work?

Because the fallopian tubes are sealed off, it's no longer possible for sperm to reach the eggs after ovulation. Eggs continue to mature in the ovary, but after ovulation they can only travel as far as the point at which the fallopian tube is blocked, where they dissolve and are broken down by the body. Tubal ligation is effective immediately.

How is tubal ligation performed?

After a detailed medical consultation, the tubal ligation procedure will be performed at a clinic on an outpatient or inpatient basis. The procedure requires a short general anaesthetic and takes about 30 minutes. The operation is most commonly performed through a small incision near the navel (laparoscopy or laparoscopic procedure).



In addition, 2 to 3 incisions are made in the lower abdomen, through which the instruments for the operation are inserted into the abdominal cavity. The fallopian tubes are either electrically cauterised over a length of 2 to 3 cm or sealed off with a clip.

Advantages

- + Tubal ligation is a hormone-free method of contraception. Menstruation remains unchanged. The onset and course of the menopause are not affected.
- + As the tubal ligation is permanent, you no longer have to worry about contraception.
- + Knowing that you can no longer get pregnant can make your love life more relaxed.
- + Women who are sterilised are less likely to develop ovarian cancer.

Disadvantages

- You may experience pain after surgery.
- Tubal ligation requires abdominal surgery under general anaesthetic. There is therefore a very low risk associated with anaesthesia during the procedure. In very rare cases, complications can occur during the procedure.
- Since tubal ligation is a permanent procedure, there is a possibility of regretting the decision further down the line. Undoing it is expensive, time-consuming and not always successful.
- In rare cases, a dangerous, non-viable ectopic or peritoneal pregnancy may occur.

















Costs

The cost of the operation is between 600 and 1,000 euros, depending on the method. If pregnancy is strongly discouraged for medical or psychological reasons and other effective contraceptive methods can't be considered, statutory health insurance might cover the costs on request.

(ger) More
information
on tubal
ligation
→



All contraceptive methods at a glance

Method	Category	Use	Are side effects possible?	Does it also protect against STIs?	Is a visit to the doctor necessary?	Can it also be used whilst breastfeeding?	How often do I need to take care of it?	Costs (approx.)	
 Diaphragm → p. 41	barrier methods	professional guidance useful	no	no	no (but advice helpful)	yes	at every intercourse	€ 35 – 60 plus costs of gel	for 2 years
 Female condom → p. 44	barrier methods	practice required	no	yes	no	yes	at every intercourse	from € 2	unit price
 Hormonal coil → p. 28	hormonal methods, IUDs	-	yes	no	yes	yes	after 3 – 8 years	€ 400 plus the costs of check-ups	for 3 – 8 years
 Condom → p. 38	barrier methods	some practice required	no	yes	no	yes	at every intercourse	€ 1	unit price
 Copper ball → p. 34	IUDs	-	yes	no	yes	yes	after 5 years	€ 300 – 500 plus the costs of check-ups	for 5 years
 Copper chain → p. 32	IUDs	-	yes	no	yes	yes	after 5 years	€ 200 – 350 plus the costs of check-ups	for 5 years
 Copper coil → p. 30	IUDs	-	yes	no	yes	yes	after 3 – 10 years	€ 120 – 300 plus the costs of check-ups	for 3 – 10 years
 Mini pill → p. 10	hormonal methods	straightforward	yes	no	yes	yes	every day	€ 20 – 50	for 3 months
 Pill → p. 8	hormonal methods	straightforward	yes	no	yes	no	every day	€ 30 – 50	for 3 months
 Female sterilisation → p. 56	sterilisation	-	yes	no	yes	yes	one-off	€ 600 – 1000	one-off
 Male sterilisation → p. 54	sterilisation	-	yes	no	yes	yes	one-off	€ 400 – 750	one-off
 Symptothermal method → p. 48	natural family planning	expert guidance acquired	no	no	no (but advice helpful)	yes, adhere to special rules	in principle every day	thermometer, book or training	one-off
 Contraceptive patch → p. 16	hormonal methods	straightforward	yes	no	yes	no	once a week	€ 40	for 3 months
 Vaginal ring → p. 13	hormonal methods	a little practice required	yes	no	yes	no	every 3 weeks	€ 35 – 40	for 3 months
 Contraceptive injection → p. 21	hormonal methods	-	yes	no	yes	yes	every 3 months	€ 20 – 25	for 3 months
 Contraceptive implant → p. 19	hormonal methods	-	yes	no	yes	yes	after 3 years	€ 300 plus the costs of removal	for 3 years

Contraceptive failure

What do I do?



Forgetting to take the pill, a condom torn, a vaginal ring slips out – contraception mistakes and failures are commonplace in everyday life. In such cases, it's good to know what to do to avoid an unwanted pregnancy. Sperm can survive in the uterus or fallopian tubes for up to 5 days. If ovulation occurs during this time, fertilisation is possible.

In such circumstances, the **morning-after pill** or the **morning-after coil** → p. 64 can help as emergency contraception.



If you don't have your period at the expected time, this is a clear indication that you could be pregnant. Sometimes there are other typical signs of pregnancy, such as a feeling of tightness in the breasts, nausea, a pulling sensation in the abdomen or tiredness. But there may also be other reasons for these things. Only a pregnancy test → p. 65 can provide certainty swiftly.

(ger) To the test: Forgotten to take the pill – what do I do?



Act as quickly as possible if a contraceptive has failed or been used improperly. Emergency contraception can only work if you don't wait too long after a contraceptive failure.



Get advice from a pharmacist or doctor as to whether the morning-after pill (or the morning-after coil) might be sensible in your situation.



If you have forgotten to take the pill: Contraceptive protection isn't immediately compromised every time you forget to take the pill. It depends on which pill you're using and in which week you forgot to take the pill. The online test 'Forgotten to take the pill – what do I do?' at familienplanung.de tells you what you can do in your specific case.

The morning-after pill

The **morning-after pill** is a hormone pill for emergency contraception. If it's taken in good time after a contraceptive failure, it can delay ovulation and thus prevent pregnancy.

- The morning-after pill isn't suitable as a regular contraceptive method.
- The morning-after pill should be taken as soon as possible after unprotected sex.
- The morning-after pill can be purchased from a pharmacy without a prescription.



How does the morning-after pill work?

If the morning-after pill is taken in good time, it can prevent ovulation or delay it for a few days so that fertilisation doesn't occur. The sperm die before ovulation and so 'miss' the egg.

There are two types of medication with different active substances. The type with levonorgestrel is effective if taken at least 2 days before ovulation, and the preparation containing ulipristal acetate is still effective one day before ovulation.

To prevent pregnancy, the morning-after pill should be taken as soon as possible after unprotected sex, preferably within 12 hours. The more time that passes, the greater the probability that ovulation will occur. The morning-after pill will then be ineffective. From 5 days after unprotected sex, it's too late for the morning-after pill.

Certain medications can reduce the effectiveness of the morning-after pill. If you regularly take or have recently taken medication, you should discuss this at the pharmacy or seek medical advice.

Being severely overweight may reduce the effectiveness of the morning-after pill. Ask your doctor or pharmacist about the most suitable method of emergency contraception for you.

If you're already pregnant, the morning-after pill won't terminate the pregnancy. Hence the morning-after pill isn't an 'abortion pill' (with which it's often confused). The morning-after pill is unlikely to damage the embryo.

How is the morning-after pill taken?

One tablet is taken once.

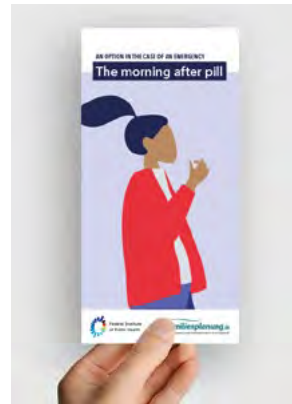
How do I know whether the morning-after pill has worked?

In general, the arrival of your normal period (menstruation) on the expected date (or slightly later and at the normal strength) is a sign that you're not pregnant. However, your period doesn't provide absolute certainty as it may also be spotting or intermenstrual bleeding. If you're unsure, it's best to take a **pregnancy test** → p. 65.

What are the side effects of the morning-after pill?

Side effects are possible after taking the morning-after pill, as with any medication. These include headaches, nausea and abdominal pain. Spotting or intermenstrual bleeding, breast tenderness and vomiting may also occur. Some women may feel dizzy or light-headed after taking it, so your ability to drive may be impaired. There are no health risks associated with its use.

If you experience pain after taking the morning-after pill or are worried for any other reason, it would be best to talk to your doctor. Information on the possible risks and side effects can also be found on our website familienplanung.de.



Available in english: Our brochure "The morning-after pill" →



Where can I buy the morning-after pill?

The morning-after pill can be bought in pharmacies without a prescription. Advice is also offered there. Local emergency services are available at pharmacies during the night or at weekends. Another option is the medical or gynaecological outpatient clinic at the nearest hospital.

(ger) More information on the morning-after pill →



Costs

The price of the morning-after pill can fluctuate, as there's no fixed retail price. Preparations containing the active substance levonorgestrel cost from 17 euros in pharmacies, preparations containing the active substance ulipristal acetate from 29 euros. For those with statutory health insurance, the costs are covered by health insurance up to their 22nd birthday. However, this only applies if you have a doctor's prescription for the morning-after pill before you buy it from the pharmacy.

The morning-after coil

Aside from the **morning-after pill**, the **morning-after coil** is another way of preventing pregnancy after a contraceptive failure. This is an ordinary **copper coil** → p. 30.

The morning-after coil can be used as emergency contraception if you also want to use the copper coil afterwards. The same goes for the morning-after copper chain. The hormonal coil is not suitable for emergency contraception.

How effective is the morning-after coil?

Unlike the morning-after pill, the coil doesn't prevent or postpone ovulation. Instead, the copper in the coil acts on the lining of the uterus in such a way that a fertilised egg cannot implant in the uterus. As emergency contraception, the coil can therefore still prevent pregnancy even if ovulation and fertilisation have already occurred.

When can the morning-after coil be inserted?

The coil can be inserted up to 5 days (120 hours) after the contraceptive failure or suspected or medically estimated ovulation. From day 6, it's too late because a fertilised egg may already have implanted itself into the uterus.

How effective is the morning-after coil?

The coil works very effectively because it can prevent the implantation of a potentially fertilised egg after ovulation. It's much more effective than the morning-after pill.



Costs

Information on the costs can be found in the text 'copper coil' on → p. 31.

The pregnancy test

Pregnant or not? Some signs may indicate pregnancy – especially the absence of menstruation. A **pregnancy test** provides more certainty.

How does a pregnancy test work?

Pregnancy tests react to the pregnancy hormone hCG (human chorionic gonadotropin) in the urine. If you're pregnant, the hCG concentration in your urine rises sharply and can be reliably detected with standard tests from when you miss your first period onwards. The results of early tests are less certain.

How is a pregnancy test performed?

It's best to take the pregnancy test in the morning because hCG concentration is at its highest in the first urine of the morning. Either hold the test strip or the test stick in the urine stream, or collect enough urine in a cup and then dip the test stick into it. Follow the instructions for use of the test. The test packaging usually explains how to read and interpret the result.

If the test is 'positive', there's a very high probability that you're pregnant. The test rarely gives a false positive. If the test is 'negative', you're unlikely to be pregnant. However, it's possible that the hCG level in the urine wasn't yet high enough for the test to indicate pregnancy. If you miss your period anyway, then you'd be better off taking another test a few days later. If that still doesn't indicate pregnancy despite the absence of menstruation, then it would be best to see a gynaecologist. There, the cause of the absence of bleeding can be investigated.



Costs

Pregnancy tests are available in all chemists, pharmacies and online. Pretty much all testing kits cost less than 10 euros. Tests featuring a digital display cost a fair bit more.

(ger) To the pregnancy test-check
→



Unplanned pregnancy – what now?

An **unplanned pregnancy** turns the world upside down for many women and couples. You might find yourself awash with conflicting thoughts, questions and feelings. Some might work out quite quickly whether or not they want to have the baby, whereas for others all the options feel wrong.

2 things are particularly important in such a situation: Sufficient information on how you might now wish to proceed. Sympathetic advice and support too.

Ideally, you'll have your friends and family there for you at this time. But it could be that you don't have anyone to talk to in these particular circumstances. In both cases, professional advice at an advice centre can be a good source of support. It can help you to sort out your thoughts and feelings and come to a decision that is right for you.

In addition, pregnancy options counselling will provide you with information on public sector and private sector support services for pregnant women and mothers if you would like it. Potential prospects for keeping the baby can also be discussed. Legal, medical and social matters can also be explained.

If you are considering an abortion, the counsellors will inform you about the requirements that need to be satisfied for an abortion to be legal. You will also be given information here on the different abortion methods.

On familienplanung.de you will find detailed information on all the topics that are important at this juncture. There, you will also find a database of advice centres where you can search for an counselling centre near you. Pregnancy options counselling centres offer free counselling, which can be done anonymously if you prefer.



(ger) More information on pregnancy conflict



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Publisher

Federal Institute of Public Health,
Maarweg 149–161, 50825 Cologne
www.bioeg.de
www.familienplanung.de
Instagram: @bioeg

Concept

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Editorial

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Design

www.formkultur.de

Edition

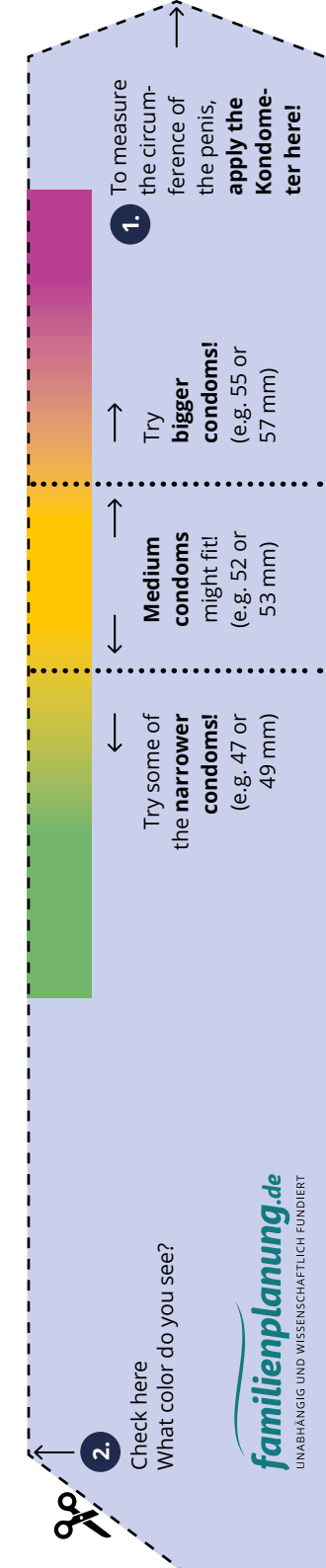
8.2.03.25

Printing

Warlich Druck Meckenheim GmbH,
Am Hambuch 5, 53340 Meckenheim

Picture credits

Federal Institute of Public Health/Hauptweg-Nebenwege: photo p. 8, p. 10, p. 13, p. 16, p. 19, p. 21, p. 28, p. 30, p. 32, p. 34, p. 38, p. 41, p. 44, p. 48, p. 61, p. 64
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Article number: 13060070

