

In this section you'll find a brief guide to the various forms of contraception available in the UK. Like the Sexual Health section, we've made each topic into a stand-alone page so that if the information changes, we can get new or updated fact sheets out to you without having to reprint the entire handbook.

This section is intended for information only – for most forms of contraception you'll need to see a doctor, either your own GP or at a GUM or family planning clinic. You can find out where these are and what they offer in the Services section of the website. Because many contraceptives involve changing hormone levels in the body, not all types are suitable for everyone and you'll need to give the doctor some health information about yourself to work out which one(s) will be best for you.

The exceptions to this are condoms and femidoms, which are suitable for pretty much everyone and are widely available. You'll notice one phrase constantly being repeated in this section: "X won't protect you against STIs, so you'll still need to use condoms, femidoms or dental dams when you're working". The pill, diaphragms, IUDs, implants and injections may be great forms of contraception for your personal life, but they should never be anything more than an emergency back up for your work.

Condoms, femidoms and dental dams are barrier methods of contraception, which means that they act as a physical barrier between your bits and theirs. They are the **ONLY** protection you have against STIs like syphilis, herpes, HIV and hepatitis C and are a sex worker's most important tool.



A Note About Bareback

Every sex worker has been or will be asked for bareback (sex without a condom) at some point. Clients will pay extra for it and if you're strapped for cash and he doesn't look obviously diseased and/or homicidal, it may not seem like the worst idea in the world.

The problem with bareback is that you're not just having unprotected sex with him, you're having unprotected sex with every person that he's had unprotected sex with, and every person that they've had unprotected sex with, and so on and on and on. You have to wonder, if he's asking you for bareback, he's probably asked other women - who else have they said yes to? Considering how common STIs are in the UK, the odds are stacked against you that someone in that chain has had something you don't want to get.

Once you've agreed to bareback sex with a client, you've crossed that road, ticked that box – are you going to be more likely to agree to it again? It's a lot easier to stand firm behind a 'NEVER EVER' than a 'WELL, SOMETIMES, MAYBE'.

What is it?

The combined pill contains two hormones, oestrogen and progestogen, that occur naturally in the body. Its main purpose is to prevent pregnancy but some women also find it helps with painful or heavy periods, PMS and endometriosis.

The combined pill comes in several different formats, all based on 21 or 28 day cycles. With the 21 day pills, you take a pill every day for 21 days and then have a 7 day break before you start a new packet. With the 28 day pills, you take a pill every day, but 7 of those pills are dummy pills that don't contain hormones. The pills will either be all the same

colour, meaning that they contain the same dose of hormones, or they will be different colours and contain different levels of hormones depending on the stage of your cycle.

The combined pill works by preventing your body from ovulating, thickening the mucus in your cervix to stop sperm from getting through, and thinning the lining of your womb to make it harder for a fertilised egg to implant.



How do I get it?

You can get the pill prescribed by a GUM clinic or your GP. There is a very small risk of blood clots taking the combined pill – the doctor will do a risk assessment with you to see if you can take it.

How do I use it?

The pill is an oral contraceptive that you swallow.

What are the advantages?

The combined pill is extremely effective at preventing pregnancy – fewer than 1 out of 1000 women taking it will get pregnant each year. If you start it on the first day of your period, it works immediately.

There is also some evidence that the combined pill gives some protection against endometrial and ovarian cancer.

Is there a down side?

The combined pill doesn't protect you at all against STIs, so you will still need to use condoms, femidoms and/or dental dams while you're working.

Most women get no side effects from the pill, but for the few that do, side effects can include weight gain, fluid retention, breast tenderness, headaches, depression and nausea.

The pill also interacts with some medications, including antibiotics that are used to treat STIs, so if you are prescribed these you will need to use other contraceptives for a short time.

Can I use it during and after pregnancy?

You can't take the combined pill while you're pregnant, but you can start it 21 days after giving birth, unless you are breastfeeding. The combined pill can slow the flow of breast milk, so if you're nursing you should use another type of contraception, like the progestogen-only pill or condoms instead. If you have a miscarriage or abortion, you can start the pill up to 7 days later and be protected immediately.

What is it?

Condoms are thin sheaths made of latex or polyurethane that are used to cover the penis and stop anything from getting through, from sperm to bacteria or viruses that cause STIs. Condoms are 98% effective at preventing pregnancy.

You should make sure that any condoms you use have either the BSI Kitemark or the European CE symbol so that you know they have been safety tested. Avoid novelty condoms.

How do I get them?

Condoms are available in all pharmacies and many convenience stores, but they don't come cheap this way. You can get free condoms through the C-Card scheme, although you may find they aren't willing to give you as many as you need unless you tell them you're a sex worker. You can get larger quantities of free condoms from Spittal Street, through the Womens' Clinic or the BBV nurse (see the Services pages at the end of the Sexual Health section). If you like certain brands or types that aren't available through them there are a lot of sites online that sell in bulk.

How do I use it?

Don't touch his penis before the condom is put on.

Check the expiry date on the wrapper and make sure the packet isn't torn or damaged.

Open the packet carefully with your fingers to avoid tearing the condom – don't use scissors, teeth or knives. Don't use a condom that's dry, brittle or has changed colour. See the page on Condom Bursts for other things to look out for.

Unroll the condom directly onto the erect penis, all the way down to the base. If you start and then realise that it's inside out, chuck it and use a new condom - the outside may have come into contact with pre-cum.

Hold the condom teat between your thumb and finger. This expels air from the teat - trapped air can cause bursts.

After he cums, withdraw the penis while it's still erect - hold the rim of the condom to stop it from slipping off.

Avoid contact with his penis after removing the condom, to avoid transferring any sperm or STIs. Tie the condom in a knot to reduce spillage, and put it in a bin – don't flush it down the toilet. Never, EVER re-use a condom, even if you wash it.

What are the advantages?

Condoms and femidoms are the only way of protecting yourself against STIs.

Is there a down side?

Condoms are very strong and surprisingly resilient, but they can tear or burst if not used properly. See the next page on Condom Bursts for reasons this can happen and what you can do if it happens to you. Some people react badly to latex – see the sidebar.

Can I use them during and after pregnancy?

Absolutely.

Condoms give me a rash – what can I use instead?

You may have a latex allergy if you find that you regularly develop a rash, blistering or itchiness in or around your vagina after using condoms, or more seriously, feel breathless, faint or get swollen skin. If you do experience breathlessness, faintness or swelling after using condoms, you should get medical help immediately, as some latex allergies can be serious.

Between 1-3% of the general population have some sort of allergy to latex. There are non-latex condoms available which you can use instead, although these are more expensive than latex condoms. Femidoms are also available in non-latex.



What makes condoms burst?

There could be various reasons why a condom has burst. These include:

Using oil-based lube such as baby oil, massage oil or hand cream can make the latex break down – always use a water-based lube. Vaseline, lip balm and lipstick can have the same effect if you're giving oral sex.

Some vaginal creams (for a yeast infection) are oil-based and can damage the latex. Canesten and Clotrimazole are NOT safe to use with condoms.

Not using enough lubricant if the vagina is dry, the sex was rough or lasted a long time. Using plenty of lube can help prevent condom bursts.

Expired condoms can be more brittle - always check the use-by dates.

Condoms can be damaged if kept in direct sunlight or next to radiators.

Small holes or tears in the wrapper can ruin condoms.

Using a condom that is too big or small. Always keep some large and trim condoms handy.

Air was trapped in the tip of the condom.

The condom wasn't unrolled far enough.

Using two condoms at once – never do this. It won't give you more protection, and will actually cause more friction as they rub up against each other. If you're worried about extra safety, use a stronger condom.

Damage by nails or teeth when opening the wrapper.

When should I get tested after a condom burst?

If you know that the person you had sex with has an infection, or showed any symptoms, go for a medical check-up immediately – the doctor may be able to provide preventive treatment. If your partner is known to be HIV-positive, you can be treated with PEP (Post Exposure Prophylaxis) within 72 hours to reduce the risk of infection (see HIV & AIDS in the Sexual Health section for more information). If there is no known STI risk, and if you have no symptoms, go for a check-up after a couple of weeks – chlamydia, gonorrhoea and trichomonas will be able to show up in tests by then.

After three months your blood can be tested for syphilis and HIV, and after six months it can be tested for hepatitis B and C.

What should I do after a condom burst?

If the burst happened during vaginal sex and he came inside you, go to the toilet as soon as possible. Pee, and then stay seated for a while and try to get rid of the semen by squeezing your vaginal muscles together to push it out. Wash yourself on the outside with lukewarm water. You may feel dirty and want to get rid of the semen, but if you rinse too aggressively it can force the sperm up inside your cervix.

Don't wash the inside of your vagina with soap or use any disinfectant vaginal creams – they can cause irritation and increase your risk of infection.

Don't try to scrape the semen out – this can scratch the vaginal walls and increase your risk of infection.

Don't rinse with a strong stream of water – this could push any organisms or semen deeper into your vagina.

If you don't use any other birth control and you don't want to get pregnant, take emergency contraception – see the guide later in this section.

If the burst happened during anal sex and he came inside you, sit on a toilet or squat down and squeeze out as much of the semen as possible. Wash around the outside of your anus, but don't rinse, scrape or use any soaps or creams inside the anus, for the same reasons above - this can irritate the lining and increase your risk of infection.

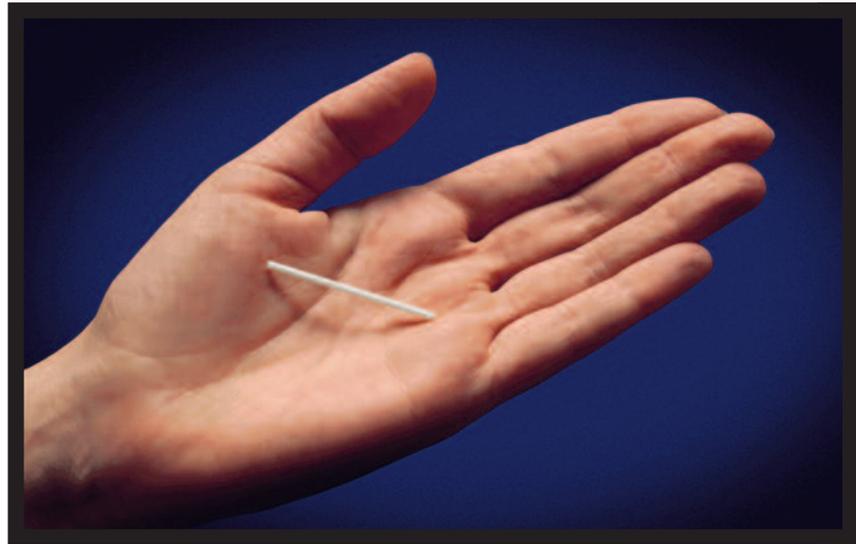
What is it?

The implant is a small flexible tube containing hormones that is put under the skin of your arm. It's 99% effective at preventing pregnancy and unlike the pill you don't have to remember anything except the date of your next appointment – in three years' time.

Although it lasts for three years you can have it taken out at any time. Like Depo-Provera it releases the hormone progestogen steadily into your system, which thickens the mucus in your cervix and thins the lining of your womb,

making it difficult for sperm to reach the egg or for a fertilised egg to implant. Unlike Depo-Provera, your fertility should

return to normal as soon as you have the implant removed.

**How do I get it?**

You can get the implant prescribed by a GUM clinic or your GP. Most women are suitable to have the implant, but the doctor will do a risk assessment with you to be sure. The tube is put under the skin of your upper arm by a trained doctor or nurse (under a local anaesthetic, so you shouldn't feel it) and the whole procedure takes about ten minutes.

How do I use it?

You don't need to do anything after the implant is put in.

What are the advantages?

All you need to remember is to get your implant replaced in three year's time. Implants are 99% effective in preventing pregnancy, making them one of the most reliable contraceptives around. The implant also stops working as soon as it is removed, so your fertility should return to normal immediately.

The implant may also help protect you against PID and cancer of the womb, and may help if you have heavy, painful periods.

Is there a down side?

Most women get extreme changes in their periods – they can become heavier or lighter, but also become irregular and often stop altogether. This might be seen as a major plus for some women. Other side effects include headaches, weight gain, depression, nausea and sore breasts, but these often pass after the first few months. Around a third of implants are removed within the first year due to bleeding irregularities.

You should also remember that like the pill it won't protect you against sexually transmitted infections – you will still need to use condoms or femidoms.

Can I use it during and after pregnancy?

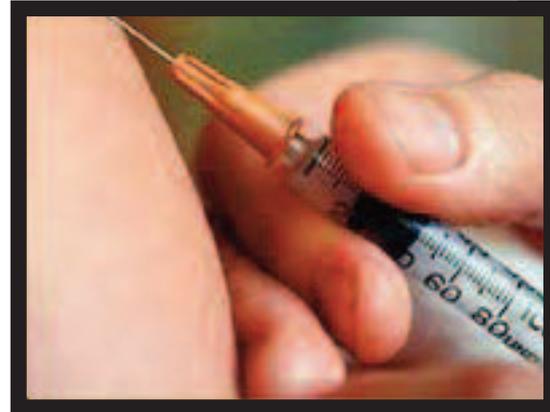
You can't get the implant put in if you are pregnant, and in the extremely unlikely event that you become pregnant while you have an implant, you should have it removed if you plan to continue the pregnancy. There is no evidence that getting pregnant while you have an implant does any harm to the baby. The implant can be put in 3 weeks after you give birth, even if you are breastfeeding.

If you have had a miscarriage or an abortion, the implant can be put in immediately.

What is it?

There are two kinds of contraceptive injection available in the UK, one that is given every 12 weeks and one that is given every 8 weeks. Both are as effective as the Pill in preventing pregnancy (99%) but have the added advantage that you don't have to remember to take it every day.

Both injections work by releasing the hormone progesterin steadily into your system, which thickens the mucus in your cervix and thins the lining of your womb, making it difficult for sperm to reach the egg or for a fertilised egg to implant.



How do I get it?

You can get the injection from your GP or from some GUM clinics. The injection is given into your muscle – usually one of your buttocks – and takes a couple of seconds.

How do I use it?

All you have to remember is the date of your next appointment. You also need to remember that the injection won't protect you from STIs, so you'll still need to use condoms or femidoms when you're working.

What are the advantages?

The injection is easy to get, extremely effective at preventing pregnancy and fool-proof.

Is there a down side?

Many women get extreme changes in their periods – they can become heavier or lighter, but can also become irregular or stop altogether.

If you're thinking about having a baby at some point in the future, you should be aware that it can take up to a year (and sometimes longer) for your fertility to return to normal.

Other side effects include headaches, weight gain, depression, nausea and sore breasts, but these often pass after the first few months.

There is a link between long-term use of the contraceptive injection and a reduction in bone density, although it is still unclear whether this is reversed once you stop getting the injection. Pfizer (the drug company that make Depo-Provera, the most common injection) and the American FDA recommend that the injection is not used for more than two years continuously. If you have a history of osteoporosis or other bone density problems in your family, you should tell your doctor.

You should also remember that like the Pill it won't protect you against STIs – you will still need to use condoms or femidoms while you're working.

Can I use it during and after pregnancy?

You can't get the injection while you're pregnant, but you can get it 6 weeks after giving birth – if you get it earlier than this, you may get bleeding problems.

The contraceptive injection is safe to use while breastfeeding.

What is it?

The contraceptive patch is a 5x5cm patch that sticks to your skin and releases hormones into your body that prevent your ovaries from releasing an egg, make it harder for sperm to get through your cervix and thin the lining of your womb so that a fertilised egg can't implant. The hormones it releases and the effects they have are the same as those in the combined pill.

If used properly, the patch is more than 99% effective at preventing pregnancy.

**How do I get it?**

The patch is available from your GP and most GUM clinics. You will need to do a short assessment with a doctor to make sure you can use the patch – there are a few health conditions that would make it unsafe for you to use the patch.

How do I use it?

The patch is stuck on to a clean, dry, hairless part of your body, such as your stomach, buttocks, the outside of your upper arm or your chest (but never on your breasts). You need to make sure that the area you stick it on isn't going to be rubbed by tight clothes, and you should never put it onto skin that is irritated or cut.

The patch is changed for a new one every week for 3 weeks, and then you have a 'patch-free' week, during which you might have a period (but some women don't). You need to change the position of the patch every week.

What are the advantages?

The patch is easy to use and effective. You don't need to remember to take a pill every day, but you do need to remember to change it weekly. Unlike the pill, it doesn't matter if you get sick and have vomiting or diarrhea, since it's absorbed through the skin, not the stomach. It may also make your periods lighter and less painful.

Is there a down side?

The patch doesn't protect you from STIs, so you will still need to use condoms or femidoms. Some women get irritated skin from the patch. Other (mild) side effects can include headaches, nausea, tender breasts, mood changes, and slight weight changes, but these usually settle down after a few months.

Can I use it during and after pregnancy?

You can't use the patch if you're pregnant or breastfeeding, but you can start as soon as you stop nursing. If you've had an abortion or miscarriage and were pregnant for less than 24 weeks, you can start using the patch immediately.

What is it?

Dental dams are small thin squares that are used for performing oral sex on women (cunnilingus) and rimming (anilingus). They are called dental dams because their day job is in dentist surgeries. They are available made in latex and non-latex and in a range of flavours, or you can make your own.

**How do I get one?**

Dental dams are available from some pharmacies, LGBT organizations and online condom sites. A few GUM clinics may supply them – but if that's all you're going for, call them first to be sure.

If you don't have any dams you can make your own by cutting a condom or femidom in half, cutting up a latex glove, or using non-microwaveable cling film. You must be sure to use only non-microwaveable cling film, as the microwaveable kind is porous and won't stop anything from getting through.

How do I use it?

Carefully remove the dam from the packet, making sure you don't damage it with sharp nails or jewelry. Check it for holes and perforations. You may want to rinse off any powder.

Wet the vagina or anal area with a water-based lube (oil-based lubes can damage the dam). Place the dam over the vagina or anus, and hold it in place while you lick.

You should never use a dam more than once, and don't share them. If you go from rimming to reverse oral, use a new one. Remember to only ever lick one side of the dam – don't lick the side that has been in contact with the vagina or anus.

Wrap the used dam and put it in the bin – don't flush it down the toilet.

What are the advantages?

Dams reduce the chances of getting STIs by acting as a barrier that bacteria and viruses cannot pass through. This is particularly important for rimming, as shit carries a number of nasty things (such as Hepatitis A) that you don't want to get in your mouth.

Is there a down side?

Not really. Used properly, dams are effective and safe. The only down side is the expense and difficulty in tracking down purpose-made dams, but they are very easy to make yourself from condoms, femidoms, latex gloves and some kinds of cling film – see above.

Can I use them during and after pregnancy?

Absolutely.



What is it?

Diaphragms and caps are small domes made of silicon or latex that fit inside the vagina and prevent sperm from getting into your womb. They must be used with spermicide to be effective as contraception, which carries major risks for sex workers - see below.

Although they have been used to prevent blood leaking while having sex during your period, this might be dangerous, as there is some evidence that it heightens your risk of Toxic Shock Syndrome.

Diaphragms are 92-96% effective as contraception if correctly fitted and used, but they can be fiddly - some studies show that between 10-39% of women who use diaphragms become pregnant.

**How do I get it?**

You can get one fitted at a GUM clinic or your GP. After you have been fitted, you can buy them and spermicide gel over the counter at your local pharmacy. Many women find their diaphragm or cap will last them for a year before they need to replace it. Please see **Is there a down side?** below and the page on **Spermicides** for the risks associated with diaphragm and spermicide use.

How do I use it?

Diaphragms and caps must be fitted over the cervix and 'sealed' with spermicide gel to be effective. The GUM Clinic or GP will advise you on how and when to fit it and what precautions to take.

What are the advantages?

Not many. They can offer some protection against the Human Papilloma Virus and cervical cancer, but they must be used with spermicide to be effective. Most spermicides contain nonoxynol-9, which increases the risk of HIV and STI infection as it irritates the vagina - see the page on **Spermicides** for more information.

Is there a down side?

Diaphragms and caps do not protect against all STIs, so you will still need to use a condom or femidom. Latex and spermicide can cause irritation for some women (and their partners), and some women find they are more prone to bladder infections when using a diaphragm.

Most importantly, nonoxynol-9 has been shown to increase the risk of HIV and STI transmission, by causing irritation inside the vagina. The inefficiency of diaphragms and the fact that they do not protect against, and actually increase the risk of, HIV and other STIs, means that it is extremely unlikely that they will be a suitable contraceptive choice for a sex worker, even for personal use with a regular partner.

Can I use it during and after pregnancy?

You need to be re-fitted after giving birth or if you have an abortion, miscarriage or gain or lose more than 7lbs (3 kilos). The bodily changes you get during pregnancy may make it impossible to get a diaphragm or cap to fit securely, even if you get re-fitted frequently. As you will need to use a condom or femidom anyway, these are probably more reliable during pregnancy.

Some women find that they can no longer use caps after having a baby, due to changes in the shape of their cervix.

What is it?

Nowadays the emergency contraceptive pill consists of only one tablet. It is 95% effective if it's taken within 24 hours; you can take it up to 72 hours after sex but it becomes less effective the longer you wait.

IUDs can also be used as emergency contraception if fitted within 5 days (see IUD/IUS).

Both the pill and the IUD work by stopping or delaying ovulation, and preventing fertilised eggs from implanting in your womb. Neither of them 'cause abortion' as the egg doesn't get a chance to start developing into a fetus.

How do I get it?

You can get the emergency pill or IUD free from your GP, family planning clinics, GUM clinics and NHS walk-in centres.

If you're under 18 the emergency pill is also available free from most pharmacies, or you can buy it for £26 over the counter.

How do I use it?

You should only use emergency contraception if you've had unprotected sex or if contraception has failed (like a condom burst) – it shouldn't replace regular methods of contraception. You can take the emergency contraceptive pill up to 72 hours (3 days) after unprotected sex, but the sooner treatment starts, the more effective it'll be. It is 95% effective if taken within 24 hours, but this goes down to 85% after 24 hours and 58% after 72 hours.

The IUD can be fitted up to 5 days after unprotected sex, and is almost 100% effective.

What are the advantages?

Both the pill and the IUD are very effective at preventing pregnancy if used in time.

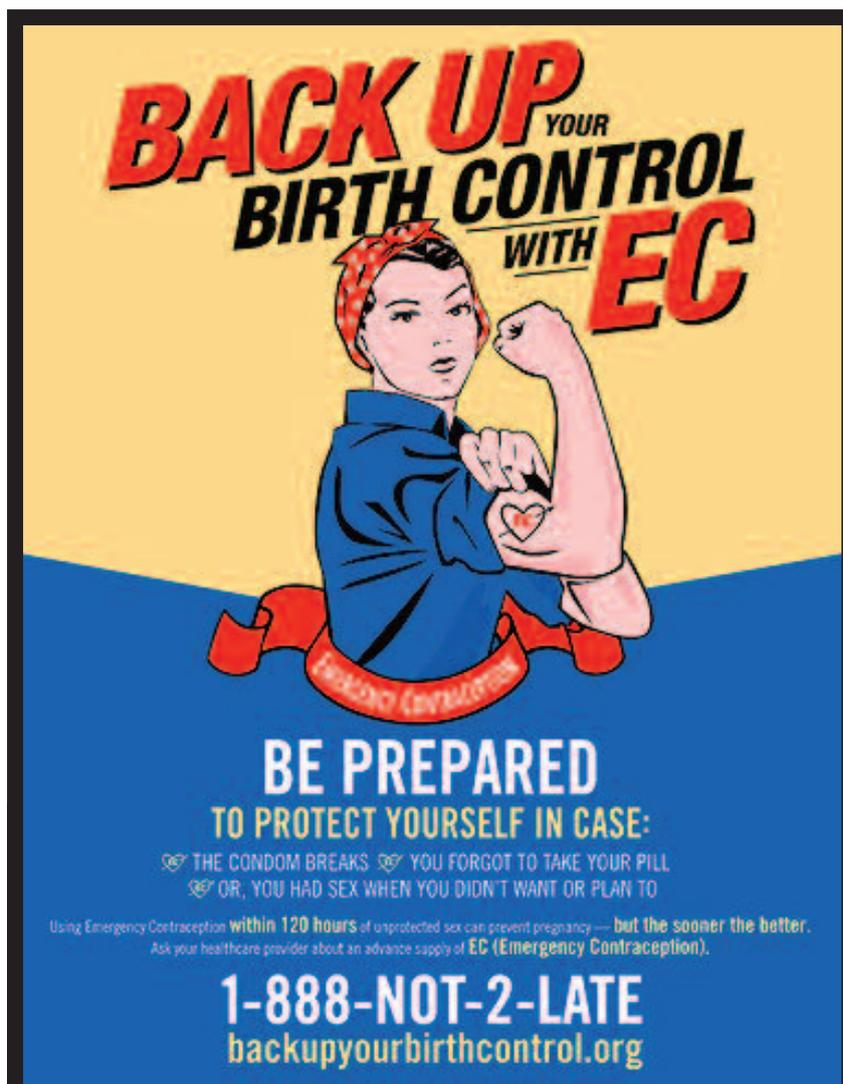
Is there a down side?

The pill can cause some side effects, such as nausea, dizziness, tiredness, headache, tender breasts and abdominal pain, but these usually pass quite quickly.

Some women do get vomiting – if you throw up within 2 hours of taking the pill, you should go back to the doctor, who may prescribe another or might decide you need to have an IUD fitted instead.

Not everyone can use an IUD and they can cause infections – see IUD/IUS for more information.

Neither the pill nor the IUD provides you with any protection against STIs.



What is it?

A femidom, or female condom, is a barrier contraceptive – ie it protects against STIs and HIV/AIDS as well as pregnancy. It looks like a large condom with an extra ring at the top (which holds it in place against the cervix).

How do I use one?

Squeeze the inner ring of the femidom between your thumb and forefinger and insert it as far as you can up inside the vagina. The outer ring should be outside the vagina. Make sure the penis enters the femidom and doesn't slip down the side. After sex, slightly twist the end and remove it gently to make sure the semen stays inside, wrap it and put it in the bin.

You can insert the femidom up to 8 hours before having sex.

How do I get them?

Femidoms can be hard to source. At the time of going to print, femidoms aren't going to be offered as part of the NHS free sexual health supplies – so you can't get them through C-Cards, the Womens' Clinic, GUM clinics or the BBV nurse. You can get them at some pharmacies and through online retailers like www.condoms.co.uk but they are expensive. Newer latex and nitrile polymer versions are cheaper than the polyurethane ones.

What are the advantages?

Femidoms are about 95% in preventing pregnancy. Like condoms, they are also very effective at preventing STIs and HIV. Most femidoms are made from polyurethane or nitrile polymer, not latex (although there are latex versions available), so you can use them if you have a latex allergy.

Is there a downside?

They're hard to get, and a little fiddly to use until you get the hang of them. The polyurethane versions have a reputation for being a little noisy – but see the sidebar for a different take on this.

Can I use it during and after pregnancy?

Absolutely.



Credit: The female health company

Although the female condom hasn't exactly taken off in the UK, it is extremely popular in other parts of the world, particularly among sex workers.

In Sri Lanka, sex workers marketed the femidom as a sex toy, allowing clients to put it in for them (touching, or even looking at a vagina is a huge taboo there) and charging a premium for the service.

In Senegal, femidoms are sold with "bine-bine beads", noisy strings of beads that women wear around their waists during sex. The rustling of the femidom has become linked with the clinking of the beads and is a turn-on in its own right.

In Zimbabwe, a new word (kaytec-yenza) has been invented to describe the tickling sensation men get from the inner ring of the femidom rubbing against the penis.

In India, some women were so unused to touching themselves that they were having orgasms just from inserting the femidom and couldn't be bothered with having sex afterwards.



Senegalese bine-bine beads

What is it?

IUD stands for Intrauterine Device, and IUS stands for Intrauterine System. Both are rigid T-shaped copper and plastic devices that fit inside the uterus. They have a couple of fine metal threads that fit through the cervix and rest on the top of the vagina. Both are 98-99% effective at preventing pregnancy.

The IUD works by releasing copper into the body, which makes your body release white blood cells (that fight infection) into your cervix, which kill sperm.

The IUS works by releasing low levels of progestogen into your system, which thickens the mucus in your cervix and makes it harder for sperm to get through. It also thins the lining of the womb making it harder for fertilised eggs to implant.

IUDs can also be used as a form of emergency contraceptive, if you have it put in within 5 days of having unprotected sex.

How do I get it?

Both the IUD and the IUS are fitted by a trained doctor or nurse. The IUD is usually fitted while you have your period, and is effective as soon as it's in. You will need an internal exam to determine the size of your womb, so you can get the right IUD in the right place. You will also need to be tested for STIs before having them fitted, as some STIs can be a problem with an IUD or IUS in place. The procedure for putting them in takes 5-15 minutes, and it can be a little uncomfortable or painful.

How do I use it?

Other than checking them monthly and remembering to have them removed and replaced when the time comes, you don't need to think about contraception at all. You do still need to think about STIs, so you will still need to use condoms or femidoms when you're working.

What are the advantages?

An IUD lasts from 3 to 10 years, depending on which particular one you choose, and an IUS lasts for 5 years. Both can be removed quickly and easily, and fertility rapidly returns to normal.

**Is there a down side?**

Neither IUDs nor IUSs will protect you against STIs, so you will still need to use condoms or femidoms.

Some women have increased bleeding and spotting between periods, or painful periods. They can sometimes cause infections of the uterus, and if you get an STI, the IUD and IUS can increase your risk of complications. There is also a small chance that your body will expel it – but you will be shown how to check it monthly after your period.

Can I use it during and after pregnancy?

The IUD can be inserted 6 weeks after childbirth or 8 weeks after a Caesarean, as long as the uterus has regained its shape. You can use it if you're breastfeeding.

The IUS can be fitted 6 weeks after giving birth, and it's safe for breastfeeding mothers.

What is it?

The progestogen-only pill (POP) is an oral contraceptive that, unlike the combined pill, doesn't release any oestrogen into your system. This means it is safe for some women who can't use the combined pill, for example those who are over 35 or who smoke.

It works by thickening the mucus in the cervix so that sperm can't get through and by thinning the lining of the womb so that if an egg gets fertilised it still can't implant.

If it's taken correctly, the POP is 96-99% effective.

How do I get it?

You can get the POP from your GP, family planning clinics or GUM clinics. You will need to have a discussion with them about any health risks, although there are very few side effects associated with the POP.

How do I use it?

POPs come in packets of 28 pills, one for each day of the menstrual cycle. There are two types of POP, one of which must be taken within 3 hours of the same time every day, the other which must be taken within 12 hours of the same time. You must be able to remember to take it like clockwork, or it will not be effective.

What are the advantages?

The main advantage to the POP is the fact that it is an option for women who cannot take the combined pill and who want to be able to use an oral contraceptive. Side effects are rare.

Is there a down side?

The POP doesn't protect you against STIs – only condoms and femidoms will do this, so you will need to use them as well while you're working.

Some women get irregular bleeding – missed periods, heavy periods or spotting – but this tends to fade with time. Others may get acne,

tender and larger breasts, depression, headache and migraine, nausea or vomiting, ovarian cysts, upset stomach, weight gain and increased or decreased interest in sex.

There is a very small increase in your risk of getting breast cancer if you take the POP, but this returns to normal after you stop taking it.

Can I use it during and after pregnancy?

You can't start taking the POP while you're pregnant, but there's no evidence that it harms your baby if you become pregnant while on it. You can begin to take the POP soon after a miscarriage or abortion.

You can start the POP 21 days after giving birth, and it is safe to use while you're breastfeeding.



What is it?

Spermicide refers to a group of chemicals that destroy sperm, usually by being inserted into the vagina before having sex. It can be used alone as a contraceptive, but has a very high failure rate (18% of women using spermicide alone will get pregnant). Spermicide is usually used with 'barrier' contraceptives such as diaphragms and caps. Some condoms are coated with a thin layer of a spermicide called nonoxynol-9. These include Mates Ultra Safe, Condomi Supersafe and the Trojan Spermicidal range.

The only spermicide available through the NHS is Gygel, a gel containing nonoxynol-9. Other forms are available online, but almost all use non-oxynol-9.

Nonoxynol-9 carries huge risks for sex workers, as it can cause irritation in the vagina and INCREASE the risk of HIV and other sexually transmitted infections. The World Health Organisation, the Center for Disease Control and most HIV and sex work organisations do not recommend using nonoxynol-9 products. Please see **Is there a down side?** below.

Two contraceptive sponges are available in Europe, Protectaid and Pharmatex, neither of which use nonoxynol-9.

How do I get it?

You can be prescribed Gygel by your GP or GUM clinic when you get fitted for a diaphragm. Please see the page on **Diaphragms** if you are considering them as a contraceptive choice. Other forms of spermicide are widely available online - but please read **Is there a down side?**, below.

**How do I use it?**

Gels, jellies and creams (including Gygel) are designed to be spread onto a diaphragm or cap before inserting into the vagina.

What are the advantages?

Spermicides boost the efficiency of diaphragms and caps, which cannot be used without them. That's about it.

Is there a down side?

Yes. Spermicides (even when used with a diaphragm or cap) provide no protection against HIV. In fact, nonoxynol-9 has been shown to increase the risk of HIV infection in sex workers, because it can irritate the vagina and make it more susceptible to sexually transmitted infections. As well as HIV, nonoxynol-9 increases your risk of gonorrhoea, syphilis, herpes, hepatitis, chlamydia, and other infections such as trichomonas and urethritis. It also increases your risk of passing viral infections such as HIV, hepatitis and herpes to your partner.

There is a spermicide called Menfegol which has been shown to reduce HIV transmission - but as with nonoxynol-9, frequent use actually increases the risk because it causes genital lesions. Contraceptive sponges like Protectaid and Pharmatex do not use nonoxynol-9, but they provide no protection against STIs.

Bear in mind that the risks associated with nonoxynol-9 use for sex workers continue even if you are not using it while working, for example if you choose to use a diaphragm with your partner but condoms when at work.

Can I use it during and after pregnancy?

Yes. Spermicides pose no risk in early pregnancy, and there is no evidence that continuing to use a diaphragm and spermicide before you are aware that you are pregnant causes any problems. But again, please read **Is there a down side?** above.