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Evidence based contraceptive choices☆

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People who attend for contraceptive advice have usually formulated an idea of the type of contraceptive that will suit them best. They may wish to use a method that is long, short or medium acting. These are defined as follows: *Long-acting method* requires renewal no more frequently than every 3 months (e.g. injectable or intrauterine). *Short-acting method* used daily or with every act of intercourse (e.g. pills, condoms) *Medium-acting method* requires renewal weekly or monthly (e.g. ring, patch).

For men the choice is limited to condoms or vasectomy. Some women do not wish to use hormonal preparations or have an intrauterine device (IUD) or implant inserted. There may also be cultural influences making certain methods of contraception unacceptable. Each of these factors influences the final decision of which method of contraception is decided upon.

In addition to taking a full medical and sexual history to identify any risks to the individual's health, which might be increased by a particular contraceptive, time must be spent discussing the options available. It is important to ensure that there is a full understanding of the advantages and disadvantages of each method. The most successful contraceptive method is likely to be the one that the woman (or man) chooses, rather than the one the clinician chooses for them.

Access for women to contraception can be improved by having convenient clinic times and service developments such as nurse prescribing and Patient Group Directions.

Key words: contraception; fertility; hormonal; intrauterine; barrier; sterilisation; implants.

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Question components
Population: Women in need of contraception
Interventions: Available contraceptives
Outcomes: Failure rates, complication rates, acceptability, etc.

Literature sources
Electronic databases: MEDLINE, EMBASE, Cochrane Library, Best Evidence, etc.
Manual search: Personal files of articles available with authors, reference lists of all known primary and traditional review articles.
Contact with experts.

FACTORS INFLUENCING CONTRACEPTIVE CHOICE

Contraceptive prevalence has increased dramatically in the last 50 years. In the UK the total fertility rate (TFR) in 2004 was 1.7, in southern Europe the average TFR is 1.3. This is mainly as a result of contraceptive use.[1] In the USA and UK, 38% and 50%, respectively, of couples wanting to avoid pregnancy are sterilised.[2,3] Less than 1% of women in the USA use an intrauterine device (IUD) or an intrauterine system (IUS). In contrast in Sweden around 20% of women of reproductive age use an IUD and fewer than 4% are sterilised.[4,5] Vasectomy is almost unheard of in France while in the UK men are more likely to be sterilised than women. It is likely that these marked differences between countries are due to the knowledge and beliefs of the providers. Age and stage of life is a major determinant of contraceptive choice. In the UK in 2003/4, 58% of women using a reversible contraceptive method aged 18–19 were using the combined pill compared with 15% of 35–39 year olds and only 5% of women aged over 45.[3] Patterns also vary according to ethnicity and race, marital status and fertility intentions, education and income. In the USA in 1995, for example, 19% of black teenagers used Depo-Provera® compared with only 8% of white teenagers.[2] In developing countries the choice of method is often dictated by what is available and even that can change from month to month. Even in the UK many young people opt for condoms because they do not need to see a health professional in order to get the contraception. Finally the partner's beliefs have a strong influence on method choice in some parts of the world; condom use in sub-saharan Africa is low and many women choose a method that they can keep hidden from their partner.

The characteristics of a contraceptive method determine its acceptability. Efficacy, ease of use, common side effects, health risks and non-contraceptive benefits are all important in considering the method most suitable for an individual or couple. Couples typically progress through a range of methods during their reproductive lives often starting as teenagers with condoms, changing to the combined pill when the relationship becomes more established, using a progestogen-only pill after childbirth and during breastfeeding, spacing babies with a long-acting IUD or IUS and finally choosing sterilisation when their family is complete. Discontinuation of a method when due to