

Short-acting birth control options are highly effective methods that may be right for you



Shot

- A shot of the hormone progestin to stop the ovaries from releasing eggs and thicken cervical mucus to keep sperm from getting to eggs—available by prescription
- Shot administered by a healthcare professional every 3 months either in the muscle or under the skin
- Some risks include bone density loss with repeated shots, bleeding between periods, headaches, weight gain, nervousness, and abdominal pain
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- <1 out of 100 may get pregnant when using this method as directed. About 4 out of 100 may get pregnant when using this method incorrectly or inconsistently



The Pill

- A prescription pill containing estrogen and progestin to stop the ovaries from releasing eggs; also thickens cervical mucus to keep sperm from reaching the egg
- The pill is swallowed at the same time every day, regardless of sexual activity
- Another birth control method, such as a condom, should be used if 1 or more doses are missed
- Some risks include changes in menstrual cycle, nausea, breast tenderness, headache, or high blood pressure (uncommon)
- It is rare, but some women may have blood clots, heart attack, or stroke
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- <1 out of 100 may get pregnant when using this method as directed. About 7 out of 100 may get pregnant when using this method incorrectly or inconsistently



Patch

- A skin patch worn on the lower abdomen, buttocks, upper arm, or back that contains estrogen and progestin to stop the ovaries from releasing eggs; also thickens cervical mucus to keep sperm from reaching the egg
- The patch is replaced once a week for a total of 21 days, followed by a patch-free week 4, during which the menstrual period should start
- Another birth control method, such as a condom, should be used if the patch comes loose or falls off
- This method will expose women to higher levels of estrogen compared to most combined oral contraceptives; it is not known if the higher levels of estrogen carry a greater risk for blood clot
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- <1 out of 100 may get pregnant when using this method as directed. About 7 out of 100 may get pregnant when using this method incorrectly or inconsistently



Ring

- A flexible ring you place in your vagina that releases estrogen and progestin to stop the ovaries from releasing eggs; also thickens cervical mucus to keep sperm from reaching the egg
- The ring is kept in for 3 weeks and removed for 1 week; the menstrual period should start during the ring-free week
- Ring options include a monthly use and a yearly use ring
- If the ring falls out or stays out for more than 3 hours, it should be replaced with another method of birth control, such as a condom, until the ring has been in place for 7 days in a row
- Some side effects include vaginal discharge, discomfort, mild irritation, headache, mood changes, nausea, and breast tenderness
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- <1 out of 100 may get pregnant when using this method as directed. About 7 out of 100 may get pregnant when using this method incorrectly or inconsistently



Diaphragm

- A dome-shaped flexible disk with a flexible rim that you insert into the vagina to cover the cervix—available by prescription
- Inserted into the vagina before having sex using spermicidal jelly; must be left in place for at least 6 hours after sex
- Can be left in for up to 24 hours, additional spermicide is needed every time you have sex
- Some side effects include irritation, allergic reactions, and urinary tract infection; toxic shock syndrome is a rare and serious infection that could occur if left in place longer than 24 hours
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- About 16 out of 100 may get pregnant when using this method as directed. About 17 out of 100 may get pregnant when using this method incorrectly or inconsistently

Short-acting birth control options that must be used or practiced every single time you have sex



Condoms

- For Women:
 - A lubricated, thin polyurethane pouch you insert into the vagina, available over the counter (OTC)
 - Female condom must be used every time you have sex; it can be put on right before sex and should be used only once, then discarded
 - Reduces the risk of STIs; however, the female condom cannot provide absolute protection
 - Some risks include irritation and allergic reactions
 - About 5 out of 100 may get pregnant when using this method as directed. About 21 out of 100 may get pregnant when using this method incorrectly or inconsistently
- For Men:
 - A thin sheath placed over the erect penis, available OTC
 - Male condom must be used every time you have sex; it can be put on right before sex and should be used only once, then discarded
 - Condoms are highly effective protection against STIs
 - Some risks include irritation and allergic reactions
 - About 2 out of 100 may get pregnant when using this method as directed. About 13 out of 100 may get pregnant when using this method incorrectly or inconsistently



Withdrawal

- Man removes penis from vagina before ejaculation. To be effective, this must be done every single time you have vaginal sex
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- About 4 out of 100 may get pregnant when using this method as directed. About 20 out of 100 may get pregnant when using this method incorrectly or inconsistently



Sponge

- A disk-shaped device you insert into the vagina before sex using spermicide
- Sponge must be left in place for at least 6 hours after sex and discarded within 30 hours; it must be thrown away after use
- Sponge protects for up to 24 hours
- Some risks include irritation, allergic reactions, and difficulty removing; toxic shock syndrome is a rare and serious infection that can occur if left in longer than 24 hours
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- In women who have not given birth, 14 out of 100 may get pregnant. In women who have given birth, 27 out of 100 may get pregnant. Childbirth stretches the vagina and cervix and the sponge may not fit as well



Fertility Awareness

- Consistent tracking of fertility signs including your menstrual cycle, basal body temperature, and cervical mucus
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- Between <1 and 12 out of 100 may get pregnant when using this method as directed. Between 2 and 34 out of 100 may get pregnant when using this method incorrectly or inconsistently



Spermicide

- A foam, cream, jelly, film, or tablet you insert into the vagina
- Insert spermicide into the vagina between 5 and 90 minutes before you have sex
- Spermicide must be left in place at least 6 to 8 hours after sex; do not douche or rinse the vagina for at least 6 hours after sex
- Some risks include irritation, allergic reactions, urinary tract infection, and reduced effectiveness when used with medication for a vaginal yeast infection
- Does not protect against HIV infection (AIDS) and other sexually transmitted infections (STIs). A barrier method, such as a condom, should be used to help protect against STIs
- About 16 out of 100 may get pregnant when using this method as directed. About 21 out of 100 may get pregnant when using this method incorrectly or inconsistently

Speak with your healthcare professional about which birth control option is best for you. You can also ask your healthcare professional about available resources that may help make these options more affordable. Birth control options may be available at low or no cost under the Affordable Care Act.



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