

Contraceptive Methods

Oral contraceptive pills or **contraceptive injections** contain synthetic hormones that suppress ovulation, thus keeping you from getting pregnant. They can also cause changes in the uterine lining to prevent implantation of the fertilized egg. Furthermore, synthetic hormones can also increase mucus in the cervix, making it harder for sperm to penetrate.

How exactly an **intra-uterine contraceptive device (IUCD)** prevents pregnancy is still medically unknown, but it is thought to interfere with sperm and egg migration and implantation.

The **male condom** is a thin rubber sheath worn over the erect penis to prevent sperms from entering the woman's uterus.

The **female condom** is a soft lubricated polyurethane sheath placed inside the vagina before coitus to prevent sperm from entering the uterus. Both male and female condoms may also protect against sexually transmitted diseases (including AIDS).

The **diaphragm** is a dome-shaped soft rubber device placed inside the vagina to cover the cervix before intercourse. It acts as a barrier to block sperm from entering the uterus.

Spermicides can come in the form of foaming tablets, jelly, vaginal contraceptive film and sponge. They render sperm inactive or kill the sperms before they reach the egg.

Tubal ligation is a permanent method of contraception for women in which the Fallopian tubes are surgically dissected or ligated so that the egg cannot travel down to meet the sperm. Whereas a **Vasectomy** is a permanent method of contraception for men in which the tubes (vas) through which sperms travel from the testes to the penis are surgically dissected or ligated. This means that when a man ejaculates, the semen has no sperm and a woman's egg cannot be fertilised. On rare occasions, the tubes or vas may recanalized and pregnancy or fertility returns.

Periodic abstinence is to avoid sexual intercourse during the ovulation period when the woman is most fertile. Ovulation usually occurs 14 days before the onset of the next menstruation. The fertile period can be estimated by calendar method, charting daily basal body temperature, or detecting changes in cervical mucus. However since menstrual cycles are not always regular, the user needs careful and persistent charting over a long period of time in order to predict the fertile period.

“Emergency Contraceptive Pills (ECPs)” must be taken within 72 hours of unprotected intercourse. Sometimes an intra-uterine contraceptive device (IUCD) containing copper may be inserted into the uterus by a doctor within 5 days of unprotected intercourse. However, if you are already pregnant, emergency contraception cannot cause abortion.

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