












Birth Control Methods Chart

Designed for providers to help clients consider their birth control options, this chart takes client autonomy into account and presents methods that clients can start and stop on their own and those that require provider involvement (prescription or procedure). The chart highlights method characteristics, including use & frequency, so clients can make informed decisions, based on their own preferences. Note: Within each table, the methods are listed in order of pregnancy risk, and side effects are alphabetized within each method.

CLIENTS CAN START AND STOP ON THEIR OWN

Method	Pregnancy Risk*	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Pill (progestin-only), Opill 	9 out of 100	Client takes by mouth same time every day.	Spotting or bleeding between periods. May not have traditional withdrawal bleeding.	Acne, breast tenderness, headache, nausea, weight gain	Available OTC. Safe for people with high blood pressure, blood clot history, and those who can't take estrogen.
Condom (external) 	13 out of 100	Client rolls onto erect penis (external) every time has sex.	None	Allergic reactions, vaginal irritation	Method prevents STIs. Requires a cooperative partner.
Fertility Awareness-based (FAB) 	15-24 out of 100 (depends on specific FAB method)	Client tracks signs of fertility daily and abstains from sex on fertile days.	None	None	Must have regular cycles and be comfortable tracking basal body temperature and cervical mucus.
Spermicide or vaginal sponge 	21 (spermicide alone) or 9 (sponge) out of 100	Client inserts into vagina before penile-vaginal sex every time.	None	Vaginal irritation	Pair with another method for back-up.
Condom (internal) 	21 out of 100	Client inserts into vagina (internal) every time has sex.	None	Allergic reactions, vaginal irritation	Method prevents STIs. Requires a cooperative partner.
Withdrawal 	25 out of 100	Partner with penis ejaculates outside of and away from vagina.	None	None	Requires a cooperative partner.

REQUIRES PROVIDER TO START WITH A PRESCRIPTION (CLIENTS CAN STOP ON THEIR OWN)—CONTINUED ON OTHER SIDE

Method	Pregnancy Risk*	Use & Frequency	Period Changes	Potential Side Effects	Other Considerations
Shot (IM/SC) progestin-only 	4 out of 100	Provider administers shot (IM), or the client self-administers (SC) shot every 12-15 weeks.	Spotting, lighter period, or no period	Bone density loss, headache, weight gain	Delay in fertility return. Not visible to others.
Patch (transdermal system estrogen + progestin) 	7 out of 100	Client places patch on back, butt, or belly. Every month, changes patch weekly for 3 weeks and no patch for 1 week.	Temporary spotting or lighter period	Breast tenderness, headache, nausea, skin irritation, stomach pain	May be less effective in people with a BMI of 30 or over. Extended/continuous use option.
Pill (combined estrogen + progestin) 	7 out of 100	Client takes by mouth daily.	Temporary spotting or lighter period	Breast tenderness, headache, nausea, risk for blood clots	May reduce acne, cramping, and PMS. Extended/continuous use option.
Ring (estrogen + progestin) 	7 out of 100	Client places ring into vagina. Every month, keeps ring in vagina for 3 weeks and then removes for 1 week.	Lighter period or temporary spotting	Breast tenderness, nausea	Two types: monthly and yearly. May reduce acne, cramping, and PMS. Not visible but can be felt by partners.
Pill (progestin-only, "the mini pill") 	9 out of 100	Client takes by mouth at the same time every day.	Spotting or bleeding between periods. May not have traditional withdrawal bleeding	Acne, breast tenderness, headache, nausea, weight gain	Safe for people with high blood pressure, blood clot history, and those who can't take estrogen.

*The number of people out of every 100 who have an unintended pregnancy within the first year of typical use of each method.