Methods of Contraception in the United States

Contraception is accepted by the medical profession as one of the standard techniques of preventive medicine. (See policy statements p. 12)

The methods presently used in the United States include: hormonal steroid contraception (of which oral contraceptives are the only products currently approved by the Food and Drug Administration); the intrauterine devices; the diaphragm and cervical cap; the chemical contraceptives (foams, creams, jellies, foaming tablets, suppositories); the condom; coitus interruptus, and the rhythm or safe period technique. Contraception is differentiated here from surgical sterilization and from induced abortion.

Criteria for Choice of Methods

Safety

The device or product must have undergone adequate laboratory and clinical testing to have been proved safe for short and long-term use.

Acceptability

Acceptance by the patient is most important. A method of high theoretical effectiveness may fail because the patient dislikes it and uses it inconsistently or not at all. Therefore, the physician must assess whether or not the patient is likely to employ a given method conscientiously, and should insist on adequate follow-up interviews so that he may learn whether the method is satisfactory for the couple. For example, if the diaphragm is to be prescribed, the physician must consider carefully such factors as the ability of the woman to use it correctly, possible hidden fears about its "loss" within her body, proper choice between spermicidal jelly or cream, depending on the patient's esthetic needs and preference, her attitude regarding the amount of self-manipulation necessary, the probable regularity of her use of the method, and the attitude of her husband. Such factors as level of education, degree of available privacy and sanitary facilities, and basic attitudes about fertility and sexual practices undoubtedly play decisive roles in the successful use of all methods. Sensitivity to the psychological make-up of the patient and her husband as a biological unit will thus be crucial in the physician's selection of methods offered for their choice.

Effectiveness

Comparative figures for effectiveness of contraceptive methods are difficult to obtain. Some effort has been made by several investigators to differentiate "patient failures" from "method failures." This is difficult, for the cause of failure is often impossible to establish: semen may reach the female genitalia by post-ejaculatory spill from a condom as the flaccid penis leaves the vagina; a diaphragm that is either too small or too large may allow deposition of semen at the os; or a woman may unintentionally omit an oral pill on several critical days of the cycle. It is likewise impossible to establish or even to estimate the errors of omission that occur when couples decide not to bother with a contraceptive "just this once" and yet do not admit or even realize their responsibility for the "failure."

In helping a couple to choose a method, it is most important that the method is one the couple prefers, understands and therefore uses. The following basic principles must be borne in mind: Methods of birth control vary markedly in effectiveness, but the *best* method for any couple is the most effective method that the particular couple will use consistently.

Acceptability is therefore as critical as theoretical effectiveness in the practice of successful birth control.

Best results are obtained when couples are made to feel free in their choice of methods, and free to change or to use more than one method.

Methods Requiring Pelvic Examination and Prescription

1. **Oral contraceptives.**
2. **Intrauterine devices.**
3. **Diaphragm with contraceptive jelly or cream.**
4. **Cervical cap.**

Oral Contraceptives

(See attached product list and p. 14 for related readings.) Oral contraceptives consisting of a synthetic progestin combined with a small amount of an estrogen have been extensively tested over the past ten years. The attached product list indicates oral contraceptives which have received approval of the U.S. Food and Drug Administration for use as contraceptive agents. Dosage schedules vary with different products. The physician is advised to read the product brochures carefully as to administration, and advise his patient as to the specific regimen prescribed. With all oral contraceptives however, not a single day should be omitted, for with interrupted administration the effectiveness has been shown to drop significantly. If a daily dose is omitted it should be taken as soon as it is remembered and the next tablet taken at the regular time—even if this means taking two in one day. If a tablet is omitted on more than one day the patient should be advised to continue taking the tablets and to use another contraceptive for the remainder of the cycle.

If breakthrough bleeding occurs the medication should be continued for the remainder of the cycle. There is no convincing evidence that in-