Non-hormonal Methods of Contraception

What are they?
Sometimes couples may wish to use non-hormonal forms of birth control that do not interfere with the woman’s monthly menstrual cycle. For example:
- A woman may have undesired side effects from, or medical contraindications to, hormones.
- Intercourse may be infrequent due to a long-distance relationship or no current relationship.
- A woman may want to be in touch with her body’s natural rhythms.
- To increase male involvement in contraceptive responsibility.

See below for a brief description of available non-hormonal options. Additional information can be obtained from topic-specific fact sheets, the Gannett website, or a Gannett provider.

Abstinence
Complete abstinence from penile-vaginal sexual contact is, of course, the only 100% effective method of preventing pregnancy. Some couples choose abstinence due to religious or cultural considerations, some due to medical conditions, and some because it is truly the most effective way to prevent pregnancy and reduce disease transmission.

If you choose abstinence, remember that any contact of semen with the female external genitalia (labia, vulva, inner thighs) can potentially result in pregnancy. Be sure to keep any ejaculate or pre-ejaculate clear of these areas.

Condoms (male and female)
Condoms are one of the most popular non-hormonal methods of contraception, for they can be easily obtained and are relatively easy to use. Condoms also are the only method, aside from abstinence, that can provide some protection against sexually transmitted infections (STI).

Some couples, however, dislike condoms either due to decreased sensation, need to interrupt sexual activity to put on the condom, or even an allergy to or irritation from the latex or spermicide used in the condom. If condoms are irritating, be sure you’re using types that are not spermicidal-lubricated.

Proper use is the key to effectiveness of condoms, which can vary from 80% to 98% depending on the user. Gannett’s fact sheet on condoms and lubricants outlines instructions for proper use. Consider meeting with a Clinical Counselor or nurse to further discuss selection, as well as correct usage.

Fertility-Awareness-Based methods
There are several different methods that fall under this heading of Fertility-Awareness-Based (or FAB). They all involve tracking a woman’s menstrual cycle to predict which times of the month are “fertile” periods, during which she is at risk of pregnancy due to ovulation, and which times of the month are “safe.”

These methods are most effective when a couple is completely abstinent during the fertile times. They are not very effective for women who have irregular or unpredictable menstrual periods, are currently breastfeeding or recently post-childbirth, or have recently discontinued a hormonal contraceptive method. Most require daily monitoring of signs of fertility, such as cycle day, basal body temperature, and cervical secretions. As these methods can be difficult to use, the effectiveness varies widely, from 75% to 94%, depending on the user.

Some women choose FAB methods because they allow them to be very in tune with their body and its rhythms. They are also very helpful for couples who are trying to become pregnant, as they help them maximize their opportunities to conceive. For some couples, however, it is too difficult either to keep track of the necessary data or to abstain from intercourse during fertile times (as many as 10-14 days per month).

If you are interested in using a FAB method, please schedule an appointment with a Gannett clinician to discuss which method would work best for you and how to use it, as proper understanding of the method is crucial to its success.

Intrauterine Device (IUD)
An IUD is inserted into a woman’s uterus during an in-office procedure. It is highly effective, and can be left in place for long-term contraception. Some IUDs in the past were linked to pelvic infections. The IUDs used today have been proven safe and effective. Both hormonal and non-hormonal IUDs are available at Gannett. Please refer to our IUD fact sheet for more detailed information.

If you are potentially interested in an IUD, please make an appointment with a Gannett clinician for a consultation to discuss this method more fully and see if it is right for you.

Withdrawal
Withdrawal, technically termed “coitus interruptus,” refers to the removal of a man’s penis before ejaculation to prevent the deposit of sperm in or near the vagina. In theory, this method should be quite effective (best possible efficacy estimated at 96%), but in practice it is quite difficult for couples to do. Typical use effectiveness is only 73%, due to the difficulty involved in interrupting intercourse at the right time, and ensuring that no semen is deposited near the woman’s genitalia or
inner thighs. For this reason, withdrawal is not recommended as a first choice for contraception, but it can be used if no other method is available and the couple is unable to refrain from intercourse. Withdrawal does not protect against sexually-transmitted infections, as infectious organisms can be present on the genital skin and in the pre-ejaculate.

**Spericides**

Vaginal spericides are widely available, and many women choose them. However, they are the least effective form of non-hormonal contraception available when used alone, with a perfect use effectiveness of 82% and a typical use effectiveness of 71%. They are available as gels, foams, jelly, Vaginal Contraceptive Film (VCF), creams, and suppositories. Spermicide works by disrupting the sperm membrane to kill them. It is not highly effective, however, because it is difficult for all of the millions of sperm to be exposed to the spermicide before they enter the cervical canal. Some men and women may also find the spericides irritating, and higher rates of urinary tract infections have been reported among women using spericides.

Spericides are an important adjunct to diaphragms (see below), but their presence in conjunction with condoms has not been shown to improve contraceptive efficacy. Overall, spericides are certainly better than no method at all, but they are the least effective solo form of contraception available.

**Diaphragm**

The diaphragm is a dome-shaped latex barrier that is inserted vaginally to cover the cervix and prevent sperm from entering the uterus. Diaphragms come in different sizes, and therefore require a clinician visit for fitting and instruction. Perfect use effectiveness for diaphragms, used in conjunction with spermicide, is 94%, but typical use is 84%. A diaphragm is inserted prior to intercourse and must be left in place for a minimum of six hours afterward. It can be left in place for a total of 24 hours at a time. After use, a diaphragm should be removed, rinsed clean, and stored in a cool, dry place. In some women, a diaphragm can increase the risk of urinary tract infections, so it is not recommended for women with a history of multiple UTIs. Oil-based lubricants and vaginal creams (Monistat, Vagisil, and others) should not be used with diaphragms, as they can cause latex to deteriorate.

**The contraceptive sponge**

The contraceptive sponge is a small, pillow-shaped polyurethane sponge containing nonoxynol-9, a common spermicide. It is moistened with water prior to use and then inserted far up into the vagina so that the concave side covers the cervix. Once in place, the sponge protects for 24 hours, and must be left in place for at least 6 hours after the last act of intercourse. Afterwards, the sponge is removed by pulling the small attached loop and discarded. It cannot be reused. Perfect use effectiveness for the sponge is 91%, but typical use effectiveness is only 80%, owing to the difficulty of placing it exactly on the cervix. The sponge cannot be used during a menstrual period.

**Cervical cap**

The cervical cap is a small barrier device designed to fit snugly over the surface of the cervix. Effectiveness is slightly lower than a diaphragm (91% perfect use and 80% typical use). Cervical caps are no longer available at Gannett.

**Lactational Amenorrhea Method (LAM)**

When a woman has had a baby and is breastfeeding that baby, the hormones that regulate the production of milk also inhibit ovulation, thereby preventing the possibility of another pregnancy. During this time, such women do not have menstrual periods. Therefore, women who are exclusively breastfeeding (the infant has NO source of food or fluids other than the mother’s breastmilk), have a low risk of pregnancy, about 2%, in the first six months following the baby’s birth. The risk is somewhat higher in working mothers, about 5%, as breast pumping does not as reliably produce the same hormonal signals as nursing. Once an infant starts to receive other food sources, generally at six months, this method becomes ineffective.

**Surgical sterilization**

For those who desire permanent contraception, with no future possibility of having a child, surgery can be performed to make such an event highly unlikely. Bear in mind that, while highly effective, these methods are not 100%. Also remember that they are intended to be permanent and are therefore often extraordinarily difficult, if not impossible, to reverse. For men, vasectomy is a simple office procedure requiring either no sedative or only a mild one, along with local anesthesia (numbing medicine). The procedure does not impact ability to achieve or maintain erections or to ejaculate. As it takes time to clear any remaining sperm out of the system, the couple is not protected for several months, until the absence of sperm has been documented on two consecutive samples by the physician. Effectiveness is about 99.9%.

For women, tubal ligation (“getting your tubes tied”) is a surgical procedure that is generally performed in the operating room under general anesthesia (you are “put to sleep”) and requires abstinence from strenuous physical activity and from intercourse for a minimum of one week. Effectiveness is lower than for vasectomy at 99.5%.

If you are considering sterilization, contact Gannett, and we will be happy to refer you to a local surgeon for consultation.

**Emergency Contraception (EC)**

If pregnancy is undesired and you are using a non-hormonal method as your primary form of birth control, consider keeping a supply of Emergency Contraception on hand. This hormone pill can serve as a back-up method to reduce the chance of pregnancy in the event of contraceptive failure. More information about EC can be found on our fact sheet, and online at www.gannett.cornell.edu.

**More information**

The Clinical Counselors and nurses at Gannett can talk with you about any concerns you may have about birth control methods, reducing risks of STIs and/or testing. These consultations are free. To schedule an appointment, call 255-5155.

The Gannett Pharmacy carries a wide range of prescription and non-prescription contraceptives, and other sexual health products at reasonable cost. For more information about the pharmacy, please visit the Gannett website: www.gannett.cornell.edu/pharmacy

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**Fall and Spring Semester Hours:**

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<th>Day</th>
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<tr>
<td>Monday–Friday</td>
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Check the web for hours during breaks, winter and summer sessions: www.gannett.cornell.edu

**e-mail:** gannett@cornell.edu

**fax:** 607-255-0269

110 Ho Plaza, Ithaca, NY 14853-3101