

THE DEFINITIVE
GUIDE TO
NON-HORMONAL
CONTRACEPTION

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INTRODUCTION

Let's face it: A lot of women hate hormones. Maybe you've had a bad experience with them, or maybe you just never wanted to take them in the first place. And let me guess, your doctor is less than enthusiastic about supporting you using a non-hormonal method? Whatever it is, you are not alone.

Personally, I knew that hormones weren't for me, so when I was looking for a birth control method I only thought about non-hormonal methods. My first choice (besides the condoms I had already been using) was the copper IUD.

This was quite a few years ago, now, so the tides have changed towards IUDs. Since they are pretty fool-proof, doctors now love them. But when I went into the clinic and asked for a copper IUD they tried to do *anything* to talk me out of it.

Well, I wasn't having it (as per usual for me), and demanded the IUD. I ended up getting it and keeping it for a couple of years. But those couple of years weren't without their heartache.

I ended up with a heavy, spotty period; cramps that I had previously never had; some kind of weird abdominal trouble; painful sex; a leaking diva cup (I still have no idea why, but multiple people have told me this has happened to them, as well); and a paranoia about having an ectopic pregnancy.

Needless to say, I was very happy to end those two years. But was I prepared with another method?

Turns out, I had actually learned the sympto-thermal method right

around the same time I got the IUD. I wanted to use it as back up, but ended up doing half of a chart and then giving up when I went on a weekend trip. I told myself all kinds of stories about how it was going to be too difficult. Amazingly, once I actually started charting I realized that it was a breeze.

Soon after I started charting I made it my mission to teach other women the sympto-thermal method of fertility awareness and about all of the different birth control methods. Besides lots of self study, I have now taken a 2 year course to become a fertility awareness educator and a UCSF course all about contraceptive options via coursera.

Now that you know my story, you can see why I am so passionate about bringing information to you that you aren't getting from your doctor or back in sex ed.

You may often hear that there are certain methods that you shouldn't use because they are too unreliable. Well, I'm here to tell you that that isn't true. With the exception of using the today sponge or spermicides alone, regardless of the method you pick you are going to have a pretty good effectiveness.

One caveat, though: You've gotta use the method well.

That's why it's so important to find a method that you love and you can learn well. Luckily, that's what I'm here to help with. So, if you are finding yourself confused and unsure, let the information below guide you to the right method for you.

HOW TO READ THIS GUIDE

Effectiveness ratings will be expressed in both perfect and typical use, where applicable.

I want to just touch on effectiveness really fast, because I know it can be super confusing.

The effectiveness of a method is rated in “women-years” meaning for each 100 women who use the method for one year X amount will not get pregnant. Don't worry, it's not your chance of getting pregnant per 100 times you have sex. What a relief!

Next up, I want you to be aware that perfect use *is possible*. It's commonly thrown around that perfect use doesn't exist and it's only “In the lab.”

Thankfully again, not true. As long as you always use your method of choice and use it according to the rules and instructions, you will be a perfect user.

All the methods will have sections on how they work, as in, how they actually make you not get pregnant; what you have to do or what exactly perfect use is; what the typical cost is; and some of the bigger pros and cons.

There are a few methods that are not listed. These include methods that are not approved in the US and do not have effectiveness studies. Many birth control methods will be developed and used for a long time before approval, particularly in the US.

For instance, there are currently other non-hormonal IUDs in Europe and Canada (lucky you, if you live there) and a one size fits all diaphragm in Europe. There are also male-centered methods being developed such as [RISUG](#) in India.

Since I have the knowledge and expertise on the birth control methods offered in the US, and those are also very popular worldwide, that is what this guide focuses on.

There is also only one of the fertility awareness based methods listed, and that is the sympto-thermal method. This is the most effective of the fertility awareness based methods and also helps you figure out your hormones better than the other fertility awareness based methods, so I strongly recommend use of the sympto-thermal method over other forms of fertility awareness based methods.

COPPER IUD



HOW IT WORKS

The copper IUD is a plastic device with a copper coil wrapped around it. The copper is released little by little into your system for 10 years, which is the maximum lifespan of the IUD. There are a few ways that the copper IUD works. First, the copper is toxic to sperm, and it greatly inhibits their ability to get anywhere close to the egg. Next, the IUD makes the uterine lining barely or completely inhospitable to a fertilized egg if one so happens to get fertilized. This is why the rate of [ectopic pregnancies](#) is higher if you get pregnant while using an IUD.

WHAT YOU HAVE TO DO

It is inserted into your uterus by a doctor or nurse practitioner. You generally have to get a pap smear and STD check before getting it inserted. You will need to check the strings present at the cervix for the first few months (especially after your period) to make sure that it isn't expelled or partially expelled. You will need to be good about getting your regular check ups. When you want it out you have to get it removed professionally, as well.

COST

\$500 for up to ten years of use.

COPPER IUD

PROS

1. It lasts for ten years
2. It is very effective
3. You do not need to do much after it is in

CONS

1. Heavier periods
2. Cramping
3. Increased possibility of PID
4. Increased chances of ectopic pregnancy if a pregnancy occurs
5. Slight possibility of uterine perforation
6. Can cause abdominal pain and trouble
7. No STI prevention

NOTES

The picture shown is of a Mirena IUD because I wanted to show where it sits in the uterus. The copper IUD and Mirena IUD have a similar shape, but the copper IUD has coils of copper around it.

If you have any issues with low zinc or high copper, this is probably not for you.

EFFECTIVENESS → 99.92 – 99.94%

MALE CONDOM



HOW IT WORKS

The male condom works by blocking any sperm from coming into contact with your vulva or vaginal canal. To do this, the male wears a condom (typically made of latex, but you can get condoms made of other materials if you are allergic).

WHAT YOU HAVE TO DO

You have to buy them from the store. Sometimes you can get them free at a local clinic or school. Make sure if you have latex allergies you buy non-latex ones. If you are interested in using a male condom, make sure you are using it correctly. You can watch this video to see the proper way to use it:

[How to use a condom correctly](#)

COST

Free-\$1 each

MALE CONDOM

PROS

1. Relatively cheap and possibly free
2. No side effects
3. You only need to use it with each act of intercourse
4. Protects against STIs

CONS

1. Can irritate some women
2. Latex allergies or intolerances will make the cost go up
3. Most people prefer intercourse without them
4. Need to be purchased on a regular basis
5. Trash creation with each use

NOTES

If you experience yeast infections from condoms, check to see if they are coming pre-lubricated. Many do, but you can often find un-lubricated condoms cheaper and for many women the problem ends up being the lubricant on the condom. If you still want lubricant, look for water based lubricant, as oil based lubricant can degrade the condom if it is latex.

EFFECTIVENESS → 98 – 82%

FEMALE CONDOM



HOW IT WORKS

Like the male condom, the female condom blocks semen from getting into the cervix or mixing with cervical fluid that sperm could swim through. Rather than being worn on the penis, though, the female condom is worn in the

vaginal canal and partially covering the vulva, as well. There is a ring on the top and on the bottom to help it stay in place.

WHAT YOU HAVE TO DO

Female condoms can be hard to find. They are occasionally available in drug stores or at clinics, but often you will need to seek them out online or take a special trip somewhere. It must be used with each act of intercourse.

In order to use them properly, you can watch [this video](#) which explains how. Keep in mind that the cervix is higher up in the vaginal canal when aroused, so there isn't usually that large amount of condom sticking out that is seen in the video.

COST

\$1-2 each

FEMALE CONDOM

PROS

1. Woman controlled
2. Only needs to be used with each act of intercourse
3. Protects against STIs

CONS

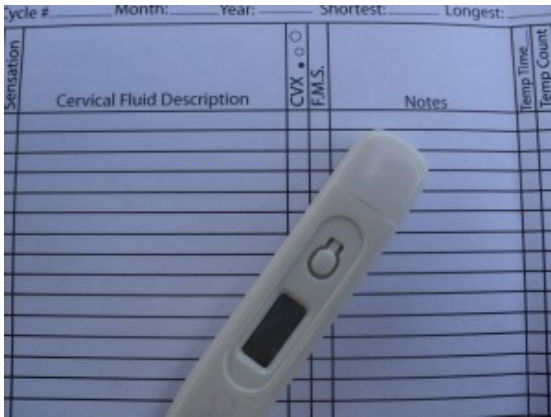
1. Most people really dislike the way they feel
2. Expensive
3. Hard to find

NOTES

Many people find the female condom undesirable, which is part of the reason that they are not more popular and easy to find. Coupled with the fact that they can be more easily misused (partially due to less education and experience with them), they are not the birth control choice of many people.

EFFECTIVENESS → 95 – 79%

SYMPTO-THERMAL METHOD



HOW IT WORKS

You are only fertile for up to seven days in your cycle (though your fertile window might be a little longer) and you can actually figure out the time that you are potentially fertile and use that time to abstain (this is how you get the perfect effectiveness), use alternate sex, or use barrier methods of birth control (which gives you the effectiveness of whatever barrier you choose). During infertile times in your cycle you can have completely unprotected intercourse.

WHAT YOU HAVE TO DO

You should take a class, follow-up with the teacher, chart body observations daily, and follow all of the rules. During the fertile phase you would have no genital-genital contact. If you choose to use barriers while fertile you will attain the effectiveness of the barrier method.

COST

Generally runs \$150-200, with follow-up, total. This is to learn the method which you can then use for the rest of your reproductive years.

SYMPTO-THERMAL METHOD

PROS

1. No side effects
2. Often has [extra benefits](#)
3. After initial small investment it's free
4. Extremely effective with correct and consistent use
5. [Environmentally friendly](#)

CONS

1. You generally have the highest sex drive when you are fertile
2. It takes some time to learn (a few hours) and a cycle or two of practice before you will want to rely on it as birth control
3. You have to chart daily
4. No STI protection

NOTES

I teach this method and use it, so I obviously love it. Find out more by [clicking here](#). There are other fertility awareness methods, but since sympto-thermal is the most effective that is what this course focuses on. This method is best if you are committed to the method and are clear about what you want in terms of a pregnancy or not.

EFFECTIVENESS → 99.6% - ~96 (NOT GOOD DATA FOR TYPICAL USE)

STERILIZATION



HOW IT WORKS

Physical blockage of the tubes of either the man or woman by tying, cauterizing, creating scar tissue, etc. This prevents the sperm and egg from meeting, either from the semen not

containing sperm (vasectomy) or from the sperm not being able to get to the egg (blocked fallopian tubes from tubal ligation).

PERFECT USE

For a vasectomy, you must wait for a few months and have a follow-up to ensure that no sperm are being ejaculated. For a tubal ligation you can use it immediately UNLESS you have the procedure that creates scar tissue over time. In that case you must wait for complete blockage of the tubes.

COST

\$350-1,000 for vasectomy \$1,500-6,000 for female sterilization. The price will last you for the rest of your reproductive years.

STERILIZATION

PROS

1. Very effective
2. Little to no wait time or recurring need to think about birth control

CONS

1. Irreversible or possibly not reversible. If you want a child or aren't sure you should NOT use this method.
2. Expensive
3. Possible surgery complications
4. No STI prevention

NOTES

This may be a very innocuous birth control method, or there may be some physical consequences. Research is not yet very conclusive.

In addition, you will want to think long and hard before getting permanently sterilized. Regret is more common if you get sterilized young, and/or you change partners after sterilization. If one partner is more certain about never wanting to have another baby they should be the ones to get sterilized, but in general vasectomy is easier and cheaper.

EFFECTIVENESS → 99.9%(VASECTOMY) – 99.5%(FEMALE)

DIAPHRAGM



HOW IT WORKS

The diaphragm is worn over your cervix as a barrier to sperm entry. It keeps the sperm from meeting the egg. The diaphragm must be used with spermicide to be effective.

WHAT YOU HAVE TO DO

You have to get your diaphragm fitted by your gynecologist (some midwives also fit diaphragms). You must use it each time you have intercourse, you must insert it correctly and have it covering your cervix, you have to leave it in for at least 6 hours after intercourse, and you must use spermicide. It is good for reuse for up to 2 years.

COST

\$75 for up to two years of use

DIAPHRAGM

PROS

1. Relatively cheap
2. Reusable (less trash!)
3. No side effects provided you don't react to the spermicide you choose
4. Provides a barrier in which you can still get skin-to-skin contact

CONS

1. You have to be fitted for the correct size
2. You have to use it with each act of intercourse
3. Some women find it messy
4. Less effective than many other types, even with perfect use
5. No STI prevention

NOTES

Get your diaphragm fitted when you are fertile. Your cervix changes position while fertile and this could change the size that you are prescribed. Since the diaphragm would only fail during the fertile time, logically, that is when it needs to be properly fitted. You also must be re-fitted after childbirth. Effectiveness may also be lower after childbirth.

EFFECTIVENESS → 94 – 88%

CERVICAL CAP



HOW IT WORKS

Blocks entry of the semen into the cervix/uterus. It is used with spermicide so that sperm die off in the vaginal canal before the passage to the uterus is opened up again by removing the cervical cap. Currently the only one approved for use in the US is the FemCap, which has an ok effectiveness from their self done studies, but the studies may use emergency contraception. I have yet to get a good answer from them or see the studies done.

WHAT YOU HAVE TO DO

You have to get fit by a nurse practitioner or gynecologist. Sometimes it is hard to find someone who will fit a cervical cap. You must use the cervical cap each time you have intercourse with spermicide and leave it in for at least 6 hours afterwards.

COST

\$60-75 for up to two years of use

CERVICAL CAP

PROS

1. Woman controlled
2. Skin to skin during intercourse

CONS

1. Some women react to the spermicides you have to use
2. Not very effective
3. No STI prevention

NOTES

The only cervical cap currently approved in the US is the FemCap. On their website, they say that "perfect use" includes taking emergency contraceptive in the case of something going wrong with use. I have not been able to get a hold of the study to see if those included in the study used emergency contraception to attain their perfect use effectiveness, so this device may be less effective than reported.

The picture presented here is an old cervical cap not currently in production.

You will also want to get fitted for a FemCap while fertile. And re-fit if you have a pregnancy.

EFFECTIVENESS → 92 – 86% (BAD DATA AND WILL BE LOWER FOR THOSE WHO HAVE GIVEN BIRTH)

WITHDRAWAL



HOW IT WORKS

Though some semen is released before ejaculation, it has little viable sperm in it. Little enough to slap an “infertile” diagnoses on most men. If the man “pulls out” before ejaculating and does not get any of the ejaculate on or near your vulva it can be very effective.

WHAT YOU HAVE TO DO

The man has to pull out before ejaculation starts and not let any semen come into contact with the woman’s vulva (if sperm mix with fertile cervical fluid they can easily swim up and into the cervix, uterus, and fallopian tubes). It must be used with each act of intercourse.

COST

Free!

WITHDRAWAL

PROS

1. It's free!
2. Nothing needed, it's always available
3. Is generally acceptable (nothing to deal with except at the end of intercourse)

CONS

1. You need experience and self control
2. It depends on your partner (this could be a pro, too!)
3. Must be used with each act of intercourse
4. No STI prevention

NOTES

Though withdrawal can be quite effective, the problem lies in perfect use. Some men are not capable of using it perfectly or don't care to. This is another method that if you don't use it perfectly you have nothing else to back you up. Assess your ability to be a perfect user and your comfort with the effectiveness before you decide to use this as your sole method.

EFFECTIVENESS → 96 - 78%

THE SPONGE

HOW IT WORKS



It is a sponge that covers your cervix that is impregnated with spermicide. The sponge helps the spermicide stay where it needs to be (around the cervical opening), but the spermicide is doing all of the work. The spermicide kills the sperm before they can swim to the egg (at least theoretically).

WHAT YOU HAVE TO DO

The sponge is available over the counter, but is not available in all stores. It can be used daily, but not during your period (TSS risk). You have to insert it before intercourse and leave it in for at least 6 hours after. Before insertion, you must dampen the sponge so that it doesn't dry you out and to activate the spermicide.

COST

About \$5 each

THE SPONGE

PROS

1. You still get skin to skin contact during intercourse
2. It is rumored to basically feel like nothing

CONS

1. Not very effective, especially if you have been pregnant
2. Expensive
3. Can be irritating
4. No STI prevention

NOTES

If you are allergic to sulfites or irritated by nonoxynol 9 do not use this product. If you have been pregnant the effectiveness decreases significantly.

The sponge is not very effective, but I did include it because some women would like to use it. Spermicides alone are so ineffective they are not being included.

EFFECTIVENESS → 91 – 88% (LOWER IF YOU HAVE GIVEN BIRTH)

IMAGE CREDITS

Male Condom - Josef325

Female Condom - Anka Grzywacz

Knot - Woodleywonderworks

Cervical Cap - Ceridwen

Cork - B Rosen

Sponge - Profile Media