MFP Methods vs CONTRACEPTION









Responsible For Use Conception: union of sperm and egg; the beginning of human life.

*** Contraceptive:** Prevents conception.

* Abortifacient: Agent may end human life after conception has occurred.

Credit: Peter Danis, MD, Family Physician, Certified Fertility Care Medical Consultant,
Gavin Puthoff, MD, Ob/Gyn, Certified Fertility Care Medical Consultant 2024. See page 11 for sources.

For a complete listing of side effects and relevant statistics, please visit STLouisNFP.org.

NATURAL METHODS









ARTIFICIAL METHODS





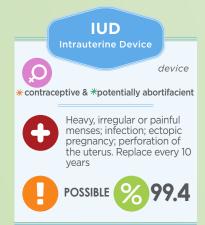
Less common: increased risk of breas cancer, liver tumors, stroke, heart attack, blood clots, elevated blood pressure.

may DELAY % 99.6



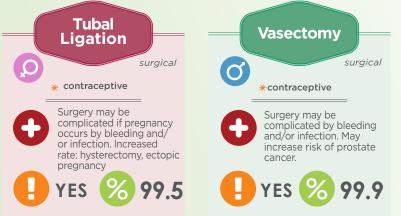












Natural Family Planning (NFP) Methods vs. Contraception

Methods	Possible Side Effects	% Effectivess Avoiding Pregnancy		Harmful to Future Fertility	Responsible for Use
Natural Family Planning	Only method of FP that can be used to achieve/avoid pregnancy	Perfect Use †	Typical Use▲		Fosters Communication
Billings Ovulation Method - mucus based	None	98	90	No	Man and Woman
Creighton Model Fertility Care System - mucus based	None	99.5	96.8	No	Man and Woman
Couple to Couple League (CCL) - symptothermal, mucus & temperature based	None	99.4	98.2	No	Man and Woman
Marquette Model - mucus & electronic fertility monitor based	None	98	93	No	Man and Woman
Barrier Methods*					
Condom	Allergic reaction or irritation.	98	83	No	Man
Diaphragm	Allergic reaction or irritation, Sometimes difficult to remove.	84	83	No	Woman
Vaginal Spermicides*					
Creams, Gels, Suppositories	Allergic reaction or irritation.	84	79	No	Woman
Sterilization Surgeries*					
Tubal Ligation	Surgery may be complicated by bleeding and/or infection. Increased rate: hysterectomy, ectopic pregnancy if pregnancy occurs	99.5	99.5	Yes	Woman
Vasectomy	Surgery may be complicated by bleeding and/or infection. May increase risk of prostate cancer.	99.9	99.8	Yes	Man
Intrauterine Device (IUD) * **					
Affects sperm motility/survival and affects the lining of the uterus and prevents the implantation of the early human life in the uterus; requires replacement every 10 years.	Heavy, irregular or painful menses; infection; ectopic pregnancy; perforation of the uterus.	99.4	99.2	Possible	Woman
Hormonal Contraception (2 hormones) - Pill, Patch, Vaginal Ring					
*Contraceptive: Suppresses ovulation (the release of an egg). If ovulation occurs, the sperm may be prevented from reaching the egg because of thickened cervical mucus. **Abortifacient: if ovulation occurs (2-29% of cycles) and conception occurs, the hormones act by preventing the implantation of the early human life in the uterus.	Common: breast tenderness/cysts, depression, weight gain, headaches, irregular bleeding. Less Common: increased risk of breast cancer, liver tumors, stroke, heart attack, blood clots, elevated blood pressure.	99.6	91	May Delay	Woman
Hormonal Contraception (1 hormone = Progestin only)					
*Contraceptive and **Abortifacient: works like the combination hormonal contraception,	but breakthrough ovulation occurs more frequently				
Implanon (Implant in skin) replacement required every 3 years; breakthrough ovulation can occur after 30 months (3% between 30-36 months)	Irregular bleeding; acne; weight gain; headaches; depression; vaginal dryness.	99.9	99.9	May Delay	Woman
Mirena (IUD with hormone) replacement required every 5 years; breakthrough ovulation 45% at 1 year and 75% at 4 years		99.8	99.8	May Delay	Woman
Progestin only Pill (breakthrough ovulation 33-65%)		99.6	91	May Delay	Woman
Depo-Provera (injection every three months) breakthrough ovulation can occur but incidence not known	See above; delays return of normal ovarian function by average of 8-10 months after last shot; decrease in bone density	99.7	99.7	Delays	Woman

Conception: union of sperm and egg; the beginning of human life

updated 8/2024

Credit:

Peter Danis, MD, Family Physician, Certified FertilityCare Medical Consultant, Gavin Puthoff, MD, Ob/Gyn, Certified FertilityCare Medical Consultant, 2019

^{*}Contraceptive: prevents conception

^{**}Abortifacient: agent that ends human life after conception has occurred

[†] Perfect Use: method taught and practiced correctly to avoid pregnancy

Typical Use: method taught and/or practiced with some inconsistency to avoid pregnancy

Methods of Family Planning 2024 References

- 1. Hilgers TW, Stanford JB. Creighton Model NaproEducation Technology for Avoiding Pregnancy. Journal of Reproductive Medicine 1998; 43:495-502.
- World Health Organization. A Prospective Multicenter Trial of the Ovulation Method of Natural Family Planning. II. The Effectiveness Phase. Fertility and Sterility 1981; 36 (5): 591-98.
- 3. Frank-Herrmann P, Heil J, Gnoth C, Toledo E, Baur S, Pyper C, Jenetzky E, Strowitzki T, Freundl G. The effectiveness of a fertility awareness based method to avoid pregnancy in relation to a couple's sexual behavior during the fertile time: a prospective longitudinal study. Human Reproduction 2007; 22: 1310–1319.
- 4. Fehring R, Schneider M, Raviele K. Efficacy of hormonal fertility monitoring as a method of natural family planning. J Obstet Gynecol Neonat Nurs 2007; 36:152–60.
- 5. Manhart MD, Duane M, Lind A, Sinai I, Golden-Tevald JDO. Fertility awareness-based methods of family planning: A review of effectiveness for avoiding pregnancy using SORT. Osteopathic Family Physician (2013) 5, 2–8.
- 6. Duane M, Stanford J, Porucznik C, Vigil P. Fertility Awareness-Based Methods for Women's Health and Family Planning. Frontiers in Medicine May 2022, Volume 9; 1-13.
- 7. Rulin MC, Davidson AR, Philliber SG. Long term effect of tubal sterilizations on menstrual indices and pelvic pain. Obstetrics and gynecology 1993; 82: 118-21.
- 8. Peterson HB, Zhisen X, Hughes JM, et al. The risk of ectopic pregnancy after tubal sterilization. The New England Journal of Medicine 1997; 336: 72-7.
- 9. Husby A, Wohlfahrt J, Melbye M. Vasectomy and Prostate Cancer Risk: A 38-Year Nationwide Cohort Study. J Natl Cancer Inst (2020) 112(1): 71-77.
- 10. Larimore WL, Stanford JB. Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent. Archives of Family Medicine 2000; 9: 126-133.
- 11. Hassan MA, Killick SR. Is previous use of hormonal contraception associated with a detrimental effect on subsequent fecundity? Human Reproduction 2004; 19: 344-351.
- 12. Kahlenborn C, Modugno F, Potter DM, Severs WB. Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer: A Meta-analysis . *Mayo Clin Proc* 2006; 81:1290-1302.
- 13. Morch LS, Skovlund CW, Hannaford PC, et al. Contemporary Hormonal Contraception and the Risk of Breast Cancer. NEJM 2017;377: 2228-39.
- 14. Skovlund CW, Steinrud Mørch LS, Kessing LV, Lidegaard O. Association of Hormonal Contraception with Depression. JAMA Psychiatry . 2016;73(11):1154-1162
- 15. Etminan M, Takkouche B, Isorna FC, Samii A. Risk of ischaemic stroke in people with migraine: systematic review and meta-analysis of observational studies. BMJ 2004, doi:10.1136/bmj.38302.504063.8F (published 20 December 2004)
- 16. Williams W, Brind J, Manhart M, Klaus H, et. al. Hormonally Active Contraceptives Part I: Risks Acknowledged and Unacknowledged. *The Linacre Quarterly* 2021, Vol. 88(2) 126-148.
- 17. Hatcher RA, et al. Contraceptive Technology 22nd addition. Ardent Media Inc., 2023.