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### **How efficacy is estimated**

#### **Fertility**

The normal pregnancy rate, when no contraception is being used, is an average of 20% of couples conceiving per cycle.

The efficacy of a contraceptive method is the proportionate reduction in the monthly probability of conception.

#### **Method dependent efficacy**

Most methods operate within a range of efficacy values covering both perfect and typical use. For example: combined oral hormonal contraceptives have a theoretical 'perfect use' efficacy of 99.7%, but an actual 'typical use' efficacy of 92%.

'Typical use' refers to use under real-life conditions, in which mistakes (such as forgetting to take a birth control pill at the right time) sometimes happen. Perfect use refers to consistent, correct use of the contraceptive method.

#### **User dependent efficacy**

The efficacy of a particular method is often affected by the user's own circumstances.

Variables, such as age and previous gynaecological illnesses, can affect a woman's fertility.

Variability in the application of the method, for example, regularity of oral pill taking or skill and experience in condom use will affect a method's reliability.

#### **Long-acting reversible contraceptives**

Long-acting reversible contraception are methods that require administering less than once per cycle or month. These methods include IUDs, etonogestrel implants and injections. Long-acting reversible contraceptive methods are 'more effective than barrier methods or oral contraceptives because they demand much less – or are independent of the need for – adherence. Failure rates associated with typical use are virtually the same as those associated with perfect use.' (NCCWCH, 2005).

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## Comparison of contraceptive methods

Table adapted from *Contraception: an Australian clinical practice handbook*. (2006), pp 17-18.

Method	Efficacy	Return to fertility	Availability
Combined oral contraceptives (COC)	Perfect use: 99.7% Typical use: 92%	No evidence of delay	Prescription required
Combined hormonal vaginal ring NuvaRing®	Perfect use: 99.7% Typical use: 92%	No evidence of delay	Prescription required
Progestogen only pill (POP)	Perfect use: 99.7% Typical use: 92%	No evidence of delay	Prescription required
Etonogestrel implants Implanon™	Perfect use: >99.9% Typical use 99.9%	No evidence of delay	Prescription required Insertion & removal of the implant should be performed by a trained doctor
Depot medroxyprogesterone acetate (DMPA)	Perfect use: 99.7% Typical use: 97%	Can take up to a year	Prescription and intramuscular injection required
Cu-IUD (Copper IUD)	99.2%	No evidence of delay	Prescription required Insertion & removal should be performed by a trained doctor
LNG-IUD Mirena® (Hormonal IUD)	99.9%	No evidence of delay	Prescription required Insertion & removal should be performed by a trained doctor
Diaphragms (with spermicide)	Perfect use: 94% Typical use: 84%	No delay	Diaphragms should be fitted by a trained clinician
Condoms - Male  Condoms - Female	Perfect use: 98% Typical use: 85% Perfect use: 95% Typical use: 79%	No delay	No prescription required
Fertility awareness based methods e.g. standard days method, symptothermal method.	75-99%	No delay	Clients generally need to attend a teaching program for best results.
Tubal ligation (female sterilisation)	99.5%	Permanent method	Procedure should be carried out by a trained doctor
Male sterilisation	99.85%- 99.9%	Permanent method	Procedure should be carried out by a trained doctor
Lactational amenorrhoea (LAM)	98% when all three conditions below are met: 1. fully breastfeeding 2. <6 months post partum 3. amenorrhoea	No delay	Readily available
Withdrawal	Perfect use: 96% Typical use: 73%	No delay	Readily available
Spermicide only	Perfect use: 82% Typical use: 71%	No delay	Generally not recommended as a sole method of contraception
No method	15%	N/A	N/A

\* Emergency contraception is not included in this list as it is not a regular form of contraception

## References

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## Further reading

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