

## Using birth control before starting a family

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*Dear Mayo Clinic: My husband and I are both in our early 20s and would like to wait about five years to begin our family. What type of birth control would you recommend? Does using birth control for a long time make it harder to conceive down the road?*

A: A wide variety of safe, effective birth control options are available, and sometimes it can be tough to decide which one is the right choice. For someone in your situation - who wants to get pregnant in a few years - long-acting reversible forms of birth control (also called contraception) are likely the best option. There are several to choose from, and none affect your ability to conceive once you decide you'd like to become pregnant.

Long-acting reversible contraceptives give you consistent, reliable birth control without needing to think about it regularly, as is necessary for some other options, such as [birth control pills](#), condoms, natural family planning or contraceptive sponges. There are three basic types of long-acting reversible contraceptives: intrauterine devices or IUDs, implants and injections. All require a prescription from your [health](#) care provider.

An IUD is a small device placed in the uterus by a health care professional during an office visit. There is a hormone-free IUD that works by preventing sperm from fertilizing an egg. There also are IUDs that contain the hormone progesterone. They work by thinning the uterine lining, thickening cervical mucus, and preventing sperm from fertilizing an egg.

Depending on the type you choose, IUDs can be left in place for three, five or 10 years. For typical use, IUDs have a failure rate of less than one pregnancy in 100 women per year. As soon as the IUD is removed, your natural fertility is restored.

A [contraceptive implant](#) is placed just beneath the skin on the inside of your upper arm. It's a flexible plastic rod that is about the size of a matchstick. The implant releases a low, steady dose of a hormone that prevents pregnancy by suppressing ovulation, thinning the uterine lining and thickening cervical mucus. The implant can prevent pregnancy for up to three years. After that, it needs to be removed and replaced.

Implants are as effective as IUDs, with protection against pregnancy higher than 99 percent. An implant must be removed by a health care provider. You can have it taken out at any time. You return to your natural level of fertility as soon as the implant is removed.

A contraceptive [injection](#) is birth control you receive in the form of a shot once every three months. The injection, which contains the hormone progestin, prevents pregnancy in a manner similar to the contraceptive implant - by suppressing ovulation to keep your ovaries from releasing an egg, as well as thickening cervical mucus to keep sperm from reaching the egg.

If you always get your injections on schedule, every 12 weeks, the reliability of this [birth control](#) method is as high as an IUD or [implant](#). If you wait longer than 13 weeks between injections, its effectiveness goes down significantly. So if you choose the injection, you must be willing to visit your health care provider every three months. You can continue receiving the injections for as long as you'd like. When you decide to stop getting the injections, there can be a short delay in the return of your fertility and ovulation. However, eventually your fertility will return to normal.

Each of these long-acting reversible forms of [birth control](#) has specific risks and benefits, and they aren't all appropriate for every woman. Your family health history, personal medical background and individual preferences must be considered. Talk to your [health care provider](#) about the pros and cons of each, based on your situation, to help decide what's right for you.

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