



# Contra- ception at a glance

Information from Patentex oval

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It is well known that love is the second most important thing in the world. And sexuality is a vital part of it, which you should be able to enjoy without any fear of unwanted pregnancy. The choice of contraceptive is a very important issue: personal preferences, wishes and dislikes must be considered most carefully. Because the better the contraceptive is suited to a particular woman/girl and her personal situation, the easier and more pleasant it becomes to use. In this brochure Patentex oval would like to give you an overview of the broad spectrum of contraceptive methods, how they are used and how they work, to help you choose your ideal personal form of contraception.

Contraceptives are used according to individual requirements: Some methods, for example, provide permanent protection, no matter whether you have intercourse or not. Others are applied directly before intercourse. Alternatively, there are still other methods (which, unfortunately, are quite unreliable!) that are used to determine the fertile and safe days during the menstrual cycle. Thus you may decide spontaneously on which method you wish to use or if you want protection at all.

## Permanent protection

### Pills and mini-pills

The pill and the mini-pill are hormonal contraception forms that act via highly effective, synthetically produced sex hormones, estrogen and gestagen. The two hormones in the pill inhibit the maturation of the egg cells and egg release, and alter the viscosity of the mucus in the uterine canal. This makes it difficult for sperm to reach the womb. In addition, the womb lining is thinner, thereby reducing the chance of an egg embedding itself in the womb. The pill has to be taken daily, usually with a pill-free break of 7 days.

Mini-pills contain gestagen only. Here too, the lining of the womb is thinner, and the mucus at the neck of the womb is more viscous. Mini-pills also often inhibit egg release.

While mini-pills have to be taken every day at the same time plus or minus 2 hours, the pill can be taken 12 hours earlier or later without losing the protective effect.

Both the pill and the mini-pill are considered very reliable, and are the most commonly used form of contraception. Because these highly effective medicaments act on many organ systems they are not free of side effects. They are prescribed by doctors.

### Coils and hormonal coils

Coils (intrauterine device = IUD) and hormonal coils (intrauterine system = IUS) are inserted into the womb by the doctor where they remain for 2-5 years.

The coil – actually a physical contraceptive device – acts like a foreign body in the womb and induces the body to send out defense cells that recognize sperm and egg cells as foreign bodies and destroy them. The copper coating of the coil also releases copper ions that inhibit the motility of the sperm cells.

Hormonal coils combine the modes of action of the pill and the coil. They protect against pregnancy by virtue of their function as a foreign body in the womb as well as releasing hormones from their depot. This alters the structure of the lining of the womb as well as the viscosity of the mucus at the neck of the womb. A coil can only be inserted in the womb by a doctor.



### Hormonal implants

With hormonal implants a small rod with a slow-release hormone is implanted just under the skin of the upper arm. From there the hormone gestagen is released in small amounts into the body. The action is similar to that of the mini-pill. The implant acts up to five years and, like the coil, has to be inserted by a doctor.

### Three-month injections/ injectable hormonal contraceptives

Every three months the hormone gestagen is injected into the buttock as a so-called „depot“ injection and prevents egg release. In many cases periods stop altogether. The three-month injection must be prescribed and given by a doctor. Side effects may occur due to the high dose of hormone injected which is why it is not tolerated by many women/girls. Furthermore, once you have stopped the injections it might take a long time for the cycle to return to normal.



## Spontaneous protection

Spontaneous contraception is provided by substances that are only used during or shortly before sexual intercourse. They do not interfere in the hormonal balance. Their reliability depends on the respective substance and their correct use.

### Chemical contraceptives

#### Foam ovules

The use and effects of a foam ovule can be illustrated by the example of Patentex oval.



The hormone-free ovule is inserted into the vagina where it dissolves into a fine foam. By this means the spermicidal active ingredient, nonoxinol-9, is ideally distributed to make sperm immobile. Thus Patentex oval guards reliably against pregnancy without interfering with the hormonal balance.

The foam ovule acts for up to two hours and is well tolerated. Furthermore, the active ingredient nonoxinol-9 also inactivates bacteria and fungi. Patentex oval is available from pharmacies without a prescription.



#### Vaginal tablets or suppositories

These are also inserted into the vagina. After a 10-minute waiting period they have dissolved and the spermicidal active constituent guards against sperm penetration. The distribution may not be as even as with foam or a spray.

#### Sprays and gels

The active ingredient is already contained in the base substance, and is introduced into the vagina through a dosing tube. The active ingredient works straight away and inactivates the sperm. Gels and sprays do not need the waiting period that is necessary with foam ovules or vaginal tablets.

**IMPORTANT:** These methods have to be repeated each time you have sexual intercourse.

Chemical contraceptives can be bought from pharmacies without a prescription.

## Physical contraceptive methods

#### Condoms

Condoms are at present the only form of contraception that can be used by men. They also offer protection against AIDS and other sexually transmitted diseases. A condom is an ultra-thin tube of rubber with one end sealed off that is put onto the erect penis and stops sperm before they can enter the female vagina. Condoms must always be put onto the penis before (!) sexual intercourse, not shortly before ejaculation. A new condom must be used each time you have sexual intercourse. Condoms are sensitive to light and temperature, must be stored where they cannot be damaged, and must not be used after the expiry date. Condoms are available from pharmacies without a prescription.



#### Diaphragm, Dutch cap, lea contraceptivum (female condom)

In these barrier methods the opening of the womb is covered with „caps“ of variable sizes made of rubber, latex or silicone. Additional spermicidal gel or cream applied to the inner surface increase protection. The cap only seals off the opening of the womb, while diaphragms and female condoms cover the whole of the top end of the vagina. Caps and diaphragms are made out of rubber and are available in various sizes. They must be fitted individually at the doctor's practice or a health advice center. The female condom is available in one universal size and adapts its size individually. It is available from pharmacies without a prescription.



## Other methods

### Natural family planning methods

Here the body's changes during the monthly cycle are observed to ascertain the fertile period during the cycle. This method is well suited for finding out the best time for a possible pregnancy.

#### **Temperature method**

One of the most common methods of natural family planning: The woman/girl takes her temperature at the same time every day before getting up, and enters the temperature in a chart. During the first half of the cycle, from the period until the egg is released, the temperature is a few 10ths of a degree lower than after the egg is released. From the third day with a higher temperature the egg has most probably been released, and the woman/girl can no longer get pregnant during this cycle. (The probability of a second egg being released during the same cycle is extremely low). However, fever, illnesses, medication or stress can also affect body temperature.

You need a little practice and a lot of self-discipline to carry out this method properly. And during the fertile days you must use an additional form of contraception as well, or abstain completely from sexual intercourse!

#### **As a rule:**

It is always advisable to use a condom as well. This not only increases protection against pregnancy, it also protects against AIDS!



### „Contraceptive methods“ that are very unsafe

#### **Coitus interruptus**

Coitus interruptus, so-called „pulling out“ – the man withdraws his penis from the vagina before he ejaculates – is completely unsafe as a contraception method because sperm can pass from the penis into the vagina before ejaculation.

#### **Knaus-Ogino method**

The calendar method, i.e. calculating the fertile and safe days from the calendar. This type of calculation is far too unreliable because every cycle is different, as are egg release and the fertile days.

#### **Vaginal douches**

Vaginal douches with water, lemon juice or other liquids to rinse out the sperm directly after sexual intercourse are totally ineffective for contraception! Furthermore, these may harm the vaginal flora.

## Direct help for contraception mishaps

The condom has burst, or you had unprotected intercourse during egg release. Even then there are ways and means of preventing a pregnancy.

#### **Morning-after pills**

A high-dose hormone preparation that prevents a possibly fertilized egg embedding in the womb lining. This is for „emergencies“ only, and is certainly not suitable for regular contraception! The morning-after pill is prescribed by the doctor and is taken as soon as possible, but not more than 48 hours, after sexual intercourse. A total of four pills are taken: 2x2 tablets with a 12-hour interval.

#### **Coils**

The woman/girl can have her gynecologist insert the coil up to five days after unprotected sex. This also prevents implantation of a fertilized egg, in this case by continuous irritation of the womb lining. This method is particularly suitable for women/girls who want to carry on contraception with the coil.

## Unplanned pregnancy

If you have unexpectedly become pregnant and the pregnancy is a problem for you, you should consult a doctor or health advice center as soon as possible. Here you will be given information and assistance with pregnancy, adoption and possible termination of the pregnancy.

## Which contraceptive method suits me best?

Here we present a brief review of all the methods of contraception listed in this brochure. Beside each method you will find its respective **Pearl index**. The **Pearl index** is used to assess the

reliability of a method of contraception. This is evaluated for each method by calculating the number of unwanted pregnancies per 1,200 user months (i.e. 100 women/girls use the method for one year). For example, a **Pearl index** of 0.3-1.6 for the foam ovule method Patentex oval means that only 0.3-1.6 women/girls who used this contraceptive method for one year became pregnant. In comparison with this the pill has a **Pearl index** of 0.1-1.0.

	Methods	Effect/Application	Prescription	Pearl index	Safety
Permanent protection	<b>Pill</b>	Hormonal contraceptive, daily administration for 3 weeks, break of 7 days.	Available on prescription only	0.1-1 <sup>1)</sup>	Very reliable <sup>1), 7)</sup>
	<b>Mini-pill</b>	Hormonal contraceptive, daily administration for 3 weeks, break of 7 days.	Available on prescription only	0.5-3 <sup>2)</sup>	Reliable <sup>7)</sup>
	<b>Coil</b>	Continuous irritation of the womb, lasts 2 years	Available on prescription only, must be inserted by a doctor	0.9-3 <sup>3)</sup>	Reliable <sup>7)</sup>
	<b>Hormon coil</b>	Combines the modes of action of the pill and a coil, lasts 2-5 years	Available on prescription only, must be inserted by a doctor	0.1 <sup>1)</sup>	Very reliable <sup>1)</sup>
	<b>Hormonal implant</b>	Hormonal contraceptive, lasts 5 years	Available on prescription only, must be inserted by a doctor	0-0.1 <sup>1)</sup>	Very reliable <sup>1), 7)</sup>
	<b>Three-month injection/injectable hormonal contraceptive</b>	Hormone depot gestagen, repeat every 3 months	Available on prescription only	0.4-2 <sup>4)</sup>	Reliable <sup>7)</sup>
Spontaneous protection	<b>Foam ovule Patentex oval</b>	Hormone-free, inserted in the vagina, use as required	No, available without prescription from pharmacies	0.3-1.6 <sup>5)</sup>	Reliable <sup>5)</sup>
	<b>Vaginal tablet or suppositories</b>	Hormone-free, inserted in the vagina, use as required	No, available without prescription from pharmacies	14-22 <sup>5)</sup>	Very unreliable as sole protection <sup>1), 7)</sup>
	<b>Spray</b>	Hormone-free, inserted in the vagina, use as required	No, available without prescription from pharmacies	3-28 <sup>5)</sup>	Very unreliable as sole protection <sup>1), 7)</sup>
	<b>Gel</b>	Hormone-free, inserted in the vagina, use as required	No, available without prescription from pharmacies	7.7-36 <sup>5)</sup>	Very unreliable as sole protection <sup>1), 7)</sup>
	<b>Condom</b>	Is used by the man	No, available without prescription from pharmacies	7-14 <sup>1)</sup>	Safe when used according to instructions <sup>1), 7)</sup>
	<b>Diaphragm</b>	Use as required	Must initially be inserted by a doctor	2-20 <sup>1)</sup>	Reliable if fitted properly and spermicide <sup>1), 7)</sup>
	<b>Dutch cap</b>	Use as required	Must initially be inserted by a doctor	ca. 6 <sup>2)</sup>	Unreliable <sup>7)</sup> ; Safe in combination with spermicide <sup>2)</sup>
	<b>lea contraceptivum (female condom)</b>	Use as required	Universal size available from pharmacists	2.2-2.9 <sup>6)</sup>	Safe in combination with spermicide <sup>2)</sup>
	<b>Other methods</b>	Daily temperature readings	No	1-3 <sup>1)</sup>	Relatively reliable with regular menstrual cycle and normal day-to-day life <sup>1), 7)</sup>

<sup>1)</sup> Pro Familia Frankfurt, [www.profamilia-online.de/main.html](http://www.profamilia-online.de/main.html)

<sup>2)</sup> Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften, [www.uni-duesseldorf.de](http://www.uni-duesseldorf.de), 16.01.2002

<sup>3)</sup> Th. Rabe, Kontrazeption, DAZ 139/44: 46 - 58 (1999)

<sup>4)</sup> Medicine-Worldwide, [www.m-wv.de/sexualitaet\\_fortpflanzung/verhuetung/tabelle.html](http://www.m-wv.de/sexualitaet_fortpflanzung/verhuetung/tabelle.html), 20.01.2002

<sup>5)</sup> J. Dimpfl, W. Salomon, K.-H. Schicketanz, Die spermicide Barriere, Sexualmedizin 13: 95 - 98 (1984)

<sup>6)</sup> [www.gyn.de](http://www.gyn.de), 18.01.2002

<sup>7)</sup> Bundeszentrale für gesundheitliche Aufklärung, Verhütung, Juni 2001

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