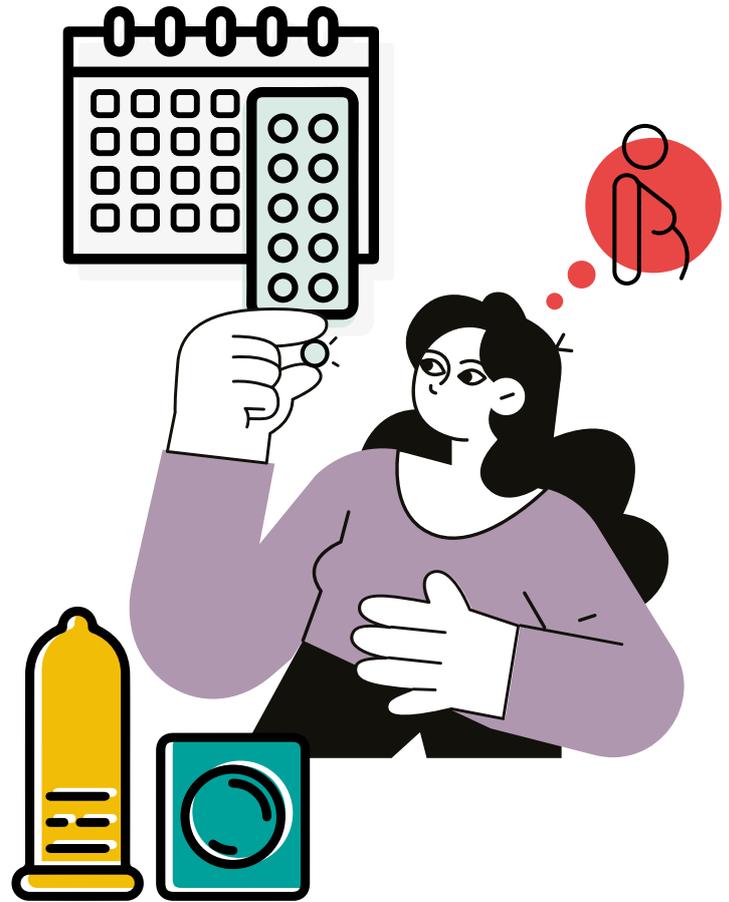


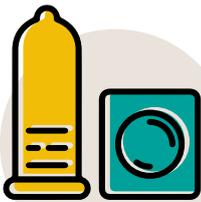
Birth control and HIV

Family planning is essential for women with HIV, because proper birth control prevents unplanned pregnancies. Women with HIV can use most methods of contraception.



Barrier methods:

These prevent sperm from reaching the egg.



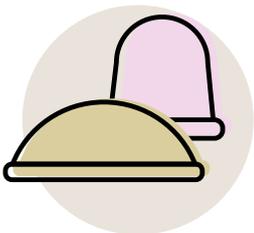
External condom:

Proven effectiveness against pregnancy and other sexually transmitted infections (STIs) when used correctly and consistently.



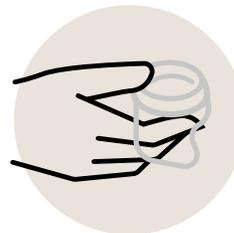
Internal condom:

Equally effective and safe as the external condom, but not as widely used.



Diaphragm and cervical cap:

When used on their own, they are not very effective and should therefore be used together with a spermicide. Spermicides are chemicals that kill sperm. They do not provide protection against STIs.

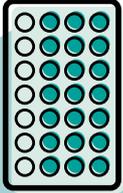


Contraceptive sponge:

This works by creating a physical barrier between semen and the vagina and prevents sperm from entering the uterus. It does not provide protection against STIs.

Short-term hormonal methods:

These prevent ovulation, fertilisation and/or implantation of a fertilised egg. They do not provide protection against STIs so should be combined with a barrier method.



Birth control pills:

These contain hormones similar to those produced by the ovaries (oestrogens and gestagens). They work by preventing ovulation and therefore pregnancy. They are taken orally each day.



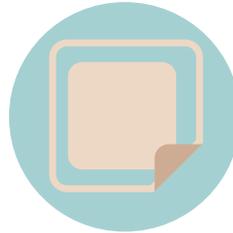
Vaginal ring:

Once a month, this is inserted into the vagina from which it releases low doses of hormones each day. Its effectiveness is not altered by vomiting or diarrhoea.



Injections:

These contain oestrogens or progestin. They are injected every 30 or 90 days.

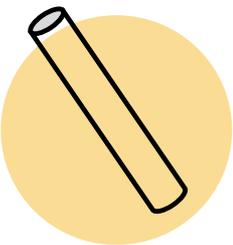


Contraceptive patches:

These are stuck to the skin every 7 days for 3 weeks and not worn for the last week; hormones are slowly released from the skin into the body.

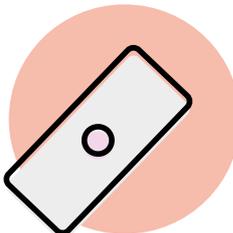
Long-term reversible methods of contraception:

These prevent ovulation, fertilisation and/or implantation of a fertilised egg. They do not provide protection against STIs so should be combined with a barrier method.



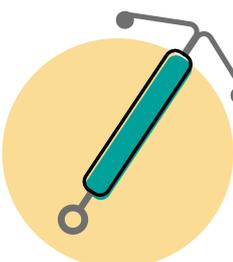
Implant:

This is a matchstick-sized rod that is placed under the skin of the arm and releases progestin. It offers high protection and lasts for 3 to 5 years but can be removed at any time.



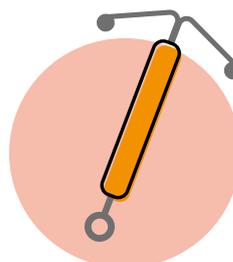
Morning-after or five-day-after pill:

This is a single pill taken ideally within 24 hours after sex (up to a limit of 72 hours) or in the five days after sexual intercourse. It works by delaying or preventing ovulation.



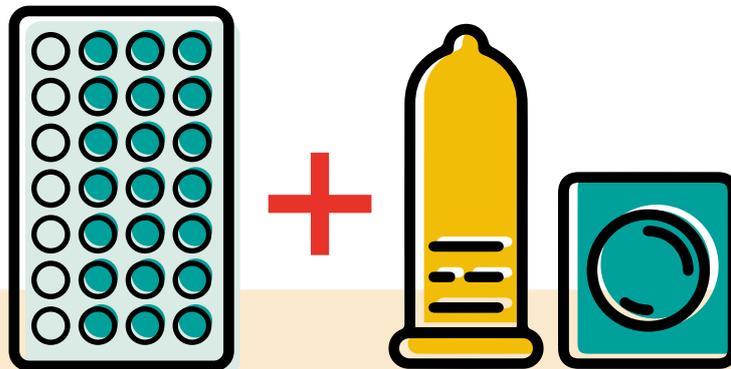
Intrauterine device (IUD):

This small, very flexible device is placed inside the uterus. It releases either copper or progestin, both of which prevent sperm from fertilising the egg. An IUD can last from 3 to 10 years.



Copper IUD:

If inserted within 5 days of unprotected sex, it is over 99% effective. Once inserted, a woman can continue using it as a regular method of contraception or change to another method.



Some HIV medications may reduce the effectiveness of hormonal birth control methods. Some women may need to use another method of birth control to prevent pregnancy.

Remember:

Women with HIV can use any method of birth control for safe prevention of pregnancy.

However, condoms are the only method of birth control that protect against STIs.

The healthcare professionals who attend you will be able to tell you which method of birth control is the right one for you.

gt grupo de trabajo sobre tratamientos del VIH
ENTIDAD DECLARADA DE UTILIDAD PÚBLICA
ONG DE DESARROLLO



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Tel. 93 458 26 41

Disclaimer

The information on this sheet is not intended to replace a doctor's advice. Health decisions should always be taken after consulting health professionals. Medical information can quickly become outdated.

If you have any questions after reading this sheet, you should talk to your doctor or nurse, or call gTt-VIH on 93 458 26 41 to find out whether there have been any significant new developments.

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