TABLE 396-3 Effectiveness of Different Forms of Contraception

METHOD OF CONTRACEPTION	THEORETICAL EFFECTIVENESS (%)	ACTUAL EFFECTIVENESS (%)	CONTINUED USE AT 1 YEAR (%)	USE OF METHOD BY U.S. WOMEN AT RISK OF UNINTENDED PREGNANCY (%)
No method	15	15		10
Fertility awareness	96	76	47	1.2
Withdrawal	96	78	46	4.4
Barrier methods				
Condoms	98	82	43	13.7
Diaphragm	94	82	57	2
Spermicides	82	72	43	1
Sterilization				
Female	99.5	99.5	100	22.6
Male	99.5	99.9	100	7.4
Intrauterine device				9.3
Copper T	99.4	99.8	85	
Progestin-containing	99.8	99.8	88	
Hormonal contraceptives				
Combined and progestin only	99.7	91	67	23.3
Transdermal patch	99.7	91	67	0.5
Vaginal ring	99.7	91	67	1.8
Implant				1.2
Depo-Provera	99.8	94	56	
Subdermal implant	99.5	99.5	84	
Emergency contraception	95	-	-	11

Sources: Data from J Trussell et al: Contraceptive Efficacy, in Contraceptive Technology, 20th revised ed, RA Hatcher et al (eds). New York, Ardent Media, 2011; CDC. NCHS National Survey of Family Growth, 2011-2013; J Jones et al: Current contraceptive use in the United States, 2006-2010, and changes in patterns of use since 1995. Natl Health Stat Report 60:1, 2012, and NE Birgisson et al: Preventing unintended pregnancy: The contraceptive CHOICE project in review. J Womens Health (Larchmt) 24:349, 2015.

Permanent Contraception The permanent forms of contraception include tubal sterilization and vasectomy, with twice as many women choosing permanent sterilization compared to men. Vasectomy is a low-risk procedure typically performed in an outpatient setting with a very low failure rate of 0.1 pregnancies per 100 women per year. It is not immediately effective, and patients should be told to use other forms of contraception for a minimum of 3 months after the procedure. Tubal sterilization can be performed in the postpartum period or as an interval procedure and has a failure rate of 0.5 pregnancies per 100 women per year. Postpartum sterilization can be performed during a cesarean section or after a vaginal delivery via mini-laparotomy. Interval procedures can be performed laparoscopically or via mini-laparotomy and include partial or complete salpingectomy or occlusion of the fallopian tubes using electrocoagulation or mechanical devices such as clips. These permanent methods of contraception are highly effective as they avoid the need for user-dependent contraception. All patients should undergo preprocedure counseling regarding risk of failure, permanence of the procedure, regret, and alternatives.