

Factsheet Contraception

Key points

- Your choice of contraception will depend on your situation and preferences.
- There are possible interactions between some hormonal contraceptives and some anti-HIV drugs.
- Your HIV treatment needs to be taken into account when choosing a contraceptive.



Contraception is a way to prevent pregnancy. There are some particular issues for people living with HIV to take into account when choosing a contraceptive method.

Becoming a parent of a healthy, HIV-negative child is a realistic option for many people (read about this in the section on [conception](#) in NAM's booklet *HIV & women*). However, you may want to plan when pregnancy happens, or avoid pregnancy ever happening.

Choosing a contraceptive method

Your choice of contraception will depend in part on your situation and preferences. Some of the things you might want to think about are:

- Whether a contraceptive is compatible with your HIV treatment.
- How well a contraceptive method will suit your lifestyle.
- How often you have to use a contraceptive.
- If, and how soon, you want to become pregnant in the future.
- How to protect yourself and your partner from infections.
- The possible side-effects of different contraceptives.
- Your partner's preferences.

NAM's online tool [HIV & contraception](#) can give you personalised information about your contraception options. There is plenty of information on the [Brook](#), [FPA](#) and [NHS Choices](#) websites, but bear in mind these sites often don't have information about HIV-specific issues.

Hormonal contraception and anti-HIV drugs

Some types of contraception contain one or more hormones. The extra hormones stop ovulation, so your body does not release an egg for fertilisation. They also thicken the mucus around the cervix, making it difficult for sperm to get into the womb.

They include:

- the combined pill
- the progestogen-only pill
- the patch
- the vaginal ring
- *Depo-Provera* injections
- the implant
- the intrauterine system (IUS, *Mirena* or *Jaydess*).

These are all used by women.

If you are not yet on HIV treatment, you can choose any of these methods. If you are taking HIV treatment, your options may change, depending on which anti-HIV drugs you are on.

There are possible drug interactions between some forms of hormonal contraceptive and the anti-HIV drugs efavirenz (*Sustiva*, also in *Atripla*), and drugs in the protease inhibitor class, such as darunavir (*Prezista*), lopinavir/ritonavir (*Kaletra*) and atazanavir (*Reyataz*, also in the combination pill *Evotaz*). If you are taking the integrase inhibitor elvitegravir (*Vitekta*, also in the combination pills *Stribild* and *Genvoya*), you may need to take a higher dose of hormonal contraception or use another method.

Nevirapine (*Viramune*, *Viramune prolonged-release* and generic versions of nevirapine) is now less commonly used, but can also interact with hormonal contraception.

The interaction can occur because both the anti-HIV drug and the contraceptive are processed in the liver by the same enzymes, so the contraceptive is processed faster than usual. As a result, levels of the contraceptive hormones may be too low to always prevent a pregnancy. The anti-HIV drugs will continue to be effective and work well.

A number of other medications can interact with hormonal contraceptives, including some antibiotics and drugs used to treat epilepsy. It is important that whoever provides your contraception knows about any other medication you take, including over-the-counter and herbal remedies.

Some hormonal contraceptives are not affected by any anti-HIV drugs (see *Long-acting contraception* below). And not all anti-HIV drugs interfere with contraceptives.

Your HIV doctor should ask you about contraception when you are discussing HIV treatment; you may want to change your contraception method or choose different anti-HIV drugs.

NAM's online tool [HIV & contraception](#) provides information on each contraceptive method and any effect anti-HIV drugs might have.

Long-acting contraceptives

Some contraceptive methods work for long periods at a time. These include the implant, the intrauterine system (IUS, *Mirena* or *Jaydess*), and *Depo-Provera* injections (all hormonal methods) and the intrauterine device. With the exception of the implant, these can be used by women taking any anti-HIV drug.

The intrauterine device (IUD or 'coil') is a flexible, plastic and copper device that is fitted in the womb, where it can stay for several years. It stops sperm reaching an egg, or stops eggs implanting in the wall of the womb. IUDs must be fitted and removed by a doctor or nurse. The reliability of the IUD is unaffected by HIV treatment.

The intrauterine system (IUS) is a small, T-shaped plastic device that is inserted into your womb by a doctor or nurse. The *Mirena* lasts five years and the *Jaydess* three. HIV treatment does not reduce the effectiveness of the IUS.

"In the UK, contraception is available free, provided by the National Health Service (NHS). You will not have to pay a prescription charge."

An implant is a small flexible rod that is inserted under the skin on the upper part of the arm, and works for up to three years. It contains the hormone progestogen and releases it slowly into your body. This prevents the release of an egg from your ovary and makes it harder for sperm to move through your cervix. Some anti-HIV drugs can reduce the effectiveness of the implant, as can some treatments for other conditions.

Many women like these methods of contraception as they are the most reliable methods, and can also be more discreet. Once fitted or administered, they will work for several months or years, so you don't need to think about using them every day or every time you have sex.

They can affect the frequency and heaviness of your periods, so you may want to consider the possible changes to your menstrual cycle in making your decision.

None of these hormonal methods of contraception protect you or your partner against [sexually transmitted infections](#).

You can use NAM's online tool [HIV & contraception](#) to help you weigh up the different possibilities, or read more about [long-acting contraceptives](#) on the FPA website.

Condoms

Many people with HIV choose to use [condoms](#). Condoms, properly and consistently used, are an effective way to avoid passing on HIV to a partner. Condoms also offer protection from other [sexually transmitted infections](#) – the only form of contraception that does.

Used correctly every time you have sex, condoms are an effective way of preventing pregnancy. However, condoms may break or come off. Many people choose a strategy of 'double protection' and use condoms in addition to another, more reliable, form of contraception.

There are both male (i.e. used by men) and female (used by women) condoms. It is very important you follow key steps to make using a condom as effective as possible. You can find out more about these in NAM's factsheet, [Condoms](#).

Diaphragms and caps

Diaphragms and caps (contraceptive devices you place in the vagina each time you have sex) are *not* recommended for women who have HIV. This is because they are normally used with a spermicide, a substance that can lead to irritation, genital sores and lesions. These sores or lesions, which you may not realise you have, can increase your risk of passing HIV on to an HIV-negative sexual partner.

Getting contraception

In the UK, contraception is available free, provided by the National Health Service (NHS). You will not have to pay a prescription charge. Contraception is available from GPs, and from community contraceptive clinics and sexual health (GUM) clinics. Details of local clinics are available from [NHS Choices](#) or [FPA](#). [HIV treatment centres](#) offer condoms free of charge.

Find out more

[Emergency contraception and unwanted pregnancy](#) Simple factsheet

[HIV & women](#) Information booklet

[HIV & contraception](#) Online, interactive tool