

**Table 26-1 Percentage of women experiencing an unintended pregnancy during the first year of typical use and the first year of perfect use of contraception and the percentage continuing use at the end of the first year. United States.**

Method	% of Women Experiencing an Unintended Pregnancy within the First Year of Use		% of Women Continuing Use at One Year <sup>3</sup>
	Typical Use <sup>1</sup>	Perfect Use <sup>2</sup>	
No method <sup>4</sup>	85	85	
Spermicides <sup>5</sup>	21	16	42
Female condom <sup>6</sup>	21	5	41
Withdrawal	20	4	46
Diaphragm <sup>7</sup>	17	16	57
Sponge	17	12	36
Parous Women	27	20	
Nulliparous Women	14	9	
Fertility awareness-based methods <sup>8</sup>	15		47
Ovulation method <sup>8</sup>	23	3	
TwoDay method <sup>8</sup>	14	4	
Standard Days method <sup>8</sup>	12	5	
Natural Cycles <sup>8</sup>	8	1	
Symptothermal method <sup>8</sup>	2	0.4	
Male condom <sup>6</sup>	13	2	43
Combined and progestin-only pills	7	0.3	67
Evra patch	7	0.3	67
NuvaRing	7	0.3	67
Depo-Provera	4	0.2	56
Intrauterine contraceptives			
ParaGard (copper T)	0.8	0.6	78
Skyla (13.5 mg LNG)	0.4	0.3	
Kyleena (19.5 mg LNG)	0.2	0.2	
Liletta (52 mg LNG)	0.1	0.1	
Mirena (52 mg LNG)	0.1	0.1	80
Nexplanon	0.1	0.1	89
Tubal occlusion	0.5	0.5	100
Vasectomy	0.15	0.1	100

**Emergency Contraceptives:** Use of emergency contraceptive pills or placement of a copper intrauterine contraceptive after unprotected intercourse substantially reduces the risk of pregnancy. (See Chapter 10.)

**Lactational Amenorrhea Method:** LAM is a highly effective, *temporary* method of contraception.<sup>9</sup> (See Chapter 17.)

Source: See text.

(continued)

**Table 26-1 Percentage of women experiencing an unintended pregnancy during the first year of typical use and the first year of perfect use of contraception and the percentage continuing use at the end of the first year. United States.—(continued)**

<sup>1</sup>Among *typical* couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any reason other than pregnancy. Estimates of the probability of pregnancy during the first year of typical use for fertility awareness-based methods, withdrawal, the male condom, the pill, and Depo-Provera are taken from the 2006–2010 National Survey of Family Growth (NSFG) corrected for under-reporting of abortion. See the text for the derivation of estimates for the other methods.

<sup>2</sup>Among couples who initiate use of a method (not necessarily for the first time) and who use it *perfectly* (both consistently and correctly), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason. See the text for the derivation of the estimate for each method.

<sup>3</sup>Among couples attempting to avoid pregnancy, the percentage who continue to use a method for 1 year.

<sup>4</sup>This estimate represents the percentage who would become pregnant within 1 year among women now relying on reversible methods of contraception if they abandoned contraception altogether. See text.

<sup>5</sup>150 mg gel, 100 mg gel, 100 mg suppository, 100 mg film.

<sup>6</sup>Without spermicides.

<sup>7</sup>With spermicidal cream or jelly.

<sup>8</sup>About 80% of segments of FABM use in the 2006-2010 NSFG were reported as calendar rhythm. Specific FABM methods are too uncommonly used in the U.S. to permit calculation of typical use failure rates for each using NSFG data; rates provided for individual methods are derived from clinical studies. The Ovulation and TwoDay methods are based on evaluation of cervical mucus. The Standard Days method avoids intercourse on cycle days 8 through 19. Natural Cycles is a fertility app that requires user input of basal body temperature (BBT) recordings and dates of menstruation and optional LH urinary test results. The Sympto-thermal method is a double-check method based on evaluation of cervical mucus to determine the first fertile day and evaluation of cervical mucus and temperature to determine the last fertile day.

<sup>9</sup>However, to maintain effective protection against pregnancy, another method of contraception must be used as soon as menstruation resumes, the frequency or duration of breastfeeds is reduced, bottle feeds are introduced, or the baby reaches 6 months of age.