

Patient information from BMJ

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Contraception: behavioural methods

There are many types of contraception, all designed to help you plan when you do and don't want to try to have children. You can use our information to talk to your doctor about the type that's best for you.

This leaflet is about behavioural methods of contraception. This usually means that you try to avoid pregnancy by how and when you have sex, rather than by using any other methods, such as condoms or the contraceptive pill.

The right contraception for you

There are many types of contraception to choose from. But they are not all suitable for everyone.

For example, women with heart conditions might not be able to take the contraceptive pill. And people allergic to latex won't be able to use latex condoms.

The type of contraception that suits you best will depend on several things including:

- your medical history, including things like allergies and any health conditions that you have
- your lifestyle
- whether you need to think about preventing sexually transmitted infections (STIs), including HIV. For example, this applies to you if you have multiple partners, or if you change partners, and
- your own preferences: for example, you might not want to use some types of contraception because you're concerned about side effects. Or maybe you don't want to use condoms because you want something that you don't want to have to think about 'in the moment'.

What are behavioural methods of contraception?

Behavioural contraception means that you don't use any medications, such as the contraceptive pill, or barrier methods, such as condoms.

Instead, you try to avoid pregnancy by how and when you have sex.

Contraception: behavioural methods

With perfect use, some behavioural methods can be very effective. However, with normal everyday use, they tend to be less effective than other types of contraception.

Different behavioural contraception methods

Breastfeeding

You might have heard that it's not possible for a woman to become pregnant as long as she is breastfeeding. This is partly true.

More accurately, it is not usually possible for a woman to become pregnant while breastfeeding in the first months after she has a baby. This is because it can take a while before a woman starts to have menstrual periods again after giving birth.

You might have heard this method of contraception called the **lactational amenorrhoea method**, or **LAM**.

For this method of contraception to work, you need to make sure that:

- you only feed your baby by breastfeeding, and
- you breastfeed your baby at least every 4 hours during the day, and at least every 6 hours during the night.

This method of contraception is very effective when you follow these rules. But you can only do it for a short time. You need to start using another method of contraception when:

- your baby is six months old, or
- you start having periods again, or
- your baby starts to eat some solid food, because this means that he or she is breastfeeding less.

Not having sex when ovulating (also called the rhythm method)

It's only possible for a woman to become pregnant on certain days during her menstrual cycle. This time is called ovulation. It is when an egg is released from the woman's ovary and is ready to be fertilised by a man's sperm.

Some women try to avoid pregnancy by:

- avoiding sex on days when they are ovulating, or
- using barrier contraception on those days.

Generally, women avoid sex or use barrier methods from five days before ovulation to two days after.

(For more information on barrier contraception, see our leaflet: *Contraception: barrier methods*.)

Using this method means predicting exactly when you will be ovulating. There are several ways of doing this. You can:

Contraception: behavioural methods

- check your body temperature first thing in the morning. Your temperature will drop slightly below normal a couple of days before you ovulate, and will rise slightly above normal for 10 to 14 days after you ovulate.

To use this method, you will first need to track your temperature for a few months, at the same time every morning, to get to know what your normal morning temperature is.

- check your cervical mucus. This is the fluid that's always in your cervix. When you are ovulating, the mucus in your cervix will be clear coloured and have a thinner texture.

When you are not ovulating, the mucus will be sticky, and cloudy or yellowish. This usually happens just after your period. Some women have vaginal dryness during these times.

- chart your menstrual cycles on a calendar. To use this method, you need to know how long your menstrual cycle lasts (not all women's cycles last 28 days: some are shorter and some longer).

You can then work out when you should be ovulating. Ovulation usually happens about 14 days before your period starts.

You can ask your doctor for more information about any of these methods. There is also plenty of information online, including ovulation calculators, to help you tell when you are ovulating.

Doing more than one of these things makes the rhythm method more effective. Used properly, this method can be effective almost all of the time.

But you need to use it consistently and carefully for it to work. And it probably won't work well for women whose periods don't happen at regular, predictable intervals.

Withdrawal

Withdrawal means that the man withdraws (takes out) his penis from the woman's vagina before he ejaculates (comes). For this method to work, the man needs to be able to tell when he is about to ejaculate, and to withdraw his penis in time, every time.

This method can be effective much of the time. But even if you are careful it is risky, because some sperm can leak from the penis before ejaculation.

Why contraception matters

The number of unplanned pregnancies tells us how important it is for sexually active people to think about contraception. For example:

- in the UK about 30 in 100 pregnancies are unplanned, and
- in the US about 50 in 100 pregnancies are unplanned.

This is not always bad news, of course: just because a pregnancy is unplanned doesn't mean it's not wanted.

Contraception: behavioural methods

But many unplanned pregnancies end in abortions, which can cause emotional distress, and which carry physical health risks, such as infections.

Behavioural methods of contraception can be effective. But they require a lot of care and planning.

But whatever method you choose, planning and taking responsibility for contraception is vital if:

- you are a sexually active girl or woman who could become pregnant, and you do not wish to become pregnant
- you are a sexually active male having sex with females of childbearing age, and you wish to play a responsible part in avoiding an unwanted pregnancy
- you think that you might be at risk of HIV or other STIs (for example, if you have multiple sexual partners) and you want to use a method of contraception that protects against infection.

Very few methods of contraception are totally effective. But planning gives you the best chance of being in control of when and if you become pregnant.

Your doctor or practice nurse will be very happy to discuss contraception and family planning methods that best suit you.

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