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Birth Control Methods at a Glance

A side-by-side look at the options we'll walk through together at your visit.



METHOD	BEST FOR	EFFECTIVENESS (pregnancy prevention)	ACNE	TELEHEALTH	LASTS
 Birth Control Pill Combination Pill	Heavy periods, painful periods, pregnancy prevention	~93% about 7 in 100 get pregnant in a year, typical use 	 Often May improve acne	 Yes Can usually be started through telehealth	Daily One pill every day
 Birth Control Patch Combination Patch	Heavy periods, painful periods, pregnancy prevention	~93% about 7 in 100 get pregnant in a year, typical use 	 Often May improve acne	 Yes Can usually be started through telehealth	Weekly Change patch once a week
 Vaginal Ring Combination Ring	Heavy periods, painful periods, pregnancy prevention	~93% about 7 in 100 get pregnant in a year, typical use 	 Often May improve acne	 Yes Can usually be started through telehealth	Monthly In for 3 weeks, out for 1
 Progestin-Only Pill Mini-Pill	Pregnancy prevention when estrogen isn't an option	~93% about 7 in 100 get pregnant in a year, typical use 	 Usually not Some formulations may help	 Yes Can usually be started through telehealth	Daily Timing matters. Some pills need the same 3-hour window; drospirenone (Slynd)

METHOD	BEST FOR	EFFECTIVENESS (pregnancy prevention)	ACNE	TELEHEALTH	LASTS
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has a more forgiving 24-hour window.



Depo-Provera Shot
DMPA Injection

Pregnancy prevention; can reduce heavy periods and cramps

~96%

about 4 in 100 get pregnant in a year, typical use



Irregular bleeding is common at first; often improves over time.

✗ Usually not

Doesn't typically improve acne

🟡 Sometimes

A self-injected version can sometimes be prescribed and taught by telehealth +

Every 3 Months

One injection every 12 weeks

Worth knowing: Depo-Provera has an FDA boxed warning because bone density can decrease during use and may not fully recover after stopping. ACOG notes that studies generally show substantial recovery and that bone-density concerns alone shouldn't prevent continued use when Depo is the best option. ‡



Nexplanon Implant
Etonogestrel Implant

Highly effective, low-maintenance pregnancy prevention

>99%

fewer than 1 in 100 get pregnant in a year



🟡 May worsen in some

Usually manageable, rarely a reason to remove it

💬 Counseling only

Placement requires an in-office procedure

Up to 5 Years

One implant lasts up to 5 years



Hormonal IUD
52 mg LNG-IUD

Heavy periods (52 mg device is FDA-approved for this), long-term prevention

>99%

fewer than 1 in 100 get pregnant in a year



🟡 May worsen in some

Usually manageable, rarely a reason to remove it

💬 Counseling only

Placement requires an in-office procedure

3–8 Years*

Depends on the device

METHOD	BEST FOR	EFFECTIVENESS (pregnancy prevention)	ACNE	TELEHEALTH	LASTS
 Paragard Copper IUD Hormone-free	Hormone-free, long-term pregnancy prevention	>99% fewer than 1 in 100 get pregnant in a year ●●●●	 No acne benefit Combined methods are the ones that help acne, not this one	 Counseling only Placement requires an in-office procedure	Up to 10 Years One device, long-term contraception

Effectiveness key (typical use) ●●●● Less effective → ●●●● More effective

"Typical use" reflects how most people use a method in real life. Using a method perfectly, every time, makes it even more effective.



"Best" depends on the person

It comes down to your age, health history, symptoms, and what matters most to you right now — not a default we hand everyone.



You can switch

Most people try more than one method before settling on the right fit. Switching isn't a failure.



No method here covers STIs

No method on this chart protects against STIs. Condoms can help protect against STIs.



I'll ask a few health questions

Things like migraines with aura, blood clots, or a recent blood pressure reading§ help me find a safe option for you.



Need emergency contraception?

Options may work for up to 5 days, but sooner is better. Contact us promptly so we can help you choose the best option.

This guide provides general education and is not a substitute for personalized medical care. Talk with me about what's right for your situation.

*Hormonal IUD duration depends on the device and reason for use. Mirena is approved for pregnancy prevention for up to 8 years and treatment of heavy menstrual bleeding for up to 5 years; other devices vary (3–6 years). Nexplanon's FDA-approved duration is up to 5 years.

*Self-injection of DMPA-SC is off-label; CDC and the Society of Family Planning support offering it. Your clinician will help you determine if this option makes sense for you.

*Depo-Provera has an FDA boxed warning for bone density loss — see the note above. §Blood pressure screening is typically done before starting estrogen-containing methods. Ongoing monitoring isn't needed for people with normal blood pressure unless other risk factors are present.

Questions about privacy or parental consent? Visit our complete Birth Control Guide online or ask Dr. Beene before scheduling.



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