NHS
Leeds and York Partnership
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Contraception and Fertility Information for Trans and Non-Binary People

Leeds Gender Identity Service

Introduction

This leaflet was created for transgender, non-binary and gender diverse people who are sexually active and are seeking information about fertility and methods of contraception.

Terms

Contraception

The methods available to avoid pregnancy when engaging in penetrative, penis-in-vagina sex.

Fertility

The ability to become, or make someone else pregnant, with infertility being the inability to do so.

Within this resource, terms like 'vagina' and 'penis' are used to describe body parts. This is to help people identify if the information given is relevant to them and their body.

Why might I use contraception?

If you are fertile and have penis-in-vagina sex, and do not wish for pregnancy to occur, you may want to use contraception. This information will help you understand what contraceptive methods are available to you, the pros and cons of each method, and how to access these options. People with ovaries and monthly bleeding may also wish to use contraception for bleeding control. Some forms of contraception can also be used to protect against sexually transmitted infections.

What if I am on testosterone?

Being on testosterone treatment will reduce your fertility and long-term use can lead to infertility. However, testosterone is not an effective form of contraception and pregnancies can and do happen in people using it (even if you have no bleeding). If pregnancy does occur whilst taking testosterone it can cause damage to the foetus. If you have a hysterectomy, which removes your ovaries, this will permanently impact your fertility.

What if I am on oestrogen?

Being on oestrogen treatment will reduce your fertility as it impacts your sperm count and long-term use can lead to infertility. However, this is not an effective form of contraception. Sperm production can return if you were to stop taking oestrogen, however your level of fertility may not return to the same level you had before starting oestrogen treatment. Some people may need medical intervention to make someone else pregnant if oestrogen treatment has negatively impacted on fertility. If you undergo gender affirming surgery which removes your testes, this will permanently impact your fertility.

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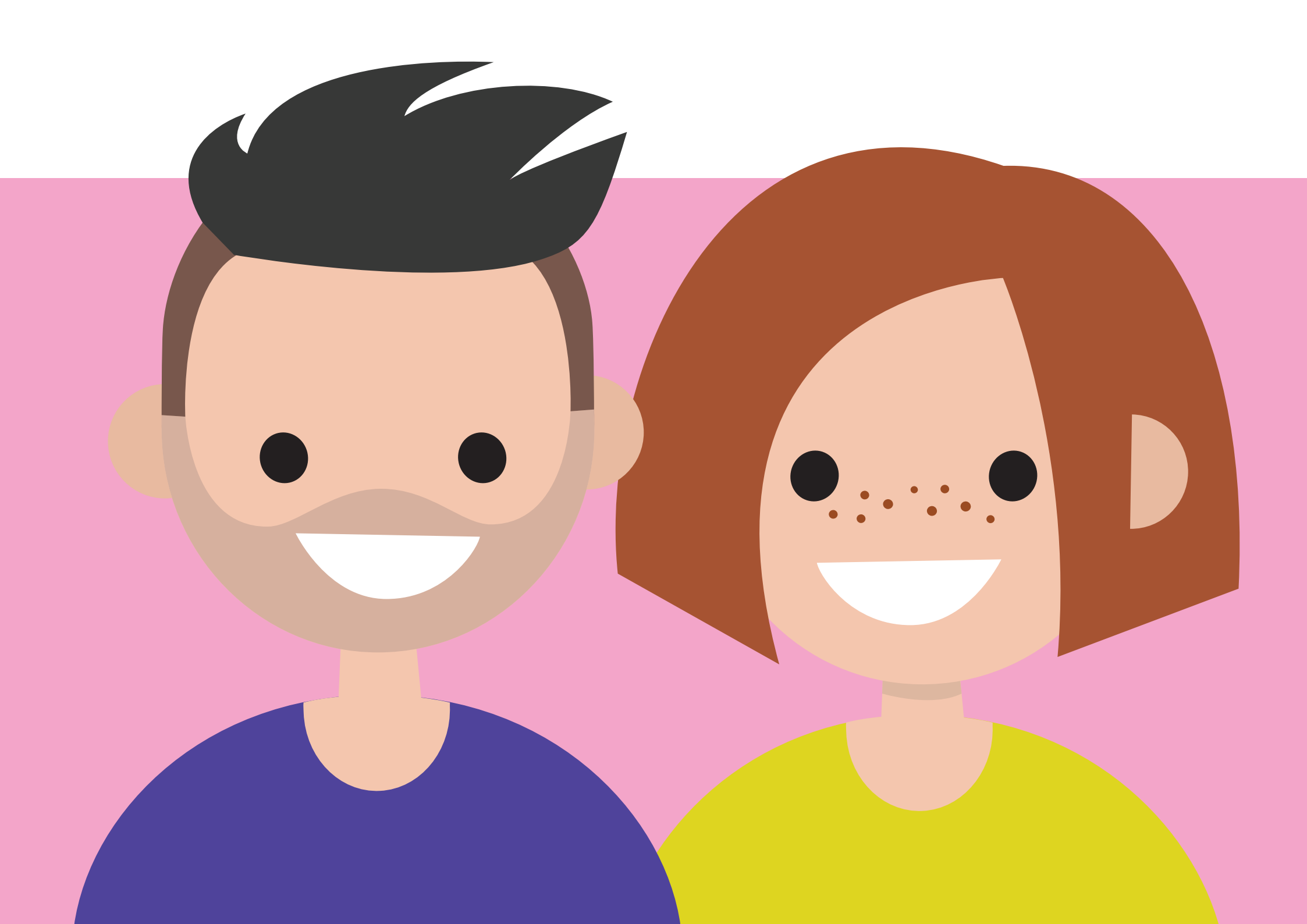

Methods of contraception

- Methods of contraception include non-hormonal methods, those containing just one hormone: progestogen, and those containing two hormones: progestogen and oestrogen.
- Non-hormonal or progestogen only methods do not interfere with testosterone. Use of contraception containing oestrogen such as pills, patches or the ring are not recommended for those on testosterone, as the oestrogen may work against some effects of the testosterone.
- All of these methods are reversible, so have no long-term impact on your fertility once you stop using them.
- Most of the options below can be accessed through sexual health clinics, GP surgeries and pharmacies. If you are unsure, we recommend that you speak to your local, relevant healthcare professionals.
- Remember, condoms are the only method that can prevent against sexually transmitted infections so you may wish to use these alongside another method of contraception.

Method	How does it work?	How long does it last?	Pros	Cons	How do I use it?
Condoms 	Non-hormonal method Physical barrier so that sperm cannot enter the vagina	One off short-term use	Prevent STIs	High failure rate Can break or split Some people find that negotiating use can be difficult or awkward	Condom packets often contain a guide Some NHS webpages have information about how to use condoms
Progesterone only pill ('mini pill') 	Contains one hormone: progesterone Thickens mucous at the cervix, thins the lining of the womb and stops ovulation (egg release)	A pill needs to be taken every day to be effective	You can stop and start taking this pill when you like	It can be easy to forget Some (non-hormonal) medications can interact and reduce effectiveness of the progesterone only pil Effectiveness may be compromised with vomitting and/or diarrhoea	Usually taken every day within a 12-hour window
Implant 	Contains one hormone: progesterone Stops ovulation (egg release)	Once fitted can last for 3 years	Very effective method of contraception	Inserted and removed by a healthcare professional Can cause irregular bleeding	Fitted by a trained healthcare professional An anaesthetic (numbing) injection is used to make sure there is no pain. The implant is then placed into the upper arm with a larger needle

Method	How does it work?	How long does it last?	Pros	Cons	How do I use it?
Copper IUD (Intrauterine Device or 'the Coil') 	Non-hormonal method The IUD is toxic to sperm and eggs	Once fitted, the copper IUD can last for 5 to 10 years (depending on the type)	No hormones are used Very effective method of contraception	Inserted and removed by a healthcare professional Monthly bleeding may be heavier and/or more painful Fitting procedure can be uncomfortable and/or stressful for some people*	Fitted by a trained healthcare professional A speculum is used to see the neck of the womb and then the IUD is passed into the womb
Hormonal IUS (Intrauterine system) 	Contains one hormone: progesterone The hormonal IUS thins the lining of the womb. It may also stops ovulation (egg release)	There are different types of hormonal coils. Once fitted many can last for 8 years, others 3 or 5. Please discuss with a coil provider	After 1 year it is common to have no/infrequent monthly bleeding Very effective method of contraception	Inserted and removed by a healthcare professional May cause irregular blood spotting when first fitted Fitting procedure can be uncomfortable and/or stressful for some people	The hormonal IUS must be fitted by a trained healthcare professional A speculum is used to see the neck of the womb and then the IUS is passed into the womb

Method	How does it work?	How long does it last?	Pros	Cons	How do I use it?
Injectable contraception 	Contains one hormone: progesterone Stops ovulation (egg release)	Injection needed every 12 weeks	After 1 year, more likely to have no/ infrequent monthly bleeding One of the injections can be self-injected Could be given at the same time as your testosterone injection Very effective method of contraception if taken at correct interval	Injection every 12 weeks either self-injection or an appointment needed Can make vaginal dryness/itching discomfort worse	Usually given into your muscle (bottom/ thigh) If self-injecting, a healthcare professional will teach you to self-inject into your lower abdomen or upper thigh
Combined pill 	Combined methods contain two hormones, progesterone and oestrogen Not recommended for those on testosterone	Active pills need to be taken **every day** to be effective	Can stop and start taking this pill when you like Can help to control and/or lessen monthly bleeding For some people it can have a helpful impact on skin and mood	Can be easy to forget to take the pill every day/ change patch every week/ change ring every month making them less effective Some (non-hormonal) medications can interact and reduce efficacy With pills efficacy may be compromised with vomitting and/or diarrhoea Side effects can include chest growth and tenderness	Take every day within a 24-hour window
Combined patch 		Change patch **weekly** for this method to be effective			Stick patch onto the skin and change it weekly
Combined ring 		Change ring **monthly** for this method to be effective			Insert the ring into vagina and change it monthly

Considering a coil (IUD or IUS)

Some people may be worried about having an examination and procedure done. This information is to help you to understand what you might need to make you more comfortable and to be able to discuss these with your healthcare provider.

It may help to:

- Meet and talk to the person who will be fitting the coil beforehand so you can get to know them and hopefully feel more at ease and familiar in their presence the next time you see them. This will also allow you to ask any questions or address any worries or concerns you may have.
- Ask to bring someone with you to the appointment, to listen to music, or watch something on your phone that relaxes you. Everyone is different, some people like a loud busy environment such as someone talking to them to distract them, others like to enter a state of calm and relaxation by using music or mindful breathing. Discuss what makes you most comfortable with your healthcare professional.
- Think about the choice of speculum. A speculum is the tool that is used to help fit a coil. It is shaped like a duck's bill and inserted into your vagina. You can ask for a small speculum: they come in different sizes. Of course, the fitter needs to be able to see properly, but there may be some choice in size or material used (they are usually either plastic or metal).
- You could ask to take a speculum home beforehand: this will allow you to practice putting it in at home in a setting where you feel relaxed and in control. Or ask to put the speculum in yourself: the coil fitter will need to open it once it is inserted, but if it makes you feel more in control and relaxed you can ask to put it in yourself.
- Consider using topical oestrogen: testosterone use will change tissue inside your vagina. For some people this can make putting things into the vagina (during sex or with a speculum) very painful. This can be treated with a localised topical oestrogen treatment which does not affect your testosterone levels or have any side effects. Using vaginal oestrogen in the weeks leading up to your coil fit may make the procedure more comfortable.

Emergency contraception

There are two types of **emergency contraception tablets**, or 'morning-after' pills. You can access emergency contraception via your local pharmacy, GP, or some retail shops. Some places may offer emergency contraception for free, whereas others may require you to pay.

These 'morning-after' pills either contain the hormone progestogen or something similar and are not known to interact with testosterone. Side effects are uncommon and if they do occur are very short lived. They can be given up to 72 or 120 hours (depending on the type) after any unprotected sex. The pills are not 100% effective and work by delaying ovulation (release of an egg), so if this has already happened before you take the pill then it will not work.

The copper IUD can be inserted as a form of emergency contraception and left in to provide ongoing contraception if desired. It is the most effective form of emergency contraception, more effective than pills. It is effective even if you have already ovulated. It can be fitted up to 120 hours after unprotected sex as long as there is not an existing pregnancy risk from the same menstrual cycle. Discuss if you are eligible for a copper coil with someone healthcare trained as soon as you can.

Speak to your GP, pharmacy, or local sexual health clinic if you need any of these methods or would like to talk about this further.

Emergency contraception

www.nhs.uk/contraception/emergency-contraception

Unplanned pregnancy

Pregnancy tests are often available in shops. Alternatively, you can arrange a free pregnancy test through your GP or sexual health clinic if you think that you might be pregnant, or just want peace of mind. If you are on testosterone treatment or GnRH analogues (blocker injections) monthly bleeding may stop, but this does not mean that you can't get pregnant. If you have any concerns or pregnancy symptoms, take a test.

If you are pregnant see your GP as soon as possible to discuss the options with them. Testosterone treatment can harm a foetus so a decision needs to be made early about continuing with this and other prenatal advice. Options include continuing with pregnancy and keeping the baby, continuing with pregnancy and considering adoption or fostering, or having an abortion. It is important to make the decision that feels right for you.

If you have had an unexpected positive pregnancy test and are unsure about continuing with a pregnancy, you can discuss this confidentially with your GP, another healthcare professional, or an abortion provider.

If you decide that an abortion is the right choice for you, you can self-refer by contacting an abortion provider directly. You could contact the British Pregnancy Advisory Service (BPAS), MSI Reproductive Choices UK, or the National Unplanned Pregnancy Advisory Service (NUPAS). Alternatively, you could speak with your GP or local sexual health clinic and ask for a referral to an abortion service. These services can also provide advice and support for any emotional needs during this time.

BPAS
Abortion clinics, Information, Advice and Treatment
www.bpas.org

MSI Choices
Reproductive Healthcare Services
www.msichoices.org.uk

NUPAS
Abortion Clinics, Termination of Pregnancy Advice, Counselling and Treatment
www.nupas.co.uk

Contraceptive surgery

A **vasectomy** can stop someone who produces sperm from causing pregnancy. This surgery can stop sperm from entering semen. This means that when someone climaxes, the semen does not contain sperm, and an egg can't be fertilised. There is still a risk of pregnancy immediately after vasectomy surgery because it takes time for sperm to clear from someone's tubes. People will be advised to use additional contraception after a vasectomy to minimise the risk of pregnancy occurring during this period of time. There is a small risk that the surgery can fail, and pregnancy can occur.

If you are someone with ovaries, the **fallopian tubes can be surgically blocked or sealed**. This prevents eggs from reaching sperm and being fertilised.

There is still a risk of pregnancy immediately after this procedure and people will be advised to use additional contraception to minimise the risk of pregnancy occurring during this period of time. There is a small risk that the surgery can fail, and pregnancy can occur.

All surgeries carry risks of complications. A doctor can provide advice on the risks, pros and cons of these procedures. People should only have a contraceptive surgery or a 'sterilisation' procedure if they are sure that they don't want any more children or any children at all. These procedures may not be easily reversible and sterilisation reversal isn't usually available on the NHS.

FAQs

What if I am on hormone blockers?

'**Hormone blockers**' are medications like GnRH analogues (Leuprorelin/ Decapeptyl etc), Spironolactone or Cyproterone that block you from releasing sex hormones. They are not an effective form of contraception. There is potential for you to become or to get someone else pregnant if you are using no other form of contraception.

What if I have had gender affirming surgery?

If you have had surgery which means that you no longer have a womb, ovaries, or testicles, then you are infertile. This means that you are unable to become or get someone else pregnant. You should still use protective methods such as condoms to help prevent sexually transmitted infections (STIs).

I am an intersex person

You may have variations in your genitals and reproductive organs if you know or suspect you are an intersex person. Visit your GP to enquire about the best route to discussing your fertility and contraception needs. You may be referred to a specialist.

What if I only have anal sex?

If you are someone with a womb and ovaries, anal sex cannot be relied on as a method of contraception. There is a possibility that during anal sex some semen could enter the vagina, which creates the risk of pregnancy.

What if I only have oral sex?

There is no risk of pregnancy through just having oral sex. It's important to remember that you can still catch or pass on sexually transmitted infections through oral sex. Using a barrier such as a condom or a dental dam can reduce this risk.

What if we stimulate each other with hands?

Masturbation or mutual masturbation is a low-risk activity for pregnancy. There is a risk of pregnancy if someone has sperm on their hands or fingers and this has contact with a vagina, but pregnancy will not occur if there is no sperm present on hands or fingers.

Are Fertility Awareness Methods (FAM) effective?

Fertility awareness methods of contraception are not recommended as they have a high failure rate. These methods rely on being able to track your menstrual cycle which may not be possible when using hormone treatments, including the use of testosterone.

"Withdrawal" or "Pull Out" Method

This is where the penis is removed from the vagina before the person with a penis experiences climax. This is an unreliable method with a higher risk of pregnancy as pre-ejaculate (pre-cum) can be produced from the penis before climax occurs. Additionally, sperm may enter the vagina before the penis is removed.

Alcohol and substance use

Alcohol and substances don't cause pregnancy themselves, but they can reduce our inhibitions. We can make different choices when we're under the influence of alcohol or other substances. If condoms are the preferred method of contraception for you or your partner, alcohol or substance use may impact on your decision to use a condom at that time. It may be helpful to consider another form of contraception if you feel that alcohol or substance use could have an impact on condom use. If you think that sperm has entered your vagina, you could take emergency contraception. Speak to your GP, pharmacy, or local sexual health clinic as soon as possible to talk about this further.

Talking about contraception with partners

Talking about sex and contraception can be challenging for some people. Its best to talk about contraception before you have sex with a partner in a neutral setting. This will help to ensure your thoughts, wishes and any concerns are heard by your partner.

How can I find my nearest sexual health clinic?

You can discuss this with your GP who will know of sexual health clinics that are local to your area.

Alternatively, you can use the search function on the NHS website:
www.nhs.uk/service-search/sexual-health/find-a-sexual-health-clinic/

Many thanks to Dr Madeleine Crow, Consultant in Sexual and Reproductive Health, for their written contribution to help put this booklet together.

Notes

Notes

Would you like this information in an alternative format?

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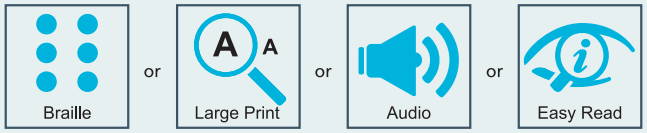

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