Use Birth Control to Prevent Pregnancy

It’s important to prevent pregnancy while you’re getting cancer treatment. If you become pregnant with an egg that has been damaged by exposure to radiation, chemotherapy, or other anticancer medications, or if an embryo or fetus is exposed to these treatments during its development, you may have an increased risk for miscarriage or birth defects. Becoming pregnant can also prevent you from receiving the best diagnostic tests and treatments for your cancer, as these may harm a fetus.
If there is any chance you could become pregnant, use birth control (contraception) throughout your cancer treatment. Don’t rely on your partner withdrawing before ejaculation (“pulling out”) or on avoiding sex during fertile times of your menstrual cycle (the “rhythm method”). These methods are not effective in preventing pregnancy.

It’s important to pick a birth control method that is effective and fits your lifestyle. Make an appointment with your healthcare provider (HCP), who manages your gynecologic care and speak with them about an option that’s best for you.

No matter what method you choose, use your birth control as instructed or you may become pregnant. If you have any problems with your birth control, talk with your HCP to find another option.

**Types of birth control**

**Nonhormonal birth control**

The following forms of birth control don’t contain hormones and are safe for most women.

**Copper intrauterine device (IUD)**

A copper IUD is a small, T-shaped device your HCP places inside your uterus. It can stay in place for 10 years or it can be removed earlier. Copper IUDs may cause heavier blood flow during your monthly periods, so check with your oncologist (cancer doctor) to see if this is safe for you.

**Male condoms**
Male condoms can prevent pregnancy and protect you from sexually transmitted infections (STIs), including HIV. If this is your only form of birth control, have your partner use a condom each time you have vaginal sex. See the section “Barrier Devices” for information on buying and using condoms.

Female condoms are not effective in preventing pregnancy.

**Surgical sterilization**
Surgical sterilization is a permanent method of birth control for people who are sure that they don’t want any (more) children. One type of surgical sterilization is a tubal ligation (having your “tubes tied”) which permanently blocks your fallopian tubes. Another type is the placement of a device in your fallopian tubes to block them.

**Hormonal birth control**
These forms of birth control contain hormones, either a combination of estrogen and progestin, or progestin alone. Hormonal birth control is very effective in preventing pregnancy, but does not protect against STIs, including HIV.

Some medical conditions make it unsafe to use hormonal birth control, so they aren’t right for everyone. Women who shouldn’t take hormonal birth control include those with a hormone-sensitive tumor (such as certain kinds of breast cancer), a personal or family history of blood clots, a history of migraines with aura, impaired liver function, and those who
are 35 years of age or older and smoke. There are other medical conditions that also make it unsafe to use hormonal birth control, so talk with your oncologist and HCP to see if hormonal birth control is right for you and which type is best.

There are several different kinds of hormonal birth control.

**Birth control pill**
These pills are taken once a day. Skipping a day or more may increase your chance of becoming pregnant.

**Injectable contraception (Depo-Provera®)**
This is a shot your HCP gives you every 12 weeks.

**Implantable contraception (Implanon®, Explanon®)**
This is a small rod your HCP implants under the skin of your arm. It can stay in place for 3 years or be removed earlier.

**Intrauterine device (LNG IUD, Mirena®, Skyla®)**
This is a small, T-shaped device your HCP places inside your uterus. It releases the hormone progestin. The Skyla® IUD can stay in place for 3 years and the Mirena® IUD can stay in place for 5 years, but they can be removed earlier.

**Other considerations**
Continue to use birth control for a period after your treatment ends in order to prevent pregnancy.

- If you’re getting chemotherapy or radiation directed to an area near your ovaries, continue to use birth control for at least 1 year after your treatment ends. This allows time for
damaged eggs to clear from your body.

- If you’re getting targeted or immunotherapy, the amount of time you should use birth control will vary based on the medication you’re taking. Ask your doctor or nurse how long you should continue to use birth control after treatment.

If you plan to have children after your treatment, ask your doctor when it will be safe for you to start trying. Depending on your situation, your doctor may recommend you wait more or less time.

Some cancer treatments may affect your fertility (the ability to become pregnant with a biological child). If you have questions about this, ask your doctor or nurse.

**Protect Yourself from Infection**

If you or your partner have sex with multiple partners, and you don’t use barrier devices (see the section “Barrier Devices”), you’re at risk for STIs, including HIV. In addition, certain cancer treatments can cause low blood cell counts for long periods of time, which may increase your risk of infection. Your doctor or nurse will tell you if this is a concern for you.

To prevent infection:

- Wash your hands and genitals before and after having vaginal, oral, or anal sex.
- To protect yourself from STIs (including HIV), consider using a condom each time you have vaginal, oral, or anal sex.
throughout your treatment, even if you’re using another form of birth control.

- Your partner can use a condom, or you can use a female condom. The female condom is a polyurethane pouch placed inside your vagina before sex. Don’t use a male and female condom at the same time. Female condoms are not an effective form of birth control, so you should not rely on them to prevent pregnancy.

- If you use sex toys, wash them with hot soapy water every time you use them.

- If you’re expected to have very low blood cell counts for a long period of time, your doctor or nurse may recommend that you use a barrier device during sex, such as condoms or dental dams. See the section “Barrier Devices” for more information.

  - In some situations, your doctor may recommend for you to avoid sex that involves penetration or contact with mucous membranes while your blood counts are low. This includes vaginal, oral, and anal sex or inserting fingers, vibrators, or sex toys into your vagina or anus.

  - Hugging, cuddling, gentle touching, and kissing skin are other ways you can be intimate with your partner during this time.

- Chemotherapy and radiation to the pelvis may cause your vagina to become dry and irritated. This may cause pain during vaginal sex and lead to infection. If you have vaginal
discomfort, use a condom with a water-based lubricant. Ask your nurse for information on vaginal moisturizers and lubricants to help with vaginal dryness. You may also want to avoid vaginal sex until your tissues heal.

- Some women develop vaginal yeast infections during treatment, especially if they are taking steroids or antibiotics. Symptoms include vaginal itching, irritation, and white and lumpy discharge (like cottage cheese). If you think you have a yeast infection, avoid sexual activity and call your doctor or nurse.

If you had a stem cell transplant, you’re at an increased risk of infection for many months after your treatment. Until your doctor tells you that your immune system has recovered:

- Use a latex condom each time you have vaginal, oral, or anal sex.
- Use a condom or dental dam any time your partner’s saliva, vaginal secretions, or semen could enter your mouth. See the section “Barrier Devices” for more information.
- Do not perform any sexual activity that could expose your mouth to feces.

**Consider Steps to Avoid Exposing Your Partner to Chemotherapy and Other Anticancer Medications**

We don’t know how much anticancer medication gets into a woman’s vaginal fluids or if this poses any risk to a sexual
partner. If this is a concern for you or your partner, you may want to use a barrier device whenever your partner may have contact with your vaginal fluids. You can use a condom for vaginal or anal sex and a dental dam when you’re receiving oral sex. This will prevent your partner, regardless of age or sex, from being exposed to any medication that may be in your vaginal fluids.

We don’t know how long these medications may be in vaginal fluids, but you could use barrier devices each day you receive anticancer treatment and for 1 week afterward.

Make sure to use condoms throughout your treatment if needed for birth control or to protect yourself from infection. See the section “Barrier Devices” for more information.

**Barrier Devices**

**Condoms**

- You can buy condoms at any drug store. We recommend latex condoms, but if you or your partner is allergic to latex, use polyurethane condoms.
- Spermicides don’t provide any added protection.
- You can use lubricated condoms or use a separate water- or silicone-based lubricant.
- Before you use a condom, check the expiration date on the wrapper. Expired condoms are more likely to break.
- To use a condom correctly (instructions for your male
partner):

1. Be careful when opening and handling the condom. Don’t use your teeth, scissors, or other sharp objects to open the wrapper. Don’t use the condom if it is torn, brittle, or stiff.

2. Wait until your penis becomes firm before putting on the condom.

3. While pinching the tip of the condom, unroll it over your penis as far as it will go. The extra space at the tip is needed to collect your semen.

4. Smooth out any air bubbles because they can cause the condom to break.

5. After you have ejaculated, but before your penis becomes soft, hold the base of the condom (where the ring is) and carefully pull your penis out of your partner so that nothing spills.

6. Carefully slide off the condom and throw it in the trash.

- A condom can tear if it is too tight or it can fall off if it is too loose. If this happens while you are having vaginal sex, and you are of childbearing age, consider taking emergency contraception if you’re not using another form of birth control. Emergency contraception includes levonorgestrel (Plan B®), also known as the “morning-after pill.”

**Dental dams**

- A dental dam is a thin, rectangular sheet of latex or silicone
that covers the genitals of a woman receiving oral sex.

- You can buy these online, get them from the New York City Department of Health and Mental Hygiene, or make one out of a condom.

- If you want to make a dental dam out of a condom, cut off the tip and cut down the side of the tube to make a sheet.
  - You may want to avoid condoms with a spermicide or lubricant, as the taste may be unpleasant.

- To use a dental dam, hold the sheet over your vulva or anus while your partner is giving you oral sex.

Resources

Memorial Sloan Kettering (MSK) Female Sexual Medicine and Women’s Health Program
646-888-5076
Call for help with issues related to female sexual function.

American Cancer Society
*Sex and the Woman with Cancer*
www.cancer.org
Call 1-800-227-2345 to request printed material.

American Congress of Obstetricians and Gynecologists
www.acog.org/patients

New York City Department of Health and Mental Hygiene
www1.nyc.gov/nyc-resources/service/1428/condom-information
Has information on getting and using male and female condoms.

Planned Parenthood
www.plannedparenthood.org

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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