

Abstinence

How abstinence works

People define abstinence in many different ways. Sexual abstinence for pregnancy prevention (birth control) and STI prevention is defined as not having anal, oral or vaginal intercourse or having any genital-to-genital contact. Total sexual abstinence is most effective against both pregnancy and STIs when used consistently.

How to use abstinence

Make decisions about abstinence when you feel clearheaded, sober and good about yourself. If you have a partner, talk about this decision together. Decide in advance what sexual activities you will say “yes” to and those you will not. Avoid high-pressure sexual situations. Avoid using drugs and/or alcohol, since that may influence your sexual decisions and increase your risk.

Learn more about birth control and safer sex practices so that if you change your mind, you can be protected. Emergency contraception is available if you have sex when you did not expect to. Abstinence is a choice people can use at any time and at any age.



Effectiveness

When used consistently, total abstinence is very effective protection against pregnancy, HIV (AIDS) or sexually transmitted infections (STIs) such as gonorrhea, chlamydia, herpes, genital warts (HPV), hepatitis B and syphilis. When both partners are completely committed and practice abstinence (no genital contact) 100% of the time, it is 100% effective.

Abstinence is most effective when both partners talk and agree about their reasons to remain abstinent.

Benefits of abstinence

Abstinence is free and available to anyone, at any time. Abstinence can encourage people to communicate about their sexual decisions and build relationships in many ways other than sex.

Potential disadvantages of abstinence

You may choose to use abstinence and then change your mind in the “heat of the moment.” It is important to have another method of birth control available for pregnancy and STI/HIV infection protection.

Ask about

If you have unprotected sex unexpectedly, ask a health provider, or a pharmacist about Emergency Contraception (EC). For more information visit the website <http://www.ec.princeton.edu>.

Potential risks

No health risks.



Breastfeeding*

How breastfeeding works for birth control

You can delay your return to fertility for up to six months post-partum if breastfeeding is your baby's only source of food day and night. Frequent stimulation of the breast by around-the-clock suckling helps delay the return of ovulation – you won't produce an egg, so you can't get pregnant. Once the baby begins to take supplemental liquids or foods, or is more than six months old, breastfeeding is not reliable for birth control.

In order for this method to be effective answer each of the questions below. If the answer is yes, your risk of pregnancy is increased.

1. Have your periods returned?
2. Are you giving your infant other food, supplements or formula; either day or night?
3. Is your baby more than six months old?

Women who use this method should sleep near their babies and feed on demand 24 hours per day.



**Breastfeeding is the Lactational Amenorrhea Method (LAM).*

How to use breastfeeding

Ask your doctor, midwife, healthcare provider or lactation educator about breastfeeding and how effective it would be for your situation.

Effectiveness

Breastfeeding can be a highly effective, temporary method of birth control. If a woman feeds her infant only her breast milk (no other food or formula), her period has not returned, and her infant is less than six months old, then breastfeeding can provide more than 98% protection (perfect use) from pregnancy. The effectiveness greatly decreases as soon as breastfeeding is reduced, bottle-feeding is added and/or regular food supplements are introduced, menses returns, or when the baby reaches six months of age. You should talk to a trained healthcare provider or educator for more information.

Women who use progestin-only hormonal contraception (such as the mini-pill) while they are breastfeeding have almost 100% protection from pregnancy because of the combined contraceptive effect of the two methods.

Benefits of breastfeeding

For most mothers, breastfeeding is easy to use, with no cost for birth control.

Potential disadvantages

You may get pregnant again if you do not breastfeed “on demand” (continually, any time the baby wants it), 24 hours per day. A woman may ovulate before her periods return after childbirth. As a result, she could become pregnant again before her periods return.

Breastfeeding will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

No health risks.

Danger signs for TSS

- Sudden high fever
- Vomiting, diarrhea
- Dizziness, faintness, weakness
- Sore throat, aching muscles and joints
- Rash (like a sunburn)

Where can you get a diaphragm?

Getting a diaphragm requires an exam, a fitting and a prescription from a qualified health care provider. When you are fitted for your diaphragm, it is important that your provider instructs you in inserting and removing your diaphragm and gives you time to practice during your visit. Call your local family planning clinic for information.

Diaphragm

How the diaphragm works

The diaphragm is a dome-shaped rubber (latex) cup with a stiff rim. It is used with a special gel or cream that contains a spermicide (a substance that kills sperm). The diaphragm and spermicide are inserted together into a woman's vagina and over her cervix to keep sperm from entering her uterus.

The diaphragm comes in different types and several sizes. A woman must be fitted for a diaphragm by a trained health provider.

How to use the diaphragm

- Empty your bladder (pee) and wash your hands.
- Squeeze about a tablespoon of spermicidal gel into the diaphragm cup and spread it around the rim.
- Insert the diaphragm into your vagina as instructed when it was fitted. The cup must cover the cervix.

Insert your finger into your vagina to check that the diaphragm is in place.

- The diaphragm can be inserted into the vagina up to six hours before sexual intercourse. It is effective immediately. Leave the diaphragm in place for six hours after sex, but not longer than a total of 24 hours. Do not douche with the diaphragm in place.



- If you have sex more than once, add more spermicidal gel into the vagina each time before intercourse without taking the diaphragm out.
- To remove the diaphragm, slip a finger into your vagina and under the rim and gently slide it out.
- Check the diaphragm often for holes or weak spots, especially around the rim. Never use a diaphragm with a hole.
- Keep a supply of spermicidal gel on hand; check for an expiration date on each tube.
- The diaphragm should be refitted after a pregnancy (especially after a vaginal birth) and if you gain or lose 10 pounds.
- Do not use oil-based lubricants, such as hand lotion or petroleum jelly, as well as vaginal medications (e.g., for yeast infections) as they can damage your diaphragm.

Effectiveness

Diaphragms are in the Tier 2 level of contraceptive effectiveness because preventing pregnancy depends on using it correctly with each act of sexual intercourse. Typically 12 out of 100 women are likely to get pregnant within 1 year of use. If a woman doesn't use the diaphragm each time she has sex, or she doesn't add more spermicidal gel with each act of intercourse, and/or it slips out of place, her chance of pregnancy goes up.

To increase effectiveness the diaphragm must be used consistently and correctly.

Benefits of the diaphragm

The diaphragm is a non-hormonal device and can be used only when needed, with very few side effects or major health risks. It can be put in place before sex and still be effective up to six hours later (adding more spermicide after two hours). Using the diaphragm does not require the direct involvement of a male partner and does not interrupt sex.

Potential side effects or disadvantages

Some people are allergic to latex rubber. Some people are allergic to spermicidal gel or cream; if this happens, try another brand. Planning ahead is required. You must be comfortable with inserting and removing the diaphragm.

Using the diaphragm will not provide protection against HIV (AIDS). In addition, studies of women who use the diaphragm differ in their reported reduction of gonorrhea, chlamydia, and trichomoniasis infection and, therefore, fail to demonstrate a proven risk reduction in sexually transmitted infections (STIs).

Potential risks

Some women find that the diaphragm may cause bladder irritation or an increased risk of bladder infections. If you have any pain or discomfort, you should see your health care provider. Wearing a diaphragm for longer than 48 hours is not recommended because of possible risk of Toxic Shock Syndrome (TSS). The diaphragm is not recommended for women who have had TSS.

ECP offers no protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, gonorrhea, herpes, genital warts (HPV), hepatitis B and syphilis. If you are at risk for an unintended pregnancy because you didn't use birth control that offers STI protection, you may want to be tested for HIV and STIs.

Where can you get ECP?

A prescription is not required for ECP if you are a woman or man age 17 or older. You can get ECP at a pharmacy, drug store, or a family planning clinic. If you are younger than 17, or if you need a prescription for insurance reimbursement, you can contact a health care provider. You can get ECP in advance to have on hand if you need it.

For more information about how to obtain EC you can visit the website <http://www.ec.princeton.edu>.

Emergency Contraceptive Pills (ECP)

How emergency contraceptive pills work

Emergency contraceptive pills (ECP) are used AFTER sexual intercourse. ECP reduces the risk of pregnancy when taken as soon as possible or within 5 days after sexual intercourse.



ECP works primarily by stopping a woman's body from releasing an egg (ovulation), so there is no egg present to be fertilized.

Emergency contraception may prevent pregnancy, but it will NOT stop an already-established pregnancy or harm a developing fetus. ECP does NOT cause an abortion.

How to use emergency contraceptive pills

ECP is now available in various "dedicated" products. They include ella and Plan B One-Step (both are 1 pill), and "2 pill" products that include Next Choice and Levonorgestrel tablets (generic Plan B). In addition, some combination (progestin and estrogen) pills can also be taken as emergency contraception.

ECPs should be taken as soon as possible (within 5 days) after unprotected intercourse or as directed by a health provider or pharmacist.



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If your period does not start within three weeks, see your health provider for an exam and a pregnancy test. Do not have unprotected sex in the days or weeks following ECP; use condoms and/or use another birth control method until you get your period.

Effectiveness

Taking emergency contraceptive pills greatly reduces a woman's chance of pregnancy after unprotected intercourse. But, effectiveness rates for ECP are different from other birth control methods because the effectiveness rate is based on the pregnancy risk after a single act of sexual intercourse.

Studies show a range of effectiveness, depending on which ECP product is taken, how soon after sex ECP is taken (up to 72 hours or 120 hours) and on which day of the menstrual cycle unprotected intercourse occurred. ECPs should be taken as soon as possible within 5 days of unprotected sexual intercourse.

ECP are not recommended for routine use because it is less effective than other available contraceptives. ECP will not protect a woman from pregnancy if she has unprotected intercourse again after taking ECP. Unprotected intercourse should be avoided until another birth control method is used. Ask a health care provider about other birth control options after ECP use.

Benefits of ECP

Emergency contraceptive pills can be taken at any time a woman is concerned about unprotected intercourse that may cause any unintended pregnancy. It is the only method available for use after:

- The condom (male or female) slips, breaks or leaks.
- You missed your birth control pills.
- Your diaphragm or cervical cap was inserted incorrectly or removed too early.
- You used any other birth control method incorrectly.
- You were exposed to some medicines, drugs or other toxic agents (which can reduce the effectiveness of some methods).
- You had unprotected sex against your will.

Potential side effects and disadvantages

There are few reported side effects with ECP. A few women report nausea. Medicine for nausea is available. Ask your health care provider or a pharmacist. Other potential side effects include fatigue, breast tenderness, headache, abdominal pain and dizziness. ECP may change the amount, duration, and timing of the next menstrual period.

Potential risks

There are no known health risks to a woman taking ECP. There is no risk to women who are already pregnant; ECP will not work if a woman is already pregnant. EC pills do not harm a developing fetus. Repeated use of ECP is considered safe.

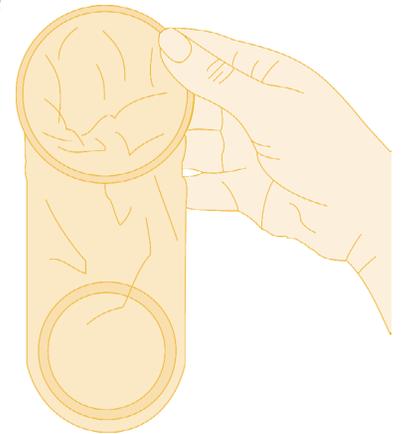
Where can you get female condoms?

Female condoms are available without a prescription at many locations: drug stores, school health clinics, Planned Parenthood, public health department clinics, and other community health clinics, etc.

Female Condom

How the female condom works

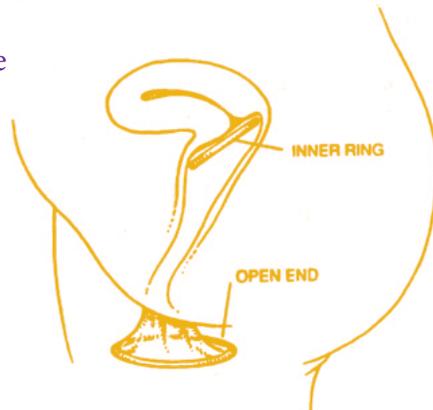
The female condom is available in two types (FC and FC2) and carries various brand names. The FC is a soft, loose-fitting polyurethane sheath (pouch) that is a physical barrier that lines the vagina during sexual intercourse. The FC has a soft ring at each end of the pouch. The closed end of the pouch (along with a ring) is used to put the condom into the vagina to hold it in place. The open end stays outside of the vagina. The open end ring is used as a guide to insert the penis into the vagina. FC2 has the same design but is a less expensive female condom that is made of nitrile, a synthetic rubber. For either female condom, follow the package instructions for insertion.



How to use the female condom

- Take the female condom out of its package and read the instructions; the drawings can help show how to put it in.
- Check the expiration date.
- It can be inserted up to 8 hours before intercourse.
- Hold the pouch with the open end hanging down.
- Squeeze the inner ring together and slide the condom into the vagina.

- Put your index finger inside the condom and push the inner ring the rest of the way into the vagina. Check that the inner ring is up past the pubic bone.
- The outer ring stays outside the vagina.
- During sex it is okay for the condom to move around. But if you feel the outer ring start to be pushed into the vagina, or if the penis starts to go up along the outside of the condom, STOP, take the condom out and use another condom.
- After sex, squeeze and twist the outer ring to keep the semen from spilling, and gently pull the condom out.
- Throw it away (don't flush it!).
- Female and male condoms should not be used together; they can stick together, causing one or both of them to slip out of place.



Effectiveness

Female condoms are in the Tier 3 level of contraceptive effectiveness because preventing pregnancy depends on using a condom correctly each time a woman has sex. Typically 21 out of 100 women are likely to get pregnant within 1 year of use. If she doesn't use it every time or it slips, breaks, or is put in or taken out the wrong way, her chance of getting pregnant goes up.

GENERAL REFERENCE: Contraceptive Technology (CT): 20th Rev. Ed., 2011 and CT Update (monthly newsletter).

Female condom use becomes more effective with practice. A woman can practice putting it in before using it with a partner.

If your condom breaks or slips, you can use emergency contraception (EC) to prevent pregnancy. Ask your pharmacist, call your local family planning clinic, or visit the website <http://www.ec.princeton.edu> to find out where you can get EC.

Benefits of the female condom

Polyurethane female condoms are non-hormonal, woman-controlled and provide protection against pregnancy and some sexually transmitted infections (STIs), including HIV. Female condoms are easily available from many sources without a prescription. You can insert the condom up to 8 hours before intercourse. The polyurethane material is stronger and less likely to cause allergic reactions than the latex used in some male condoms.

Potential side effects or disadvantages

You will need to practice to learn how to use this method correctly.

Some people may feel uncomfortable buying female condoms in a drug store or health clinic. Some may feel uncomfortable using them because they think condom use implies a lack of trust or intimacy. To be effective, a new condom must be used every time, so some planning ahead is necessary. Female condoms are more expensive than male condoms.

Potential risks

No known health risks.

How can you get a tubal sterilization?

A tubal sterilization requires a physical exam and counseling by a qualified health care provider prior to the surgery. If the surgery is paid for by federal or state funds, a 30-day waiting period is required. Call your local family planning clinic for information.

Female Sterilization

How female sterilization works

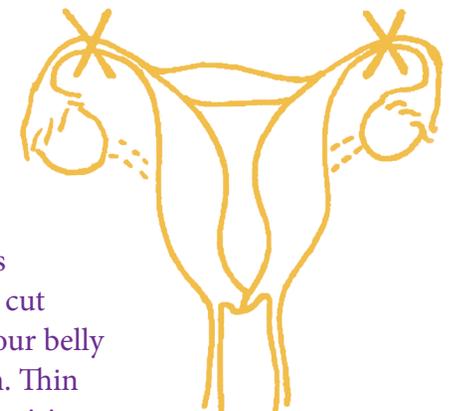
Female sterilization is often called “having your tubes tied.” It is a procedure that blocks the fallopian tubes so the egg cannot move down to the uterus and the sperm cannot reach the egg. Sterilization is considered a permanent (not reversible) method of birth control and should be chosen only if you are sure that you do not want children in the future.

Tubal sterilization does not remove any organs; it only affects the fallopian tubes. After a tubal sterilization, a woman will still produce female hormones and have periods, and there should be no changes in her sexual desire, sexual response or orgasm.

How sterilization is done

Two female sterilization (or tubal ligation) procedures are available.

The first procedure is an operation that can be done in a clinic or hospital with either a local (awake) or general anesthetic (asleep). It takes about 30 minutes to do the procedure. A very small cut (incision) is made either beside your belly button or lower on your abdomen. Thin instruments are put through the incision to cut, block, or tie off the fallopian tubes. Because



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of the tiny incision and the short time of surgery, you can usually go home the same day.

You may feel pain or soreness in the abdomen for 2-3 days, or have a sore throat or headache from the anesthesia. Most women have no other problems and feel back to normal within a week. You can have sex as soon as you feel comfortable after sterilization.

The second procedure, transcervical sterilization is a less invasive procedure conducted by a trained provider who places a soft, flexible device into each fallopian tube to prevent the joining of sperm and an egg (fertilization). This device is routed through the vagina, cervix and uterus using a small scope. There are no incisions, punctures, or tying of tubes. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended. This procedure can be performed in a clinical/office setting. The woman must return three months after the sterilization for a procedure to check that the tubes are completely closed.

You can have a tubal ligation immediately after childbirth or at any time during the menstrual cycle.

Effectiveness

Female sterilization is in the Tier 1 level of contraceptive effectiveness and is a very effective, permanent method of birth control. Only 5 women out of 1,000 become pregnant after tubal ligation.

A tubal sterilization can fail if the tubes were not blocked completely during the surgery or the ends of the tubes join together again after the surgery. Sometimes a woman is already pregnant at the time of surgery.

GENERAL REFERENCE: Contraceptive Technology (CT): 20th Rev. Ed., 2011 and CT Update (monthly newsletter).

Benefits

Female sterilization surgery gives excellent protection from pregnancy forever. Some people report an increase in sexual desire because they no longer worry about unintended pregnancy. It is safe and private; a partner's involvement is not required for sterilization.

Potential side effects or disadvantages

Female sterilization is expensive if you do not have insurance or financial support. Medicaid and other state funds may pay for tubal sterilization. Tubal sterilization is considered permanent and irreversible. Even though it is possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in a future pregnancy. Reconnection surgery can be very expensive and is not covered by Medicaid.

Female sterilization will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

As with any surgery, there is a small chance you might have problems with sterilization. If you are considering sterilization, your health care provider will review any health problems you may have and help you decide if sterilization is for you. Local anesthesia is safer and less expensive than general or spinal anesthesia. Some women regret having had a sterilization procedure, especially if they are in an unstable relationship, are very young or have no children at the time of the surgery.

Potential risks

No health risks.

Potential side effects or disadvantages

Learning these methods takes time and practice. Using these methods consistently and correctly takes commitment, calculation, and planning. It is helpful to have cooperation between a woman and her partner.

FAB does not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, gonorrhea, herpes, genital warts (HPV), hepatitis B or syphilis.

How can you learn about FAB Methods?

Call your local family planning clinic for information and referrals. It is recommended that individuals interested in these methods should receive individualized instruction on the chosen FAB method.

Information about fertility-based methods is available on the internet (type words such as “fertility awareness” or “natural family planning” into any search engine — e.g., Google or Bing). and through smart phone “apps.” Fertility monitoring products can be found in drug stores or by visiting the website www.birthcontrol.com. You can also learn more about CycleBeads® and the SDM by visiting www.cyclebeads.com.



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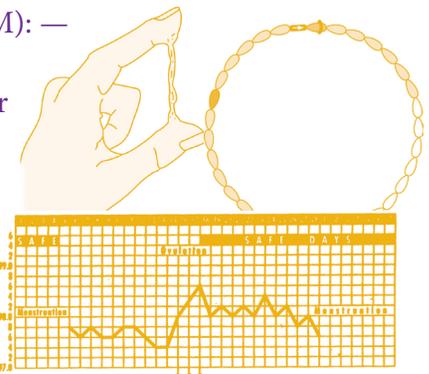
Fertility Awareness-Based (FAB) Methods

What are FAB Methods?

The Fertility Awareness-Based (FAB) Methods depend on identifying the “fertile time” each month—the days when intercourse would most likely result in pregnancy. Signs of fertility include both cervical fluid (secretions or vaginal discharge) and waking body temperature.

There are several FAB Methods

- Standard Days Method (SDM) using CycleBeads® — based on statistical information about women who have regular menstrual cycles, and can be used by women who have cycles between 26 and 32 days long. Counting from the first day of your period, you consider days 8 through 19 in your cycle as fertile days.
- Calendar Rhythm Method (CRM): — count and record days in each menstrual cycle and predict your fertile days (when you could get pregnant).
- TwoDay Method — track cervical fluid for two days at a time.
- Billings Ovulation Method: — observe and chart your cervical fluid (secretions from the opening of the uterus).



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- Symptothermal Method — observe and record cervical fluid as well as changes in your basal body temperature (BBT).

To be successful with these methods, you should have basic knowledge about the physiology of fertility.

How do you use FAB?

FAB methods can be used to plan a pregnancy or prevent a pregnancy. As you become more familiar with the signs of ovulation and the pattern of your menstrual cycle, you can plan sexual activity to avoid or plan a pregnancy.

During the fertile time, couples can use a barrier method (i.e., condoms), not have intercourse, or engage in sexual activity other than intercourse, to avoid pregnancy. Women (or couples) use a menstrual chart to record fertility signs (cervical fluid, BBT and first day of menses). With CycleBeads®, a woman moves a marker around a circle of beads, keeping track of her fertile days and cycle length.

A menstrual cycle is counted from the first day of bleeding in one month to the first day of bleeding the next month (usually 23-35 days). You must check and write down the specific signs of fertility every day of your menstrual cycle to learn when you are fertile.

Basal Body Temperature (BBT)

BBT is your body temperature at rest (baseline). You take your temperature each morning before you get out of bed. Your BBT rises within 12 hours of your monthly ovulation. After your temperature has been higher for three continuous days (following 6 days of lower temperatures) you may assume your fertility period has ended for that cycle.

Cervical mucus

Your cervical fluid (mucus or vaginal discharge) changes throughout each menstrual cycle. Right after your menstrual period you may have no fluid (“dry” days). As ovulation approaches, the fluid becomes sticky, creamy, and stretchy (like egg white). These fluid changes are related to fertility charting to plan or prevent a pregnancy.

Effectiveness

The FAB methods are in the Tier 3 level of contraceptive effectiveness. Because there are various approaches to fertility awareness-based methods the effectiveness rates vary. Typically 24 out of 100 women who use FAB methods are likely to get pregnant in 1 year of use.

These methods can be highly effective if the instructions are followed carefully for each and every menstrual cycle. If instructions are not followed — consistently and correctly — the chance of pregnancy goes up. Fertility products are available to help you keep track of the changing fertility signs.

Benefits of FAB

These methods have no health risks or side effects. They can increase your awareness and understanding of your body. They can be used as birth control, and then provide very helpful information for planning a pregnancy. Couples may develop greater communication, cooperation and responsibility using these methods. They are acceptable methods for some women and couples with religious concerns about other birth control.

Where can you get an implant?

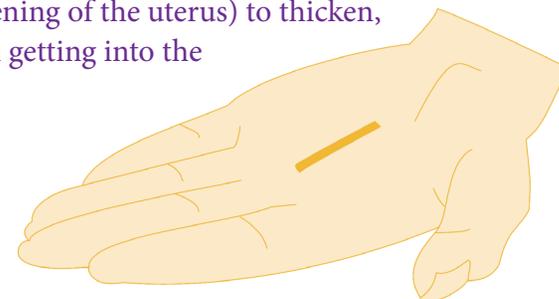
Insertion is done by a qualified health care provider. Call your local family planning clinic for information. Ask your provider about the availability of Nexplanon®.

Implants

How an implant works

An implant is a small, flexible capsule or rod that is placed under the skin of the upper, inner arm. An implant is filled with a low-dose hormone (progestin) that is continually released into your body and is effective for three years.

Because of the constant presence of the progestin hormone, implants work by stopping your body from releasing an egg so that no egg is present to be fertilized, by causing the cervical mucus (liquid at the opening of the uterus) to thicken, which stops sperm from getting into the uterus.



How to use an implant

To insert an implant, your health care provider will give you a local anesthetic (similar to what dentists use). Your provider will insert the implant into your upper arm through a special needle. You will feel pressure and later you may have some discomfort and bruising at the place of insertion for a short time. Your health care provider will give you follow up instructions.

Removal of an implant requires a minor surgical procedure that typically takes only a few minutes. An implant can be removed at any time; it is not required that the implant be used for the full three years.

Effectiveness

The implant is in the Tier 1 level of contraceptive effectiveness because once the implant has been placed the woman does not have to do anything else to prevent pregnancy. The implant is a highly effective, long-acting, reversible contraceptive (LARC) method. Less than 1 woman in 100 is likely to become pregnant within 1 year of use. An implant is effective for three years. Once the implant is removed, a woman can get pregnant immediately. The implant can be removed before three years.

Benefits of an implant

Implants provide continuous and easy protection from pregnancy and it does not interrupt sexual activity. Some women with an implant will have very light bleeding throughout the month. Other women may stop having periods, especially after the first year. Women who cannot take estrogen because of certain health problems can use an implant.

Women can use an implant while breastfeeding.

Potential side effects and disadvantages

The most common side effects of an implant are irregular and unpredictable bleeding. Bleeding can be heavy or light, last for a few days or many days, or there may be no bleeding at all for several weeks. The longer a woman uses the implant, the more likely her periods will stop. If a woman is not comfortable with irregular bleeding, or not having a period, the implant may not be a good option of birth control for her.

For more specific information about potential side effects ask a health care provider.

Using an implant will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Some women should not use implants because of certain health conditions. Your health care provider will talk with you about potential health conditions that would prevent you from using the implant. There are very few complications with the use of an implant.

Where can you get an IUD?

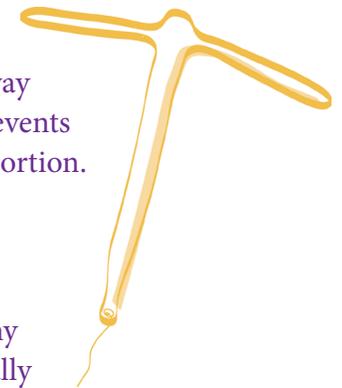
An IUD placement requires an exam for insertion (and removal) by a qualified health care provider. Call your local family planning clinic for information.

Intrauterine Device (IUD)

Two types of intrauterine contraceptives are available in the United States. One type, the copper IUD, is a small plastic T-shaped device wrapped with natural copper. The other type is a small T-shaped device that releases a low dose of a hormone (progestin) into the uterus.

How an IUD works

Each of these devices work primarily the same way by changing the environment of the uterus, cervix and fallopian tubes in a way that stops sperm from reaching the egg (prevents fertilization). These devices do not cause abortion.



How to use an IUD

The IUD is placed in a woman's uterus at any time during her menstrual cycle by a specially trained health care provider. It can be inserted after childbirth, or after an abortion. Ask your health care provider for more information about the timing of insertion.

Your health care provider can show you how to check for the IUD string to be sure it is still in place. If you or your partner feels hard plastic, or if you think it might have come out, you should have

an exam. If you have signs of pregnancy, you should have a pregnancy test. The IUD should be removed if you become pregnant.

Effectiveness

The intrauterine devices are in the Tier 1 level of contraceptive effectiveness because once the IUD has been placed the woman does not have to do anything else to prevent pregnancy. The IUD is a highly effective long acting, reversible contraceptive (LARC) method. Less than 1 woman in 100 is likely to become pregnant within 1 year of use. The copper IUD is also a highly effective method of emergency contraception (EC) for those women who would like to use an IUD as ongoing contraception. For EC, the IUD must be inserted within 5 days of the first act of unprotected sexual intercourse.

Benefits of an IUD

An IUD offers effective, long-term, private, reversible protection against pregnancy. The intrauterine devices are effective for various lengths of time—from 3 years up to 10-12 years.

IUD users are more satisfied with their method of birth control than users of any other method. These devices can be inserted any time during menstrual cycle as long as the woman is not pregnant. This method is available for adolescents and women who have never been pregnant. IUDs can be used while breastfeeding.

For more information about potential health benefits ask a health care provider.

These devices can be removed at any time; it is not required that the device be used for the full length of approved effectiveness time (3 years to 10-12 years). Fertility returns immediately after the device is removed.

Potential side effects and disadvantages

Women who use the copper IUD may have longer, heavier menstrual periods (bleeding), which can cause anemia in some women. Menstrual cramping may increase as well. Spotting may occur between periods.

Women who use the devices that release a low continuous dose of hormone often report a decrease in blood flow and cramping. Other women may experience spotting between periods, lighter periods or no periods at all.

The insertion of an IUD can be uncomfortable. It is very important to talk with a trained health care provider about potential effects with these devices.

Using an IUD will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Large, recent studies show that intrauterine contraceptives have no effect on the risk of infection in the tubes (pelvic inflammatory disease, or PID). Rarely, the insertion process can introduce infection from the vagina into the uterus, and the risk of PID is limited to the first 20 days after insertion. Your health provider will talk with you about the potential risks.

Potential risks

There are no known health risks in using condoms. Frequent use of spermicides (more than 2 times per day) with condoms can cause internal vaginal irritation and increase the transmission risk of HIV infection.

Where can you get male condoms?

Condoms are available without a prescription at many locations: drug stores, school health clinics, Planned Parenthood, public health department clinics, community health clinics, etc.

If your condom breaks or slips, you can use emergency contraception (EC) to prevent pregnancy. Ask your pharmacist, call your local family planning clinic, or visit the website <http://www.ec.princeton.edu> to find out where you can get EC.

Male Condom

How the male condom works

The male condom is a thin sheath that fits over the erect penis. For the prevention of pregnancy, it works as a physical barrier to stop sperm from getting into the vagina. For the prevention of transmission of STIs (sexually transmitted infections) and HIV, latex condoms work as a barrier between partners so body fluids (i.e., semen, blood, vaginal secretions, and saliva) are not shared during sexual activity.

Condoms are made from latex (rubber) or polyurethane (synthetic condoms).

How to use the male condom

Before sex

- Check the expiration date — do not use a condom with an expired date.
- Use a new condom for each individual act of vaginal, anal and oral sex throughout the entire sex act (from start to finish).
- Lubrication is important to decrease the chance of breakage. A lubricant can be added to the condom or to the vagina. For latex condoms, use only water-based lubricants like K-Y Jelly®, Astroglide®, or spermicidal



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creams or foam. Do not use oil-based lubricants (e.g. baby oil, hand lotion, petroleum jelly, or cooking oil). These can weaken the condom and cause it to break or tear.

- Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
- If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
- If you feel the condom break (or it comes off) at any point during sexual activity, stop immediately and put on a new condom.

After sex

- Immediately after ejaculation, withdraw the penis while it is still hard. Hold the condom firmly against the base of the penis to prevent slipping and leaking of semen.
- Throw it away (don't flush it!).

Effectiveness

Male condoms provide very effective (dual) protection from pregnancy and STIs. They are in the Tier 3 level of contraceptive effectiveness because preventing pregnancy depends on using a new condom correctly with each act of sexual intercourse. Typically 18 out of 100 women are likely to get pregnant within 1 year of use.

Consistent and correct use of male latex condoms reduces the risk of sexually transmitted infections (STI) and human immunodeficiency virus (HIV) transmission. However, condom use cannot provide absolute protection against any STI.

Condom use becomes more effective with practice. Many people try different brands or types before finding the condom that is most

comfortable. Some people make putting on the condom a part of sexual activity.

Benefits of the condom

Condoms (latex and synthetic) are safe and effective for preventing pregnancy and reducing the transmission risk of HIV and sexually transmitted infections (STIs) such as chlamydia, gonorrhea, trichomoniasis, and hepatitis B. Condoms could also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (i.e., herpes, HPV, and syphilis).

Because condoms help protect against STIs, they lower your long-term risk for infertility.

After ejaculation, you have immediate, visible proof of effectiveness when you can see semen within the condom. Condoms are inexpensive and easy to get from many sources. Some users report sexual enhancement (i.e., longer-lasting erections). There are few side effects; if you or your partner has a latex allergy, you can switch to one of the several synthetic condoms.

Potential side effects or disadvantages

Some people are allergic to latex (rubber). Some users complain that condoms reduce sensitivity or interrupt sexual activity. Some users cannot consistently maintain an erection during condom use.

Some people may feel uncomfortable buying condoms in a drug store or health clinic. Some people may feel uncomfortable using a condom because they think condom use implies a lack of trust or intimacy. A new condom must be used every time, so some planning ahead is necessary.

How can you get a vasectomy?

A vasectomy requires a physical exam and counseling by a qualified doctor or health care provider to do the surgery. If the vasectomy is paid for by federal or state funds, a 30-day waiting period is required. Call your local family planning clinic for information.

Male Sterilization

How a vasectomy works

Male sterilization, or vasectomy, is simple surgery in which the tubes (vas deferens) that carry sperm up to the penis are cut and sealed. Vasectomy is considered a permanent (not reversible) method of birth control and should be chosen only if you are sure that you do not want children in the future.

After a vasectomy, the man will still produce male hormones and sperm, but the sperm will not be able to join with the other fluids in the semen. When sperm cells aren't used, they die and the body will absorb them. The amount of fluid in the ejaculation is the same, except there are no sperm. Sex drive, ability to have sex and orgasms do not change because of a vasectomy.



How a vasectomy is done

Two male sterilization procedures are available in a clinic or doctor's office and take about 30 minutes. A local anesthetic (like dentists use) is injected into the skin of the sack that holds the testicles ("balls"). The first vasectomy procedure option — the *no scalpel (NSV)* — is done by making a small

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puncture in the testicles through which the tubes (vas deferens) are sealed. This procedure is shorter, generally has fewer side effects, and is less painful than the traditional method.

Using the **traditional** method, a small cut is made in the testicles and the tubes are pulled through the opening and sealed. The incision is then closed.

Since sperm may still be alive in the tubes, vasectomy is not effective until the man has had 15-20 ejaculations to clear out all sperm. The health care provider will give instructions about a follow up visit to check the man's semen to make sure no sperm are present.

Effectiveness

A vasectomy is in the Tier 1 level of contraceptive effectiveness and is a very effective, permanent method of birth-control. In the first year after a vasectomy, one couple in 1,000 is likely to have a pregnancy. Failure happens only rarely, when the tubes were not completely sealed during surgery or when the tubes grow back together.

A pregnancy may also happen if a couple does not use some other kind of birth control until the follow-up semen test shows that there are no sperm in his ejaculation fluid.

Benefits of a vasectomy

Sterilization is one of the safest, most effective and most cost-effective contraceptive methods. Vasectomy is safer, simpler, and less expensive than female sterilization. It is a very private method, with no need for partner involvement. Some people report an

increase in sexual desire because they no longer worry about unintended pregnancy. Research continues to show that men who have had a vasectomy are not more likely than other men to develop heart disease, cancer, or other illnesses.

Potential side effects and disadvantages

Most side effects after vasectomy go away within one or two weeks. Most men can expect minor bleedings under the skin, and some men have swelling, bruising and pain that can be reduced with mild pain medication.

It is recommended to not do heavy physical labor for at least 48 hours. An athletic supporter and ice packs can be used to make this healing time more comfortable. Sex can be resumed when the cut is healed and the area no longer sore.

A vasectomy can be expensive if you do not have insurance or financial support. Medicaid and other state funds can pay for the surgery. A vasectomy is considered permanent and irreversible. Even though it is possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in future pregnancy. This reconnection surgery is very expensive and is not covered by Medicaid.

A vasectomy will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Some men regret having had a vasectomy, particularly if they are in an unstable relationship, are very young or have no children at the time of the surgery.

Where can you get the patch?

The birth control patch requires a prescription from a qualified health care provider. Call your local family planning clinic for information.

Patch (transdermal contraception)

How the patch works

The birth control patch is a thin, stick-on, square, 1-3/4 inch patch that allows hormones to enter the bloodstream through the skin. Like birth control pills, a combination of hormones in the patch stops your body from releasing an egg, so no egg can be fertilized. The hormones also cause the cervical mucus (the liquid at the opening of the uterus) to thicken, which can stop sperm from getting into the uterus.

How to use the patch

The patch is a once-a-week (7 days) method of birth control on a four-week cycle. A new patch must be used each week for three weeks. Menstrual bleeding is expected during the fourth week, when no patch is used.

The patch is placed on healthy skin on the abdomen, buttock, lower back, upper outer arm or upper torso where it will not be rubbed by tight clothing. It should not be placed on the breast.



It is replaced on the same day of the week for three weeks. The fourth week is patch-free. Follow the written instructions that come with the patch.

Effectiveness

The patch is in the Tier 2 level of contraceptive effectiveness because preventing pregnancy depends on the user keeping the patch in place and changing it on time (each week). Typically 9 out of 100 women are likely to get pregnant within 1 year of use. If a woman forgets to replace the patch once every seven days for three weeks, or forgets to start a new cycle of patches after the fourth week, her chance of getting pregnant goes up.

To increase effectiveness, a woman should keep the patch in place and change it on time using it consistently and correctly.

Ask your health provider about the effectiveness rates for women who weigh more than 200 pounds.

Benefits of the patch

The patch is small, thin and smooth and can be worn under your clothes. You only have to change it once a week and you can wear it in a different place each week. It stays on while you shower, bathe, swim or exercise. Warm, humid conditions do not decrease its sticking power.

Potential side effects and disadvantages

Side effects of the patch may include slight nausea, breast symptoms and vaginal spotting and menstrual cramps, especially in the first two cycles. Some women have skin irritation under and around the patch. To decrease the risk of skin irritation, a woman can place the patch on a different part of the body each week.

Using the patch will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Some women should not use the patch because of specific health conditions, such as cardiovascular events. Hormones from patches applied to the skin get into the blood stream and are removed from the body differently than hormones from birth control pills taken by mouth. Ask your health care provider about potential health risks.

Cigarette smoking increases the risk of serious cardiovascular risks (blood clot, heart attack, stroke), especially for women over 35. Women who use the patch are strongly advised not to smoke.

Contact your doctor or health care provider if you have any of the following symptoms:

ACHES:

A – Abdominal Pain

C – Chest Pain

H – Headaches

E – Eye Problems

S – Severe Leg Pain

Where can you get pills?

Birth control pills require a prescription from a qualified health care provider. Call your local family planning clinic for information.

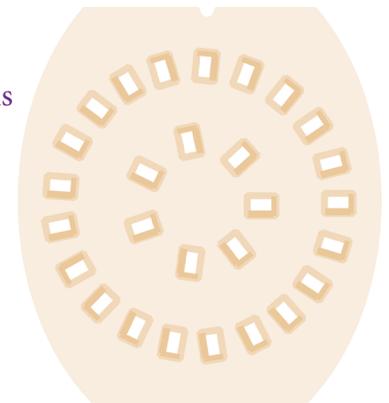
Pills

How pills work

Combination birth control pills contain both estrogen and progestin, hormones that are similar to the hormones that are produced naturally by a woman's body. The pill works by stopping the body from releasing an egg, so that there is no egg to be fertilized. Birth control pills also work by thickening the cervical mucus (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

How to use the pills

The pill must be taken at about the same time every day. For instructions on how to begin taking your pills, ask your health care provider. If you miss any pills, you may be at risk for pregnancy. Ask your health care provider for specific instructions. You may also ask about Emergency Contraception (EC).



Effectiveness

Pills are in the Tier 2 level of contraceptive effectiveness because preventing pregnancy depends on the user taking the pills consistently and correctly. Typically 9 out of 100 women are likely to get pregnant within 1 year of use. If a woman misses a pill, or doesn't take it at the same time every day, her chance of pregnancy goes up. Also, if a woman is taking specific medications, the pills can be less effective.

To increase effectiveness, a woman should take her pill every day at about the same time each day. Talk with a health care provider about possible drug interactions that may reduce the level of effectiveness.

Benefits of the pill

Most women report regular and lighter periods with fewer cramps and PMS symptoms, as well as a clearer complexion when taking some types of pills. Pills provide protection against ovarian cancer, endometrial cancer, benign breast disease, ovarian cysts and iron deficiency. Taking pills does not interrupt sex. If you want to get pregnant, you can become pregnant immediately after you stop taking the pill.

Potential side effects and disadvantages

For some people, having to take a pill every day is a disadvantage. Most pills have a low dose of hormones but they can cause some side effects, such as spotting between periods, mild nausea or breast tenderness. Side effects usually don't last long and go away

with a change in pill type. Recent research has shown that women who take pills do not typically gain any more weight than they would gain without taking pills. Ask your provider about side effects before you quit the pill. A change in pill prescription can help decrease side effects.

Tell your health care provider about any medications you are taking, including prescriptions, over-the-counter, herbal remedies and vitamins.

Using birth control pills will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Some women should not take pills if they have specific health conditions. Ask your health care provider about potential health risks.

Cigarette smoking increases the risk of serious cardiovascular risks (blood clots, heart attacks, strokes), especially for women over 35. Women who use birth control pills are strongly advised not to smoke.

Risk to life and health is greater from pregnancy than from pill use. Most pills have a low dose of hormones and can be taken with little risk. Current research indicates that pill use is not associated with breast cancer.

Where can you get progestin-only pills?

Progestin-only pills require a prescription from a qualified health provider. Call your local family planning clinic for information.

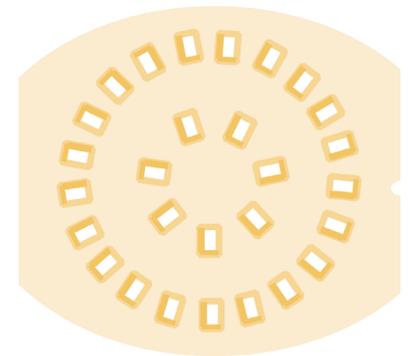
Progestin-Only Pills

How progestin-only pills work

Progestin-only pills, sometimes called “minipills,” contain only one hormone — progestin. Progestin-only pills stop your body from releasing an egg, so no egg can be fertilized. Progestin also causes the cervical mucus (liquid at the opening of the uterus) to thicken, which can stop sperm from getting into the uterus.

How to use progestin-only pills

Minipills must be taken on time, at the same time every day. If you miss any pills, or are late taking your pill, or have diarrhea or vomiting, you could be at risk for pregnancy. Ask your health care provider for specific instructions, and ask about Emergency Contraception (EC).



Effectiveness

Pills are in the Tier 2 level of contraceptive effectiveness because preventing pregnancy depends on the user taking the pills consistently and correctly. Typically 9 out of 100 women are likely to get pregnant within 1 year of use. If a woman misses any pills, or doesn't take them at the same time every day, her chance of pregnancy goes up.

Also, if a woman is taking specific medication, the pills can be less effective.

To increase effectiveness, a woman should take her pill every day, at about the same time each day. Talk with a health care provider about possible drug interactions that may reduce the level of effectiveness.

Benefits of the progestin-only pills

The major benefit of the progestin-only pill is that women who cannot take estrogen, or women who are breastfeeding, can use this birth control pill. If a woman wants to get pregnant, she can become pregnant immediately when she stops taking the progestin-only pills.

You may have fewer menstrual cramps and decreased PMS symptoms.

Progestin-only pills have even fewer health risks than combination birth control pills, and fewer if any side effects.

For more information about potential health benefits ask a health care provider.

Potential side effects and disadvantages

You may have irregular bleeding, unpredictable bleeding, or spotting between periods.

Using progestin-only pills will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, gonorrhea, herpes, genital warts (HPV), hepatitis B and syphilis.

Potential risks

Progestin-only pills have few health risks; ask your health provider about potential risks or warning signs.

Where can you get the shot?

The “shot” is given by a qualified health care provider; it requires a prescription. Call your local family planning clinic for information.

The Shot (injection)

How the shot works

Depo-Provera® (Depo) is an injectable method of contraception (a shot) that is given every 3 months/13 weeks. It contains one hormone, a form of progestin. Depo works by stopping your body from releasing an egg, so no egg is present to be fertilized; it also causes the cervical mucus (liquid at the opening of the uterus) to thicken, which can stop sperm from getting into the uterus.

How to use the shot

An injection (shot) of Depo is given every 3 months/13 weeks. Depo may be given immediately after an abortion and delivery of a baby.

Effectiveness

The injectable (shot) is in the Tier 2 level of contraceptive effectiveness because preventing pregnancy depends on the woman returning to her health care provider every 3 months (13 weeks) for a repeat injection. Typically 6 out of 100 women are likely to get pregnant within 1 year of use. If a woman is late getting her shot, her chance of pregnancy goes up.



Benefits of the shot

The shot does not interrupt sexual activity and is private. A woman may have very light bleeding or no periods after several months on Depo and no cramps or PMS. Depo can be used while breastfeeding. The shot is excellent short-term birth control for women who need effective birth control while waiting for a sterilization procedure.

There is no estrogen in Depo-Provera®; women who cannot take estrogen may wish to try Depo. As with other progestin-only methods of contraception, taking Depo lowers the risk of endometrial and ovarian cancer, anemia, ectopic pregnancy, and pelvic infection. Depo-Provera® has also been found to decrease the frequency of grand mal seizures and sickle cell crises.

Potential side effects and disadvantages

When you first start on Depo, there may be irregular spotting or bleeding, especially during the first six months. You may have heavier periods or stop getting your periods. You may also have increased appetite and slight weight gain or feel bloated, or have mood changes and/or nausea.

Taking Depo-Provera® will lower your natural estrogen levels and might decrease the strength of your bones. Ask your health care provider about Depo and “bone loss.”

Depo can make existing depression worse, and women who have severe postpartum depression should delay use of this method.

If you are getting the shot and want to get pregnant, you could be fertile within a month or two after your last injection. Depo-Provera® may stay in your body for six to eight months and may delay a return to fertility.

Using injectable birth control will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Some women should not use the shot because of existing health conditions. Ask your health care provider about your risks.

Where can you get vaginal spermicides?

Spermicides are available without a prescription at many locations, including drug stores, school health clinics, Planned Parenthood, public health and other community health clinics.

Spermicides

How vaginal spermicides work

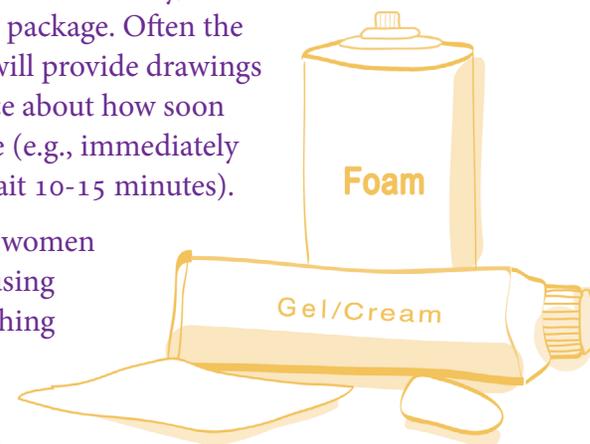
Spermicides contain chemicals that kill sperm. Vaginal spermicides come in several forms (gel, foam, cream, film, suppository, or tablet). Some spermicides are used along with a diaphragm or cap (i.e., gels, creams and foam) while others can be used alone.

Nonoxynol-9 (the active chemical used in products available in the United States) destroys the sperm. Other ingredients are used in spermicides made in other countries.

How to use vaginal spermicides

To use vaginal spermicides correctly, follow the instructions in the package. Often the package instructions will provide drawings and give specific advice about how soon the method is effective (e.g., immediately after insertion or to wait 10-15 minutes).

Do not douche. Some women want to douche after using spermicides, but douching not only makes this method less effective, it is associated with an increased risk of vaginal infections, pelvic inflammatory disease (PID) and ectopic pregnancy.



For a spermicide to be effective you must follow the package instructions. Most spermicides must be in the vagina for no more than one hour before sex. To increase the effectiveness, use the spermicide along with a condom.

Effectiveness

Spermicides are in the Tier 3 level of contraceptive effectiveness because preventing pregnancy depends on using the specific spermicide correctly each time of sexual intercourse. Typically 28 out of 100 women are likely to get pregnant within 1 year of use.

To increase effectiveness, use the spermicide consistently and correctly according to the package instructions.

Benefits and advantages of spermicides

Spermicides are an over-the-counter birth control method; they do not need a prescription. Using spermicides does not require the direct involvement of the male partner.

Potential side effects or disadvantages

Some people report allergic reactions to spermicides; trying a different brand may help. Inserting spermicides may be difficult for some people.

Using spermicides will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, gonorrhea, herpes, genital warts (HPV), hepatitis B and syphilis.

Potential risks

Frequent use of spermicides (more than 2 times per day) can cause internal vaginal irritation and increase transmission risk of HIV infection. Ask your health provider about your risk level.

There are no other known health risks.

Where can you get the sponge?

The Today® sponge is available without a prescription at a variety of locations: drug stores, public health department clinics and Planned Parenthood. It can also be ordered on-line; type 'Today Sponge' into any search engine (e.g., Google).

Sponge

How the sponge works

The Today® sponge is a small, one-size, disposable (single use), over-the-counter method of birth control for women. It contains spermicide (a substance that kills sperm) to prevent pregnancy.

The sponge is inserted into the vagina, placed in front of the cervix, as a barrier that keeps sperm from entering the uterus.

The smooth side of the sponge has a woven loop of polyester fabric that provides easy removal of the sponge.

How to use the sponge

- Wash your hands.
- Remove the sponge from its package and moisten the sponge with tap water just before inserting it into the vagina. Gently squeeze to produce “suds” that will activate the spermicide and help with insertion.
- Slide the sponge into the vagina along the back wall of the vagina until it rests against the cervix. The dimple side should be up against the cervix, with the loop away from the cervix.
- Insert your finger into your vagina to check that it is in place.



- The sponge is effective immediately for up to 24 hours, with one or multiple acts of intercourse and no need to add more spermicide.
- After intercourse, the sponge must be left in place for at least six hours before it is removed. Do not leave in place for more than 24-30 hours.
- To remove the sponge, grasp the loop on the sponge with one finger and gently pull.
- Check to be sure the sponge is in one piece; if it is torn, remove all pieces.
- Throw the sponge away (don't flush it!).

Effectiveness

The sponge is in the Tier 3 level of contraceptive effectiveness because preventing pregnancy depends on using the sponge each time of sexual intercourse. Typically, for women who have experienced childbirth, 24 women out of 100 are likely to get pregnant within 1 year of use. Typically, for women who have not experienced childbirth, 12 women out of 100 are likely to get pregnant within 1 year of use.

If the sponge is not used every time or it slips out of place, the chance of pregnancy goes up.

To increase effectiveness, use the sponge consistently and correctly according to the package instructions.

Benefits of the sponge

The sponge is an over-the-counter method and is available without a prescription. The sponge may be inserted many hours before sexual intercourse and may be left in place for up to 24 hours.

GENERAL REFERENCE: Contraceptive Technology (CT): 20th Rev. Ed., 2011 and CT Update (monthly newsletter).

Compared with the other vaginal barrier methods, the sponge may be more comfortable for some women. Using a sponge does not require the direct involvement of the male partner and does not interrupt sex.

Potential side effects or disadvantages

Some people are allergic to the spermicide in the sponge. Some women who use the sponge report an increase of yeast infections. Planning ahead is required and you must be comfortable with inserting and removing the sponge. Consult a health care provider if you and/or your partner are allergic to sulfa drugs.

The sponge offers no protection against HIV (AIDS) or sexually transmitted infections (STIs) such as gonorrhea, chlamydia, herpes, genital warts (HPV), hepatitis B and syphilis.

Potential risks

The sponge should not be used during a woman's period, immediately after childbirth, miscarriage, or other termination of pregnancy. The sponge should not be worn for more than 24-30 hours after insertion (including the six hour waiting time after intercourse) because of the possible risk of Toxic Shock Syndrome (TSS). It is also not recommended for women who have had TSS symptoms in the past.

Danger signs for TSS

- Sudden high fever
- Vomiting, diarrhea
- Dizziness, faintness, weakness
- Sore throat, aching muscles and joints
- Rash (like a sunburn)

Where can you get the vaginal ring?

The vaginal ring requires a prescription from a qualified health care provider. Call your local family planning clinic for information.

Vaginal Ring

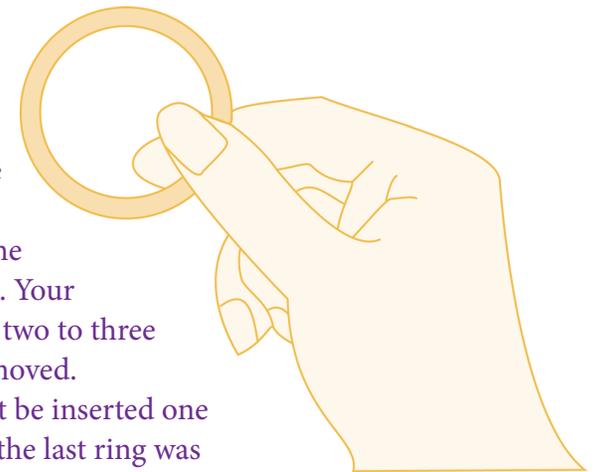
How the vaginal ring works

The vaginal ring is a small (one size fits all), flexible transparent ring (two inches across) that you place in your vagina. It releases a steady flow of low dose hormones (estrogen and progestin). Like birth control pills, this combination of hormones stops your body from releasing an egg, so no egg can be fertilized. The hormones also cause the cervical mucus (liquid at the opening of the uterus) to thicken, which can stop sperm from getting into the uterus.

How to use the vaginal ring

The vaginal ring is a once-a-month method of birth control. The ring is placed in a woman's vagina and left there for 21 days (3 weeks) where it releases a steady flow of hormones. Remove the ring for the fourth week. Your period will usually start two to three days after the ring is removed.

A new vaginal ring must be inserted one week (seven days) after the last ring was removed to continue to prevent pregnancy. Do not reuse a vaginal ring for a second month.



The exact placement of the ring is not important because it does not work as a barrier method of birth control. There is no danger that the vaginal ring will be pushed up too far in the vagina or “lost.” If your ring comes out for some reason, rinse it off and reinsert it. If it comes out for more than three hours, read the instructions or call your health care provider for specific instructions.

Follow the written instructions that come with the vaginal ring.

Effectiveness

The vaginal ring is in the Tier 2 level of effectiveness because preventing pregnancy depends on the user keeping the ring in place and changing it on time (each month). Typically 9 out of 100 women are likely to get pregnant within 1 year of use. If a woman forgets to replace the ring on time her chance of pregnancy goes up.

To increase effectiveness, a woman should keep the vaginal ring in place and change it on time using it consistently and correctly.

Benefits of the vaginal ring

The vaginal ring does not require a health care provider to insert it into the vagina. It is convenient, easy to use, and there is no wrong way to insert it. The ring provides low and steady hormone delivery and is not likely to cause irregular bleeding. It is not made of latex.

Potential side effects and disadvantages

Very few women report side effects. Rarely, side effects can occur and can include vaginal discharge, headaches, nausea, decreased libido and breast symptoms. Ask your health care provider about side effects.

Some women may be aware that the ring is in their vagina, but it should not be felt by the woman or her partner once it is in place. A woman must feel comfortable touching her genitals to put it in place and to take it out.

The vaginal ring will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

Risks with the vaginal ring are considered the same as with other combination hormonal birth control. Some women should not use it if they have specific health conditions. Ask your health care provider about potential risks.

Cigarette smoking increases the risk of serious cardiovascular side effects (blood clots, heart attacks, strokes), especially for women over 35. Women who use the vaginal ring are strongly advised not to smoke.

Withdrawal*

How withdrawal works

Withdrawal prevents fertilization by not allowing semen (and sperm) to enter the vagina; sperm does not reach the egg.

How to use withdrawal

While having intercourse, before the man ejaculates, he pulls his penis out of the woman's vagina and away from her genitals. The man must depend on his judgment of his physical sensations to decide when he is about to ejaculate in order to withdraw in time.

Effectiveness

Withdrawal is in the Tier 3 level of contraceptive effectiveness because preventing pregnancy depends largely on the man's ability to withdraw his penis before he ejaculates. Typically 22 women out of 100 are likely to get pregnant within 1 year of use. Men who are less experienced with using this method or men who have a difficult time knowing when they will ejaculate will have a greater risk of failure.



**ejaculation
in vagina**

*Withdrawal is Coitus Interruptus

Benefits of withdrawal

This method has no health risks or side effects. There is nothing to buy. It is an acceptable method for some couples with religious concerns about birth control. It is a back up method if no other methods are available.

Potential side effects and disadvantages

Just before ejaculation the man may feel the urge to go deeper and it may be a difficult time to withdraw. For individuals or for couples, interruption of the excitement phase may decrease pleasure.

Using withdrawal as a method of birth control will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

No health risks.

Emergency contraception is available if the man doesn't "pull out" in time. If you have unprotected sex unexpectedly, ask a doctor, a health provider, or a pharmacist about Emergency Contraception (EC). For more information about EC visit the website <http://www.ec.princeton.edu>.



**ejaculation
in vagina**