# Introduction

## CHOICES-CHANCES-CHANGES.

Regardless of your age you will always be faced with CHOICES and there might be times you decide to take several CHANCE that could CHANGE your life drastically. For this reason we have designed this booklet to help you make wise CHOICES as it relates to a very important areas of your life, including your decisions about sexuality and relationships.

When it comes to some of the terms you may be familiar with, we might offer some expanded definitions that perhaps you haven't thought of that could be helpful. For instance ABSTINENCE, for some it means not having sex until marriage… or maybe you have already been in a relationship and decide on abstinence again… or it could even mean abstinence for tonight, today or for right now!

Another CHOICE to consider is OUTERCOURSE. This can be fun and safe.

However, when you do choose to become sexually active and you do not wish to become pregnant, in this booklet you will find many CHOICES of birth control methods to help you to choose wisely and not give your power away!

We recognize that spontaneous situations occur and you might find yourself in a situation of deciding to take a CHANCE that could CHANGE your entire life! Consider withdrawal (page 4) if you are not on a contraceptive or don't have condoms (page 5-7) available. This is not the best method but it is better than nothing at all.

For many young couples the best option may be for the girl / woman to consider one of the LARC methods (Long Acting Reversible Contraceptives). You will find these on pages 12 through 17. They offer several years' protection without you having to give another thought about it. You will learn that there are many more benefits to these methods beyond just preventing pregnancy, such as less painful periods, less blood loss, and preventing acne.

Understand that your life is precious and that it is possible to protect yourself and your partner from making a life-CHANGING CHOICE until you are ready! We wish you luck in making decisions about abstinence and birth control and hope you find this guide useful to you, your partner and your relationship.

**SPECIAL THANKS**

A special thanks to John Stanley, our publisher; Jason Blackburn, responsible for layout and many artistic decisions; Peter Hatcher, a public health physician in Portland, Oregon; and Paige Evans and other students from the Rollins School of Public Health at Emory University in Atlanta, Georgia for their help with this publication... Choices ! These pages are being translated into Spanish by Patricia Albarron in Portland, Oregon.

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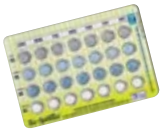

## ABOUT THE AUTHORS

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## COPYRIGHT INFORMATION




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Chapter 1

# Abstinence

## (Not Having Sexual Intercourse)

**On any given night, more people use abstinence than any other method of birth control!**

### What is Abstinence?

Abstinence means different things to different people. To avoid sexual activity that can lead to pregnancy, abstinence refers to not having "penis-in-vagina" intercourse. For protecting against infection, abstinence means avoiding vaginal, anal and oral-genital intercourse or participating in any other activity in which body fluids – semen ("cum"), vaginal fluids, blood, breast milk – are exchanged with another person. Some people will use other kinds of touching to satisfy their needs (see the section on Outercourse - p. 3). Others will avoid any kind of touching because it is too tempting. Decisions about sexual intimacy are **yours, each and every time**.

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸**Abstinence is free and available to all.** | ▸It may be very difficult to communicate clearly with a partner about abstinence. |
| ▸Can be extremely effective at preventing both infection and pregnancy. | ▸Some people find not having sex too frustrating, and may feel as though they are "missing out" if they choose abstinence. |
| ▸It can be started or returned to at any time in one's life. | ▸**If you're planning to use abstinence and change your mind in the heat of the moment, you might not have another form of birth control handy or may have little knowledge about other methods.** |
| ▸**Abstinence may encourage people to build relationships in other ways.** | ▸Some people would like to be prepared and have a condom or spermicide available in case they change their mind. Others feel that having a contraceptive ready and available might tempt them. If you do go on to have vaginal intercourse, definitely use a condom or withdrawal. |
| ▸Abstinence may increase creativity in a relationship as partners find new ways to express intimacy and find pleasure with each other. | ▸**If only abstaining from penis-in-vagina intercourse, there may be no protection against infections transmitted through other activities such as oral and anal intercourse and genital touching ("mutual masturbation").** |
| ▸Abstinence may boost your self-esteem as you are choosing what you consider to be right for yourself. | ▸**Abstinence does work, but abstinence-only sex education programs have been shown repeatedly NOT to be effective.** |
| ▸**Abstinence along with Nexplanon implants, IUDs, and Depo-Provera contributed to a dramatic fall in teen pregnancy rates in the past 30 years.** | |
| ▸Abstinence has no medical side effects. | |

## Where can I learn more?

What you do sexually is an important decision. Start by thinking it through carefully yourself. You may want to discuss your decision with another person whom you respect. You may want to pray, meditate, or talk it over with your partner. Some churches and sex education programs have organized support groups or teaching for young people wanting to wait until marriage before having sex. As with any contraceptive choice, you should decide to use it before you become sexually active. Abstinence is no different. Once you have thought it over and talked to another trusted person, clearly communicate your commitment to abstinence to your partner. If she or he does not agree with your decision, consider finding another partner who will also commit to abstinence as a choice.

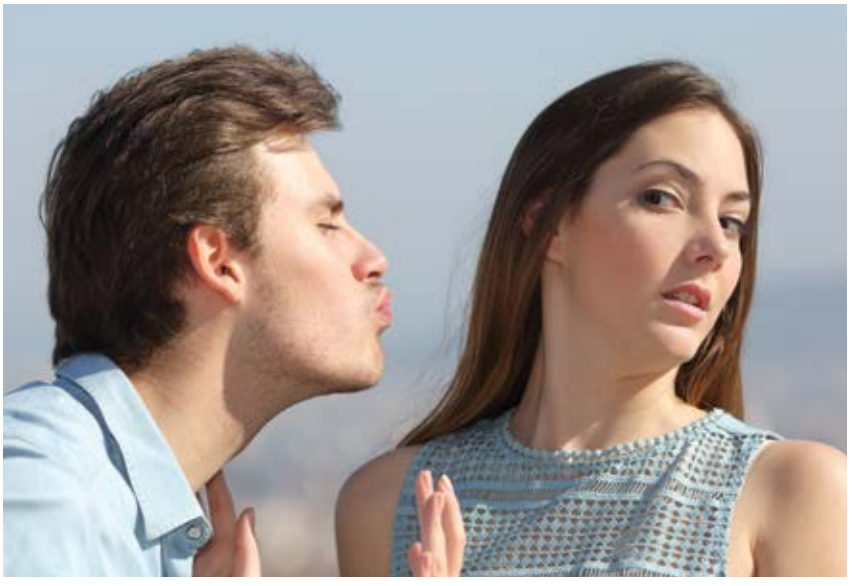
## Four Time Frames in Which to Think About Abstinence:

1. ***Virginity*** – Abstinence until marriage or until a long term relationship or until you are sure that you are ready for sex. Waiting until marriage can prevent many complications from sexual intimacy and may be the approach an individual feels most comfortable with in terms of his or her spiritual or moral journey.

2. ***Secondary Virginity*** – After having been sexually active, you can return to abstinence until marriage or until a long term relationship or until you are sure that you are ready for sex again. You always have this option even if you have had sexual partners already.

3. ***Abstinence for a while*** – This could be until you are certain you are on an effective contraceptive, until both of you have been tested for and are not infected with HIV or any other sexually transmitted infection, or until your partner (or you) returns home from a long trip.

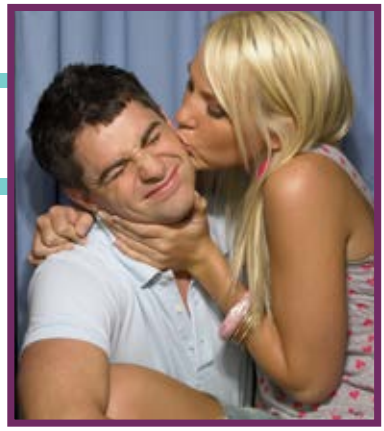
4. **Abstinence TONIGHT... TODAY... or NOW!**
**Each night in our country, about 10 million women who do not want to become pregnant have intercourse. About 10% (one million) of those acts of intercourse are completely unprotected (no contraceptive). Abstinence today is what these one million women (and men) would be wise to use – TONIGHT!!! Other options: use a condom, withdrawal or "outercourse." (See next page.)**



**If the person you're with uses physical or psychological force to get you to have sex, he or she is not the right person for you.**

Chapter 2

# Outercourse



## What is "Outercourse"?

***Outercourse***, as opposed to ***intercourse,*** refers, in a playful manner, to types of sexual intimacy which do not involve the penis entering the vagina. Some examples include:

| | | | |
|---|---|---|---|
| *holding hands* | *hugs* | *kisses* | *anal sex* |
| *petting "above the belt"* | *oral-genital contact* | *petting "below the belt"* | *"sexting"* |
| *mutual masturbation* | *touching* | *massaging* | *"playing outside"* |

### WHAT ARE THE ADVANTAGES?

- Outercourse is always an option...there are no supplies needed and it is free! It is a great way to understand your and your partner's erogenous zones.
- **For couples who commit to and stick to outercourse, there is no worry about pregnancy. For many women, it may be more pleasurable (and more likely to lead to orgasm) than penis-in-vagina intercourse.**
- No fluid is deposited in the woman's vagina. There is some protection, but not total protection, against sexually transmitted infections.
- There are no medical complications.
- **Outercourse can increase emotional closeness between individuals.**
- Outercourse may be a more acceptable practice in some cultures and in some religions.

### WHAT ARE THE DISADVANTAGES?

- Outercourse requires a lot of willpower for both partners. It requires communication to make sure both partners are committed to not having vaginal sexual intercourse.
- **If vaginal sex does occur, the couple may not have any method of birth control or STI protection to fall back on.**
- One partner or both partners may really want to have vaginal intercourse or one or both partners may be thinking: ***"Is this going to go further than I want?"*** These thoughts and concerns may decrease enjoyment.
- Oral sex can spread some sexually transmitted infections.

Chapter 3

# Withdrawal=Pulling Out

"No deposit, no return"

## What is Withdrawal?

Withdrawal means pulling out the penis from the vagina during sex. When the man senses that he is about to come, he pulls his penis out of the vagina. The man ejaculates (comes) outside of the vagina. Sperm is not deposited in the vagina, so pregnancy will not occur. Withdrawal requires commitment to the method in advance and takes a lot of discipline! If the woman has not had an orgasm, the man can stimulate her in other ways after withdrawal. Among average couples who use withdrawal, about 20% will experience an accidental pregnancy in the first year. If withdrawal is used consistently and correctly, only about 4% will become pregnant in an entire year of having sex. Withdrawal has increased somewhat in popularity over the past 2 decades. Usually it is used together with a second method.

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸Withdrawal works best when used with another method, even fertility awareness methods (see p. 9). | ▸Couples often want to keep thrusting. They don't want to stop when it is time to pull out. |
| ▸**Withdrawal is always an option. It is completely private and is definitely better than nothing.** | ▸The man may worry: "Will I withdraw in time?" And the woman may worry: "Will he withdraw in time?" This concern may decrease their enjoyment of intercourse. |
| ▸No fluid, or much less fluid, is deposited into the woman's vagina (may be less messy). | ▸**Withdrawal provides poor or no protection against sexually transmitted infections, including HIV.** |
| ▸Withdrawal causes no medical complications. | ▸Sperm and organisms that may cause infections, in small numbers, may be present in the pre-ejaculatory fluid, or "precum", that comes out of the penis before ejaculation. |
| ▸No supplies are required. Withdrawal is free (except for the cost of an unintended pregnancy should a failure occur). | ▸Men with premature or unpredictable ejaculation may not be able to use withdrawal. |
| ▸**With practice, withdrawal may increase a man's understanding and awareness of his sexual response cycle.** | ▸**Both the man's and the woman's cooperation and commitment to pulling out at the right time are needed for withdrawal to work.** |
| ▸**Since there are no barriers, chemicals or hormones used, withdrawal is an option for those whose values are opposed to artificial contraception.** | |

**Tonight! It's withdrawal or nothing!!** Is it worth the effort? Yes, definitely YES!!!

Chapter 4

# Condoms: male

*Using BOTH a condom AND another contraceptive gives excellent protection against pregnancy and infection!* *(See "Dual Method" on page 9.)*

## What types of condoms are there for men?

Condoms are made of latex (often called "rubbers"), polyurethane (plastic), or natural membranes (often called "skins" and made from the intestine of sheep). Polyurethane and natural membrane condoms may be used by couples when either partner is allergic to latex. Condoms look like long thin balloons before they are blown up. Condoms act as a barrier or shield – they prevent pregnancy by stopping sperm from going into the vagina. **The condom needs to be put onto the penis before the penis comes into any contact with the vagina.**

If the person you want to have sex with refuses to wear a condom, he or she may not be the right person for you.

### WHAT ARE THE ADVANTAGES?

- **If the woman puts the condom on the man, it can be fun for both partners and condom is more likely to be used!**
- Condoms are safe for women and men.
- The male condom is very effective at preventing both pregnancy and infection if used perfectly.
- Sexual intercourse may be enjoyed more by some couples, in part because there is less fear of STIs, HIV, and pregnancy.
- **Condoms reduce the risk of cervical cancer because there's less risk of HPV infection.**
- Men "last longer" when they use condoms. Prolonging sex may make sex more fun for both the woman and the man.
- Condoms come in many colors, sizes and with or with out ribbing or other textures. Variety is exciting!
- **Condoms make sex less messy by catching the semen. Less discharge. Less odor.**
- Remember, penises and condoms come in different sizes! Find a condom that fits!
- Use a water or silicone-based lubricant to enhance comfort and pleasure and decrease breakage.
- It is safe and more effective to use two condoms at once if a couple has experienced condom breakage more than once... or even once.

### WHAT ARE THE DISADVANTAGES?

- **While very effective if used correctly and consistently (every time!), the condom ends up not being used perfectly over time by most couples. Average couples who choose condoms as their birth control have about a 1 in 8 chance (13%) of getting pregnant during their first year of relying on the condom.**
- Unless the woman puts it on as a part of foreplay, the condom may interrupt sex.
- Condoms require some practice to learn how to use.
- When putting the condom on the penis you must avoid tearing the condom or putting a hole in it with finger nails, a ring or anything sharp. This includes anything sharp in the mouth!
- **YOU CAN'T USE OIL-BASED LUBRICANTS such as Vaseline®, suntan oil, or Crisco® with latex condoms! These products can put a hole in a latex condom IN A MATTER OF SECONDS.** *(see page 7)*
- Some men have trouble keeping their erection with a condom on.
- The man must pull out soon after ejaculation ("coming"). If he becomes soft, the condom can fall off and be left in the vagina without the couple knowing that this has happened.

| WHAT ARE THE ADVANTAGES? (continued) | WHAT ARE THE DISADVANTAGES? (continued) |
|---|---|
| ▸**To decrease the chance of the condom slipping down the penis or falling off in the vagina, pull the penis out of the vagina right after ejaculation. DO NOT continue thrusting after an orgasm!**<br>▸Practice putting a condom onto a banana! This will make it easier to use condoms during sex.<br>▸With condoms, the risk of infertility from sexually transmitted infections is decreased.<br>▸Condoms are fairly easy to get and usually do not cost a lot - many clinics and college health services give them away for free!<br>▸Lubricated condoms are a good contraceptive option during breastfeeding – some women are bothered by a dry vagina during breastfeeding. They are also a good option as a backup for other methods. | ▸Some people are sensitive (or allergic) to latex or find the smell unpleasant. They may use polyurethane condoms: Durex-Avanti®, Trojan-Supra® or FC® Female Condoms.<br>▸**Buying, discussing and deciding to use, and then putting on, and getting rid of condoms may be embarrassing. These important steps and the presence of a condom covering the penis may decrease enjoyment of sex for some couples - adding a lubricant can help.** *(see page 7 to learn names of safe lubricants)* |

## Where do I get male condoms?

Condoms can be purchased at drugstores, supermarkets and gas stations. Some health departments, family planning clinics, and college health services give away condoms. They may also be purchased online. Just be sure to plan ahead.

**Tonight! We use a condom or we don't have sex! Is it worth the effort? YES! Definitely yes!**
***Here's the math:*** Among couples who do not use any contraception, 85% will become pregnant within a year. If latex condoms for men are used correctly, carefully and consistently, about 2% of couples will become pregnant over the course of an entire year. This method is very effective if used correctly every time!

# HOW TO USE A MALE LATEX CONDOM

***(...Or rubber, sheath, prophylactic, safe, french letter, raincoat, glove, sock)***

Talk/think about condom use with partner. Make the FIRM commitment, in advance, to use condoms with each and every sexual act (vaginal/oral/anal) - no exceptions! Use 2 condoms if you have experienced condom breakage in the past.

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Keep a supply of condoms handy - store condoms in a cool, dry place away from sunlight and check the expiration date **before** use. Have a package of Plan B One-Step or ella available.

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Use a NEW condom before each and every sexual contact.

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**USE CONDOM CORRECTLY**

Before putting on the condom, check to see which way the condom unrolls.
Put the condom onto the penis before the penis has ANY contact with the vagina.
NOTE: A condom CAN be put onto a penis that is not fully erect.
(If uncircumcised, pull back foreskin before unrolling condom.)
Unroll condom all the way down to the base of the penis (down to hair).
*If the woman puts the condom on for the man it may be more fun for both him and her!*
Smooth out air bubbles. Make sure condom fits (condoms come in various sizes).

**These two boxes contain some of the most important information in this entire book.**

## SAFE!

**WATER BASED OR SILICONE LUBRICANTS SAFE FOR USE WITH CONDOMS**

- Astroglide®
- Water and saliva
- Glycerin
- All I-D® Lubricants
- Aloe-9
- H-R® and K-Y® Lubricating Jelly
- Prepair®
- Probe®
- AquaLube®
- ForPlay®
- Gynol II®
- Wet®
- Cornhuskers Lotion
- Silicone Lubricant
- deLube®
- Spermicide*
- Slippery Stuff
- EROS

## * NOT RECOMMENDED!

Spermicidal condoms are no longer recommended although spermicides do not damage latex.

Add water or silicone-based lubricant to outside of condom if desired.

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Condom must be used throughout sex. Check periodically that condom is still in place.

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Change condom if sex is prolonged or if penis is exposed to different orifice (mouth or anus).

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**After ejaculation:**
Hold rim of condom and carefully withdraw penis before loss of erection.

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**RELAX.** Check for breakage; Dispose of condom in trash (do not flush down the toilet!). If condom breaks, slips, falls off or is not used, use EC (*see p. 20-22 for information on Emergency Contraception*). If not already available, call 1-888-NOT-2-LATE for EC. Wash areas exposed to body fluids (penis, vulva, etc) with soap and water or personal wipes.

## * UNSAFE FOR USE WITH LATEX CONDOMS

**These products may cause a hole in a latex condom in just seconds!**

- Aldara cream
- Baby oil or cold creams
- Edible oils (olive, peanut, corn, sunflower)
- Head and body lotions
- Massage oils
- Mineral oil
- Petroleum jelly
- Rubbing alcohol
- Shortening
- Suntan oil and lotions
- Whipped cream
- Vegetable oil and cooking oils
- Clindamycin 2% vaginal cream
- Vaginal yeast infection medications in cream or suppository form
  - Butoconazole cream
  - Clotrimazole cream or tablet
  - Miconazole vaginal suppository
  - Terconazole ointment, cream or vaginal suppository

**These lubricants/vaginal products **can** be used with polyurethane condoms*

Chapter 5

# Condoms: Female

(the single use-use internal female condom)

## What is the Female Condom? FC2 is a nitrile polymer.

This is NOT latex or rubber. FC2® is a nitrile polymer and comes in only one size: 15 centimeters (about 6 inches) in length and 7 centimeters (about 3 inches) wide. It is open at one end and closed at the other. Both ends have a flexible ring used to keep the condom in the vagina. The flexible inner ring at the closed end is inserted into the vagina as far as possible and helps keep the condom in place; the inner ring may be removed or left in place in the vagina. The larger outer ring remains outside the vagina.

The new female condom, FC2® reached pharmacies at the end of 2009. It is softer and makes less noise than the original FC® because it is made from a different material called a nitrile polymer. It is less expensive to produce and buy. Complete information about this contraceptive is available from your clinician, from the package insert, or www.femalehealth.com. Among average couples who start using FC2®, about one in 5 (21%) will have an unintended pregnancy in the first year. If, however, these condoms are used consistently and correctly every time, about 5% of women using them will become pregnant in the course of an entire year.

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸Female condoms give women more contraceptive control and a sense of freedom. The female condom is an option for a woman who cannot get a man to use a condom. | ▸**The female condom is large and some feel it is unattractive or odd-looking. Although it looks different and may appear unusual at first, its size and shape allow it to protect a greater area. Many of the couples who have used it like the way it feels.** |
| ▸**Female condoms give women a new option in preventing both pregnancy and sexually transmitted infections (especially against HPV and herpes, since it covers more of the outer genitals).** | ▸Some women do not like the idea of putting fingers or a foreign object into their vagina. It can be large and bulky for some women, and can be difficult for some women to place it into the vagina. |
| ▸Women don't need to see a clinician to get it. No prescription or fitting is needed. | ▸**Of course, it will not work if the man's penis enters the vagina outside of the female condom. The penis must be directed into the female condom.** |
| ▸The female condom can be put in up to 8 hours in advance. | ▸The female condom is not available in as many stores as the male condom. It may be hard to find, so call the store in advance or plan to purchase them online. |
| ▸Your partner can insert it and make it part of lovemaking. | ▸**Female condoms are much more expensive than male condoms. Because of the cost, some couples have washed and reused female condoms, but this is not recommended!** |
| ▸Condom is pre-lubricated inside and outside. The female condom can be used if either partner is allergic to latex (rubber). | ▸The inner ring may cause discomfort; if it does, it should be removed. |
| ▸The female condom is a good option during breastfeeding. | |
| ▸The female condom can be used for anal sex. | |
| ▸**Breakage is rare.** | |

## Where do I get female condoms?

Female condoms are sold at some drugstores and at some supermarkets. They may also be available at women's clinics. Call in advance to be sure. They may also be purchased online, but be sure to plan ahead. They have been sold in packs of three or six and cost $3.30 to $6.00 per condom. The package comes with a leaflet that explains how to use the condom and small packets of additional lubricant. To learn more about female condoms, call your clinician or call 1-800-274-6601 or visit www.femalehealth.com.

Chapter 6

# Dual Method


## What does "dual method" mean?

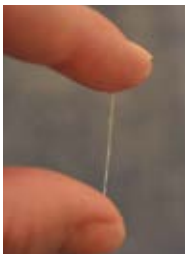
Decisions about contraceptives should involve both the need to prevent unplanned pregnancies and the need to prevent sexually transmitted infections (STIs). "Dual method" ("double" method) works to achieve this! We know that even birth control methods that are most effective in preventing pregnancy – hormonal contraceptives, sterilization, and intrauterine devices (IUD) – are not 100% effective at preventing pregnancy and do not provide protection against STIs. On the other hand, "barrier" contraceptive methods (specifically male and female condoms) provide effective prevention against STIs when used consistently and correctly, but are not as effective as the others in preventing pregnancy. The idea of dual methods of contraception is to use BOTH a method that is highly effective at pregnancy prevention AND one that is highly effective at prevention of STIs. **Bottom line: use condoms with your other contraceptives.**

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸Dual protection for the prevention of pregnancy and infections.<br>▸Peace of mind from knowing that you are getting extra contraception protection. | ▸Increased cost with the need to pay for more than one method of birth control.<br>▸Users must be properly educated on more than one method and know how to use them together.<br>▸The exact effectiveness of using more than one method to prevent pregnancy is not known. It is definitely more effective, but exact numbers are difficult to determine. |

## Fertility Awareness Methods: Five Approaches

### 1. Standard Days Method

For women with most cycles 26 to 32 days long, avoid sex on days 8-19 (white beads on Cycle Bead necklace). Beads can be ordered from www.cyclebeads.com.



### 2. Cervical Mucus Ovulation Detection

Women check quantity and quality of mucus on the vulva with fingers or tissue paper

- Post menstrual mucus: scant or undetectable
- Pre-ovulation: cloudy, yellow or white, sticky
- Ovulation: clear, wet, stretches, sticky, slippery
- Post-ovulation - fertile: thick, cloudy, sticky
- Post-ovulation - Post-fertile: scant or undetectable

### 3. Basal Body Temperature Method (BBT)

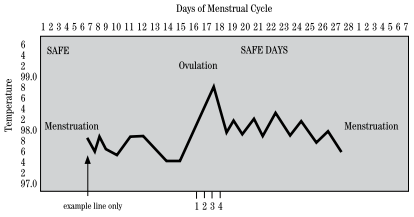
Assumes early morning temperature measured before arising will increase noticeably (0.4° to 0.8°F) with ovulation. Abstinence begins first day of menstrual bleeding and lasts through 3 consecutive days of sustained temperature rise (at least 0.4°F)

### 4. Symptothermal Method

Combines at least two methods. Usually cervical mucus changes and BBT.

### 5. Two-Day Method

Similar to cervical mucus method. A woman asks herself "Did I have secretions today & yesterday?" If the answer to both of these questions is "No," it is safe to have intercourse.



Chapter 7

# Breastfeeding

*Nature's Way of Spacing Babies*
*The best way to feed a newborn baby.*

## What is the contraceptive effect of breastfeeding?

If you just had a baby and are feeding your baby only milk from your breasts (no formula), it is quite likely that your periods will not return for a number of months. If this is the case for you, then you probably won't get pregnant during the first 6 months of breastfeeding. After your baby is 6 months old, the contraceptive effect of breastfeeding decreases. The pregnancy-prevention effect of breastfeeding decreases when your periods return or when you start giving your baby formula or foods other than breast milk. At this point, you definitely need to add additional methods to protect against pregnancy. Whether she is breastfeeding or not breastfeeding, a woman may ovulate and therefore be at risk of becoming pregnant BEFORE her first postpartum period.

### WHAT ARE THE ADVANTAGES?

- **Breastfeeding can be about 98% effective as a contraceptive for up to 6 months. This protection is greatest if the baby is put to the breast frequently (including at night) and breast milk is not supplemented by other foods.**
- Breastfeeding helps the mother's uterus (womb) return to normal.
- **Breastfeeding helps the mother return to her pre-pregnant weight.**
- **Breastfeeding is simply the best way for a mother to feed her baby – "BREAST IS BEST!" It encourages bonding between mother and baby and helps the baby have more immunity against infection.**
- Breastfeeding decreases or stops monthly periods, especially for the first few months after the baby is born.
- Breastfeeding generally does not interfere with sex, and breastfeeding may be pleasurable (physically and emotionally) for some women.
- Breastfeeding may have a slight protective effect against ovarian and pre-menopausal breast cancers.
- **Breastfeeding helps protect the baby against diarrhea and ear infections. This is because the mother's antibodies are passed to her newborn baby through breast milk.**

### WHAT ARE THE DISADVANTAGES?

- Breastfeeding does not keep all women from having their periods, and is not an effective contraceptive after periods return.
- It is difficult to tell when breastfeeding stops working as birth control. The effectiveness of breastfeeding after 6 months is greatly reduced.
- **This method does not work as well if the baby is fed other foods in addition to breast milk. If the mother works outside of the home, pumping milk often helps improve the effectiveness of breastfeeding as a contraceptive.**
- **Some women are bothered by a dry vagina while breastfeeding. This is to be expected. Intercourse may be more comfortable if you use a water or silicone-based lubricant in the vagina.**
- Breastfeeding women must be willing and able to eat lots of healthy foods.
- If the mother is HIV-positive, there is about a 15%-30% chance that HIV will be passed to her baby through her milk. Breastfeeding is not recommended for HIV-positive mothers who have other safe and healthy food available for their babies. There are certain drugs an HIV-positive breastfeeding mother can take to reduce (but not eliminate) the risk of transmitting HIV to her baby.
- **Some women have an inadequate milk supply.**
- Very rarely it may be so painful for a women that she cannot continue breastfeeding the baby. Such women should go to a breastfeeding consultant.

Chapter 8

# Spermicides

## Film, Foam and Gel

### What are spermicides?

Spermicides utilize a chemical called Nonoxynol-9 (N-9) that kills or destroys sperm and also block the semen from entering the cervical canal, thus stopping sperm from reaching the egg. The spermicide is placed on or near the cervix, the opening of the uterus. It should be inserted less than 1 hour, but at least 15 minutes before intercourse. Vaginal contraceptive film (VCF) is a 2 inch by 2 inch clear, paper-thin film that is placed near the cervix and dissolves in seconds. Contraceptive foam is dispensed from a pressurized canister into an applicator and placed into the woman's vagina, similar to tampon insertion. Spermicidal gel is either dispensed into an applicator from a tube (similar to a toothpaste tube) or in pre-filled applicators and then placed in the vagina. Complete information about these contraceptives is available from the package insert.

The effectiveness of spermicides is NOT GOOD. Among average couples who use vaginal spermicides as their method of birth control, about 21% will experience an accidental pregnancy in the first year. Even if vaginal spermicides are used consistently and correctly, about 16% will become pregnant. Because of their relatively high failure rates, it is recommended that spermicides be used with another method such as male condoms, withdrawal or emergency contraceptive pills.

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸Spermicides give women control over contraception. | ▸Some find spermicides messy and the taste unpleasant. |
| ▸They can be bought at most drug stores. No prescription is needed. | ▸Women who are not comfortable touching their vagina may find application of spermicides awkward. |
| ▸**Foam and gel can be put into the vagina 20 minutes before sexual intimacy, but it is also effective immediately if you want to have sex right after putting foam into the vagina. (Film must be placed in the vagina at least 15 minutes before sexual intimacy.)** | ▸**Spermicides are not as effective as other contraceptives. If 100 couples use it correctly every time for one year the failure (pregnancy) rate is high: 16%. The average or typical user failure rate is even higher: 21%.** |
| ▸Your partner does not need to help. | ▸Film must be inserted at least 15 minutes before sexual intimacy, which may interrupt sex. A woman should wash her hands with soap and water before putting film in and dry her hands carefully or the film will stick to her fingers. |
| ▸**The man's penis can remain inside the vagina after ejaculation.** | ▸**Contraceptive films, foams and gels need to be reapplied each time you have intercourse.** |
| ▸Spermicides are very safe and no hormones are involved. | ▸Some people may be sensitive to N-9 or find it causes irritation of the vaginal lining. For those people, the irritation might increase the likelihood of sexually transmitted infections or urinary tract infections. |
| ▸**They may be used alone or with a diaphragm or a condom and can serve as immediate back-up if a condom should break or diaphragm slips.** | ▸Spermicides do not protect against HIV or other sexually transmitted infections. Use a condom if you or your partner may be at risk. |
| ▸They add lubrication and moisture, which may heighten satisfaction in both partners. | |
| ▸They can be used during breastfeeding. | |

### Where do I go to get contraceptive film, foam or gel?

Film, foam and gel may be purchased at drug stores and supermarkets.

**What about spermicidal condoms?** Although spermicides do not damage latex, condoms lubricated with spermicide are no longer widely available, nor are they generally recommended.

Chapter 9

# IUDs

## What is the copper T IUD (Paragard®)?

All available IUDs are safer and more effective than oral contraceptive pills *[Dean, Schwartz. 21 ed. Contraceptive Technology]*. Worldwide more women use intrauterine devices (IUDs) than any other reversible contraceptive. An IUD is a small device which is placed inside the uterus. The copper IUD is a simple T-shaped piece of soft, flexible plastic, wrapped with natural copper. The IUD has two very small strings that trail out through the cervix, which allow the woman to check that the IUD is still in place and allows her clinician to remove the IUD when she chooses. Once the IUD is in place, the copper is slowly released into the uterine cavity. Copper stops sperm from making their way up through the uterus into the tubes, and it reduces the ability of sperm to fertilize the egg. An IUD also prevents a fertilized egg from successfully implanting in the lining of the uterus if fertilization has occurred, though this is very rare.

A woman is more than **twenty times** more likely to become pregnant if she uses pills, patches or rings than if she uses an IUD or implant! It is estimated that over half of U.S. family planning clinicians use an IUD for their personal contraceptive needs.

### WHAT ARE THE ADVANTAGES?

- IUDs are the most effective reversible method of birth control.
- The copper IUD is effective for at least 12 years.
- Only 2 out of 100 women using a copper IUD for 10 years will become pregnant.
- The copper IUD is the most effective form of emergency contraception.
- **This contraceptive is very inexpensive when one considers the long years of easy use that a woman gets from it. In fact, over time, it becomes the cheapest (most "cost effective") of all the reversible contraceptives.**
- Use of an IUD is convenient, safe, and private.
- To "maintain" the IUD, all a woman has to do is check for the strings periodically.
- The copper IUD may be used by women who cannot use estrogen-containing birth control such as pills, patches, or vaginal rings.
- Women who have not had a baby can get an IUD and will have a rapid return of fertility after the IUD is removed *[Dean, Schwartz. 21 ed. Contraceptive Technology, 2018]*.
- The copper IUD may be inserted immediately following the delivery of a baby or immediately after an abortion.
- **Some studies of IUDs have shown a decreased risk for uterine cancer. There is also some evidence that IUDs protect against cervical cancer.**

### WHAT ARE THE DISADVANTAGES?

- There may be cramping, pain or spotting after insertion.
- **The number of bleeding days is slightly higher than normal and you may have somewhat increased menstrual cramping. If your bleeding pattern is bothersome to you, contact your clinician. There are medications which may give you a more acceptable pattern of bleeding and cramping.**
- This IUD provides no protection against sexually transmitted infections. Use condoms if there is any risk.
- There may be a high initial cost of insertion. However, after 2 years, it is the most cost-effective of all contraceptive methods.
- The IUD must be inserted by a doctor, nurse practitioner, nurse midwife or physician's assistant who is trained in the insertion procedure.
- **A very small percentage of women are allergic to copper.**
- Some men can feel the IUD strings with their penis during intercourse.

## Where do I get an IUD?

You can get an IUD inserted by your doctor, nurse practitioner, nurse midwife, Planned Parenthood clinic or at a health department. Not all clinicians insert IUDs. Check in advance.

### Can I get an IUD if I haven't had a baby?

According to the World Health Organization and the Centers for Disease Control and Prevention, it is generally safe for women who have not had a baby to use the copper T or one of the levonorgestrel IUDs. Risk for expulsion of an IUD from the uterus is about 2% to 5% unless the IUD is also being used to treat pain or heavy bleeding.

## What are the levonorgestrel IUDs (LNG IUDs) (Mirena, Liletta, Kyleena & Skyla)?

An IUD is a small device which is placed inside the uterus. The Mirena® and Liletta IUDs are T-shaped like the copper IUD (ParaGard®). Mirena®'s vertical stem contains a progestin (hormone) called levonorgestrel. This hormone is a progestin much like the progesterone a woman's body produces each monthly cycle. The IUD slowly releases very small amounts of levonorgestrel directly into the uterus. The levonorgestrel causes the cervical mucus to become thicker so sperm cannot reach the egg. Among average couples who use this IUD, one in 1,000 will experience an accidental pregnancy in the first year. Seven in 1,000 women who keep the IUD in place for 5 years will get pregnant during that time. If left in place for 7 years the cumulative failure rate for Mirena® was 1.1%. Mirena® is as or more effective in preventing pregnancy than tubal sterilization. Mirena® has been available for over 20 years in Europe and has been used by over 2 million women worldwide. In Europe 10-25% of women use an IUD compared to 5-10% in the United States. Mirena® is part of the reason for the popularity of the IUD in Europe.

### WHAT ARE THE ADVANTAGES?

- A reversible method as or more effective than tubal sterilization!
- Keeps hormone levels steadier and lower than the pill.
- **It decreases menstrual cramping and dramatically decreases menstrual blood loss (a 95% reduction in menstrual blood loss). Some women (about 20%) experience an absence of menstrual bleeding after one year.**
- This IUD may be left in place for at least 5 years. It is effective for 7 or more years.
- IUDs are safe, inexpensive over time, and provide extremely effective long-term contraception from a single decision.
- **One of the costs of any contraceptive is the cost to you should your contraceptive fail. Given the extremely low failure rate of Liletta and Mirena®, a person using this method is far less likely to have the emotional and financial costs associated with an unintended pregnancy.**
- To "maintain" the IUD, all a woman has to do is check for the strings periodically. Some clinicians say this is unnecessary and recommend only that women check their IUD strings several times after insertion. We recommend that women check regularly for their IUD strings
- Once levonorgestrel IUD is removed, a woman's natural fertility returns immediately. Most women who want to become pregnant will be able to become pregnant in the first year after her IUD is removed.
- Over time, the IUD becomes very inexpensive because there are no refills of medications or supplies to buy month after month, year after year.

### WHAT ARE THE DISADVANTAGES?

- Do NOT start this method of birth control unless you will find it acceptable to have your periods change. They WILL change a lot.
- **The risk for expulsion of a LNG IUD is higher (10-15%) when it is inserted to get a benefit other than contraception, a benefit like treatment or prevention of endometriosis, painful periods, heavy periods or endometrial hyperplasia.**
- There may be more bleeding days than normal for the first few months and less than normal after 6 to 8 months. If your bleeding pattern is bothersome, contact your clinician. There are medications which can help you have a better pattern of bleeding.
- The IUD does not provide protection against sexually transmitted infections. Women using an IUD should use condoms if there is any risk of infection.
- There may be a high initial cost of insertion. However, many clinics are able to insert IUDs at a low cost or no cost.

## Where and when do I get an IUD?

All IUDs can be inserted by your clinician or at a Planned Parenthood or health department clinic on any day of the cycle if it is reasonably certain that a woman is not pregnant (see page 15).

Chapter 10

# Nexplanon® implants

## What is the Nexplanon® implant?

Nexplanon® & Implanon®(no longer produced in the U. S.) are flexible 4 centimeter long rods with a core of progestin. The single Nexplanon® implant is placed under the skin of the upper arm with a disposable inserter. The progestin, etonogestrel, is released slowly and Nexplanon® remains effective for 4 years (probably for 5-6 years). It provides a hormone much like the progesterone a woman produces during the last 2 weeks of each monthly cycle. It stops the woman from releasing an egg and leads to a thick cervical mucus that prevents sperm from getting up through the cervical canal. Many clinics recommend that a backup contraceptive be used for 7 days after Nexplanon® is inserted. There were no pregnancies at all in the women participating in the clinical trials leading to approval of Nexplanon® and Implanon®. Complete information about this contraceptive is available from your clinician or from the package insert that is provided when your implant is inserted.

### WHAT ARE THE ADVANTAGES?

- **The most effective reversible contraceptive ever developed. As or more effective than female or male sterilization.**
- Nothing needs to be taken daily or used at the time of sexual intercourse. Nexplanon® is one of the "you can't forget me" methods!
- Sex may be enjoyed more because of less fear of pregnancy.
- Women lose less blood and have less cramping during their periods.
- Some women (about 15% at one year) stop bleeding completely.
- Anemia (feeling tired from not having enough iron in your body) is rare.
- For women who have previously had painful periods, about 88% will have less or no uterine pain and cramping after receiving Nexplanon®.
- Nursing mothers can receive Nexplanon®. Most U.S. programs will insert Nexplanon® at the time of delivery or when a new mother leaves the hospital after delivery. It may also be started at her 4 week postpartum visit.
- **Nexplanon® may improve premenstrual symptoms, depression and symptoms from endometriosis.**

### WHAT ARE THE DISADVANTAGES?

- Do NOT start this method of birth control unless you will find it acceptable to have your periods change. They WILL change a lot.
- **Nexplanon® usually leads to irregular periods. If your bleeding pattern is bothersome to you, it definitely tends to get better over time. Some women are provided several cycles of birth control pills to override the irregular bleeding.**
- Nexplanon® does not protect you from HIV or sexually transmitted infections. Use condoms if you are at risk.
- Allergic reactions may occur, though they are very rare.
- **Requires a physician or nurse practitioner who is trained to place and remove Nexplanon®.**
- Nexplanon® may be expensive in some healthcare settings. The cost may be over $500 in private offices and from $0 to $250 in public sector clinics.
- May lead to itching, redness, swelling, pain or infection at the placement site on the arm. See your doctor or nurse practitionerif you have any of these symptoms.

## Where can I go to get started using Nexplanon®?

To your doctor, nurse practitioner, physician assistant, health department or Planned Parenthood.

# The Quick Start Method

There is no way of knowing how many women have become pregnant because a woman's counselor, doctor or nurse practitioner delayed providing her with an IUD, pills, a contraceptive shot, an implant or a sterilization procedure when they could have provided her with her chosen method the very first day they saw her. **Anything that delays the date a method is started puts a woman at risk of pregnancy. Said another way, if you do not start your method today, you may become pregnant tonight or next weekend or before the next time you return to the clinic to get your chosen method.** In other words, if your clinician will not start you today on your chosen method, show them this page and argue your case for yourself.

Over the past three decades individual clinicians and huge agencies, such as the World Health Organization, the Centers for Disease Control and Prevention, and Planned Parenthood, have moved in the direction of the Quick Start method.

**If you have not had signs or symptoms of pregnancy, below is how a clinician can be reasonably certain you are not pregnant.**

**How to be reasonably certain a woman is not pregnant – no symptoms and signs of pregnancy AND she meets any of following criteria:**

- no intercourse since last menses (period)
- has been using a reliable method consistently and correctly
- is 7 days or less after start of normal menses (period)
- within 4 weeks postpartum
- is 7 days or less post abortion or miscarriage
- fully or near fully breastfeeding, amenorrheic and < 6 months postpartum (Some experts recommend relying on lactational amenorrhea only through 3 months because 20% of fully nursing mothers ovulate at 3 months)

**CDC MMWR, June 21, 2013, Vol. 62, No.5**

**A woman who does not have signs or symptoms of pregnancy may use the above information to determine if she is pregnant.**

## A quick story about the Quick Start method

In Puerto Rico, the average woman provided with an IUD or an implant had to return to a clinic between 2 and 3 times. Education about the LARC contraceptives and the Quick Start method led to 68% of 29,000 women to choose an IUD or an implant, and 96% of them received the IUD or implant on the first day they were seen by the clinic.



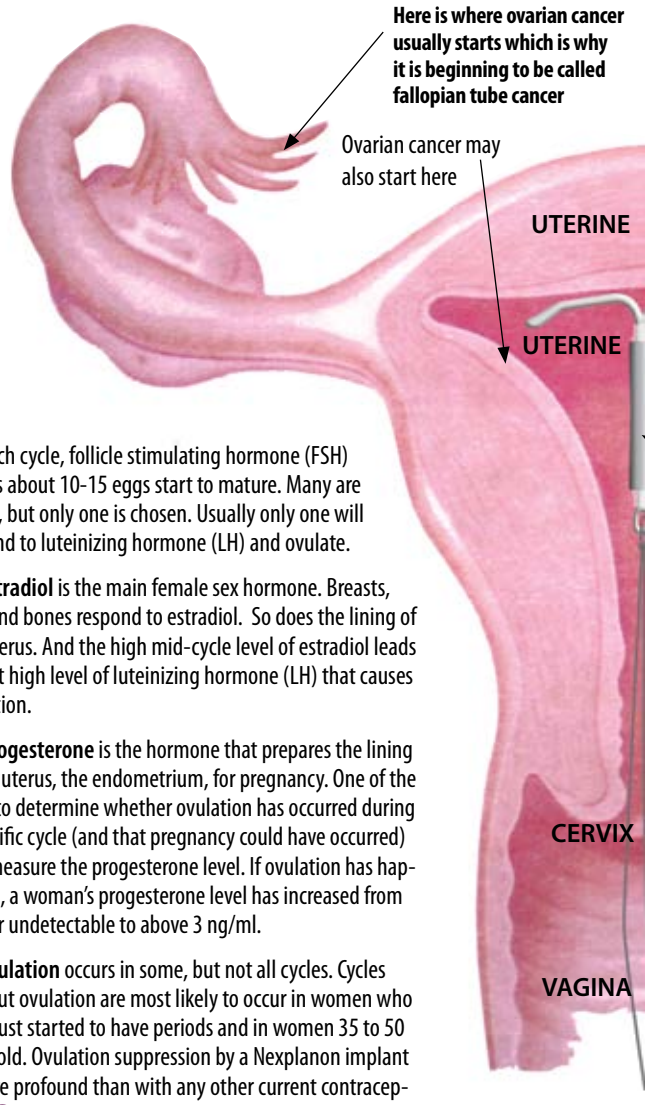
Please copy this page for your patients. Robert A. Hatcher MD, MPH & Sharon A. Rachel, MA, MPH January 8, 2019

# Chapter 11 A woman is 20 times more likely to become pregnant if she

## A Women's Fertility and her Menstrual Cycle:

**Number of eggs throughout a women's life:** [1]

At 6 to 8 weeks of embryonic development .....6 to 7 million
At birth .....1 to 2 million
At time a woman has her first period .....300,000
At age 37 or 38.....25,000
At menopause (average 51.3) ..... 1,000 or so
Average menstrual blood loss .....30-40 cc (1.01 - 1.36 oz.)
A woman's capacity to become pregnant is falling as she ages.




In this diagram, the opening of the cervi uterine cavity meas Before having a bab years of age have a larger. A uterus this for a Mirena, Liletta

**A. Menstrual Bleeding** or menses ("periods") occur in women usually starting at age 11 or 12. Heavy or painful periods can be treated. This awareness can remarkably improve the quality of a woman's life. During the first month of Mirena use, a woman has more bleeding days than non-bleeding days. After six months, the average woman bleeds one day per month and loses 90% less blood. Menstrual blood loss decreases slightly in women using Nexplanon implants and increases somewhat in women using copper IUDs. Pills used for contraception also decrease menstrual pain and menstrual blood loss.

**Menstruation is powerful, important and emotionally charged. When a menstrual period begins or fails to begin when expected it may cause a number of feelings: appreciation, anxiety, or fear are just starters.** [2]

The first day of bleeding may be a happy event for a girl who has been well prepared by her mom, her older sister or by a health educator at her school or church.

The first day of bleeding may be good news for a woman who does not wish to be pregnant but was less than perfect taking birth control pills over the past month. **The average woman on pills in our country misses 4.2 pills per month** making this cause of anxiety very common in the 11 million women using pills as their method of birth control.

If she is an active duty marine anywhere, failure to bleed for months at a time is just what a woman may have been trying to engineer using Depo-Provera injections, a Mirena IUD or by taking birth control pills every day (no placebo pills).

If she is about to take THE exam or be interviewed for THE job that will open or close the door to the career she has been dreaming about, the absence of a period may be encouraging to her.

If she is a dancer, actress or entertainer, the days just before menstrual bleeding or the actual days of bleeding may be very difficult for her. Consider two sentences from the book *IS MENSTRUATION OBSOLETE?* [3]

*"For dancers and actresses in television or films, the mind and mood changes, and difficulty remembering lines and gestures can make performing or filming on those days impossible. Some of the most successful actresses have insisted on having clauses in their contracts releasing them from work during the premenstrual phase or during menstruation."*

DO NOT take this to support the notion that women cannot function while they are on their periods. Most women can and do function quite well in all facets of life despite the potential problems posed by their menstrual cycle.

**B.** Each cycle, follicle stimulating hormone (FSH) causes about 10-15 eggs start to mature. Many are called, but only one is chosen. Usually only one will respond to luteinizing hormone (LH) and ovulate.

**C. Estradiol** is the main female sex hormone. Breasts, hips and bones respond to estradiol. So does the lining of the uterus. And the high mid-cycle level of estradiol leads to that high level of luteinizing hormone (LH) that causes ovulation.

**D. Progesterone** is the hormone that prepares the lining of the uterus, the endometrium, for pregnancy. One of the ways to determine whether ovulation has occurred during a specific cycle (and that pregnancy could have occurred) is to measure the progesterone level. If ovulation has happened, a woman's progesterone level has increased from zero or undetectable to above 3 ng/ml.

**E. Ovulation** occurs in some, but not all cycles. Cycles without ovulation are most likely to occur in women who have just started to have periods and in women 35 to 50 years old. Ovulation suppression by a Nexplanon implant is more profound than with any other current contraceptive. [4]

**Do you have questions about all this? Get all the answers at www.managingcontraception.com**

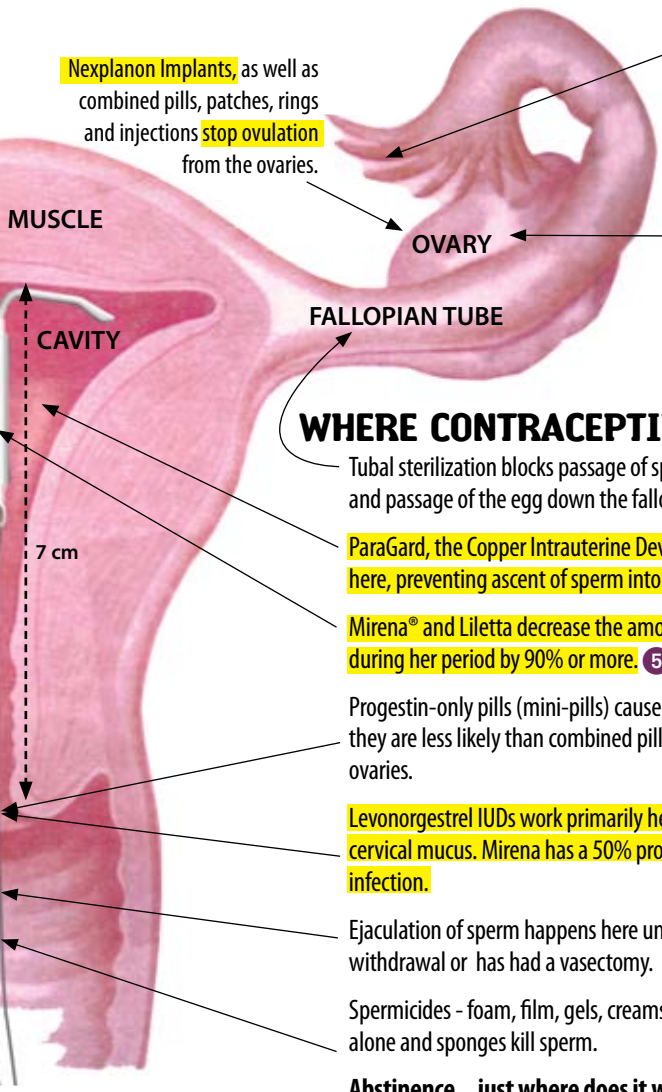
## *LARC means... Long Acting Reversible Contraceptives. They have also been called t
## There are now 6 LARC methods: the Nexplanon implant, ParaGard IUD and the

**Nexplanon Implant**
*The Etonogestrel Implant*
Implants are inserted under the skin, where they remain effective for 3 to 4 years, maybe longer. Irregular spotting and bleeding improves over time. The total days of bleeding a woman experiences are diminished by Nexplanon. **No women ovulate in the first 30 months of using a Nexplanon implant.**

**Mirena, Liletta, Skyla and Kyleena IUDs***
*The Levonorgestrel Intrauterine Devices*
These IUDs are placed into a woman's uterus, where they are effective for 5 to 7 years, maybe longer. Mirena has been shown to have many non-contraceptive benefits. It is used to prevent or treat menstrual pain, menstrual blood loss, endometrial cancer, uterine fibroids, endometriosis and dysfunctional uterine bleeding (DUB). After the first year, 50 to 75% of women using Mirena IUDs are ovulating.
*The two lower dose LNG IUDs are Skyla and Kyleena.


[1] Fritz MA, Speroff L. Clinical Gynecologic Endocrinology and Infertility. Eighth Edition, p.102. [2] Allen AZ, The Menstrual Cycle in Managing Contraception 2017-2018. [3] Cou
Implant in Contraceptive Technology 21st Edition [5] Grimes DA, IN Hatcher, Trussell, et al, Contraceptive Technology 19th Ed., 2007: p. 147. [6]. Fritz MA, Speroff L. Clinical Gynec
Couthino EM [8] Westrom. [9] Vollmann RF 1967. [10] Speroff-Fritz 2001 p. 238. [11] Speroff & Darney 2001 A Clinical Guide for Contraception, 4th Edition. [12] WHO Collaborative Gr

# uses pills, patches or rings than if she uses an IUD or an implant.




distance from the
ix up to the top of the
ures 7.0 centimeters.
y, 70% of women 15-25
uterus this large or
size has adequate room
or Copper IUD.

## WHERE CONTRACEPTIVES WORK

Tubal sterilization blocks passage of sperm up the fallopian tube, and passage of the egg down the fallopian tube

ParaGard, the Copper Intrauterine Device (IUD), works primarily here, preventing ascent of sperm into fallopian tubes

Mirena® and Liletta decrease the amount of blood a woman loses during her period by 90% or more. 5

Progestin-only pills (mini-pills) cause a thick cervical mucus; they are less likely than combined pills to stop ovulation from the ovaries.

Levonorgestrel IUDs work primarily here by causing a very thick cervical mucus. Mirena has a 50% protective effect against pelvic infection.

Ejaculation of sperm happens here unless a man uses a condom, withdrawal or has had a vasectomy.

Spermicides - foam, film, gels, creams with a diaphragm, creams alone and sponges kill sperm.

**Abstinence... just where does it work?** It works between the ears. That is, in the brain. But to be effective, it must also work in the genital area, as well. It works if two partners have communicated well and have agreed not to have vaginal sex.

**Can 2 condoms be used at once? YES!** When we see women and men who have experienced multiple breaks or slippages, we would be wise to encourage them to use 2 condoms. (With additional water-based or silicone lubricant between the 2 condoms.)

## the "Get it and forget it" methods.
## 4 levonorgestrel IUDs.

**ParaGard IUD**
*The Copper T 380-A Intrauterine Device*
ParaGard is placed into a woman's uterus, where it is effective for 10 to 12 years, maybe longer. While causing increased bleeding and/or pain in the first several months, in the long run, ParaGard has minimal effects on the physiology of a woman's periods, including the likelihood of ovulation. ParaGard IUDs are, by far, the most effective emergency contraception and may be inserted within 5 to 7 days of unprotected sex. **In a British study, not one of 1,963 women who received a ParaGard IUD for emergency contraception became pregnant.** 15

uthino EM, Is Menstruation Obsolete, 1999. 4. Nelson A., Craptree D. and Grentzer J., Contraceptive cologic Endocrinology and Infertility. Eighth Edition, p. 579. 7. Miller K IN Is Menstruation Obsolete?, oup Lancet 1996. 13 WHO MEC 2009. 14 CDC US MEC 2010. 15 Godfrey BJOG, 2010.

**uette 101, and this Contraceptive Options poster at www.managingcontraception.com.**

## MENSTRUAL PAIN:

*Menstrual cramps and pain are serious.*

How common is menstrual pain in Swedish 19 year-olds? 6

72% report painful periods
15% had to limit daily activities
8% missed school or work every cycle
38.2% regularly used medical treatment

Dr. Kate Miller (Univ of Pennsylvania) encourages women to recognize that "this monthly discomfort (cramps, pain, fatigue, irritability) is simply not obligatory." 7 All these contraceptives definitely may help: the Mirena and Liletta IUDs, birth control pills, rings, patches, injections and Nexplanon implants.

## PELVIC INFECTIONS:

*Infections of the fallopian tubes are serious sometimes causing chronic pain and infertility.*

| Number of episodes of pelvic inflammatory disease (PID): | Likelihood of both tubes being completely blocked: 8 |
|---|---|
| 1 | 11.4% or about 10% |
| 2 | 23.1% or about 25% |
| 3 | 54.3% or about 50% |

IUD implants do not cause pelvic infections. **But ParaGard IUDs and Nexplanon implants do not prevent sexually transmitted infections.** All women using a Mirena or ParaGard IUD should carefully consider using condoms as well to prevent infection.

## 7 MYTHS:

**(Be sure to read these myths. Some may surprise you!)**

1. **Most women's cycles are exactly 28 days**. No, only 12.8% 9 to 15% 10 of cycles are 28 days. About 20% of women using Mirena or Liletta IUDs stop having periods.
2. **IUDs cause abortions.** No, both Mirena and ParaGard IUDs prevent fertilization, thus preventing both spontaneous abortions (miscarriages) and the need for induced abortions due to unintended pregnancies.
3. **Condoms are not effective at preventing sexually transmitted infections.** WRONG: According to the CDC, condoms are highly effective vs. STIs, providing an essentially impermeable barrier to particles the size of STI pathogens. Women using the LARC methods, pills or rings should use condoms too!
4. **Hormonal contraceptives cause cancer. DEFINITELY WRONG!** Pills can prevent colon, ovary and endometrial cancer. Pills do not increase a woman's risk for breast cancer. 11 12 Mirena IUDs prevent endometrial hyperplasia and endometrial cancer.
5. **Women with fibroids cannot use a Mirena IUD.** Mirena IUDs decrease fibroid bleeding and, perhaps, fibroid size. Fibroids distorting the uterine cavity may mean that an IUD cannot be inserted.
6. **Women cannot use an IUD until they have had a baby.** No, both the World Health Organization 13 and the Centers for Disease Control and Prevention (CDC) 14 consider the IUD an acceptable choice for women who have not had a baby. IUDs do not cause pelvic infections or ectopic pregnancies.
7. **IUDs are just too expensive.** This used to be true, but now in many settings, IUDs (and implants) are being provided at no cost at all or at close to no cost.



Robert A. Hatcher MD, MPH and Sharon A. Rachel MA, MPH
January 8, 2019

Chapter 12

# Depo-Provera Injections


## What are birth control shots?

Depo-Provera® is a shot given once every three months. It provides a hormone much like what a woman produces during the last 2 weeks of each monthly cycle. It stops the woman from releasing an egg and has other contraceptive effects. Many clinics recommend use of a backup contraceptive for a week after the first shot. Among average couples who start using Depo-Provera®, about 4 in 100 will have an unintended pregnancy in the first year. If Depo-Provera® injections are used correctly and on schedule, just 2 in 1,000 women will become pregnant in the first year of use. The difference between average and "perfect" users has to do with some women being pregnant already when the first shot is given (this won't harm the fetus or the pregnancy) and with some women being too late for the follow-up shots or simply never coming back for follow-up shots. Complete information about this contraceptive is available from your clinician or from the package insert that is provided with Depo-Provera® injections.

### WHAT ARE THE ADVANTAGES?

- Nothing needs to be taken daily or used at the time of sex.
- **Depo-Provera® is extremely effective. If women receive their injections right on time (every 3 months or 15 weeks), only 2 women in 1,000 will become pregnant in the course of one year.**
- Women, including women with fibroids (growths in the muscle of the uterus), lose less blood using Depo-Provera® and have less menstrual cramping. Often after 3 injections women stop having periods. This is safe!
- **For many women, the absence of periods is considered quite DESIRABLE and decreased bleeding leads to decreased risk of anemia (feeling tired from not having enough iron in your body).**
- **Privacy is an important advantage for some women. No one has to know you are using this method.**
- Sex may be enjoyed more because of less fear of pregnancy.
- Breastfeeding mothers can receive Depo-Provera® injections. Most U.S. programs will provide Depo-Provera® when a nursing mother leaves the hospital after delivery.

### WHAT ARE THE DISADVANTAGES?

- **Many women stop using Depo-Provera® (deep intramuscular injections) for a variety of reasons. In fact, only 30 – 60% of women continue for on year. Woman who give themselves injections of Depo-Provera SQ (just under the surface of the skin) are far mor likely to continue to use this excellent method for one year.**
- **Do NOT start this method of birth control unless you will find it acceptable to have your periods change. They WILL change a lot.**
- **For some women, the absence of periods while using Depo is considered UNDESIRABLE.**
- Depo-Provera® injections lead to very irregular periods. If your bleeding pattern is bothersome to you, you can take medications which may give you a more acceptable pattern of bleeding.
- Some women gain weight. To avoid weight gain, watch your calories and get lots of exercise.
- Depo-Provera® does not protect against HIV or other sexually transmitted infections. Use condoms if you are at risk.
- **You must have a new injection every three months.**
- It may be a number of months before your periods return to normal after your last shot. It takes an average of 10 months for fertility to return after the last shot, making it hard to plan pregnancy exactly.

| ADVANTAGES (continued) | DISADVANTAGES (continued) |
|---|---|
| ▸ It's OK to start a new contraceptive if fewer than 13 weeks have passed since the last shot.<br>▸ Depo-Provera® may improve premenstrual syndrome (PMS), depression, and symptoms from endometriosis (menstrual blood and tissue building up outside of the uterus).<br>▸ **Can prevent sickle cell crises and certain kinds of seizures.**<br>▸ Unlike some birth control pills, Depo-Provera® does not lose effectiveness if you take medicines that affect the liver.<br>▸ Decreased risk for cancers of the ovaries and lining of the uterus (endometrial cancer). **Protection lasts for years** after shots have been stopped. | ▸ **Depo-Provera® may lower your estrogen level, which may cause bone loss. Talk to your clinician about this. Get regular exercise and take extra calcium to protect your bones. Bone mass returns to normal after Depo-Provera® use ends.**<br>▸ A few women are allergic to Depo-Provera®. Allergic reactions are very rare, but they can occur, and the effects of the shot cannot be stopped once it is given. You may need anti-allergy medicine for several days to months.<br>▸ Depo-Provera® may be expensive in some clinics or doctors' offices.<br>▸ Depo-Provera® injections can lead to an increase in LDL (bad cholesterol) and a decrease in HDL (good cholesterol). |

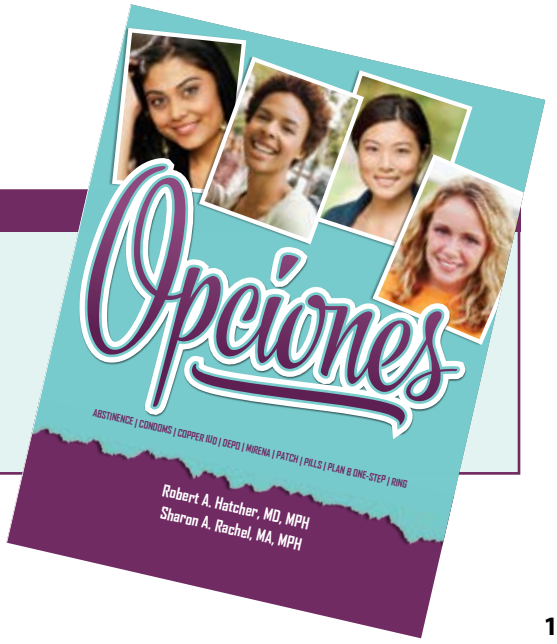
## Where can I go to get started using Depo-Provera® shots?

See your doctor, nurse practitioner, physician assistant, health department or Planned Parenthood to get Depo-Provera® shots. Some shots are also available so that women can give themselves subcutaneous (injections just under the skin) Depo-Provera® at home.

**The World Health Organization and the Centers for Chronic Disease Control and Health Promotion** now say that Depo-Provera® injections work for 13 plus 2 (up to 15) weeks and that women returning 2 weeks LATE for their 3 month (15 weeks) injection may receive their next shot that day.

### AVAILABLE IN SPANISH

Opciones is the Spanish tranlation of this book. The translation was done by Patricia Albarron, RN, BSN, a bilingual community health nurse in Multnomah County health Department in Portland, Oregon.



Chapter 13

# Birth Control Pills

## Combined Oral Contraceptive Pills

Birth control pills were approved in June of 1960. About 80% of U.S. women who have ever had sexual intercourse have taken pills sometime in their lives by the time they reach menopause.

## What are combined birth control pills?

Combined birth control pills contain two hormones – an estrogen and a progestin. They work by stopping ovulation (release of an egg) and by making the lining of the uterus thinner. Among typical couples who initiate use of combined pills 6-10% will experience an accidental pregnancy in the first year. This is because sometimes pills are not used correctly. If pills are used consistently and correctly, just 3 in 1,000 women will become pregnant in the first year of pill use.

If yo are not within the first 5 days of your mentstrual cycle, a backup contraceptive for the first 7 days of your first pack of pills. You do not need to use a backup method during the hormone-free days of your pill pack. More information about pills is available from your clinician or the package insert accompanying the pill brand you are taking.

### WHAT ARE THE ADVANTAGES?

- Pills decrease women's menstrual cramps, pain, and blood loss.
- Pills can prevent or help treat anemia.
- **Acne often improves, and hair growth on the face is reduced.**
- Many women enjoy sex more when on pills because of decreased fear of pregnancy.
- You can control your cycle so as not to have your period during certain times (vacation, sporting events, backpacking, exams, honeymoon, etc.)
- You can decrease the number of periods by using Seasonale® or Seasonique® (84 pills with hormones followed by 3-7 pills without hormones) or Lybrel® (365 hormonal pills and no hormone-free days).
- All pill users who are using "non-cyclic" pills (same dose of hormones in all the pills) have the option of spacing their periods out. A woman with long, painful or heavy periods or periods which bring on headaches or other problems may choose to do this. She can do this by taking the active hormone pills **continuously**. She can time her bleeding to come every 2, 6 or 12 or more months. The bleeding comes when she takes a few days off the active hormone pills. This is safe.
- **Pills greatly decrease a woman's risk for cancers of the colon, ovaries and endometrium (lining of the uterus). They also lower her chances of having benign breast masses (breast masses which are NOT cancer), ovarian cysts, endometriosis, and pelvic inflammatory disease (PID).**
- **Fertility in women who have used pills is actually improved. WHY? Because pills decrease and are used to treat endometriosis and polycystic ovarian syndrome (PCOS) and pills help prevent pelvic inflammatory disease.**

### WHAT ARE THE DISADVANTAGES?

- Pills do not protect you from HIV or other infections. Use a condom if you may be at risk of HIV or other infection.
- **You have to remember to take the pill every day. On average women miss 4 pills per cycle.**
- You may have nausea and/or spotting (mostly during the first few cycles on pills).
- The pill may cause headaches, depression, anxiety, fatigue, mood changes, or decreased enjoyment of sex in some women.
- A backup contraceptive is required for 7 days if you have any question about how many pills you have missed. The pill is easy to forget, but so important to remember!
- **Serious complications like blood clots, strokes, and very rarely death, may occur. See Warning Signs on inside of back cover.**
- Pills can be quite expensive and still do require a prescription in most states.
- Pills may lead to higher rates of one uncommon type of cervical cancer.
- After stopping pills, you may not get your period for 1-3 months.

## Where can I get combined pills & mini-pills?

In the United States you need a prescription in most states. You can get pills from your doctor, nurse practitioner, nurse midwife, physician's assistant, health department, family planning clinic or from your school or college health center. In much of the world woman can obtain birth control pills without a prescription. As of 2018 most pills without insurance cost $45 to $100 per 28 day cycle. Sprintec and TriSprintec are available at Walmart, Kroger and Target for $9 per cycle.

# Progestin-Only Pills (POPs) (Mini-Pills)

## What are progestin-only pills (POPs)?

**One pill every day:** All the pills are the same color and the same hormone. NO PLACEBO PILLS. NO ESTROGEN IN PILLS.

Progestin-only pills (or mini-pills) contain just one hormone. Your cycle does not have hormone-free days or placebo pills. When you take the last pill from one package of POPs, you start the next package the very next day (NO DAYS OFF). They work by making cervical mucus thicker so sperm can't reach the egg, and by making the lining of the uterus thinner. Sometimes they stop ovulation (release of an egg).

Among average couples who use progestin-only pills, 6-10% will have an accidental pregnancy in the first year. This is because some women do not take their pills correctly. To take POPs correctly, a woman takes one pill **at the same time every day.** If these pills are used consistently and correctly, just 3 out of 1,000 women will become pregnant over the course of a year.

### WHAT ARE THE ADVANTAGES?

- **There are no estrogen side effects. POPs can be taken by some women who have had side effects or complications using estrogen-containing pills.**
- The amount of the progestin in POPs is less than in combined pills.
- Mini-pills are easier to take than combined pills. You take exactly the same kind of pill every single day.
- **Breastfeeding mothers can take progestin-only pills from immediately postpartum on. Nursing moms who find that they like POPs may continue on them indefinitely.**
- There are decreased cramps and pain during periods. There may also be decreased pain at the time of ovulation.
- Mini-pills can be taken by women who have had blood clots.
- In some women, cloasma (the "mask of pregnancy" – increased facial pigmentation due to sun exposure) is caused by the estrogen in combined pills and therefore progestin-only pills maybe be preferable for women with this problem.
- Mini-pills can be taken by women who smoke and are over 35.
- A woman on mini-pills may experience fewer headaches than she would on combined pills.

### WHAT ARE THE DISADVANTAGES?

- **Do NOT start this method of birth control unless you will find it acceptable to have your periods change. They WILL change a lot.**
- **Menstrual irregularity is the most common problem with mini-pills. While the amount of blood lost is less, bleeding may be at irregular intervals and there may be spotting between periods.**
- Mini-pills tend to make periods short and scanty. You may go several months with no bleeding at all. (Some women go years without a period and love it!)
- You have to remember to take a pill every single day at the same time. Staying on schedule is important because progestin-only pills cause cervical mucus to thicken for only about 22-24 hours.
- Progestin-only pills do not protect you from HIV or other sexually transmitted infections.

## When is the best time to take a mini-pill?

For women who will usually have intercourse at night or first thing in the morning, it is generally recommended they take their mini-pill at midday (around 12:00 noon). Here's why: cervical mucus is thickened, creating a barrier to sperm penetration. The change in cervical mucus requires 2 to 4 hours to take effect, and, most importantly, the impermeability of cervical mucus lasts for just 22 hours after administration, and, by 24 hours, some sperm penetration can occur. Midday administration is recommended. (Speroff & Darney. *A Clinical Guide for Contraception,* Fifth Ed. 2011)

### Do birth control pills cause breast cancer?

There is no evidence to indicate that taking estrogen or progestin-only birth control pills will cause a woman to develop breast cancer. However, if a woman who takes birth control pills develops breast cancer, she should stop taking pills and consider a non-hormonal contraceptive, and begin cancer treatment.

Chapter 14

# Patches Xulan® (formerly Otho Evra)

## Contraceptive Patches

## What is "The Patch"?

Xulan® (formerly Otho Evra®) is a small contraceptive patch that sticks to a woman's skin (like a very adhesive band-aid) and delivers both estrogen and progestin through the skin into her bloodstream, which stops ovulation. One patch is worn each week for 3 weeks in a row, usually on the lower abdomen, buttocks, upper outer arm, upper back or upper torso (except for the breasts). The fourth week is patch-free. During this week, the woman has a period.

Used correctly and consistently the patch leads to only 3 pregnancies among 1,000 women using patches for a year! We don't know yet what pregnancy (failure) rates are for average users who start the patch, but it is presumed that they are similar to pills at 6-10%. You do not need a back-up method like condoms, abstinence or outercourse during the 7 patch-free days. Complete information about this method is available through your clinician and through the patch package insert. READ YOUR PACKAGE INSERT CAREFULLY!

Xulan® patches lead to slightly higher estrogen going into the woman's body than pills or vaginal contraceptive rings. Whether this leads to slightly higher risks for women using patches is not clear.

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸**You don't have to take a pill daily or interrupt sex (as you would with a barrier contraceptive).** | ▸The patch appears to be less effective for women weighing more than 198 pounds (90 kg) and should not be a "first line" method without a backup. |
| ▸Patches decrease a woman's menstrual cramps and pain. | ▸**It is not wise to use patches continuously!** |
| ▸Patches decrease the amount of menstrual bleeding and a woman's risk for anemia. | ▸Patches do not protect against HIV or other sexually transmitted infections. Use condoms if you or your partner may be at risk. |
| ▸Acne may improve and facial hair is diminished. | ▸You may have spotting or irregular bleeding. |
| ▸Many women enjoy sex more when using contraceptive patches because of decreased fear of pregnancy. | ▸Using patches may cause headaches, depression, mood changes, or decreased enjoyment of sex (these side effects are infrequent). |
| ▸**Each patch has enough hormones to suppress ovulation for up to 9 days, so you can be a day or so late putting on the next patch, but this is not recommended.** | ▸**Serious complications like blood clots, strokes, and very rarely death, may occur. See Warning Signs on inside of back cover.** |
| ▸When put on correctly, a woman can exercise, shower, swim or go in a sauna or hot tub and it still sticks 98% of the time (check to make sure it's still on!) | ▸Patches tend to be slightly more expensive than birth control pills. |
| | ▸**In one multicenter three-cycle study, almost half the women reported that their patch fell off at least once. [Crenin 2018]. Even less common (under 1%) is increased pigmentation (change in color) of the skin under the patch. This may last for a number of months.** |
| | ▸If patch falls off, replace it as soon as you notice it's gone. |
| | ▸A back-up contraceptive for 9 days is recommended if there is any question about starting use of a new patch late (more than 7 days after removing the last patch), or if there is a question about the attachment of the patch. |

## Where can I get Xulan® (formerly Otho Evra) Patches?

**The Ortho Evra patch was removed from the market in November 2014.** A generic called **XULAN** is available by prescription.

Chapter 15

# Rings NuvaRing®

## Vaginal Contraceptive Rings

## How is NuvaRing® used for contraception?

One soft, flexible, 2-inch diameter ring is placed in the vagina near the cervix and is left in place for 21 days. It is then removed and the next 7 days are ring-free to permit the woman to have a period. The ring delivers both estrogen and progestin, which stops ovulation.

Used correctly and consistently, only 3 in 1,000 women using the ring for one year will get pregnant! Among average users, 6-10 in 100 couples will have an unintended pregnancy in the first year. You do not need a back-up method during the seven ring-free days. Complete information about this method is available through your clinician and through the NuvaRing® package insert. It may help to have your clinician show you how to insert and remove a ring, though most women have no problem at all putting in and removing their NuvaRing®. The ring should NOT be removed at the time of intercourse!

A new ring that may be used for a year (put in each three weeks followed by one week out of the vagina) is on the way.

### WHAT ARE THE ADVANTAGES?

- **You don't have to take a pill daily or interrupt sex (as you would with a barrier contraceptive). Once in place, the ring remains effective for a full four weeks (28 to 31 days).**
- **You can use rings for an extended period of time or continuously (with no hormone-free intervals).**
- **Each ring has enough hormones to suppress ovulation for up to 35 days, so you can be a number of days late putting in a new ring.**
- Rings decrease a woman's menstrual cramps and pain.
- Rings decrease the amount of menstrual bleeding and a woman's risk for anemia.
- Acne may improve and facial hair is reduced.
- There is very little weight gain for those who use the ring.
- Many women enjoy sex more when using NuvaRing® because of decreased fear of pregnancy.
- The dose of estrogen is lower in NuvaRing® than in users of the pill or the patch.

### WHAT ARE THE DISADVANTAGES?

- Rings do not protect you from HIV or other sexually transmitted infections. Use condoms if you may be at risk.
- You may have spotting (mostly during the first few cycles using rings).
- Using NuvaRing® may cause headaches, depression, mood changes, or decreased enjoyment of sex (these side effects occur infrequently).
- **Serious complications like blood clots, strokes, and very rarely death, may occur. See Warning Signs on inside of back cover.**
- Rings cost about $40 per month without insurance or $480 per year. (Much less expensive or costs nothing at public clinics.)
- A back-up contraceptive for 7 days is recommended if there is any question about starting the use of a new ring on time.
- **Some women are not comfortable touching their vagina. CREATIVITY: Women have used tampon applicators to insert NuvaRings.**

## Where can I get NuvaRing®?

You will need a prescription from your nurse practitioner, physician, nurse midwife or physician's assistant.

Chapter 16

# Emergency Contraception

## Insertion of the copper T IUD (ParaGard)

For up to 5 to 8 days after unprotected intercourse, you can have an intrauterine device (IUD) inserted to keep you from getting pregnant. This is the most effective currently available postcoital (after-sex) contraceptive in the United States. The copper IUD is inserted into the uterus and prevents implantation of a fertilized egg (if an egg was fertilized by the unprotected sex). IUD insertion has a much lower failure rate than emergency contraception pills. Information about this emergency contraceptive is available from your clinician or visiting www.not-2-late.com. Once in place, the copper T IUD may be left in place as a woman's ongoing contraceptive for 12 years.

If 1,000 women have an IUD inserted as **emergency contraception** after unprotected sex, only one will become pregnant, while 1 in 100 women who use Plan B® One-Step as an emergency contraceptive become pregnant. Eight in 100 women become pregnant if no emergency contraception at all is used.

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸**If 1,000 women have unprotected intercourse in the middle 2 weeks of their cycle, 80 would become pregnant without emergency contraception, but only 1 will become pregnant if a copper IUD is inserted as emergency contraception. In one study, not one of 1,963 women who received a copper IUD for emergency contraception became pregnant.** | ▸**Not all clinicians insert IUDs.** |
| ▸Once in place, this IUD can be used for up to 12 years as an effective contraceptive. | ▸Women may have some cramping or pain at the time of or just after insertion of the IUD. |
| | ▸**The cost is $0.00 in some settings. Elsewhere, there is a high initial cost of insertion ($500 to $800), but this is far less expensive than a pregnancy or raising a child. If it is left in place, over time it becomes the most cost-effective contraceptive available.** |
| | ▸If you leave the IUD in place, it may cause irregular periods or more cramping with periods. |
| | ▸IUDs offer no protection against STIs. |

## Where can I get an IUD inserted after unprotected sex?

You can go to your clinician or family planning clinic. Some clinicians are not familiar with emergency contraception. In this case, go to the Emergency Contraception website: www.not-2-late.com to obtain the phone numbers of clinicians near you who may be willing to insert an emergency IUD. Some of these sources of help are free. You can also go to www.not-2-late.com for additional information.

**Can a Mirena® IUD be used for emergency contraception? This is the BIG question.**
Yes, Mirena or Liletta® can be used as an emergency contraceptive. However, the effectiveness of Mirena® or Liletta® as emergency contraception has not yet been proven. Therefore, a woman choosing Mirena® or Liletta® as an emergency contraceptive should use Plan B® One-Step as well.

# Emergency Contraceptive Pills (ECPs): Morning after Pills –

## Plan B® One-Step or ella


Plan B One-Step and its generic forms are now available without a prescription from pharmacies for anyone (male or female) of any age.

ECPs (Plan B® One-Step or Next Choice®) are emergency contraceptive pills that can prevent pregnancy if taken within 120 hours (5 days) after unprotected sex. ECPs may be taken if a mistake is made using another method, if a couple forgets to use any contraceptive, or if a woman is forced to have sex. **ECPs should be taken as soon as possible after unprotected sex!**

| WHAT ARE THE ADVANTAGES? | WHAT ARE THE DISADVANTAGES? |
|---|---|
| ▸ **ECPs provide an important safety net for women whose regular contraceptive method may have failed (for example, if a condom broke or fell off), or for women who may have had sex without contraception.**<br>▸ **Plan B® One-Step and Next Choice® regimens are all highly effective, reducing the average risk of pregnancy among users from about 8% to about 1%. If taken in the first 24 hours after intercourse, ECPs reduce the risk of pregnancy by 89%.**<br>▸ There are no scientific data to suggest that there would be an increased risk of birth defects or miscarriage if ECPs fail or if a woman who is already pregnant takes them. | ▸ **ECPs are not a substitute for correct use of regular contraceptives. Although it is safe to use emergency contraceptive pills more than once, it is definitely preferable to find an ongoing method of contraception that you will use consistently and correctly.**<br>▸ Possible side effects are nausea (about 25%), vomiting (about 10%), lower abdominal pain, fatigue, headache, dizziness, breast tenderness, and menstrual changes.<br>▸ After taking an ECP, your next period may be early, on time, or late.<br>▸ No protection against sexually transmitted infections.<br>▸ **Plan B One-Step is ineffective in obese women (BMI 30 or more). Take two (2) Plan B One-Step pills if you are markedly overweight. Better yet, get a copper IUD as your emergency contraceptive.** |

## Where can I get Plan B® One-Step and Next Choice®?

A pelvic exam or a pregnancy test is NOT required before treatment. Women can visit www.not-2-late.com to get information about other emergency contraceptive options. In planning for emergency contraceptive services, it is important to keep in mind that the sooner ECPs are taken after unprotected intercourse, the more effective they are. Plan B One-Step and Next Choice are sold at most pharmacies. A prescription is not required.

### When should I start taking birth control pills again after I've taken ECPs?

If your primary contraceptive method is pills (COCs, POPs) and you miss several combined pills or even one progestin-only pill, you should take Plan B®, Plan B® One-Step or Next Choice® ASAP within 5 days (120 hours) after you've had unprotected intercourse. The day after you take ECPs, start taking your pills again from where you left off. There is no need to take several pills at once to "make up" for missed pills.

While "ella" ulipristolacetate (UPA) is slightly more effective than Plan B One-step, it requires a prescription and its instructions for use are fairly complicated. For more information, go to www.not-2-late.com.

## A much less desirable approach to emergency contraception: Combined birth control pills

Women who have access to birth control pills may be able to use these pills as emergency contraception. This approach is less effective and more likely to cause nausea and vomiting than Plan B® One-Step and Next Choice®. For some women, though, it may make the most sense. Here are instructions for using pills you may already have at home.

***Ovral®, Ogestrel®:*** Take 2 pills as soon as possible within 120 hours of unprotected intercourse and then 2 more pills 12 hours later.

***Seasonale®, Seasonique®, Levlen®, Lo-Ovral®, Nordette®, Cryselle®, Low-Ogestrel®, Portia®, Levora®, Enpresse®, Jolessa®, Quasense®, Tri-Leven®, Trivora®, or Tri-Phasil®:*** Take 4 pills as soon as possible within 120 hours of unprotected intercourse and 4 more pills 12 hours later.

***Alesse®, Aviane®, Lessina®, Levlite®, Lo-Seasonique®, Lutera®, Sronyx®:*** Take 5 pills as soon as possible within 120 hours of unprotected intercourse, and 5 more pills 12 hours later.

***Lybrel®:*** Take 6 pills as soon as possible within 120 hours of unprotected intercourse, and 6 more pills 12 hours later.

## Overview of Emergency Contraceptives Currently Available in the U.S.

| CHARACTERISTIC | Copper T IUD | Progestin-Only Pills like Plan B One-Step & Next Choice | Birth Control Pills |
|---|---|---|---|
| Timing of initiation after intercourse | Up to 8 days after unprotected sex. The most effective emergency contraception. | ASAP but ***can*** be used up to 120 hours (5 days) after unprotected sex – sooner is better! | ASAP but ***can*** be used up to 5 days after unprotected sex – sooner is always better! |
| Pregnancies/100 women (Percent of women who will become pregnant) | **0.1% - This is by far the most effective emergency contraceptive in the United States.** | Early start: 0.4% (less than 12 hours after sex)<br>Late start: 2.7% (1-3 days)<br>Average: 1.1% | Early start: 0.5% (less than 12 hours after sex)<br>Late start: 4.2% (1-3 days)<br>Average: 2 – 3.2% |
| Advantages | May be inserted 5 - 8 days after intercourse, but before implantation. Effective long-term contraceptive for appropriate women. | Fewer side effects than birth control pills; Available without a prescription for women and men. | Wide range of birth control pills available for use. |
| Disadvantages | May be expensive. Woman must be appropriate for IUD. More careful counseling between woman and clinician – must consider timing, STI testing, etc. Insertion procedure required. | **Prescription no longer required for any woman or man regardless of age.** Can be expensive and not all pharmacies have them. | Nausea and vomiting – can be reduced with anti-nausea treatment. Prescription required if woman does not have the pills already. |
| Side effects | Most women have some pelvic pain and vaginal bleeding. IUD may be expelled (pushed out) by uterus. | Spotting. Same hormonal side effects as birth control pills, but less frequent and less severe. | Nausea, vomiting, spotting, headache, breast tenderness, moodiness, change in next period. |
| Avoid use in pregnant women and women with other prescribing precautions | **If a woman is known to be pregnant, an IUD should not be placed.** See other prescribing precautions for IUD use. | Do not use in women with known pregnancy because the treatment will not be effective. Will not cause birth defects if taken by a pregnant woman. | Do not use in women with known pregnancy or current severe migraine. POPs a better option for all women with a history of blood clots. |

Chapter 17

# Sterilization


Dr. Phillips (not his real name) was a doctor in Greenville, SC. One of his patients told him she wanted a tubal sterilization but was concerned it might not be effective. Dr. Phillips arrogantly dismissed her and said, "**If I do your sterilization procedure you will NOT become pregnant**."

About 18 months later she was well into her third trimester of pregnancy. She had a t-shirt made printed with the words "**Dr. Phillips did my tubal sterilization**". Women, choose your doctor carefully.

I still laugh about her approach to her doctor's overconfidence today!

## What is tubal sterilization?

Tubal sterilization is an operation which blocks or removes the fallopian tubes which carry a man's sperm to a woman's egg and carry a woman's egg to her uterus. This is the most commonly used method of birth control worldwide. After one of these operations a woman's eggs will have no way to get to her uterus, and the man's sperm will have no way to get to the egg. All tubal sterilization operations should be considered permanent. A woman must be certain she does not want to have any more children and will not change her mind.

## Where can a woman get this operation?

A woman can get a referral to a clinician who does tubal sterilization operations from her primary care clinician, health department, family planning clinic or local medical society, or call Engender Health, the national organization involved in sterilization training and service at (212) 561-8000 or email info@engenderhealth.org.

## What is a vasectomy?

*Well one thing for sure, vasectomy "makes a vast difference in your vas deferens!"*

Vasectomy, or male sterilization, is the operation which blocks the tubes (called the vas deferens) that carry a man's sperm to the outside. A man can still ejaculate but there won't be any sperm in the fluid. This operation should be considered permanent. A man should be certain he wants no more children and will not change his mind. **Vasectomy is safer, more effective, and less invasive than tubal sterilization.** In spite of this, tubal sterilization for women far exceeds vasectomies for men in all but a handful of countries throughout the world.

**Once a man and a woman have all the children they want, it may be time for the man to stand up and be counted.** By this time the woman has purchased and used most of the contraceptives, dealt with any side effects or complications from contraceptives, carried and delivered all their children and breast fed all their babies (if that was her choice). Now may be the time for the man to do his part. If he does she will appreciate him a lot.

# Chapter 18 Sexually Transmitted Infections (STIs)

Most of this publication is about the options that are available to a sexually active couple when they decide that they want to prevent an unwanted pregnancy. There is another choice that needs to be considered when a person decides to engage in sexual activity. That choice is about choosing how to protect yourself and your partner from sexually transmitted infections. Every sexual act can be potentially dangerous unless you and your partner have never had sex with anyone else before or you have both been tested negative for STIs. Some diseases like herpes can not be ruled out so there needs to be honest conversation about the possibility of that being in either partner's history. Before making the choice to have sex it is a good idea to consider that there are diseases that can harm you for life and cannot be cured, diseases that can make you sterile (unable to have children) and diseases that can kill you. Knowing about what STIs are, how to recognize and treat them, and most importantly how to prevent them is an important part of being an informed and responsible sex partner. Enjoying sexual pleasure can be a very important and satisfying part of a relationship when the right choices are made. Always remember that being sexually responsible means preventing unwanted children from being born AND also preventing the spread of sexually transmitted infections

## BV (bacterial vaginosis) and Yeast Infections

There are two common vaginal conditions that you need to understand. These two conditions are not truly diseases nor are they directly transmitted from having sex. They are considered as sexually-associated conditions meaning that they are affected by sexual behavior and they have an impact on sexual health, often putting a woman at higher risk for getting serious sexually transmitted infections. The two very common conditions that women get are bacterial vaginosis (BV) and yeast infections.

In order to understand these vaginal problems that can make a woman very uncomfortable, it is important to understand what makes a healthy vagina healthy. Our bodies always carry different types of bacteria in different places; some good and some bad. Yeast is also commonly present in the vagina. The vagina is a warm, moist, dark place where bacteria and yeast can easily grow. Usually the good bacteria outnumber the bad and some of the good bacteria actually help protect against the bad and yeast by producing a mild acid. When the vagina is not acidic enough yeast and bacteria overgrow causing symptoms that can be very uncomfortable.

Not all of the causes of bacterial vaginosis and yeast infections are understood but anything that affects the acid/base (PH) balance of the vagina will also affect the growth of bacteria and yeast. When a woman has sex without a condom the man's semen comes into contact with the vaginal walls, which reduces the natural acidity of the vagina. Women who use condoms are less likely to have bacterial vaginosis and yeast infections because the semen stays inside the condom. Douching (cleaning the inside of the vagina) with anything, even plain water, will wash out the natural (good) bacteria and put a woman at high risk for more cases of yeast infection and BV. Women who douche have more cases of BV and more problems with yeast infections. Using some medications, especially some antibiotics, may change the balance in the vagina and lead to BV and yeast infections. Sometimes women just get these conditions for no apparent reason.

## If you think you have BV or a yeast infection

Both yeast infections and BV usually have vaginal discharge as a symptom. Yeast infections often produce a thick white to yellow, often curd-like discharge that itches and may also burn. The itching can be intense and may be spread to the vulva (area outside the vagina) causing redness and swelling. BV discharge is usually thinner, can be gray, green, or yellow, and often has a foul odor especially after having sex. Symptoms can vary widely, so if you feel you have one of these conditions, you need to be treated.

The treatment for BV is a prescription and must be obtained in a clinic. The most common treatment is metronidazole in either a pill form or a vaginal gel. Your provider will discuss which might be best for you. Yeast infections can be treated with vaginal creams and vaginal tablets that can be purchased over-the-counter, or with a prescription pill which requires seeing a provider. If you are unsure about your diagnosis you should be seen in a clinic where a test can be done to see what is causing your symptoms.

# Sexually Transmitted Infections

**Chlamydia** • Chlamydia is the most frequently reported infectious disease in the U.S., especially in the 25 and under age group. This infection can cause vaginal discharge, pain and tenderness in women, and for men, redness and burning at the tip of the penis, **it is very often present with no symptoms at all in men nor in women**. For this reason this disease is often untreated and therefore people unknowingly spread this infection to others. Chlamydia can cause serious health problems for both men and women. Women who are not treated may develop PID (pelvic inflammatory disease), are at higher risk for having ectopic pregnancies, may suffer with chronic pelvic pain and may not be able to have children. A woman who has chlamydia is five times more likely to get HIV from a positive partner. Men with untreated chlamydia may also not be able to have children and may suffer with pain and swelling of the testicles. Both men and women with untreated chlamydia are at risk for Reiter's Syndrome which causes a type of arthritis with symptoms of joint pain, eye inflammation, and heart damage. You can get a chlamydia infection in the rectum or the throat. Talk to your provider if you think that is where your infection started. Using a condom is good protection against chlamydia infection. Sexual activity should not be resumed until 7 days after treatment is completed. A woman infected with chlamydia should be sure her partner is treated also. In many states she may be provided a prescription for her partner.

**Gonorrhea** • Gonorrhea is the second most reported bacterial STI in the U.S. Men with gonorrhea usually have symptoms of penis discharge and burning that is so uncomfortable that they seek treatment before any permanent damage occurs. Unfortunately a man can pass this infection to a woman who then may not have any symptoms until she gets PID which can cause scarring of the fallopian tubes, leading to ectopic pregnancy and infertility. The best treatment for gonorrhea is an injection of antibiotic. Very often, people who have gonorrhea will also have chlamydia, so treatment should be for both infections. Using a condom every time you have sex is good protection against gonorrhea and chlamydia.

**Trichomoniasis** • Trichomoniasis (Trick) is caused by a protozoa (parasite) and is often present without symptoms in men and sometimes in women. Usually women have a yellow-green frothy type of discharge that has a foul odor and is irritating. Testing must be done in a clinic where vaginal secretions can be looked at under a microscope. There is no commonly available test for men. Women who test positive for trichomoniasis should notify all sex partners. Sexual activity should not be resumed until one week after both partners are treated. There is some evidence that HIV is more easily transmitted to women who have trichomoniasis. Condoms provide excellent protection against trichomoniasis.

**Herpes** • Genital herpes is a life-long viral infection that causes small, but very painful, sores or may be present without any symptoms. The first outbreak is usually the worst. It cannot be cured but the symptoms can be managed. Some people with genital herpes are bothered by frequent and painful outbreaks. Some people do not even know they have it. In between are all the people who can manage their symptoms with one of 3 approved drugs that can be prescribed in a clinic. If you think you might have herpes, you will need to go to a clinic for testing of a fresh lesion (sore) or a blood test. Your provider will discuss treatment options with you. If you find that you are having frequent outbreaks you may want to take drugs daily to reduce the frequency and severity of outbreaks. This suppressive therapy reduces the risk of transmission to a partner who has not been affected. For less frequent outbreaks, it is acceptable to take the medication only when an outbreak is about to occur. Most people know when this is happening because there is a tingle or itching sensation just before the outbreak. Start the medication as soon as possible. When the sores are present a person is most likely to transmit the infection, so sex should be avoided during this time. Using male condoms provides good protection against herpes. **However, it does not provide complete protection as sores can be anywhere on the sex organs during an outbreak. A condom will only protect the parts it covers.** Your healthcare provider will be able to answer your concerns about this disease.

**HPV and genital warts, cervical, throat, and penile cancer** • HPV stands for human papilloma virus. There are more than 100 types of HPV. Some types of HPV are the cause of genital area cancers like cancer of the cervix, penis, vulva, or anus. Other types of HPV cause genital warts and some HPV has no symptoms at all. Women are usually tested for HPV as a part of their routine pap smear screening. Genital warts may be treated in a clinical setting with the use of a mild acid, freezing, or surgery. Your provider may prescribe a patient applied method for you to use at home. Most of the types of HPV that cause genital cancers can be prevented by vaccine. Both boys and girls should be vaccinated in 3 doses before they become sexually active. HPV may also cause cancer of the penis. If all young people get vaccinated, cervical cancer will become a very rare disease. Vaccinated women should continue with routine pap smears because the vaccine does not protect against all of the cancer-causing HPV. As with herpes, the use of condoms provides good but not perfect protection against HPV. **Some university health services now require that all incoming students, males as well as females, receive all 3 doses of the HPV vaccine.**

**HIV and AIDS** • HIV can be transmitted through sexual contact. It usually begins with mild flu-like symptoms and then becomes a life-long illness. Without treatment a person will not be able to fight off common infections, is said to have AIDS at that point, and will eventually die. The time from HIV infection to development of AIDS can be a few months or years, with 11 years being the average time. A person with HIV can receive treatment for life that will improve their outcome. HIV can be managed like other chronic disease, but the person must get tested and diagnosed early . Using condoms provides good protection against the spread of HIV.

**Other STIs** • There are other STIs, some of which are very rare in America. If you think that there is something wrong with your body, get it checked out and let your provider know if you have been traveling internationally or have had sex with a person from another country. Peace of mind is a wonderful thing. Don't just worry. Get tested!

**Even if you are using one of the most effective contraceptives, NO contraception method is 100% effective. Check out that woman at the top of page 27! To prevent pregnancy and also to prevent any of the above infections, every couple should consider the use of condoms and get tested regularly.**

| Method | How it Works | How to Use It | Advantages | Disadvantages | Availability | Failure % |
|---|---|---|---|---|---|---|
| Abstinence (also "Outercourse") | No sperm enters vagina, preventing fertilization | Avoid any intimate contact hat brings semen into contact with the vagina | Free, available to all, can encourage creativity and relationship-building, can improve self-esteem, highly effective, **STI PROTECTION** | Must have a backup method if any sexual contact occurs, communication can be difficult, may be frustrating | Everywhere, all the time | Typical: unknown Perfect: 0% |
| Withdrawal "no deposit no return" | Fewer or no sperm enter vagina | Man removes his penis from woman's vagina before any ejaculation | Definitely better than no method at all. Always available, sex is less messy, involves man in contraception, no other supplies needed for use | Couples often want to keep thrusting. They just don't want to stop. High typical use failure rate, can decrease both partners' sexual pleasure **NO STI PROTECTION** | Everywhere, all the time | Typical: 20% Perfect: 4% |
| Condoms: Male | Latex or polyurethane sheath worn over penis stops sperm from entering vagina | Before genital contact, roll condom from tip to base of erect penis, remove immediately after ejaculation | If the woman puts the condom on the man, it can be fun for both partners. Only used at time of intercourse, can enhance foreplay, sex is less messy **STI PROTECTION** | May disrupt sex, must practice learning how to use, man may lose erection, possible latex allergies | Drug stores, clinics, college and some high school health services, other retail stores, online | Typical: 13% Perfect: 2% |
| Condoms: Female (FC2®) | Plastic sac worn in vagina stops sperm from entering vagina | Before genital contact, insert closed end, open end hangs out of vagina, remove after ejaculation. | Good choice for women whose partners will not use male condoms, **STI PROTECTION** | Odd-looking, makes noise during sex, limited availability, some women uncomfortable touching their vaginas | Drug stores, pharmacies, women's clinics, online | Typical: 21% Perfect: 5% |
| Dual Method | Hormonal method protects against pregnancy while barrier method (condom) protects against infection | Use pills/patch/ring/ shot/implant/IUD with condoms for each act of intercourse | Dual protection for the prevention of pregnancy and STIs; peace of mind knowing you are extra protected **STI PROTECTION** | Must pay for more than one method of birth control; must know how to correctly use condoms and another method | Condoms at drug stores, pharmacies; hormonal method by prescription | Usually highly effective |
| Fertility Awareness Method | Periodic abstinence: No sexual contact on woman's fertile days | Woman tracks cycle timing and checks cervical mucus, basal body temperature, hormonal surge | Woman learns about her body, works well for planning pregnancy | Difficult to use for irregular cycles, careful record-keeping, sperm live 3-5 days inside uterus occasionally longer **NO STI PROTECTION** | Requires excellent counseling | Typical: 15% (2%-23%) Perfect: 0.4%-5% |
| Breastfeeding | Woman exclusively breastfeeding, not ovulating or menstruating, <6 months postpartum | Suckling produces prolactin and inhibits estrogen to suppress ovulation | Beneficial to infant, postpartum weight loss, pleasurable for mother, may protect against yeast infections and ovarian cancers | Unpredictable return of fertility, less effective after 6 months, breast discomfort **NO STI PROTECTION** | Health professionals counsel new mothers | Typical: 2% Perfect: 0.5% |
| Spermicides: Film, Foam, Gel with Diaphragm Sponge | Spermicides kill and immobilize sperm, diaphragm and sponge blocks sperm from entering uterus | Place spermicides, diaphragm or sponge in vagina prior to sexual contact | Woman-controlled, no prescription needed, good alternative to condoms, adds lubrication to vagina | Sponge no longer being produced, diaphragm requires fitting and prescription, not very effective, can irritate vagina **NO STI PROTECTION** | Film/Foam/ Gel: drugstores, Diaphragm: prescription only Sponge: online | Typical: 21% Perfect: 16% |
| Copper IUD (Paragard®) | Inhibits sperm and tubal movement and inhibits ascent into fallopian tubes | Clinician inserts IUD into uterus, left in place 10-12 years | Most commonly used reversible contraceptive in the world (except for condoms). Extremely effective, long-acting, safe, convenient, private, hormone-free, may decrease risk for uterine and cervical cancer | Cramping during insertion and removal, more bleeding days, high initial cost. **NO STI PROTECTION** | Inserted and removed by clinician. | Typical: 0.8% Perfect: 0.6% |

| Method | How it Works | How to Use It | Advantages | Disadvantages | Availability | Failure % |
|---|---|---|---|---|---|---|
| Levonorgestral IUDs (Mirena, Liletta, Kyleena & Skyla) | Progestin thickens cervical mucus, thins endometrium | Clinician inserts IUD into uterus, left in place 3-7 years | Extremely effective, no estrogen, long-acting, safe, convenient, private, up to 90% reduction in menstrual blood loss, cost-effective; pain from endometriosis decrease; protection against endometrial cancer | Cramping during insertion and removal, irregular bleeding initially, risk of expulsion 10%-15% when this IUD is placed to gain a benefit other than contraception (only 2% if inserted only for contraception), high initial cost **NO STI PROTECTION** | Placement and removal by clinician. | Typical: 0.1%-0.4% Perfect: 0.1%-0.3% |
| Nexplanon® Implants | Single rod implanted suppresses ovulation, thickens cervical mucus, thins endometrium | Provider implants rod under skin of woman's upper arm, left in place 4 years | Extremely effective, less menstrual bleeding and cramping, improves endometriosis symptoms | Discomfort or bruising during insertion and removal, irregular bleeding. Some clinicians are not competent in removing an implant. **NO STI PROTECTION** | Placement and removal by clinician. | Typical: 0.1% Perfect: 0.1% |
| Emergency Contraception (EC): Plan B® One-Step, Next Choice®, Ella, Copper IUD* | Prevents pregnancy after unprotected intercourse | Take pills ASAP, within 120 hours (5 days) after sex; insert IUD up to 8 days after sex | Prevents pregnancy if regular contraception fails, IUD can stay in place up to 12 years*, Plan B® One-Step and Next Choice® available without a prescription. Ella is more effective than Plan B One-Step. | ECPs are less effective in overweight women. Nausea from pills, affects menstrual bleeding, IUD must be inserted by provider. Ella requires a prescription. **NO STI PROTECTION** | IUD placed by clinician, Plan B® One-Step and Next Choice® over-the-counter; Ella by prescription | Prevents up to 80% of pregnancies that would otherwise have occurred* |
| Depo-Provera® Injection | Suppresses ovulation, thickens cervical mucus, thins endometrium | Injected into arm or buttocks every 13-15 weeks | Highly effective, nothing to take or do daily, less menstrual bleeding and cramping. (after 1 year 80% of women will have no bleeding at all) | Irregular bleeding, weight gain, mood changes **NO STI PROTECTION** | Prescription only: injected by provider in clinic or patient at home | Typical: 4% Perfect: 0.2% |
| Pills: Combined Oral Contraceptives | Pills suppress ovulation, thicken cervical mucus, thin endometrium | Take one pill at the same time every day | Less menstrual bleeding, cramps, acne, anemia; regular cycles, decreased risk of ovarian and endometrial cancers, can use to avoid periods on vacation, honeymoon, or sporting events. | Increased spotting initially, must be taken daily, nausea, breast tenderness, serious complication risks in smokers like blood clots, strokes and very rarely death **NO STI PROTECTION** | Prescription only: pharmacies, women's clinics | Typical: 6%-10% Perfect: 0.3% |
| Progestin-Only Pills (POPs, "mini-pills") | Pills thicken cervical mucus, thin endometrium, may suppress ovulation | For women who will usually have intercourse at night or in the morning, take mini-pill at midday (around 12:00 noon) | Less or no menstrual bleeding, cramps, acne, decreased risk of ovarian and endometrial cancers | Spotting, irregular periods, mood changes, breast tenderness, risks in smokers **NO STI PROTECTION** | Prescription only: pharmacies, women's clinics | Typical: 6%-10% Perfect: 0.3% |
| Patch: Xulan® | Adhesive patch suppresses ovulation, thickens cervical mucus, thins endometrium | Wear 1 patch per week for 3 weeks, then 1 week patch-free | Changed just once a week, stays on in water and if sweating, regular cycles, decreased menstrual cramps | Mood changes, breast tenderness, skin irritation, less effective in obese women **NO STI PROTECTION** | Prescription only: pharmacies, women's clinics | Typical: 6%-10% Perfect: 0.3% |
| Ring: Xulan® | Vaginal ring suppresses ovulation, thickens cervical mucus, thins endometrium | Wear ring for 21 days, then 7 days ring-free. Left in place for intercourse. | Changed just once a month, reduced menstrual cramps, lowest estrogen dose of any hormonal method, regular cycles | Spotting, mood changes may dislike inserting and removing ring from vagina **NO STI PROTECTION** | Prescription only: pharmacies, women's clinics | Typical: 6%-10% Perfect: 0.3% |
| Male Sterilization (vasectomy) | No sperm in semen, therefore sperm cannot enter vagina | Outpatient procedure removes and ties or burns part of vas deferens | Safer, less expensive, more effective than female sterilization. Permanent. No risk of sexual dysfunction. | Not immediately effective, regret and chronic pain are rare, not easily reversed. **NO STI PROTECTION** | Surgical procedure performed at clinic only | Typical: 0.15% Perfect: 0.1% |
| Female Sterilization | Stops egg passage through Fallopian tube to prevent fertilization | Outpatient procedure removes, ties, or burns or blocks off part of Fallopian tube | Permanent, highly effective, lowers risk of ovarian cancer, no permanent menstrual changes | Not easily reversed, increased risk of ectopic pregnancy if method fails, regret (more common in younger women) **NO STI PROTECTION** | Surgical procedure performed at clinic only | Typical/ Perfect 0.8%-3.7% *depending on method* |

*If 1,000 women have unprotected sex in the middle 2 weeks of their cycle, 80 would become pregnant without emergency contraception, but only 1 will become pregnant if a copper IUD is inserted as emergency contraceptive.

# Words, Words and more Words

**abortion** – a surgical or medical procedure during which the fetus is removed from a woman's uterus

**abstinence** – a sexual practice where people choose not to have intercourse

**acquired immunodeficiency syndrome (AIDS)** – disease caused by the Human Immunodeficiency Virus (HIV) that attacks a person's immune system

**alcohol** – beverages containing ethanol such as beer, wine, wine coolers, malt beverages, and hard liquor

**anal sex** – a form of intercourse when a man puts his penis into the anus of a woman or another man

**antibiotics** – medication used to treat bacterial and some viral infections

**backup method** – a second contraceptive method

**benign breast masses** – non-cancerous breast tumors

**bullying** – individual or group actions designed to physically, psychologically or emotionally hurt others

**cervical cancer** – growth of malignant cells from the surface of the cervix

**cervical dysplasia** – formation of pre-cancerous abnormal cells on the surface of the cervix

**cervical mucus** – the discharge that comes from a woman's cervix that can be clear, cloudy or white in the absence of any infection

**cervical cap** – a small latex or silicone cap that covers the cervix. Used with spermicidal jelly or cream to prevent pregnancy

**cervix** – the lower portion of the uterus that opens into the upper portion of the vagina. The cervix opens during labor to allow passage of the infant. The cervix is firm and about the consistency of your nose.

**clitoris** – a small, pea sized, hooded, erectile tissue located on the top of the vulva above the vagina. It is highly sensitive to sexual stimulation

**condom** – a pouch-shaped covering of latex or plastic worn over the penis during intercourse

**dental dam** – a latex or polyurethane (plastic) square that is put over the vagina or anus to protect against STIs during oral sex

**Depo-Provera®** - progestin injection given every 3 months to prevent pregnancy

**depression** – the state of being sad and lonely, a cause of suicide in teenagers, doctors and older individuals

**diaphragm** – a soft rubber dome-shaped cup worn in the vagina over cervix and used with spermicidal jelly or cream for the prevention of pregnancy

**discharge** – fluid from the vagina or the penis

**ectopic pregnancy** – when a fertilized egg implants outside the uterus, usually in the fallopian tubes or in the abdominal cavity

**ejaculation** – semen released from a man's penis when a man reaches orgasm; also called "cum" or "coming"

**endometrial cancer** – cancer of the lining of uterus

**endometrium** – the inner lining of the uterus

**epididymis** – the soft tubing attached to the testicles, where sperm matures and is stored prior to ejaculation

**erection** – when the penis gets hard as it fills up with blood during sexual excitement

**estrogen** – the main female sex hormone made primarily by the ovaries.

**fallopian tubes** – delicate tubes through which an egg travels from the ovary to the uterus, and through which sperm move from the uterus towards the ovary

**fellatio** – oral sex performed on a man

**fertile period** – when women can become pregnant; usually from several days before ovulation to 12-24 hours after ovulation

**fertility awareness method** – keeping track of monthly menstrual cycle, cervical secretions and temperature to learn when to avoid intercourse or to use a contraceptive

**fertilization** – when the sperm and egg meet and join

**fibroids** – non-cancerous tumors or growths of the muscle and connective tissues of the uterus

**follicle stimulating hormone (FSH)** – a hormone from the pituitary gland that stimulates the ovaries to ripen egg follicles in women and stimulates the testicles to make sperm in men

**foreplay** – kissing, teasing, caressing, and massaging to get "turned on" before, or instead of, intercourse

**gender identity** – your experience of how you feel on the inside - male or female or a mixture of both; usually develops when you are a child

**heterosexuality** – when a person is physically or sexually attracted to someone of the opposite sex

**homosexuality** – when a person is physically or sexually attracted to someone of the same sex

**hormone** – chemical messengers made by a gland that changes how a body organ works

**human chorionic gonadotropin (HCG)** – a hormone that is made during pregnancy that can be measured in the blood or urine to test for pregnancy

**human papilloma virus (HPV)** – a virus that may cause genital warts, cervical, penile (penis) and throat cancer

**human immunodeficiency virus (HIV)** – the virus that causes AIDS (people may not know for years that they are infected)

**implantation** – when a fertilized egg attaches to the lining of the uterus

**infertility** – inability to get pregnant or to get someone pregnant

**injection** – use of a needle and syringe to deliver a drug just under the skin or into a muscle. Also called a "shot".

**intercourse** – a range of sexual interactions between two people

**intrauterine device (IUD)** – a flexible, usually plastic device inserted into the uterus to prevent pregnancy. Also may contain either copper or a progestin.

**latex** – type of rubber used in making condoms, dental dams, diaphragms, and some cervical caps

**lubrication** – increased natural wetness coming from the vagina

**lubricant** –any liquid used to make sex more slippery and more comfortable; can be put on the penis, vagina, on a condom or on the anus before and during sex. Some lubricants can cause condoms to break. Others are safe to use with condoms. *(see page 7)*

**luteinizing hormone** – a hormone made by the pituitary gland that causes ovulation (release of a ripe egg from the ovary). In the male it stimulates the testicles to make testosterone and sperm cells.

**lymph node** – small glands in the neck, armpits and groin that are part of the immune system

**masturbation** – when a person stimulates his or her own sex organs or body for sexual pleasure

**menstrual cramps** – a type of lower abdominal pain that usually occurs during the first few day on each menstrual period; may be relieved by over-the-counter medication like ibuprofen or naproxen sodium

**menstrual cycle** - A menstrual cycle is the period of time from the first day of one bleeding period to the day before the next period starts; the average cycle length is 28 days.

**menstruation** – when the lining of the uterus comes off, usually monthly when a woman is not pregnant

**mini-pills** - progestin-only contraceptive pills

**miscarriage** – a pregnancy lost before the fetus developed enough to survive outside the womb

**mittelschmerz** – pain that happens during the middle of the cycle associated with ovulation

**morning after pill** – hormone pills that can prevent pregnancy after unprotected sex if taken within 5 days after intercourse, also called emergency contraception

**mutual masturbation** – when two people stimulate each others' sex organs at the same time

**Nexplanon® implant (formerly Implanon)** – single implant placed under skin of a woman's upper arm that release a hormone to prevent pregnancy for at least 4 years

**orgasm** – the third stage of the sexual response cycle where a man ejaculates (comes) and a woman has contractions of her vaginal and pelvic muscles

**oral contraceptives** – hormone pills taken by mouth once a day to prevent pregnancy

**oral sex** – when a person puts his/her mouth or tongue on his/her partner's genitals (clitoris, vagina, penis, anus) for pleasure

**osteoporosis** – the thinning of bones making them likely to break

**outercourse** – sexual intimacy which does not involve the penis entering the vagina. *(see page 3)*

**ovarian cancer** – a tumor growing in a woman's ovaries or fallopian tubes that is cancerous

**ovarian cysts** – fluid filled spaces in the ovaries

**ovaries** – organs that make eggs and hormones like estrogen and progesterone in a woman.

**ovulation** – the point when a ripe egg is released from the ovary during the female menstrual cycle

**patch** – an adhesive contraceptive patch that is replaced every 7 days for 3 weeks followed by a 7 day patch-free interval during which bleeding occurs

**pelvic exam** – examination of the female sex organs including the external genitalia (pubic area, vulva, labia,

the opening of the vagina, clitoris, perineum, urethra), vagina, cervix, uterus, fallopian tubes, and ovaries

**pelvic inflammatory disease (PID)** – infection of a woman's upper genital tract, including the uterus and the tubes or the abdomen. It can lead to infertility.

**penis** – male external sexual organ through which sperm and urine pass

**pituitary gland** – a small gland in the brain that makes hormones that regulate the menstrual cycle in women and sperm production in men

**premenstrual syndrome (PMS)** – unpleasant physical and emotional experiences that happen prior to the menstrual period

**progesterone** – a hormone made primarily by the ovaries during the latter half of the menstrual cycle, changes the lining of the uterus; preparing it for a fertilized egg

**progestins** – synthetic hormones similar to progesterone that is made by the ovary in the latter half of the menstrual cycle after ovulation. They are present in birth control pills, Depo-Provera injections, contraceptive patches, rings, implants and some IUDs.

**prostate** – the gland in the man that makes semen, a fluid that is ejaculated with sperm

**rape** – any sexual activity involving penetration of the vagina and/or anus, and/or oral contact with the genitals that is forced by either physical or verbal threats

**rings** – flexible transparent plastic that releases an estrogen and a progestin in a lower dose than pills or patches. It remains in place for 21 days followed by a 7-day hormone free interval when bleeding occurs.

**semen** – the thick, whitish fluid that has sperm in it that is released during ejaculation

**sexual abuse** – any form of sexual contact or harassment that is against someone's wishes; may include physical violence, coercion, or verbal threats

**sexual intercourse** – intimate sex between two people; the three different kinds of intercourse include vaginal (penis-in-vagina), anal (penis-in-anus), and oral (mouth-to-penis, mouth-to-vagina, mouth-to-anus)

**sexually transmitted infections (STIs)** – infections passed from person to person through sexual contact

**speculum** – an instrument used for holding open the walls of the vagina so clinician can look at and take swabs from the vagina or the cervix

**sperm** – male reproductive cell made in the testicles that join a female's egg to produce offspring

**spermicide** – a chemical substance that kills sperm, and is put inside the vagina, on diaphragms or cervical caps or on condoms. They come in the form of cream, foam, jelly, suppositories, and film.

**sterilization** –surgical procedures that prevent an individual from becoming pregnant or impregnating another. Tubal sterilization may be done for women and vasectomy for men. Sterilization should be done when no more children are wanted. It should be considered permanent.

**testicles (testes)** – the organs in a man that produce sperm and testosterone

**testicular self examination (TSE)** – a way for the male to check himself for any abnormal lumps in the testes

**testosterone** – the sex hormone that is responsible for the development of a man's body during puberty. This is also a hormone women's bodies make.

**tubal sterilization** – surgical procedure that removes a woman's tubes (salpingectomy) or blocks or fallopian tubes to prevent sperm from reaching and joining an egg to prevent pregnancy

**urethra** – a tube which drains urine from the bladder, to the outside of the body. In women the opening of the urethra is between the clitoris and the vagina. For men, the urethra also transports semen to the outside of the body.

**uterus** – a hollow, papaya or pear-shaped, muscular, elastic reproductive organ where menstrual bleeding comes from and the fetus develops during pregnancy. Also called the "womb".

**vagina** – a 3 to 5 inch long muscular tube leading from the external genitals of the female to the cervix. Also called the birth canal.

**vaginal contraceptive film** – thin spermicidal sheet that can, when placed in the vagina, prevent pregnancy

**vas deferens** – tubes that carry sperm from the testes to the urethra

**vasectomy** – a surgical procedure that prevents a man's sperm from being released

**wet dream** – an erotic dream that ends in ejaculation of semen

**withdrawal** – a method of preventing pregnancy when the man removes his penis from the woman's vagina right before he ejaculates (comes)