

# Abstinence

## How abstinence works:

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

## How to use abstinence:

Make decisions about abstinence when you feel clearheaded, sober and good about yourself. If you have a partner, talk about this decision together. Decide in advance what sexual activities you will say “yes” to and those you will not. Avoid high-pressure sexual situations. Avoid using drugs and/or alcohol, since that may influence your sexual decisions and increase your risk. Learn more about birth control and safer sex practices so that if you change your mind, you can be ready. Emergency contraception is available if you have sex when you did not expect to. Abstinence is a choice people can use at any time and at any age.



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## Effectiveness:

Total abstinence is very effective protection against both pregnancy and sexually transmitted infections (STIs) when used consistently. When both partners are completely committed and practice abstinence (no genital contact) 100% of the time, it is 100% effective.

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

## Benefits of abstinence:

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

## Potential disadvantages of abstinence:

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

## Ask about:

If you have unprotected sex unexpectedly, ask a doctor, a health provider, or a pharmacist about Emergency Contraception (EC). For more information call the national toll-free hotline (1-888-NOT-2-LATE) or visit the website [www.not-2-late.com](http://www.not-2-late.com).

## Potential risks:

No health risks.



## Where can you get pills?

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

# Birth Control Pills

## How pills work:

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

## How to use the pills:

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



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## Effectiveness:

About 3 women in 1,000 will get pregnant in one year (99.7% effectiveness) if they take their pills every day and at the same time every day (perfect use). If you miss any pills, or don't take them at the same time every day (typical use), your chance of pregnancy goes up. If you are taking some other medications, the pills can be less effective. Talk with your provider about drug interactions.

## Benefits of the pill:

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

## Potential side effects and disadvantages:

For some people, having to take a pill every day is a disadvantage. Most modern pills have a lower dose of hormones and cause fewer side effects, such as spotting between periods, mild nausea or breast tenderness. Side effects usually don't last long and go away with a change in pill type. Recent research has shown that women

who take pills do not typically gain any more weight than they would gain without taking pills. Ask your provider about side effects before you quit the pill. A change in pill prescription can help decrease side effects.

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

## Potential risks:

Some women should not take pills if they have specific health conditions, including some types of diabetes and cardiovascular disease. Ask your doctor or health care provider about potential health risks.

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

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

# Breastfeeding\*

## How breastfeeding works for birth control:

You can delay your return to fertility for six months postpartum if you breastfeed your baby on demand, any time the baby wants to nurse, 24 hours per day. Frequent stimulation of the breast by around-the-clock suckling helps delay the return of ovulation – you won't produce an egg, so you can't get pregnant. Once the baby begins to take supplemental liquids or foods, breastfeeding is not reliable for birth control.

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

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

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



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

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## How to use breastfeeding:

Ask your doctor or health provider about breastfeeding and how effective it would be for your situation.

## Effectiveness:

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

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

## Benefits of breastfeeding:

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

## Potential disadvantages:

You may get pregnant again if you do not breastfeed “on demand” (continually, any time the baby wants it), 24 hours per day. A woman ovulates about 2 weeks before her periods return after childbirth. You may ovulate and become pregnant before you have your first period.

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

## Potential risks:

No health risks.

## Where can you get a cervical barrier device?

Getting a cervical barrier device requires an exam, a fitting and a prescription from a qualified health provider. Your provider should offer to teach you how to use the device and give you time to practice inserting and removing your device. Call your local family planning clinic for information. The following websites can offer more information:

[www.cervicalbarriers.org](http://www.cervicalbarriers.org)

[www.femcap.com](http://www.femcap.com)

[www.leasshield.com](http://www.leasshield.com)

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# Cervical Barriers

Cervical barrier methods include the FemCap® and Lea's Shield®. Also included in this group of contraceptive methods are the diaphragm and sponge (see separate fact sheets). The Cervical Cap is no longer available in the United States.

## How a cervical barrier works:

### FemCap®:

The FemCap® is a non-hormonal latex-free contraceptive device that is non-allergenic and comes in three sizes. A trained health care provider can advise a woman about the right size. The FemCap® is designed to fit over the cervix and against the top of the vagina. It should be inserted before sexual arousal and is used with a spermicide.



### Lea's Shield®:

Lea's Shield® is a one-size-fits all reusable cervical barrier device made of medical grade silicone rubber. It fits over the cervix and is held in place by the vaginal wall, not the cervix. It should be used with spermicide.

Both of these devices are washable and reusable and can be kept in place for up to 48 hours. They are available by prescription only.

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## How to use the cervical barriers:

- Wash your hands.
- Follow the instructions for insertion. When you are given a prescription for your device, the doctor or health provider will teach you how to use it correctly.
- Take good care of your cervical device by washing it gently in warm water and mild soap.
- If you use extra lubricants during sex, be sure that they are water-based like KY Liquid®.

## Effectiveness:

About 9 in 100 women will get pregnant if they use the cap every time they have sex and use it correctly for one year (91% perfect use effectiveness). The failure rate almost triples for women who have experienced childbirth. If you don't use the cap every time or it slips out of place (typical use), your chance of pregnancy goes up. Effectiveness rates for the FemCap® and the Lea's Shield® are similar. Visit product websites for more information.

## Benefits of the cervical barriers:

Cervical barrier methods are non-hormonal, woman-initiated and simple to use. Because they are typically durable and reusable, they can be considered low-cost contraception. These devices can be inserted anytime before sexual intercourse. Using the cap, Lea's Shield® or FemCap® does not need to interrupt lovemaking.

These devices may be more comfortable for some women than the diaphragm. They may be left in place for up to 48 hours, longer than the diaphragm and the sponge.

## Potential side effects or disadvantages:

A woman needs to feel comfortable inserting a device into her vagina. Because women are built differently inside, not all women are easily able to insert and remove cervical devices. Planning ahead is required. Due to limited cap sizes, not all women can be fitted properly with a cap. Some people are allergic to spermicides used along with these devices.

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

## Potential risks:

Wearing a cervical barrier for longer than 48 hours is not recommended because of possible risk of Toxic Shock Syndrome (TSS).

Danger signs for TSS:

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

Some women who use these methods may be more likely to have abnormal cells on their Pap smears. If you are considering a Fem-Cap® or Lea's Shield®, discuss these potential risks with your health care provider.

Also, frequent use of spermicides (more than twice a day) may cause internal vaginal irritation that could increase the risk of HIV infection.

## Potential side effects or disadvantages:

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

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

## Potential risks:

There are no known health risks in using condoms.

Frequent use of spermicides (more than 2 times per day) with condoms can cause internal vaginal irritation and increase the transmission risk of HIV infection.

## Where can you get male condoms?

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

If your condom breaks or slips, you can use emergency contraception to prevent pregnancy. Call your local family planning clinic, call the national hotline 1-888-NOT-2-LATE, or visit the website [www.not-2-late.com](http://www.not-2-late.com) to find out where you can get EC.

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# Condom (male)

## How the male condom works:

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

Condoms are made from latex (often called “rubbers”) or polyurethane (synthetic condoms).

## How to use the male condom:

### Before sex:

- Have several condoms on hand in case the first one is damaged or torn.
- Don't use two condoms at one time. Don't use a male condom and a female condom at the same time.
- Check for expiration date on each condom before use and do not use condoms past their expiration date.
- Open the condom package carefully so you don't damage the condom.



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- Put the condom on before the penis touches the partner's genitals.
- Check to see that you are holding the condom so it will unroll the right way with the rolled ring on the outside.
- Unroll the condom down the entire length of the penis. Leave half an inch at the tip of the condom as a semen receptacle and squeeze out excess air from the tip and sides.
- Store condoms in a cool, dry place and out of direct sunlight.
- Store condoms away from any heat source that can weaken the latex .
- Adequate lubrication is important to decrease the chance of breakage. A lubricant can be added to the condom or to the vagina. For latex condoms, use only water-based lubricants like K-Y® jelly, spermicidal creams or foam, etc. Do not use oil-based lubricants, such as baby oil, hand lotion, or petroleum jelly. These can damage the condom.
- If the condom breaks or comes off during sex but before ejaculation, stop and put on a new condom.
- Some vaginal medications (e.g., for yeast infections) can damage latex condoms and make them break. Remain abstinent, use polyurethane condoms or other birth control until your infection is cured.

### After sex:

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

### If you repeat sexual intercourse:

- Use a new condom from “start to finish” with each act of anal, vaginal, or oral sex. Do not reuse condoms.

### Effectiveness:

Among couples who use condoms correctly and every time they have sex (perfect use) in one year, 2 in 100 will get pregnant (98% effective). Condoms are very effective protection from pregnancy and STIs. If you don't use one every time, or if it slips, breaks or is put on or taken off incorrectly (typical use), your chances of pregnancy go up.

Condom use becomes more effective with practice. Many people try different brands or types before finding the condom that is most comfortable. Some couples make putting on the condom a part of lovemaking.

### Benefits of the condom:

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

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

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

## Danger signs for TSS:

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

## Where can you get a diaphragm?

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

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# Diaphragm

## How the diaphragm works:

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

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

## How to use the diaphragm:

- Empty your bladder (pee) and wash your hands.
- Squeeze about a tablespoon of spermicidal gel into the diaphragm cup and smear it around the rim.
- Insert the diaphragm into your vagina as instructed when it was fitted. The cup must cover the cervix. Insert your finger into your vagina to check that the diaphragm is in place.
- The diaphragm can be inserted into the vagina up to six hours before sexual intercourse. It is effective immediately. If the diaphragm is in place for more than two hours, add



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an extra application of spermicidal gel. Leave the diaphragm in place for six hours after sex but not longer than a total of 24 hours. Do not douche with the diaphragm in place.

- If you have sex more than once, add more spermicidal gel into the vagina each time before intercourse.
- To remove the diaphragm, slip a finger into your vagina and under the rim and gently slide it out.
- Take care of your diaphragm by washing it gently in warm water and mild soap. Rinse well, pat dry, dust with cornstarch and put back into its case.
- Check the diaphragm often for holes or weak spots, especially around the rim. Never use a diaphragm with a hole.
- Keep a supply of spermicidal gel on hand; check for an expiration date on each tube. Replace the spermicide at the expiration date.
- The diaphragm should be refitted if you gain or lose 10 pounds or more, or if you have a birth, a late trimester abortion, or pelvic surgery.
- Oil-based lubricants, such as hand lotion or petroleum jelly, as well as vaginal medications (e.g., for yeast infections) can damage your diaphragm.

## Effectiveness:

About 6 in 100 women will get pregnant in one year (94% effectiveness) if they use the diaphragm every time they have sex and use it correctly (perfect use). If you don't use your diaphragm every time you have sex or you don't add more spermicidal gel with each act of intercourse or it slips out of place (typical use), your chance of pregnancy goes up.

## Benefits of the diaphragm:

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

## Potential side effects or disadvantages:

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

Using the diaphragm will not give you protection against HIV (AIDS). However, some studies indicate a reduced risk to the transmission of sexually transmitted infections (STIs), such as gonorrhea and chlamydia with diaphragm use (because of the cervical barrier).

## Potential risks:

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

## Where can you get EC?

A prescription is not required for EC if you are a woman or man age 18 or older. You can get EC at a pharmacy, drug store or a family planning clinic. In some states, you can receive EC directly from a pharmacist. If you are younger than 18, or if you need a prescription for insurance reimbursement, you can contact a health care provider. For a local EC provider, call the emergency contraception national toll-free hotline (1-888-NOT-2-LATE) or visit the website [www.not-2-late.com](http://www.not-2-late.com).

You can buy Plan B® in advance to have on hand if you need it. For more information (in English, Spanish, French, and Arabic) about EC visit the website [www.not-2-late.com](http://www.not-2-late.com).

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# Emergency Contraceptive (EC) Pills

## How emergency contraceptive pills work:

Emergency contraceptive (EC) pills are used AFTER sexual intercourse. EC (also called the “morning after pill”) reduces the risk of pregnancy when taken as soon as possible or within 5 days after sexual intercourse. Effectiveness of EC goes down gradually and generally won’t work if you wait more than 120 hours (5 days).



The way EC works depends on when a woman takes it during her “monthly” menstrual cycle. Early in her cycle, EC can stop her body from releasing an egg (ovulation), so there is no egg present to be fertilized. EC may be effective after ovulation, but currently there is no evidence that shows that it works after ovulation or fertilization has occurred.

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

## How to use emergency contraceptive pills:

Plan B® (progestin-only) is two pills and can be taken in one dose or in two doses 12 hours apart. Combination EC (estrogen and progestin) is also available. These pills must be taken as directed by a health provider or pharmacist, as soon as possible (within 5 days) after unprotected sex.

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

## Effectiveness:

Effectiveness rates for EC are different from other birth control methods because the effectiveness rate is based on a one-time use. Studies show a range of effectiveness, depending on how soon after sex EC is taken. If EC is taken within 72 hours (3 days) after sexual intercourse, the risk of pregnancy is reduced by 74% - 89%. In other words, only 1-2 women out of 100 will get pregnant instead of 8 in 100 women getting pregnant without taking EC.

EC is not recommended for routine use because it is less effective than other available contraceptives.

## Benefits of EC:

Emergency contraceptive pills are available if you aren't using birth control at the time of sexual intercourse, or if:

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

## Potential side effects and disadvantages:

There are few reported side effects with EC. Some women do report nausea. Medicine for nausea is available. Ask your doctor, health care provider or a pharmacist. Other possible complaints could be fatigue, breast tenderness, headache, abdominal pain and dizziness. EC may change the amount, duration, and timing of the next menstrual period.

## Potential risks:

There are no known health risks. EC does not harm a developing fetus. Repeated use is considered safe.

EC offers no protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis. If unprotected sex puts you at risk for an unintended pregnancy, you may want to be tested for HIV and STIs.

## Potential risks:

No health risks.

### How can you learn about FAB?

Call your local public health or family planning clinic for information and referrals. It is recommended that anyone interested in using this method take a course taught by a Certified Fertility Awareness Instructor.

Information about fertility awareness-based methods is available on the Internet. Type words such as “fertility awareness” or “natural family planning” into any search engine (e.g., Google). Fertility monitoring products can be found in drug stores or by visiting the website [www.birth-control.com](http://www.birth-control.com). You can also learn more about CycleBeads® and the SDM by visiting [www.cyclebeads.com](http://www.cyclebeads.com).

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# Fertility Awareness-Based (FAB) Methods

## What are FAB Methods?

The Fertility Awareness-Based (FAB) Methods depend on identifying your fertile time each month. Signs of fertility include both cervical fluid (secretions or vaginal discharge) and waking body temperature.

## There are several FAB Methods:

- Standard Days Method (SDM) using CycleBeads®: SDM is based on statistical information about women who have regular menstrual cycles, and can be used by women who have cycles between 26 and 32 days long. Counting from the first day of your period, you consider days 8 through 19 in your cycle as fertile days.
- Ovulation Method: You observe and chart your cervical fluid (secretions from the opening of the uterus).
- Symptothermal Method: You observe and record cervical fluid as well as changes in your basal body temperature (BBT).
- Calendar Rhythm Method (CRM): You count and record days in each menstrual cycle and predict your fertile days (when you could get pregnant).



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

## How do you use FAB?

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

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

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

## Basal Body Temperature (BBT):

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

## Cervical mucus:

Your cervical fluid (mucus or vaginal discharge) changes throughout each menstrual cycle. Right after your menstrual period you

may have no fluid (“dry” days). As ovulation approaches, the fluid becomes sticky, creamy, and stretchy (like egg white). These fluid changes are related to fertility and are very important to learn in order to use this method effectively.

## Effectiveness:

Because of the various approaches to fertility awareness-based methods the effectiveness varies. These methods can be highly effective if the instructions are followed carefully for each and every menstrual cycle, as high as 96% effective. Fertility products are available to help you keep track of the changing signs of fertility.

## Benefits of FAB:

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

## Potential side effects or disadvantages:

Learning these methods takes time and practice. Using these methods consistently takes commitment, calculation, planning and cooperation between a woman and her partner.

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

## Where can you get female condoms?

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

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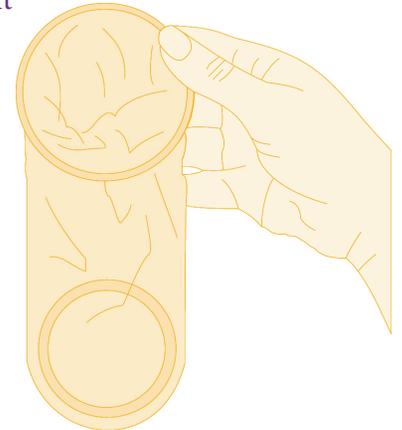
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# Female Condom

## How the female condom works:

The Reality® Female Condom is a soft, loose-fitting polyurethane sheath (pouch), a physical barrier that lines the vagina during sexual intercourse. It provides protection against pregnancy and some sexually transmitted infections (STIs).

The Reality® Female Condom has a soft ring at each end of the pouch. The ring at the closed end is used to put the condom into the vagina. The larger ring stays outside the vagina and gives some protection to the labia and the base of the penis during intercourse. Follow the package instructions for insertion; the drawings can help show you how to put it in.

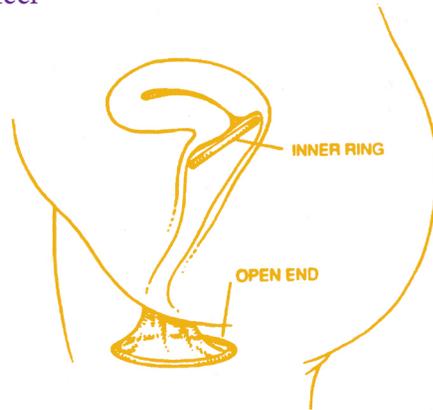


## How to use the female condom:

- Take the female condom out of its package and read the instructions.
- It can be inserted up to 8 hours before intercourse.
- Hold the pouch with the open end hanging down.
- Squeeze the inner ring together and slide the condom into the vagina.
- Put your index finger inside the condom and push the inner ring the rest of the way into the vagina. Check that the inner ring is up past the pubic bone.

(continued)

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



## Effectiveness:

Over one year, about 5 in 100 women will get pregnant (95% effectiveness) if they use the female condom correctly and every time they have sex (perfect use). If you don't use it every time or it slips or breaks or is put in or taken out the wrong way (typical use), your chance of getting pregnant goes up.

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

If your condom breaks or slips, you can use emergency contraception to prevent pregnancy. Call your local family planning clinic, call the national hotline 1-888-NOT-2-LATE, or visit the website [www.not-2-late.com](http://www.not-2-late.com) to find out where you can get EC.

## Benefits of the female condom:

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

## Potential side effects or disadvantages:

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

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

## Potential risks:

No known health risks.

## Where can you get implants?

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

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# Implants

## How implants work:

Implants are small, flexible capsules or rods that are inserted, or implanted, under the skin of the upper, inner arm. Implants are filled with a low-dose progestin that is continually released into your body.

Because of the constant presence of the progestin hormone, implants work by stopping your body from releasing an egg so that no egg is present to be fertilized, by causing the cervical mucus (liquid at the opening of the uterus) to thicken, which can stop sperm from getting into the uterus, and by changing the lining of the uterus. Norplant® inserts (effective for seven years) are no longer available in the United States. If you still have a Norplant® in place you should contact your health care provider to ask about its effectiveness and possible removal. Implanon® is now available in the United States. It is a single rod implant (about the size of a matchstick) and is effective for three years.



## How to use implants:

After giving you a local anesthetic (similar to what dentists use) your doctor or health care provider inserts the implant into your

(continued)

upper arm through a special needle. You may have some discomfort and bruising at the place of insertion for a short time. Be sure you have the check ups that your health provider recommends.

## Effectiveness:

The implant is highly effective contraceptive method with almost no difference between perfect-use and typical-use. Less than 1 woman in 1,000 will have an unintended pregnancy in one year using an implant (99.9% effective). Certain medicines and supplements may reduce the effectiveness of the implant. Once you get your implant removed, you could get pregnant immediately.

## Benefits of implants:

Implants are continuous and easy protection from pregnancy; you don't have to remember to take a pill every day. You and your partner do not have to interrupt your sexual activity to use this method. You will have very light bleeding or no periods, especially after the first year. Women who cannot take estrogen because of certain health problems may wish to try implants. As with other progestin-only methods of contraception, implants lower your risk of endometrial and cervical cancer, anemia, ectopic pregnancy, and pelvic infection.

If you want to use an implant while breastfeeding, talk with your doctor or healthcare provider.

## Potential side effects and disadvantages:

During the first year, many women report irregular bleeding, spotting or longer, heavier periods. The longer a woman uses the implant, the more likely her periods will stop. If a woman is not comfortable with irregular bleeding or not having a period, the implant may not be a good choice of birth control.

Some women report headaches, mood changes, minor weight gain, or depression.

Implants may be difficult to remove. Removal requires a minor surgical procedure. With only one rod, Implanon® will be easier to remove than Norplant®.

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

## Potential risks:

Some women should not use implants because of certain health conditions. Ask your doctor or health care provider about potential health risks.

## Where can you get an IUD or IUS?

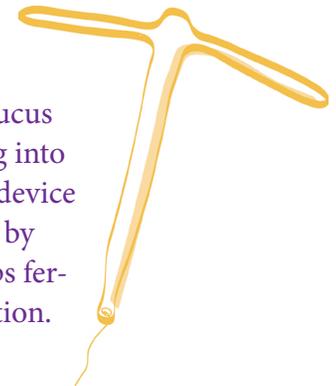
An IUD requires an exam for insertion (and removal) by a qualified doctor or health care provider. Call your local family planning clinic for information or visit the following websites: [www.mirena-us.com](http://www.mirena-us.com) or [www.paragard.com](http://www.paragard.com).

# Intrauterine Contraceptives (IUD & IUS)

Two types of intrauterine contraception are available in the United States. The IUD (ParaGard®) is a small plastic device wrapped with natural copper and the IUS (Mirena®) is a T-shaped plastic device that releases a low dose of a hormone (progestin).

## How the IUD/IUS works:

The ParaGard® causes a change in uterine and tubal fluids so that an egg will not get fertilized. With the Mirena®, the cervical mucus thickens, preventing the sperm from getting into the uterus and reaching the egg. When the device is in place, the IUD or IUS works primarily by stopping sperm from reaching the egg (stops fertilization). These devices do not cause abortion.



## How to use the IUD/IUS:

IUD/IUS insertion is done by a specially trained doctor or health care provider. The IUD/IUS can be inserted into a woman's uterus at any time during the menstrual cycle.

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The IUD/IUS can be inserted after childbirth, or after an abortion. Ask your health care provider for more information about the timing of insertion.

You should check regularly to see that your IUD is still in place. Your provider should teach you how to check for the string before leaving the clinic after insertion.

## Effectiveness:

Intrauterine contraception provides highly-effective protection against pregnancy. One woman in 1,000 will get pregnant with the Mirena® IUS (99.9% effectiveness), and six women in 1,000 will get pregnant (99.4% effectiveness) with the ParaGard® IUD. Perfect use includes checking the strings regularly to see if the IUD/IUS is still in place.

## Benefits of the IUD:

IUD/IUS contraceptives offer effective, long-term, private, reversible protection against pregnancy. The Mirena® IUS can be left in the uterus for five years. The ParaGard® can be left in the uterus for 10 years. Both offer protection against ectopic pregnancy and may protect against endometrial cancer.

IUD/IUS users are more satisfied with their method of birth control than users of any other method. The Mirena® IUS can be used while breastfeeding. Fertility returns immediately after the IUD/IUS is removed.

## Potential side effects and disadvantages:

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

Mirena® - Women who use Mirena® often report a decrease in blood flow and cramping. Other women may experience lighter periods or no periods at all.

Women who have never been pregnant may be more likely to experience discomfort during insertion. It is very important to talk with a trained doctor or health care provider about potential side effects with either the IUD or IUS.

The insertion of an IUD/IUS may be more uncomfortable if you have never been pregnant, because the opening to your uterus is smaller. The IUD/IUS can be inserted at any time during your menstrual cycle (you do not need to be bleeding), but your health care provider will need to make sure that you are not pregnant.

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

## Potential risks:

Large, recent studies show that the IUD or IUS appear to have no effect on the risk of infection in the tubes (pelvic inflammatory disease, or PID). The insertion process can introduce infection from the vagina into the uterus, and the risk of PID is limited to the first 20 days after insertion. Untreated or recurring PID can lead to infertility (difficulty getting pregnant). Your health provider will talk with you about the potential risks.

## Where can you get mini-pills?

Mini-pills require a prescription from a doctor or a qualified health provider. Call your local family planning clinic for information.

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# Mini-Pills

## How mini-pills work:

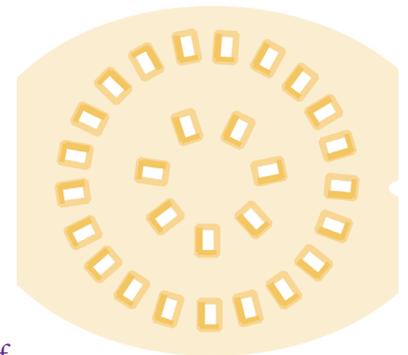
The mini-pill contains only one hormone (progestin-only). Mini-pills stop your body from releasing an egg, so no egg can be fertilized. Progestin also causes the cervical mucus (liquid at the opening of the uterus) to thicken, which can stop sperm from getting into the uterus.

## How to use mini-pills:

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

## Effectiveness:

About three women in 1,000 will get pregnant in one year if they take their mini-pills every day and at the same time every day (99.7% perfect use effectiveness). If you miss any pills, or don't take them at the same time every day (typical use), your chance of pregnancy goes up. If you are taking some other medications, the pills can be less effective. Tell your health provider any time you take other medications while taking birth control pills.



(continued)

## Benefits of the mini-pill:

Mini-pills have even fewer health risks than combination birth control pills, and fewer if any side effects. Mini-pills lower your risk of endometrial and cervical cancer, anemia and pelvic infection. You will have fewer menstrual cramps and decreased PMS symptoms.

Mini-pills can be taken while you are breastfeeding. If you want to get pregnant, you can become pregnant immediately when you stop taking the mini-pill.

## Potential side effects and disadvantages:

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

Using “mini-pills” will not give you protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

## Potential risks:

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

## Where can you get the patch?

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

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# The Patch – Transdermal Contraception

## How the patch works:

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

## How to use the patch:

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

The patch is placed on healthy skin on the abdomen, buttock, lower back, upper outer arm or upper torso where it will not be rubbed by tight clothing. It is replaced on the same day of the week for three weeks. The fourth week

is patch-free. There should never be more than a seven-day patch-free time between patches. Follow the written instructions that come with the patch.



(continued)

## Effectiveness:

About three women in 1,000 will get pregnant in one year (99.7% effectiveness) if they use the patch correctly and don't forget to replace it on time (perfect use), though the effectiveness of the patch may be reduced for women who weigh more than 198 pounds. If you forget to replace your patch once every seven days for three weeks, or forget to start a new cycle of patches after the fourth week (typical use), your chance of getting pregnant goes up. The patch is a highly effective contraceptive, the same as other types of combined hormonal methods like the pill. Remember that the cycle of use is three weeks on, one week off.

## Benefits of the patch:

The patch is small, thin and smooth and can be worn under your clothes. You only have to change it once a week and you can wear it in a different place each week. It stays on while you shower, bathe, swim or exercise. Warm, humid conditions do not decrease its sticking power. Another advantage is you can see it, so you know it's working; you don't have to worry about whether or not you remembered your pill.

## Potential side effects and disadvantages:

Side effects of the patch may include slight nausea, breast symptoms and vaginal spotting and menstrual cramps, especially in the first two cycles. Some women have skin irritation under and around the patch.

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

## Potential risks:

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

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

## Where can you get the shot?

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

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# The Shot

## How the shot works:

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

## How to use the shot:

You are given an injection (shot) of Depo every 3 months/12 weeks. Depo may be given immediately after delivery of a baby; however, if you are breast-feeding, some doctors may delay it for six weeks. It can also be given immediately after an abortion.

## Effectiveness:

About three women in 1,000 will get pregnant in one year if they get their shots on time, every 12 weeks (99.7% perfect use effectiveness). If you are late getting your shot, your chance of pregnancy goes up.



(continued)

## Benefits of the shot:

Depo is easy protection from pregnancy; you don't have to remember to take a pill every day. You and your partner do not have to interrupt your sexual activity to use this method. Getting the shot is private and convenient. You will have very light bleeding or no periods after several months on Depo and no cramps or PMS. Depo can be used while breastfeeding. The shot is excellent short-term birth control for women who need effective birth control while waiting for a sterilization procedure.

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

## Potential side effects and disadvantages:

When you first start on Depo, be prepared for irregular spotting or bleeding, especially during the first six months. You may also have increased appetite and slight weight gain or feel bloated, or have mood changes, nausea or occasional heavy menstrual periods.

Taking Depo-Provera® will lower your natural estrogen levels and might decrease the strength of your bones. It is very important to talk with your health care provider about Depo and “bone loss.”

Some women may develop higher cholesterol levels. Depo can make existing depression worse, and women who have severe post-partum depression should delay use of this method.

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

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

## Potential risks:

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

## Where can you get vaginal spermicides?

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

# Spermicides

## How vaginal spermicides work:

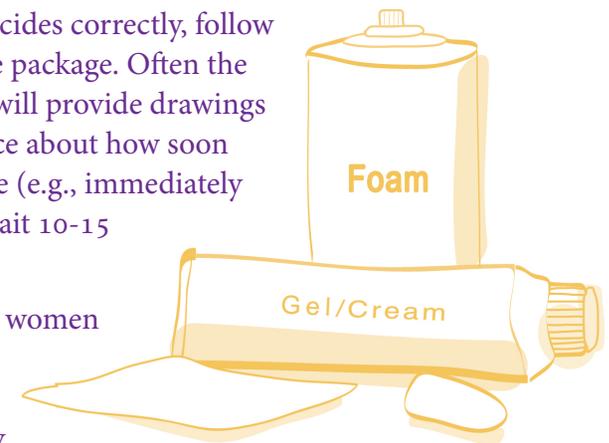
Spermicides are chemicals that kill sperm. Vaginal spermicides come in several forms (gel, foam, cream, film, suppository, or tablet). Some spermicides are commonly used along with a diaphragm or cap (i.e., gels, creams and foam) while others can be used alone.

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

## How to use vaginal spermicides:

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

Do not douche. Some women want to douche after using spermicides, but douching not only makes this method less effective, it is associated with an increased risk of pelvic inflammatory



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disease (PID) and ectopic pregnancy. For a spermicide to be effective it must be in the vagina for no more than one hour (or less) before sex; follow the package instructions. To increase the effectiveness, use the spermicide along with a condom.

## Effectiveness:

Research about the effectiveness of vaginal spermicides is not as clear as for other birth control methods. Approximately 18 in 100 women will get pregnant in one year if they use spermicides correctly and every time they have sex (82% perfect use effectiveness). Your chance of getting pregnant goes up if you don't use it every time or don't follow the package instructions (typical use).

## Benefits and advantages of spermicides:

Spermicides are an over-the-counter birth control method. Using vaginal spermicides does not require the direct involvement of the male partner. Spermicides are used as a back-up method when beginning pills, when pills are missed or when you are waiting to get an IUD.

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

## Potential side effects or disadvantages:

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

## Potential risks:

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

There are no other known health risks.

## Where can you get the sponge?

The Today® sponge is available without a prescription at a variety of locations: drug stores, public health department clinics and Planned Parenthoods. It can also be ordered on-line at [www.birthcontrol.com](http://www.birthcontrol.com).

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# Sponge

## How the sponge works:

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

The Sponge is inserted into the vagina with the dimple side placed in front of the cervix as a barrier that keeps sperm from entering the uterus.

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

## How to use the sponge:

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



(continued)

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

## Effectiveness:

About 9 in 100 women get pregnant (91% effectiveness) if they use the sponge every time they have sex and use it correctly for one year (perfect use). If you don't use the sponge every time you have sex or it slips out of place (typical use), your chance of pregnancy goes up. For women who have experienced childbirth the sponge is less effective (20 pregnancies per 100 women, with perfect use).

## Benefits of the sponge:

The sponge is an over-the-counter method and is available without a prescription. The sponge may be inserted many hours before sexual intercourse and may be left in place for up to 24 hours. Compared with the other cervical barrier methods, the sponge may be more comfortable for some women. Using a sponge does not require the direct involvement of the male partner and does not interrupt lovemaking.

## Potential side effects or disadvantages:

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

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

## Potential risks:

The sponge should not be used during a woman's period (menstruation), immediately after childbirth, miscarriage, or other termination of pregnancy. Wearing the sponge for longer than 30 hours after insertion (including the 6 hour waiting time after intercourse) is not recommended because of the possible risk of Toxic Shock Syndrome (TSS). It is also not recommended for women who have had TSS symptoms in the past.

## Danger signs for TSS:

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

## How can you get a tubal ligation?

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

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# Tubal Ligation: Female Sterilization

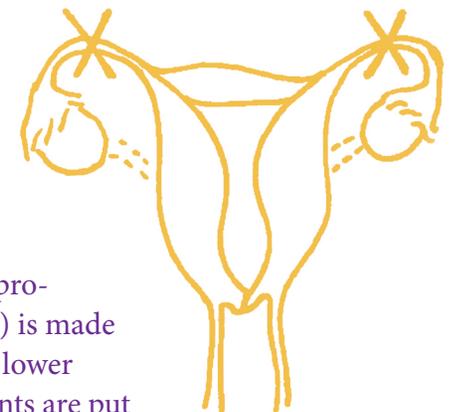
## How a female sterilization works:

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

A tubal ligation does not remove any organs; it is not a hysterectomy. After a tubal ligation, a woman will still produce female hormones and have periods, and there should be no changes in her sexual desire, sexual response or orgasm.

## How the sterilization is done:

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



(continued)

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

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

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

A second tubal ligation procedure is now available in some communities with some trained providers. A soft, flexible micro-insert device (Essure®) is placed into each fallopian tube to prevent the joining of sperm and an egg (fertilization). This device is routed through the vagina, cervix and uterus using a small scope. There are no incisions, punctures, or tying of tubes. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended.

## Effectiveness:

Tubal ligation is a very effective, permanent method of birth control. Only 5 women out of 1,000 become pregnant after tubal ligation (99.5% effectiveness).

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

## Benefits:

Female sterilization surgery gives excellent protection from pregnancy forever. Some people report an increase in sexual desire because they no longer worry about unintended pregnancy. Tubal ligation is safe and private; there is no need for partner involvement.

## Potential side effects or disadvantages:

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

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

## Potential risks:

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

## Where can you get the vaginal ring?

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

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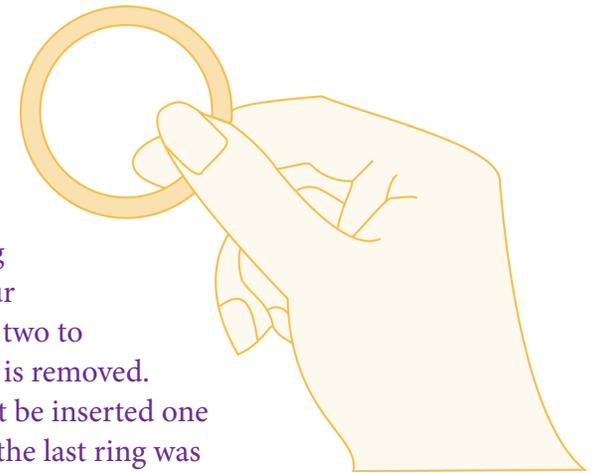
# Vaginal Ring

## How the vaginal ring works:

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

## How to use the vaginal ring:

The vaginal ring is a once-a-month method of birth control. You place the ring in your vagina and leave it there for three weeks. It releases a steady flow of hormones. Remove the ring for the fourth week. Your period will usually start two to three days after the ring is removed. A new vaginal ring must be inserted one week (seven days) after the last ring was removed to continue to prevent pregnancy. Do not reuse a vaginal ring for a second month.



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

Follow the written instructions that come with the vaginal ring.

## Effectiveness:

About three women in 1000 will get pregnant in one year if they use the ring the correct way (99.7% perfect use effectiveness). If you don't use it correctly or consistently, your chance of pregnancy goes up.

## Benefits of the vaginal ring:

The ring is inserted once a month and in the privacy of your home. It provides low and steady hormone delivery and can make your periods more regular. It cannot be inserted the “wrong way”; it just needs to stay in your vagina for the required 3 weeks. It is not made of latex.

## Potential side effects and disadvantages:

Very few women report side effects, such as: vaginal discomfort and discharge, headaches, nausea and breast symptoms. You may have other side effects. Ask your health care provider about side effects.

Some women may be aware that the ring is in their vagina, but you should not feel it once it is in place. Your partner probably won't feel it either. You must feel comfortable touching yourself to put it in and take it out.

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

## Potential risks:

The risks with the vaginal ring are the same as for combined birth control pills. Some women should not use it if they have specific health conditions, including some types of diabetes and cardiovascular disease. Ask your doctor or health care provider about potential health risks.

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

Do not use the vaginal ring while you are breastfeeding. Tell your doctor or health care provider about any medicines you are taking, including prescriptions, over-the-counter, herbal remedies and vitamins.

## How can you get a vasectomy?

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

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# Vasectomy: Male Sterilization

## How a vasectomy works:

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

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



## How a vasectomy is done:

The male sterilization procedure is done in a clinic or doctor's office and takes about 30 minutes. A local anesthetic (like dentists use) is injected into the skin of the sack that holds the testicles ("balls"). A small incision (cut) in the skin allows the doctor to cut or remove a piece of each tube. After the tubes are cut, tied, or blocked, the

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incision is closed. It is normal for you to feel soreness, swelling or bruising for a few days after a vasectomy. It is recommended to not do heavy physical labor for at least 48 hours. You can use an athletic supporter to make this healing time more comfortable. Wait until the cut is healed and you are no longer sore before you have sex.

Since sperm may still be alive in the tubes above the cut, you can not use the vasectomy for birth control until you have had enough ejaculations (15-20) to clear out all sperm. Several weeks after a vasectomy, you will need to have your semen checked to make sure no sperm are left.

## Effectiveness:

A vasectomy is very effective, permanent method of birth-control. In the first year after a vasectomy, one or two couples in 1,000 will have a pregnancy (99.9% effective). Failure happens only rarely, when the tubes were not completely sealed off during surgery or when the tubes grow back together.

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

## Benefits of a vasectomy:

Sterilization is one of the safest, most effective and most cost-effective contraceptive methods. It is also a very private method, with no need for partner involvement. Some people report an increase in sexual desire because they no longer worry about

unintended pregnancy. Research continues to show that men who have had a vasectomy are not more likely than other men to develop heart disease, cancer, or other illnesses. Vasectomy is safer, simpler, and less expensive than female sterilization.

## Potential side effects and disadvantages:

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

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

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

## Potential risks:

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

# Withdrawal\*

## How withdrawal works:

Withdrawal prevents fertilization; the sperm does not reach the egg.

## How to use withdrawal:

While having intercourse, before the man ejaculates, he pulls his penis out of the woman's vagina and away from her external genitals. The man must depend on his own physical sensations to decide when to withdraw before ejaculation.

## Effectiveness:

Effectiveness depends largely on the man's ability to withdraw his penis before he ejaculates. If 100 couples use withdrawal perfectly and every time for one year, only four will get pregnant (96% effective). Among typical users, 27 women out of 100 might get pregnant with a partner using withdrawal. Men who are less experienced with using this method or men who have a difficult time knowing when they will ejaculate will have a greater risk of failure.



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\*Withdrawal is *Coitus Interruptus*

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## Benefits of withdrawal:

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

## Potential side effects and disadvantages:

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

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

## Potential risks:

No health risks.

Emergency contraception is available if the man doesn't "pull out" in time. If you have unprotected sex unexpectedly, ask a doctor, a health provider, or a pharmacist about Emergency Contraception (EC). For more information call the national toll-free hotline (1-888-NOT-2-LATE) or visit the website [www.not-2-late.com](http://www.not-2-late.com).



**ejaculation  
in vagina**