

# Explaining Contraception



*Job Aids for Healthcare Providers*

**This resource was developed by Cardea, [www.cardeaservices.org](http://www.cardeaservices.org)**

Expert review of this resource was provided by Dr. Christine Dehlendorf from the University of California, San Francisco.

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# Table of Contents

<b>Introduction</b>	<b>1</b>
<b>Explaining Contraception — Job Aids</b>	<b>3</b>
<b>Long Acting Methods</b>	
<i>Little or nothing for the user to do or remember, following initiation of the method with a provider.</i>	
Sterilization	
Female sterilization .....	3
Male sterilization .....	5
Long-acting reversible methods	
Intrauterine Devices (IUDs) .....	7
Implant .....	9
<b>User Controlled Hormonal Methods</b>	
<i>Require the user to do something related to the method daily/weekly/monthly/every 3 months. Require a prescription.</i>	
Injectable (shot) .....	11
Pills .....	13
Progestin-Only Pills (POP) .....	15
Patch .....	17
Vaginal Ring .....	19
<b>User Controlled Barrier Methods</b>	
<i>Do not require a prescription and must be used every time you have sex.</i>	
Diaphragm and Cervical Cap .....	21
Condoms	
Male condom .....	23
Female condom .....	25
Sponge .....	27
Spermicides .....	29
<b>Knowledge Based Methods</b>	
<i>Do not require a prescription and must be used every time you have sex or be monitored daily.</i>	
Withdrawal .....	31
Fertility awareness based (FAB) methods .....	33
Abstinence .....	35
Lactational Amenorrhea Method (Breastfeeding) .....	37
<b>Emergency contraception (pills and copper IUD) .....</b>	<b>39</b>
<b>References</b>	<b>41</b>
<b>Related Resources</b>	<b>45</b>

# Introduction

## Target Audience

The Explaining Contraception job aids are designed for all staff who provide contraceptive counseling and education including educators, counselors, medical assistants, physicians, advanced practice clinicians and nurses.

## Purpose

These job aids have been developed to help health care staff explain key facts about each contraceptive method using plain language, in order to help clients choose the method that is best for them. The job aids are intended to be used as resources for staff to share information with a client within an interactive, client-centered conversation; they are not designed as patient education materials.

Please note that these job aids do not address medical decision making about prescribing birth control methods for individual patients with medical conditions. Providers may use the following resources as needed for information on medical contraindications:

U.S. medical eligibility criteria for contraceptive use, 2016.

[www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm?s\\_cid=rr6503a1\\_w](http://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm?s_cid=rr6503a1_w)

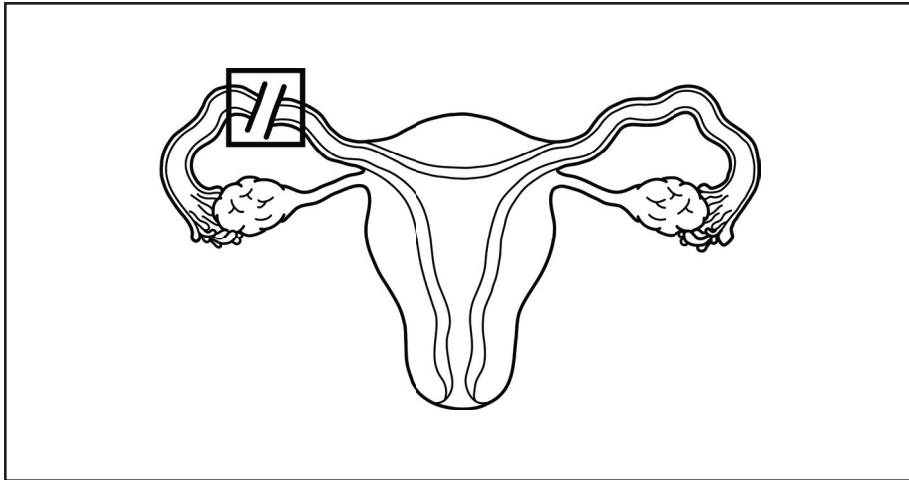
U.S. selected practice recommendations for contraceptive use, 2016.

[www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm](http://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm)

The Explaining Contraception job aids, along with the US MEC and SPR guidelines, can help providers discuss accurate contraceptive information tailored to the client's method preferences and their medical eligibility.



# Female Sterilization



**Note:** Female sterilization is also frequently referred to as tubal ligation or tubal sterilization.

## How female sterilization works

- Female sterilization, or tubal ligation, is often called “having your tubes tied.” It’s a procedure that permanently blocks the fallopian tubes so the egg cannot move 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 when people are sure that they do not want children in the future.
- Tubal sterilization does not remove any organs; it only affects the fallopian tubes.
- There are no changes in the production of female hormones or periods after a tubal sterilization.
- There should be no changes in sexual desire, sexual response or orgasm.

## How female sterilization is done

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

- The first procedure is an operation that can be done in a clinic or hospital with either a local (awake) or general anesthetic (asleep). It takes about 30 minutes to do the procedure. A very small cut (incision) is made either beside the belly button or lower on the abdomen. Thin instruments are put through the incision to cut, block, or tie off the fallopian tubes. Because of the tiny incision and the short time of surgery, it is usually possible to go home the same day.
  - There may be slight pain or soreness in the abdomen for 2-3 days, or a sore throat or headache from the anesthesia.
  - Most people have no other problems and feel back to normal within a week.
  - It is fine to have sex as long as it doesn’t cause discomfort.
  - A tubal ligation can be done immediately after childbirth or at any time during the menstrual cycle.
- The second procedure, transcervical sterilization (or Essure®) is conducted by a trained provider in a clinical/office setting. The provider places a soft, flexible device into each fallopian tube to prevent the joining of sperm and an egg (fertilization). This device is placed in the tubes after being passed through the vagina, cervix and uterus using a small scope. There have been some cases in which the device caused persistent pain or allergic reactions. In other cases it has perforated the uterus or tubes and travelled into the abdominal cavity, needing to be removed surgically. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended.
  - After the device is inserted, it is important to use contraception until having a procedure, three months later, to be sure the tubes are completely blocked. This procedure is painful for some people.

## Effectiveness (Risk of pregnancy)

- Tubal sterilization is a highly effective, permanent method of birth control.
- Fewer than 1 woman out of 100 (in fact only 5 women out of 1,000) will become pregnant after tubal ligation in the first year after the procedure.

## Possible side effects

- Surgery can be associated with discomfort at the surgical site and the need for a recovery period after anesthesia.

## Other considerations for female sterilization

- Tubal sterilization surgery gives excellent permanent protection from pregnancy.
- It is safe and private; a partner's involvement is not required for sterilization.
- Tubal sterilization is considered permanent and irreversible. Even though it's 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 may not be covered by public or private insurance.
- Tubal sterilization should include counseling by a qualified healthcare provider prior to the surgery, addressing potential risks, side effects, and the procedure process. This conversation should include a discussion about the possibility of regretting the decision to have a sterilization.
- Tubal sterilization is expensive if insurance or financial support is not available. Medicaid and other state funds may pay for tubal sterilization.
- If the tubal sterilization surgery is paid for by federal or state funds, a 30-day waiting period is required.

## Issues to explore with clients

- Whether vasectomy for a partner may be an option
- Whether the client would like to consider a highly effective, reversible method as an alternative
  - Some people regret having had a sterilization procedure, especially if they are very young, have no children at the time of sterilization, or are in an unstable relationship. Healthcare providers can support clients who are considering their options in the context of possible regret, leaving the final decision to have sterilization in the hands of the client.

## Key reminders for clients

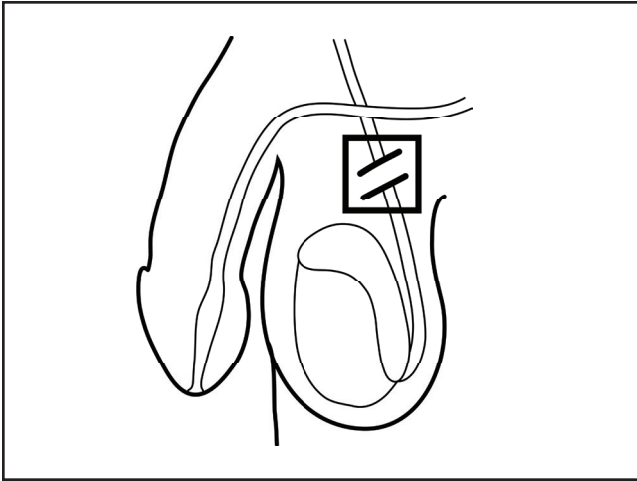
*If at any time you want to talk about other birth control methods, please come back to see us.*

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

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Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

# Male Sterilization



**Note:** Male sterilization is also frequently referred to as vasectomy.

## How a vasectomy works

- Male sterilization, or vasectomy, is a simple surgery in which the tubes (vas deferens) that carry sperm up to the penis are cut and sealed.
- Vasectomy is considered a permanent (not reversible) method of birth control and should be chosen only by individuals who are sure that they do not want children in the future.
- After a vasectomy, male hormones and sperm will still be produced, but the sperm will not be able to join with the other fluids in the semen.
- When sperm cells aren't used, the body will absorb them.

- The amount of fluid in the ejaculation is the same, except there are no sperm. Sex drive, ability to have sex and orgasms do not change because of a vasectomy.

## How a vasectomy is done

Two vasectomy procedures are available in a clinic or doctor's office and each take about 30 minutes.

- For each procedure, a local anesthetic (like dentists use) is injected into the skin of the sack that holds the testicles.
- A *no scalpel vasectomy* (NSV) — is done by making a small puncture in the testicles through which the tubes (vas deferens) are sealed. This procedure is shorter, generally has fewer side effects, and is less painful than the traditional method.
- The *traditional* method of vasectomy involves, a small cut made in the testicles. The tubes are pulled through the opening and sealed. The incision is then closed.
- Since sperm may still be in the tubes, vasectomy is not effective until a semen analysis has been performed after the procedure. The provider performing the vasectomy will give instructions about a follow up visit to check the semen to make sure no sperm are present.

## Effectiveness (Risk of pregnancy)

- A vasectomy is a highly effective, permanent method of birth control.
- *Fewer than 1 woman in 100* will become pregnant in the first year after her partner has the procedure.
- A pregnancy happens very rarely, when the tubes were not completely sealed during surgery or if 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 the ejaculation fluid.



## Possible side effects

- Bleeding under the skin after the procedure.
- Swelling, bruising and discomfort that can be reduced with mild pain medication.
- Most side effects after vasectomy go away within one or two weeks.
- It is recommended to avoid heavy physical labor for at least 48 hours.
- An athletic supporter and ice packs can be used to make this healing time more comfortable.
- Sex can be resumed when the cut is healed and the area is no longer sore.

## Other considerations for vasectomy

- Sterilization is one of the safest, most effective and most cost effective contraceptive methods.
- Vasectomy is safer, simpler, and less expensive than tubal ligation.
- It is a very private method, with no need for partner involvement.
- Research continues to show that the chances of getting heart disease, cancer, or other illnesses do not increase after a vasectomy.
- A vasectomy can be expensive if insurance or financial support is not available. Public funds may be available to 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 a future pregnancy. Reconnection surgery is very expensive and may not be covered by public or private insurance. If the vasectomy is paid for by federal or state funds, a 30-day waiting period is required.

## Issues to explore with clients

- Whether they can talk to their partner about the possibility of having a vasectomy
- Whether the couple would like to consider a highly effective, reversible method
  - Some people regret having had a sterilization procedure, especially if they are very young, have no children at the time of sterilization, or are in an unstable relationship. Healthcare providers can support clients who are considering their options in the context of possible regret, leaving the final decision to have sterilization in the hands of the client.
- The potential need to use a different method of contraception if having sex with other partners.

## Key reminders for clients

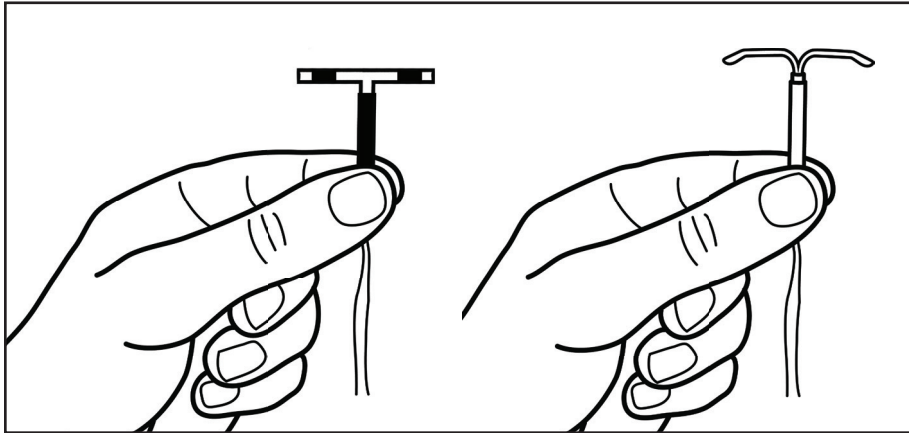
*If at any time you want to talk about other birth control methods, please come back to see us.*

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

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Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

## Intrauterine Device (IUD)



Two types of intrauterine contraceptives are available in the United States.

- A small plastic T-shaped device wrapped with copper (Cu-IUD, or Paragard®)
- A small T-shaped device that continually releases a low dose of progestin hormone (levonorgestrel) into the uterus (LNG-IUD). There are several brands of hormonal IUDs, including Skyla®, Mirena®, Kyleena®, and Liletta®.

### How an IUD works

- Both types of IUDs are placed inside the uterus by a trained healthcare provider.
- Both the Cu-IUD and the LNG-IUD primarily work by affecting the way sperm move and stop sperm from getting to the egg.
- The LNG-IUD also works by thickening the cervical fluid — the liquid at the opening of the uterus — to stop sperm from getting in the uterus.
- The LNG-IUD also prevents ovulation in some users in some menstrual cycles.
- These devices do not interrupt an implanted pregnancy.

### How to use an IUD

- An IUD can be inserted at any time during the menstrual cycle, or inserted immediately after abortion or childbirth, even if breastfeeding.
- Placement of an IUD is a minor, non-surgical procedure done through the cervix.
- After insertion, an exam with a healthcare provider is advised if the person experiences symptoms of pregnancy or thinks their IUD might have come out. An exam is also usually done if the person with the IUD feels hard plastic in their vagina — or if their partner feels it.
- The IUD can be removed at any time; it is not required that the device be used for the full length of time for which it is approved.

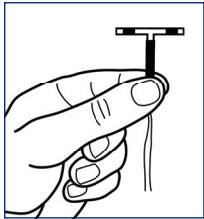
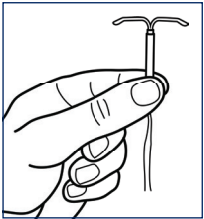
### Effectiveness (Risk of pregnancy)

- With typical use, *fewer than 1 woman in 100* become pregnant in the first year of use.
- Cu-IUD is effective up to 10 years. The LNG-IUD is effective up to 3-5 years (depending on which one is selected). The healthcare provider can consider and discuss new research that shows some IUDs may be effective for even longer time periods.

The copper IUD is also a highly effective method of emergency contraception (EC) for those women who would like to use an IUD as ongoing contraception. For EC, the IUD must be inserted within 5 days of the first act of unprotected sexual intercourse.

## Possible side effects

- Menstrual changes

Copper IUD	Hormonal IUD
	
May cause longer, heavier menstrual periods (bleeding). Spotting may happen between periods. Menstrual cramping may increase.	May cause lighter menstrual periods or no periods at all. Spotting may happen between periods. Menstrual cramping may be reduced.

- Other possible side effects
  - There may be some pain or discomfort with the IUD placement.
  - Rarely, if a person has a sexually transmitted infection at the time of insertion, the insertion process can introduce infection from the vagina into the uterus, and increase the risk of pelvic inflammatory disease (PID).

## Other considerations for an IUD

- IUDs are safe and available for adolescents and people who have never been pregnant.
- IUDs have no estrogen, and therefore use is not limited among people with conditions such as migraine.
- The LNG-IUD decreases the risk of uterine cancer.
- The Cu-IUD is very effective as emergency contraception if inserted within 5 days of unprotected sexual intercourse.
- Rarely, a pregnancy can happen. If pregnancy happens, the IUD should be removed if the strings are visible.

- Expulsion of the IUD can occur.
- LNG-IUDs can decrease symptoms of heavy menstrual bleeding or menstrual cramping, and can also help with anemia.
- The client's healthcare provider can talk about potential risks, side effects, and the insertion and removal process for these devices.

## Issues to explore with clients

- The importance of using a highly effective method
- Feelings around having an IUD in their uterus
- Preferences about bleeding, including feelings about not having bleeding (LNG-IUD) or having unpredictable (LNG-IUD) or heavy bleeding (Cu-IUD)
- Feelings about using a method that requires a provider to insert and remove it.

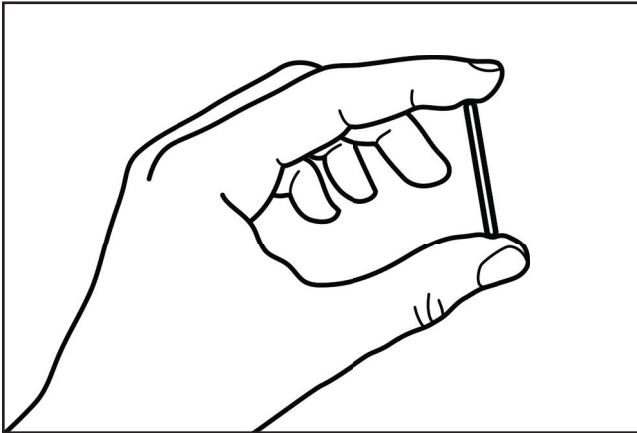
## Key reminders for clients

*If at any time you are dissatisfied with your method, or you want to change methods, or have an IUD removed, please come back to see us.*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates: Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017;49:7-16.

# Implant



## How an implant works

- An implant is a small, flexible capsule or rod that is placed under the skin of the upper, inner arm.
- An implant is filled with a low dose progestin hormone that is continually released into the body. The progestin in the implant lowers the chance that the body will release an egg so that no egg is present to be fertilized.
- The implant also works by thickening the cervical fluid — the liquid at the opening of the uterus — to stop sperm from getting into the uterus.

## How to use an implant

- The implant can be placed immediately after childbirth if desired, even if breastfeeding.
- The implant is placed into the upper arm through a special needle by a trained healthcare provider using local anesthesia. The healthcare provider will give follow up instructions.
- The implant works for up to three years. The healthcare provider can consider and discuss new research that shows the implant may be effective for a longer time period.
- An implant can be removed at any time; it is not required that the implant be used for the full three years.
- Removal of an implant requires a minor surgical procedure that typically takes only a few minutes using local anesthesia.

## Effectiveness (Risk of pregnancy)

- With typical use, fewer than 1 woman in 100 will become pregnant in the first year of use.
- The implant is effective up to 3 years.

## Possible side effects

- Menstrual changes
  - Irregular and unpredictable bleeding
  - Bleeding can be heavy or light, last for a few days or many days, or there may be no bleeding at all for several weeks
  - Periods may stop completely
  - Bleeding patterns can change over time
  - Menstrual cramping may be reduced

- Other possible side effects
  - There may be some discomfort and bruising at the place of insertion for a short time
  - Some people have a small scar after removal

## Other considerations for an implant

- The implant is safe with very few complications.
- It has no estrogen, and therefore its use is not limited among people with conditions such as migraine.
- The implant generally decreases menstrual bleeding, and it can reduce the risk of anemia.
- The client's healthcare provider can talk about managing potential risks, side effects and the placement and removal procedures for the implant.

## Issues to explore with clients

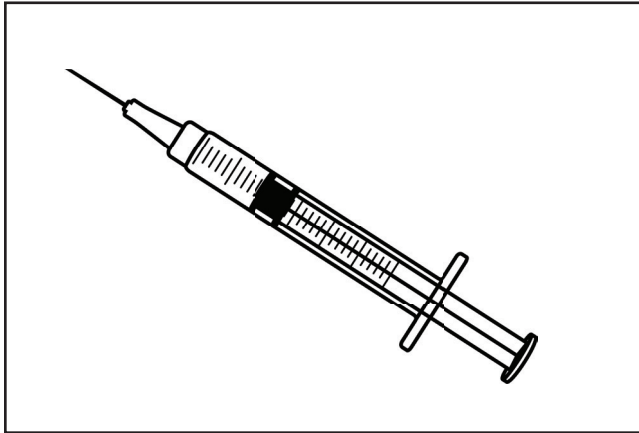
- Importance of using a highly effective method
- Feelings around having an implant in their arm
- Preferences about bleeding, including feelings about having unpredictable bleeding
- Feelings about using a method that requires a provider to remove it

## Key reminders for clients

*If at any time you are dissatisfied with your method, or you want to change methods, or have your implant removed, please come back to see us.*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

## Injectable (The Shot)



### How the shot works

- The injectable method of contraception contains one hormone — a progestin. Often clients refer to this method as “the shot” or “depo”(Depo-Provera®).
- The progestin hormone in the shot stops the body from releasing an egg, so no egg can be fertilized.
- Progestin also works by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

### How to use the shot

- The shot is given by a qualified healthcare provider; it requires a prescription.
- The shot is given in the arm, hip, or under the skin every 3 months (12-15 weeks).
- The shot may be given immediately after childbirth and is safe to use when breastfeeding.

### Effectiveness (Risk of pregnancy)

- The effectiveness of the shot depends on getting the shot on time.
- With typical use, *4 women out of 100* will become pregnant in the first year of use.
- The chance of pregnancy increases if the person waits more than 3 months between shots.

### Possible side effects

- Menstrual changes  
Bleeding patterns with the shot vary and may include:
  - Irregular spotting or bleeding
  - Heavier periods
  - Lighter periods
  - No periods (which becomes more common over time)
- Other possible side effects
  - Decrease in cramps
  - Increased appetite and weight gain
  - Mood changes

## Other considerations for the shot

- It has no estrogen, and therefore its use is not limited among people with conditions such as migraine.
- The shot may delay return to fertility.
- Using the shot lowers the risk of uterine cancer and can also help with anemia.
- Using the shot can make existing depression worse. People who have severe depression should talk to a healthcare provider about using this method.
- The Federal Drug Administration (FDA) placed a warning on the shot because of concerns about decreased bone density in those using this method for more than two years. However, studies indicate that there are no long-term effects on bone health from using the shot.
- The client's healthcare provider can talk more about using the shot and can answer questions about bone loss as well as managing possible side effects.

## Issues to explore with clients

- The ease and acceptability of coming back to the clinic every three months
- The acceptability of having injections
- Feelings about irregular bleeding
- Concerns about weight gain and depression

## Key reminders for clients

*For the shot to be highly effective, you will need to get your next shot in the next 3 months. How easy will it be for you to come back to the clinic for your next shot? What might you do if you can't get back to the clinic?*

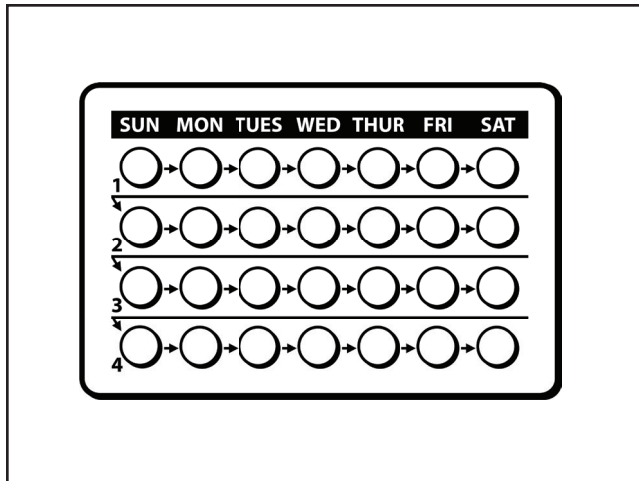
*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you can't get back to the clinic on time and you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates: Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017;49:7-16.

# Pills



## How pills work

- Combination birth control pills contain hormones (estrogen and progestin) that are similar to hormones that are produced naturally by the body.
- The hormones in the pill work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the pill also work by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

## How to use the pills

- In most states, the pills require a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.
- The pill should be taken at about the same time every day.
- Many pills are packaged to be taken for three weeks, with the fourth week consisting of placebo pills (or “sugar” pills). Most people will have bleeding during that fourth week.
- There are increasing options for how pills are packaged, such as pill packs that only have 4 days of placebo pills in a month and pills that are packaged with 12 weeks of active pills, followed by one week of sugar pills.
- Missing any pills increases the risk of pregnancy. This is particularly important at the end of the week of sugar pills, as ovulation (release of an egg) is more likely if there are too many days in a row without the use of active pills. People should receive specific “missed pill” instructions, including the use of emergency contraception (EC) when indicated.

## Effectiveness (Risk of pregnancy)

- The effectiveness of using pills depends on using it correctly and consistently — by taking the pill each day at about the same time every day.
- With typical use, *8 women out of 100* become pregnant in the first year of use.
- Missing a pill, or not taking it at the same time every day, increases the chance of pregnancy.



## Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- Other possible side effects
  - Some mild nausea and/or breast tenderness (which usually improves over time)
  - Some people have less acne when taking pills
  - Research has shown that people who take the pill do not typically gain any more weight than they would gain without taking pills

## Other considerations for taking pills

- Pills provide protection against ovarian cancer, uterine cancer and iron deficiency anemia.
- Current research indicates that pill use is not associated with breast cancer.
- People with heavy, painful periods can experience improvement in these symptoms with use of the pill.
- Some people should not use the pill because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for people over 35. People who use birth control pills are strongly advised not to smoke.
- People should not use an estrogen-containing methods for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The client's healthcare provider can talk about potential risks and managing possible side effects of the pills.

## Issues to explore with clients

- Ease and acceptability of remembering to take a pill every day.
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure.

## Key reminders for clients

*For the pills to be highly effective, you must take your pills every day, at about the same time. What can help you remember to take your pill every day — at about the same time? What will you do if you miss a pill?*

*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

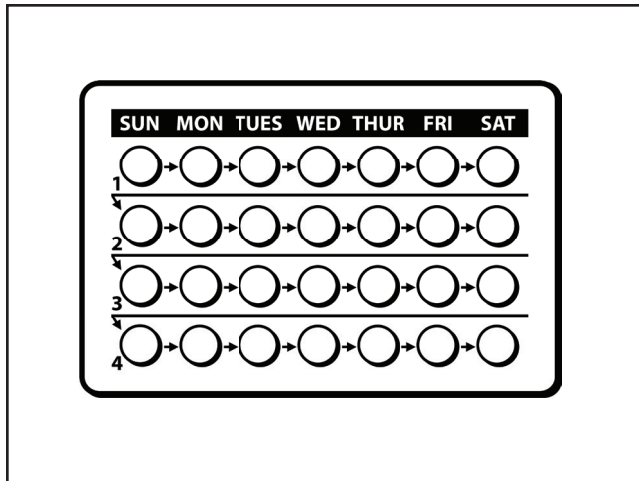
*If you miss pills, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website*

<http://ec.princeton.edu/emergency-contraception.html>

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

Reference for effectiveness rates: Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017;49:7-16.

## Progestin-Only Pills (POP)



### How progestin-only pills work

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

### How to use progestin-only pills

- In most states, POPs require a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.
- Progestin-only pills must be taken on time, at about the same time every day. The pills only work for 24 hours, so there is no effect once this time period has passed (which is different than with combined oral contraceptive pills).
- If a user misses any pills, or takes a pill more than 3 hours late, or has diarrhea or vomiting, they could be at risk for pregnancy. People using POPs should receive information about Emergency Contraception (EC).
- Unlike with combined oral contraceptive pills, there is no placebo or “sugar” pill week with POPs. The hormonal pills are taken throughout the month, with no break between packs.
- Pills can be started immediately after abortion or childbirth, even if breastfeeding.

### Effectiveness (Risk of pregnancy)

- The effectiveness of using pills depends on using it correctly and consistently — by taking the pill each day at about the same time every day.
- With typical use, *9 women out of 100* will become pregnant in the first year of use.
- Missing a pill, or not taking it at the same time every day increases the chance of pregnancy.

## Possible side effects

- Menstrual changes
  - Spotting between periods

## Other considerations for taking progestin-only pills

- The progestin-only pill has fewer health risks than combination birth control pills and can be given to people who cannot take estrogen.
- Because it has no estrogen, its use is not limited among people with conditions such as migraine.
- Current research indicates that pill use is not associated with breast cancer, and it can reduce the risk of anemia.
- POPs are sometimes prescribed in the immediate post-partum period, as people are not advised to use estrogen-containing methods for the first 3-6 weeks after delivering a baby due to the risk of blood clots and potential effects on breastfeeding.
- The client's healthcare provider can talk about potential risks and managing possible side effects of the pills.

## Issues to explore with clients

- Ability to take a pill at the exact same time every day, and understanding of the risk of pregnancy involved with even a slight delay in taking the POP
- Feelings about irregular bleeding between periods, which is more common with use of these methods

## Key reminders for clients

*For the progestin only pills to be highly effective, it is especially important for you to take them every day, at about the same time. What might be the most helpful way for you to remember to take your pill every day — and at about the same time? What will you do if you miss a pill ... or a couple of pills?*

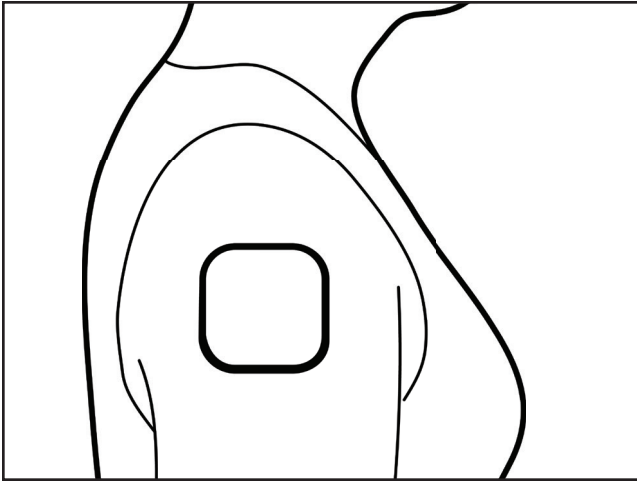
*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you miss pills, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404

## Patch



### How the patch works

- The birth control patch is a thin, stick-on, square, 1-3/4 inch patch.
- The patch contains hormones (estrogen and progestin) that are similar to hormones that are produced naturally in the body. When using the patch, these hormones enter the bloodstream through the skin.
- The hormones in the patch work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the patch also work by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

### How to use the patch

- In most states, the patch requires a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.
- The patch is a once-a-week (7 days) method of birth control on a four-week cycle. Written instructions come with the patch.
- A new patch must be used each week for three weeks; replaced on the same day of the week. The fourth week is patch-free.
- During the fourth week, no patch is used, and bleeding is expected.
- It is important to place a new patch promptly at the end of the patch-free week, as ovulation (releasing an egg) may occur if the period of time without a patch is extended.
- 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.
- The patch should not be placed on the breast.

### Effectiveness (Risk of pregnancy)

- The effectiveness of using the patch depends on using it correctly and consistently — by keeping the patch in place and replacing the patch each week on the same day of the week.
- With typical use, *9 women out of 100* become pregnant in the first year of use.
- Forgetting to replace the patch once every seven days, or forgetting to start a new cycle of patches after the fourth week, increases the chance of getting pregnant.

## Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- Other possible side effects
  - Some mild nausea and/or breast tenderness, which usually improves over time
  - Some people have less acne when using the patch.
  - Some people report skin irritation under and around the patch. To decrease the risk of skin irritation, the patch can be placed on a different part of the body each week.

## Other considerations for using the patch

- The patch provides protection against ovarian cancer, uterine cancer and iron deficiency anemia.
- The patch stays on during a shower, bathing, swimming or other exercise. Warm, humid conditions do not decrease its sticking power.
- People with heavy, painful periods can experience improvements in these symptoms when using the patch.
- Some people should not use the patch because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- The Federal Drug Administration (FDA) placed a warning on the patch in 2005 because of findings of increased levels of estrogen compared to the pill and concern for a related increased risk of blood clots with the patch. Studies investigating this question have given variable results. If present, the absolute risk is likely to be small (15-50 per 100,000 women per year).

- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for those over 35. People who use the patch are strongly advised not to smoke.
- People should not use an estrogen-containing method for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The client's healthcare provider can talk about the potential risks and managing possible side effects of the patch.

## Issues to explore with clients

- Comfort and acceptability of wearing something on their skin
- Ease of remembering to change the patch every week
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure

## Key reminders for clients

*For the patch to be highly effective, you must change the patch as directed. How can you remember to change your patch on time?*

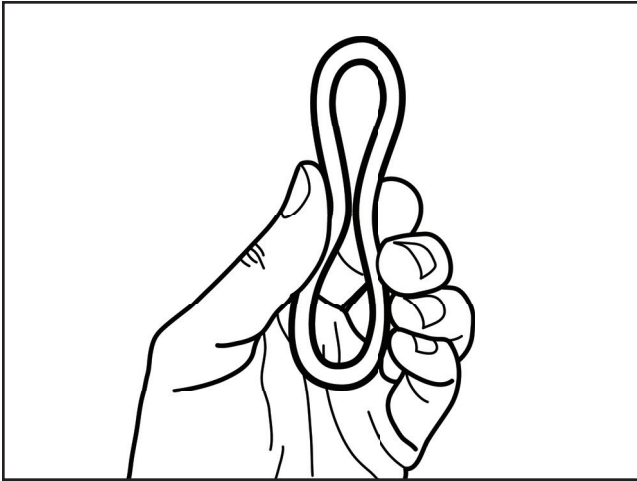
*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you forget to place the patch on time, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

## Vaginal Ring



### How the vaginal ring works

- The vaginal ring is a small (one size fits all), flexible transparent ring (two inches across) that is placed in the vagina.
- The ring releases a steady flow of low dose hormones (estrogen and progestin), which are similar to hormones that are produced naturally by the body.
- The hormones work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the ring also work by thickening the cervical fluid (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

### How to use the vaginal ring

- The vaginal ring requires a prescription from a qualified healthcare provider. In some states, consultation with a pharmacist is also an option.

- The vaginal ring is a once-a-month method of birth control. Written instructions come with the ring.
- The ring is placed in the vagina and left there for 21 days (3 weeks) where it releases a steady flow of hormones.
- During week four the ring is removed and bleeding will usually start two to three days later.
- A new vaginal ring must be inserted each month to continue to prevent pregnancy. It is important to insert the new ring immediately at the end of the ring-free week. If there is a delay, ovulation (releasing an egg) may occur.
- There are enough hormones in one ring to last for up to 35 days, which can provide some flexibility around when a person has bleeding.
- People can choose how long to wait before inserting a new ring, as long as it is not more than 7 days. To avoid bleeding, a person can insert a new ring immediately after removing the ring from the prior month (similar to continuous cycling with combined oral contraceptive pills).
- The exact placement of the ring is not important because it does not work as a barrier method of birth control.
- If the ring comes out, it can be rinsed off and reinserted. If it comes out for more than three hours, people should call a healthcare provider for specific instructions.

### Effectiveness (Risk of pregnancy)

- The effectiveness of using the vaginal ring depends on using it correctly and consistently — by keeping the ring in place (see instructions) and replacing it each month.
- With typical use, *9 women out of 100* will become pregnant in the first year of use.

- Forgetting to replace the ring on time increases the chance of pregnancy.

## Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- Other possible side effects
  - Vaginal discharge can increase, but the ring is not associated with vaginal infections or bacterial vaginosis
  - Some people will have less acne when using the ring
  - Some mild nausea and/or breast tenderness (which usually improves over time)

## Other considerations for the vaginal ring

- The vaginal ring provides protection against ovarian cancer, uterine cancer and iron deficiency anemia.
- There is no danger that the vaginal ring will be pushed up too far in the vagina or “lost.”
- Some people say they are aware that the ring is in their vagina, but it should not be felt by the user or their partner once it is in place.
- Some people should not use the ring because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- Cigarette smoking increases the risk of serious cardiovascular events (blood clots, heart attacks, strokes), especially for those over 35. People who use the vaginal ring are strongly advised not to smoke.
- People should not use an estrogen-containing method for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The ring can be used immediately after an abortion.

- The client’s healthcare provider can talk about potential risks and managing possible side effects with the vaginal ring.

## Issues to explore with clients

- Comfort with touching genitals to put the ring in place and to take it out
- Feelings about a method that needs to be changed every month
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure

## Key reminders for clients

*For the ring to be highly effective, you must change the ring as directed. How will you remember to change your ring on time?*

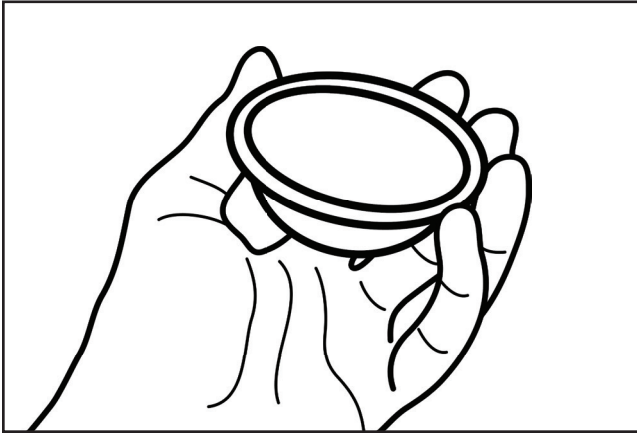
*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you forget to place the ring on time, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

## Diaphragm and Cervical Cap



### How the diaphragm and cervical cap work

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

### How to use the diaphragm and cervical cap

- The diaphragm or cervical cap comes in different types and several sizes. Each user must be fitted for a diaphragm by a trained health provider.
- The diaphragm or cervical cap should be checked for holes or weak spots, especially around the rim. A diaphragm with a hole should not be used.

- The diaphragm or cervical cap should be refitted after a pregnancy (especially after a vaginal birth) and after weight gain or weight loss of ten pounds or more.
- Oil-based lubricants, such as hand lotion or petroleum jelly, or vaginal medications (e.g., for yeast infections) should never be used because they can damage the diaphragm or cervical cap.

#### Before Inserting

- The user empties their bladder (pees) and washes their hands.
- A tablespoon of spermicidal gel is squeezed into the diaphragm cup or cervical cap.
- The diaphragm or cervical cap is inserted into the vagina as instructed when it was fitted. It must cover the cervix. Insert a finger into the vagina to check that the diaphragm or cervical cap is in place.
- Both the diaphragm and cervical cap are effective as soon as they are inserted.

Diaphragm	Cervical Cap
Can be inserted up to 2 hours before sexual intercourse	Can be inserted up to 42 hours before sexual intercourse

#### After Sex

- The diaphragm or cervical cap should be left in place for at least six hours after sex. Avoid douching with either device in place.

Diaphragm	Cervical Cap
Should not be in the vagina more than a total of 24 hours	Should not be in the vagina for more than a total of 48 hours



If the user had sex more than once, additional spermicidal gel should be added into the vagina before intercourse without moving the diaphragm.	The user does not need to apply additional spermicide if they have sex more than once during the time the cap is in place.
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- The diaphragm or cervical cap is removed by slipping a finger into the vagina and under the rim to gently slide it out.

## Effectiveness (Risk of pregnancy)

- The effectiveness of using a diaphragm or cervical cap depends on how well the instructions for how to use it are followed.

Diaphragm	Cervical Cap
With typical use, 12 women in 100 will become pregnant in the first year of use.	With typical use, 23 women in 100 will become pregnant in the first year of use.

- If a person uses the diaphragm or cervical cap according to instructions, each time they have sex, chances of pregnancy decrease.

## Possible side effects

- Some people are allergic to latex rubber or to the spermicidal gel or cream. If this happens, women can try another brand.

Diaphragm	Cervical Cap
Some users find that the diaphragm may cause bladder irritation or an increased risk of bladder infections. If there is any pain or discomfort with urination, they should see a health care provider.	The cervical cap has not been associated with bladder infections.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

## Other considerations for the cervical cap or diaphragm

- It's important that the provider give the client instructions about insertion and provides time to practice inserting and removing the device.
- These methods have very few side effects or major health risks.
- Getting a cervical cap or diaphragm may require an exam and a fitting from a qualified healthcare provider. Both methods require a prescription.

## Issues to explore with clients

- Feelings about using a non-hormonal device that can be used only when needed, but does not have to interrupt sex
- Comfort with touching genitals to put a diaphragm or cervical cap in place and take it out
- Will the cervical cap or diaphragm and spermicide be available when needed? Are they comfortable buying spermicide in a drug store, health clinic or online?

## Key reminders for clients

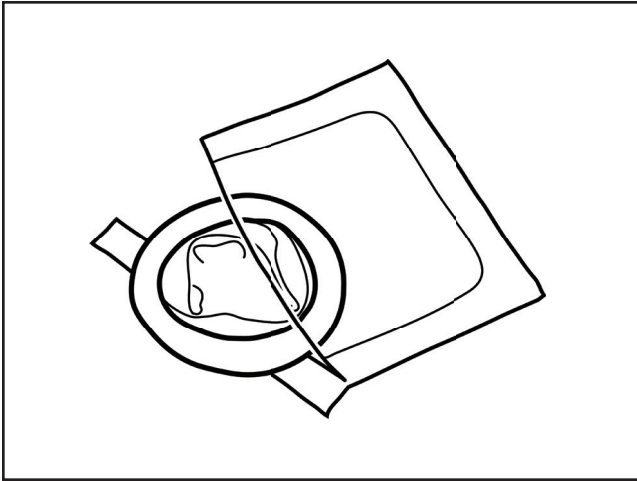
*For the diaphragm to be highly effective, you must follow the instructions and use it every time you have sex. How can you remember to have your diaphragm with you when you might need it?*

*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you do have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website: <http://ec.princeton.edu/emergency-contraception.html>*

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

## Male Condom



**Note:** The male condom may also be referred to as the external condom.

### How the male condom works

- The male condom, or external condom, is a thin sheath that fits over the erect penis.
- Most condoms are made from latex (rubber) or polyurethane (synthetic condoms).
- 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 sexually transmitted infections and HIV infection, condoms work as a barrier between partners so body fluids (i.e., semen, blood, vaginal secretions, and saliva) are not shared during sexual activity.

### How to use the male condom

#### Before Sex

- Users should check the expiration date and avoid using a condom with an expired date.
- A new condom should be used for every act of vaginal, anal and oral sex throughout the entire sex act (from start to finish).
- Lubrication is important to decrease the chance of breakage. A lubricant can be added to the condom or to the vagina. For latex condoms, only water-based lubricants like K-Y Jelly®, Astroglide®, or spermicidal creams or foam should be used. Oil-based lubricants (e.g. baby oil, hand lotion, petroleum jelly, or cooking oil) can weaken the condom and cause it to break or tear.
- The condom should be placed on the tip of the erect penis with the rolled side out, leaving a half-inch space for semen to collect, and unrolled all the way to the base of the erect penis.

#### After Sex

- Immediately after ejaculation and before the penis gets soft, the rim of the condom should be held and the penis carefully withdrawn.
- Throw it away (don't flush it!).

### Effectiveness (Risk of pregnancy)

- The effectiveness of using a male condom for birth control depends on using it correctly — following the package instructions — with each act of sexual intercourse.
- With typical use *13 women out of 100* will become pregnant in the first year of use.

## Possible side effects

- Some people are allergic to latex (rubber). If you or your partner has a latex allergy, you can switch to one of the several synthetic condoms.

## Other considerations for male condoms

- Condoms (latex and synthetic) are safe and effective for preventing pregnancy and reducing the transmission risk of HIV and sexually transmitted infections such as chlamydia, gonorrhea, trichomoniasis, and hepatitis B.
- Condoms may also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (e.g., herpes, HPV, and syphilis).
- Using spermicide with condoms increases their effectiveness in preventing pregnancy. If spermicide is used frequently (more than twice a day) it can irritate the vagina and increase risk of transmitting HIV.

## Issues to explore with clients

- Both partners' feelings about use of a barrier method
- The ease of using a method that requires planning ahead and having a condom on hand
- Comfort with buying condoms in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

## Key reminders for clients

*For condoms to be effective for preventing a pregnancy, you need to use them every time you have sex. How easy is it for you to use them all the time? How will using condoms work for you — and your partner — in the future?*

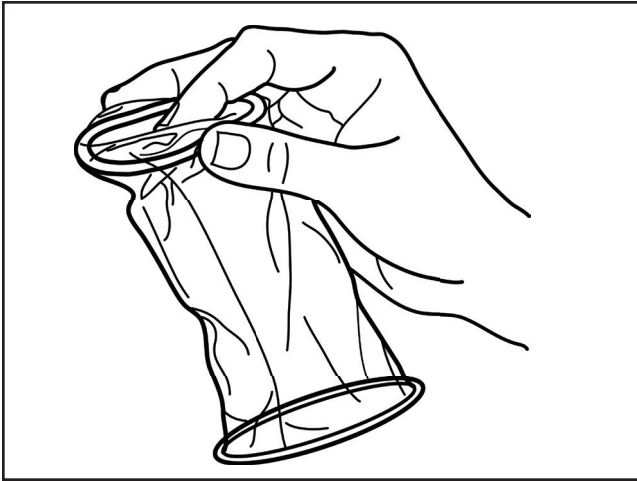
*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

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

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Reference for effectiveness rates: Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017;49:7-16.

# Female Condom



**Note:** The female condom may also be referred to as the internal condom.

## How the female condom works

- The female condom (FC), or internal condom, is a soft, loose-fitting sheath (pouch) that works as a physical barrier and lines the vagina during sexual intercourse to keep sperm from entering the vagina.
- The FC has a soft ring at each end of the pouch. The closed end of the pouch (along with a ring) is used to put the condom into the vagina to hold it in place. The open end stays outside of the vagina. The open end ring is used as a guide to insert the penis into the vagina.
- The FC also works as a barrier between partners that provides protection from sexually transmitted infections including HIV infection.

## How to use the female condom

### Before Sex

- The FC package has instructions and drawings that show how to put it in.
- Always check the expiration date.
- Insert it up to 8 hours before intercourse.
- Keep the outer ring outside the vagina.
- During sex the condom may move around. If the outer ring starts to be pushed into the vagina, or if the penis starts to go up along the outside of the condom, the condom should be taken out and another condom should be used.

### 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 (Risk of pregnancy)

- The effectiveness of using female condoms for birth control depends on using it correctly — following the package instructions — with each act of sexual intercourse.
- With typical use *21 women out of 100* will become pregnant in the first year of use.
- If the female condom isn't used every time, or if it slips or breaks, or is put in or taken out the wrong way, the chance of pregnancy increases.
- Female condom use becomes more effective with practice. A user can practice putting it in before using it with a partner.

## Possible side effects

- There are few side effects; if a user experiences a possible allergic reaction or irritation, they can try another type or brand of condom.

## Other considerations for female condoms

- Female condoms are non-hormonal with no known health risks, are user-controlled, and provide protection against pregnancy and some sexually transmitted infections such as chlamydia, gonorrhea, trichomoniasis, hepatitis B, and HIV infection.
- Female condoms may also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (i.e., herpes, HPV, and syphilis).
- The non-latex material is stronger and less likely to cause allergic reactions than latex condoms.
- Female condoms are more expensive than male condoms.

## Issues to explore with clients

- Comfort with touching genitals to put the female condom in place and take it out
- Whether it's important to have a barrier method that the client can control
- The ease of using a method that requires planning ahead
- The acceptability of barrier methods
- Comfort with buying female condoms in a drug store or health clinic (noting that they can be ordered online)

- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

## Key reminders for clients

*For these condoms to be effective for preventing a pregnancy, you need to use them every time you have sex. How easy is it for you to use them all the time? How will using female condoms work for you in the future?*

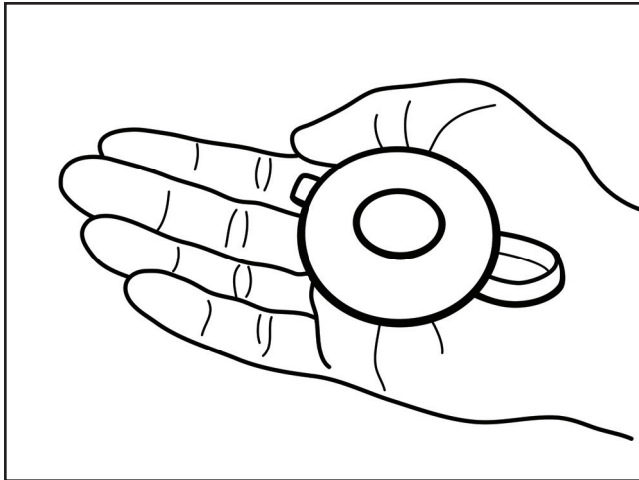
*If at any time you are dissatisfied with your method, or want to change methods, please come back to see us.*

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

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404

## 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 and 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

#### Before Sex

- To use the sponge correctly, follow the instructions in the package.
- Remove the sponge from its package and moisten the sponge with tap water just before inserting it into the vagina. Gently squeeze

to produce “suds” that will activate the spermicide and help with insertion.

- Slide the sponge into the vagina along the back wall of the vagina until it rests against the cervix. The dimple side should be up against the cervix, with the loop away from the cervix.
- Insert a finger into the 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 Sex

- After intercourse, the sponge must be left in place for at least six hours before it is removed. Do not leave in place for more than 24-30 hours.
- To remove the sponge, grasp the loop on the sponge with one finger and gently pull.
- Check to be sure the sponge is in one piece; if it is torn, remove all pieces.
- Throw the sponge away (don't flush it!).

### Effectiveness (Risk of pregnancy)

- The effectiveness of the sponge depends on using it correctly and consistently according to the package instructions - every time with sexual intercourse.
- With typical use, 12 women out of 100 (who have not experienced childbirth) will become pregnant in the first year of use.
- With typical use, 24 women out of 100 (who have experienced childbirth) will become pregnant in the first year of use.
- If the sponge is not used every time or it slips out of place, the chance of pregnancy increases.

## Potential side effects

- Allergic reaction to the spermicide in the sponge
- Consult a health care provider if you and/or your partner are allergic to sulfa drugs.

## Other considerations for the sponge

- The sponge should not be used during a menstrual period, immediately after childbirth, miscarriage, or abortion.
- The sponge should not be worn for more than 24-30 hours after insertion (including the six hour waiting time after intercourse) because of the possible risk of Toxic Shock Syndrome (TSS) — a rare but serious disease.
- The sponge is not recommended for people 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)

## Issues to explore with clients

- Comfort with touching genitals to put sponge in place
- Ability to plan ahead and make sure sponge are available when needed
- Comfort with buying sponge in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

## Key reminders for clients

*For the sponge to be effective, you need to check the expiration date, follow the instructions, and use it every time you have sex. How easy will it be for you to always have sponges available when you need them?*

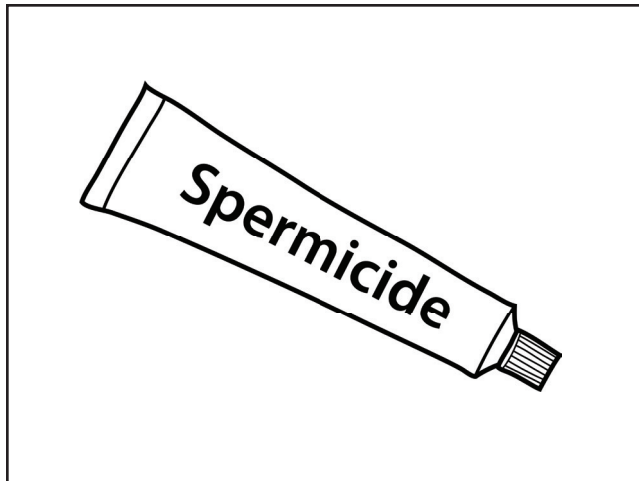
*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

*If you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

## Spermicides



- Most spermicides must be in the vagina for no more than one hour before sex.
- People should avoid douching after using spermicides because it makes this method less effective.

### Effectiveness (Risk of pregnancy)

- The effectiveness of spermicides depends on using it correctly and consistently according to the package instructions — every time with sexual intercourse.
- With typical use, *28 women out of 100* will become pregnant in the first year of use.
- To increase the effectiveness, spermicides can be used with a male condom (external condom).

### How vaginal spermicides work

- Spermicides contain chemicals that kill sperm. In the U.S. nonoxynol-9 is the active chemical used in spermicides.
- Vaginal spermicides come in several forms (gel, foam, cream, film, suppository, or tablet).
- Some spermicides are used along with a diaphragm (i.e., gels, creams) or condoms but they can also be used alone.

### How to use vaginal spermicides

- To use vaginal spermicides correctly, it is very important to 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).

### Potential side effects

- Allergic reactions; trying a different brand may help.

### Other considerations for spermicides

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



## Issues to explore with clients

- Comfort with touching genitals to put spermicides in place
- Ability to plan ahead and make sure spermicides are available when needed
- Comfort with buying spermicides in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

## Key reminders for clients

*For spermicides to be effective, you need to check the expiration date, follow the instructions, and use them every time you have sex. How easy will it be for you to always have spermicides available when you need them? Using condoms with the spermicide will increase effectiveness.*

*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

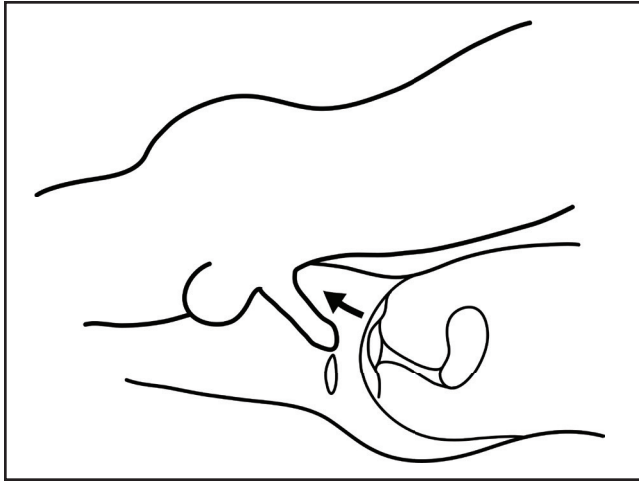
*If you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

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Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

# Withdrawal



- The person withdrawing must depend on their judgment of their physical sensations to decide when they are about to ejaculate in order to withdraw in time.

## Effectiveness (Risk of pregnancy)

- The effectiveness of using withdrawal depends on using it correctly and consistently — specifically on the ability to withdraw the penis before ejaculation.
- With typical use, 20 women out of 100 will become pregnant in the first year of use.
- People who are less experienced with using this method or who have a difficult time knowing when they will ejaculate will have a greater risk of failure.

## How withdrawal works

- Withdrawal prevents fertilization by not allowing semen (and sperm) to enter the vagina; sperm does not reach the egg. It is also called *Coitus Interruptus*.

## How to use withdrawal

- While having intercourse, before ejaculating, a person pulls their penis out of their partner's vagina and away from their partner's genitals.

## Possible side effects

- This method has no health risks or side effects.

## Other considerations when using withdrawal

- There is nothing to buy.
- Withdrawal is an acceptable method for some couples with religious preferences related to the use of birth control.
- It is a backup method if no other methods are available.

## Issues to explore with clients

- Whether a person will be able to consistently withdraw their penis before they ejaculate
- Whether interruption of the sexual excitement phase may decrease pleasure
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy
- For the partner who may become pregnant, feelings about using a method controlled by their partner

## Key reminders for clients

*For withdrawal to be effective you must use it the right way and each time you have sex. How will that work for you and your partner?*

*If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.*

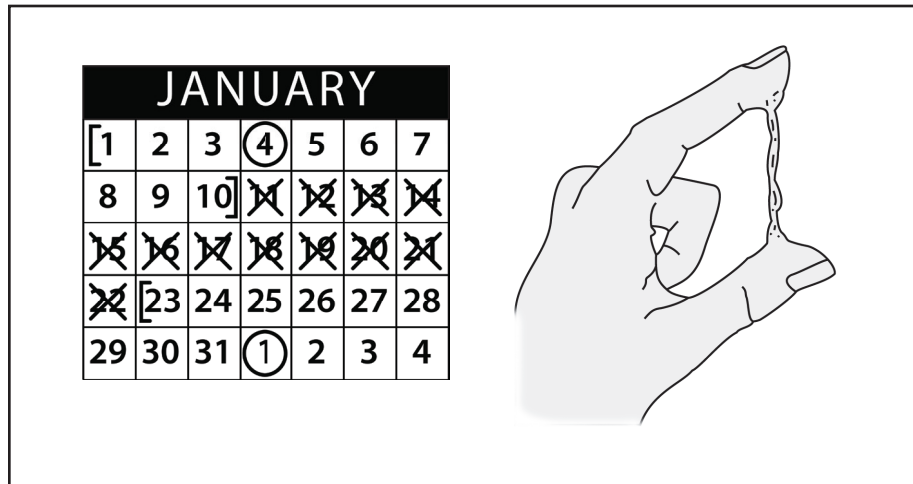
*If you do have unprotected sex and don't want to be pregnant, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

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Reference for effectiveness rates: Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017;49:7-16.

# Fertility Awareness-Based (FAB) Methods



## Use of FAB methods

There are several FAB methods that rely on information about the timing of a person's menstrual cycle, changes in their cervical fluid, and/or their basal body temperature.

- 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). The most fertile time is when ovulation occurs, usually in the middle of the menstrual cycle.
- Cervical fluid (healthy vaginal discharge) changes throughout each menstrual cycle. After each menstrual period ends, there may be no cervical fluid to notice in the vaginal area. These are “dry” days. As ovulation approaches (and a person becomes more fertile), the fluid becomes more wet and stretchy (like egg white).
- Morning body temperature rises within about 12 hours of ovulation and stays at this slightly higher range until around the time of the next period.

These FAB methods use a calculation to identify the fertile days:

- Standard Days Method (SDM) using CycleBeads® — based on statistical information about women who have regular menstrual cycles and can be used by those who have cycles between 26 and 32 days long. Counting from the first day of a period, days 8 through 19 of the menstrual cycle are considered the fertile days.
- Calendar Rhythm Method (CRM) — count and record days in each menstrual cycle for six months and predict future fertile days (when pregnancy can occur) using a standard calculation.

These FAB methods rely on observing bodily changes:

- TwoDay Method — track cervical fluid every day, twice a day. People are considered fertile when they have secretions on either that day or the day prior.

## What are FAB methods?

- The Fertility Awareness-Based (FAB) Methods work by identifying the “fertile time” each month — the days when intercourse would most likely result in pregnancy — and either not having sex during these days or using a birth control method like condoms.

## Preventing or achieving pregnancy

- FAB methods help a person (or couple) become more familiar with the signs of ovulation and the pattern of the menstrual cycle to help plan sexual activity to avoid or plan a pregnancy.
- Checking the specific signs of fertility every day of the person's menstrual cycle can show when they are fertile.
- During the fertile time, not having intercourse or using a barrier method (i.e., condoms) can prevent pregnancy.
- FAB methods can be used to prevent a pregnancy or plan a pregnancy.

- Ovulation Method — observe and chart cervical fluid and identify fertile days using an approach such as the trademarked Billings method.
- Symptothermal Method — observe and record cervical fluid as well as changes in basal body temperature (BBT).

Note: Providers will need additional detailed information and educational resources to teach clients about FAB methods.

## Effectiveness (Risk of pregnancy)

- The effectiveness of using fertility awareness based methods for birth control depends on using the method correctly and consistently. Because there are various approaches to fertility awareness based methods the effectiveness rates vary.
- With typical use *24 women out of 100* who use FAB methods become pregnant in the first year of use.
- These methods can be effective if the instructions are followed carefully for each menstrual cycle. Fertility products are available to help keep track of the changing fertility signs.

## Other considerations when using FAB methods

- Using FAB methods can increase awareness and understanding of one's body and there are no health risks or side effects.
- These methods can be used as birth control as well as provide very helpful information for planning a pregnancy.
- Couples may develop greater communication, cooperation and responsibility using these methods. The method is more effective with cooperation between sexual partners.
- These methods may be more acceptable for those with religious preferences related to the use of birth control.
- Learning these methods takes time and practice.
- Using these methods consistently and correctly takes commitment, calculation, and planning.

- It is recommended that individuals interested in these methods receive individualized instruction on the chosen FAB method..

## Issues to explore with clients

- The ability to and comfort with tracking each menstrual cycle and/or cervical fluid
- Plans to prevent pregnancy on fertile days
- Clients can get information about fertility-based methods on the internet (type words such as “fertility awareness” or “natural family planning” into any search engine) and through smart phone “apps.” Fertility monitoring products can be found in drug stores or online. Some information and products are more reliable than others.
- Information about CycleBeads® and the SDM is available at [www.cyclebeads.com](http://www.cyclebeads.com).

## Key reminders for clients

*If at any time you want to talk about other birth control methods, please come back to see us.*

*Emergency contraception (EC) to prevent an unintended pregnancy is available. To find out where you can get EC, call us, ask a pharmacist, call a local family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

# Abstinence



- It is very effective when both partners are completely committed and practice abstinence (no genital contact) 100% of the time.
- Abstinence is most effective when both partners talk and agree about their reasons to remain abstinent.

## Other considerations for abstinence

- Abstinence has no health risks, is free, available to anyone, at any time.

## Issues to explore with clients

- How easy it will be to avoid situations that may make it more difficult to use abstinence consistently.

## Key reminders for clients

*For abstinence to be effective you must consistently not have sex 100% of the time. How well is it working for you? How will it work for you in the future?*

*If at any time you want to learn more about and/or use a birth control method, please come back to see us.*

*If you do have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website <http://ec.princeton.edu/emergency-contraception.html>*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

## How abstinence works

- Sexual abstinence is defined by individuals in many different ways.
- Sexual abstinence for pregnancy prevention is defined as not having any penis-to-vagina contact during sexual activity.

## How to use abstinence

- People who use abstinence should be encouraged to talk with their partner(s) about this decision and decide in advance what sexual activities are a "yes" and what activities are a "no."
- Those who use abstinence should be aware that using drugs and/or alcohol may influence sexual decisions and increase the risk of pregnancy and sexually transmitted infections.
- Abstinence is a choice people can use at any time and at any age.

## Effectiveness (Risk of pregnancy)

- When used consistently, total abstinence is very effective protection against pregnancy and reducing the risk of sexually transmitted infections including HIV infection.



# Breastfeeding Using the Lactational Amenorrhea Method



## How breastfeeding works for birth control

- Lactational Amenorrhea Method (LAM) is a short-term birth control method based on the natural effect of breastfeeding on fertility.
- Breastfeeding after having a baby may work to prevent pregnancy for up to six months post-partum.
- Three necessary conditions for the LAM method are:
  - Menstrual periods have not returned.
  - Only food is breast milk. No other foods or liquids are given either day or night.
  - The baby is less than 6 months old.

Breastfeeding for birth control is not recommended if a person answers "yes" to any question below:

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

To continue being protected, a person should have a new method of birth control ready before answering "yes" to any of these questions.

## How to use breastfeeding for birth control

- Follow the instructions above for using breastfeeding for birth control.
- Before the person no longer meets all three criteria above, they should be ready with another method of birth control to avoid pregnancy.
- The parent should breastfeed as often as the baby wants, both day and night. They should not give other foods or liquids if using breastfeeding as birth control.
- The parent should continue to breastfeed even if they or the baby are sick.
- A healthcare provider or lactation educator can answer questions and offer support for breastfeeding and for using LAM for birth control.



## Effectiveness (Risk of pregnancy)

- If all three criteria are met, breastfeeding can be more than 98% effective.
- Effectiveness will greatly decrease as soon as breastfeeding is reduced, formula, any liquid or regular food are introduced, menses returns, or when the baby reaches six months.

## Other considerations for breastfeeding as birth control

- Ovulation may occur before the person's periods return after childbirth. As a result, if they don't follow the guidelines of this method, they could become pregnant again before their period returns.

## Issues to explore with clients

- How long they plan to exclusively breastfeed
- What method they plan to use when breastfeeding no longer protects against pregnancy

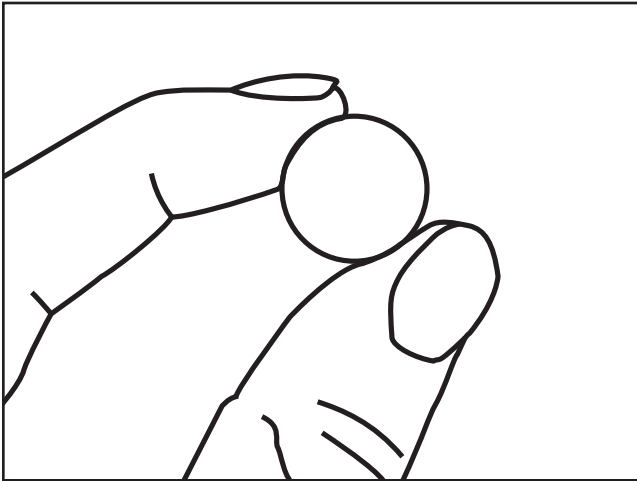
## Key reminders for clients

*If at any time you want to use a birth control method, please come back to see us. What might you want to use after this method is no longer effective?*

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

Reference for effectiveness rates: Lactational Amenorrhea Method: A Reference Guide for Service Providers [http://irh.org/wp-content/uploads/2013/04/LAM\\_ReferenceGuide\\_JAN10.pdf](http://irh.org/wp-content/uploads/2013/04/LAM_ReferenceGuide_JAN10.pdf)

## Emergency Contraceptive Pills (ECP)



### How emergency contraceptive pills work

- Emergency contraceptive pills (ECP) are used AFTER sexual intercourse.
- ECP works primarily by stopping a person's body from releasing an egg (ovulation), so there is no egg present to be fertilized.
- Emergency contraception may prevent pregnancy, but it will not stop an already-established pregnancy or harm a developing fetus.

### How to use emergency contraceptive pills

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

- There are two types of ECP's. The first type contains progestin and is available in many forms including over-the-counter. The second type contains ulipristal acetate (called ella® in the U.S.).
  - If breastfeeding, people who use ulipristal should pump and discard their breastmilk for 24 hours after taking it.
  - People should wait 5 days after taking ulipristal to start taking birth control pills.
- Some combination birth control pills can be taken as emergency contraception as directed by a healthcare provider or pharmacist.
- In the days or weeks after taking ECP, a person should use condoms and/ or another birth control method until they have a period.
- If a person's period does not start within three weeks, they should take a pregnancy test at home or see a healthcare provider for a pregnancy test.

### Effectiveness (Risk of pregnancy)

- Taking emergency contraceptive pills may reduce a person's chance of pregnancy after unprotected intercourse if taken within 5 days of unprotected sexual intercourse.
- How effectiveness is calculated for ECP is different from other birth control methods. ECP effectiveness rates are based on the pregnancy risk after a single act of sexual intercourse.
- Studies show a range of effectiveness that depends on which ECP product is taken, how soon after sex it is taken (up to 72 hours or 120 hours) and on which day of the menstrual cycle unprotected intercourse occurred.
- ECP's can be less effective in people who are overweight or obese. A healthcare provider can help choose the ECP which is most effective for a client depending upon their weight.

- Using ECP routinely is less effective than other available contraceptives.
- After taking ECP, unprotected intercourse should be avoided until another birth control method is used.
- A healthcare provider can discuss other birth control options after ECP use.

## Possible side effects

- Side effects with ECP are rarely reported. A few people report nausea. Medicine for nausea is available.
- ECP may change the amount, duration, and timing of the next menstrual period.

## Other considerations for emergency contraceptive pills

- Emergency contraceptive pills can be taken at any time a person is concerned about unprotected intercourse that may cause pregnancy. Examples of when they can be used include after:
  - The condom (male or female) slips, breaks or leaks
  - A missed birth control pill(s)
  - A diaphragm or cervical cap is inserted incorrectly or removed too early
  - Any other birth control method is used incorrectly
  - Exposure to some medicines, drugs or other toxic agents (which can reduce the effectiveness of some methods)
  - Nonconsensual unprotected sex

## Issues to explore with clients

- The copper IUD is also a highly effective method of emergency contraception (EC). See the Intrauterine Device (IUD) fact sheet.
- For more information visit <http://ec.princeton.edu/emergency-contraception.html>

## Key reminders for clients

*Other methods of birth control are more effective than using emergency contraceptive pills. Would you like to talk about other birth control methods today?*

*If at any time you want to talk about other methods, please come back to see us.*

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404.

# References

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US MEC & US SPR App. Available for download for iOS and Android operating systems: <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html> (scroll down)

## Sterilization

### Female and Male Sterilization

Walter JR, Ghobadi CW, Hayman E, Xu S. Hysteroscopic sterilization with Essure: summary of the U.S. Food and Drug Administration actions and policy implications for postmarketing surveillance. *Obstet Gynecol*. 2017; 129:10-9.

Westberg J, Scott F, Creinin MD. Safety outcomes of female sterilization by salpingectomy and tubal occlusion. *Contracept*. 2017; 95(5):505-508.

## Long-acting Reversible Methods

### IUDs and Implant

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## User Controlled Hormonal Methods

### Injectable, Pill, Patch, Ring

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## User Controlled Barrier Methods

### Diaphragm

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Trussell J, Strickler J, Vaughan B. Contraceptive efficacy of the diaphragm, the sponge and the cervical cap. *Fam Plann Perspect*. 1994; 26(2):66-72.

### Male Condom

Centers for Disease Control and Prevention Condom Fact Sheet In Brief

<http://www.cdc.gov/condomeffectiveness/docs/condomfactsheetinbrief.pdf>

### Female Condom

Trussell J, Sturgen K, Strickley J, Dominik R. Comparative contraceptive efficacy of the female condom and other barrier methods. *Fam Plann Perspect*. 1994; 26(2):66-72.

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### Standard Days Method

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[http://irh.org/wp-content/uploads/2013/04/LAM\\_ReferenceGuide\\_JAN10.pdf](http://irh.org/wp-content/uploads/2013/04/LAM_ReferenceGuide_JAN10.pdf)

## Emergency Contraception

The Emergency Contraception Website

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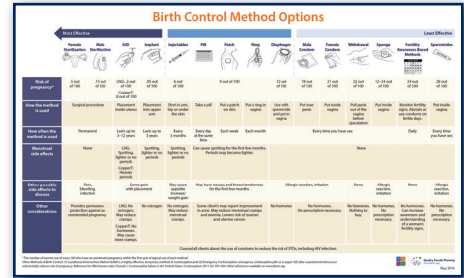
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# Related Resources

## Birth Control Method Options chart (Available in English and Spanish)

[www.cardeaservices.org/resourcecenter/birth-control-method-options-chart](http://www.cardeaservices.org/resourcecenter/birth-control-method-options-chart)

This chart shows the full range of birth control methods available and identifies key characteristics for each method. Staff can share this information with a client as part of an interactive, client-centered conversation about which method(s) might be best for the client at this time. For each method, the chart identifies the risk of pregnancy, how to use the method, how often to use it, possible side effects and other important considerations.



## Quality Contraceptive Counseling and Education eLearning course

[www.cardeaservices.org/resourcecenter/quality-contraceptive-counseling-and-education-a-client-centered-conversation](http://www.cardeaservices.org/resourcecenter/quality-contraceptive-counseling-and-education-a-client-centered-conversation)

This five-lesson course will prepare staff to provide quality, client-centered contraceptive counseling and education. It will help staff to meet the unique needs of each of their clients, even during brief visits. Each interactive lesson presents key skills and best practices, with useful videotaped examples of quality counseling.

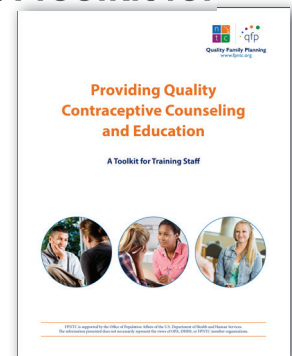
- Lesson 1: Foundations for Counseling & Education
- Lesson 2: Building Rapport & Communication Skills
- Lesson 3: Quality Education Strategies
- Lesson 4: Interactive Client-Centered Decision Making
- Lesson 5: Confirming Understanding & Supporting a Plan



## Providing Quality Contraceptive Counseling and Education: A Toolkit for Training Staff

[http://www.cardeaservices.org/QFP\\_toolkit](http://www.cardeaservices.org/QFP_toolkit)

This five-module trainer’s toolkit is based on *Providing Quality Family Planning Services (QFP): Recommendations of CDC and OPA* and contains an overview of the QFP Principles for Providing Quality Counseling. The toolkit includes instructional tools and training activities along with job aids to help staff practice and apply the quality counseling principles within an easy to remember contraceptive counseling process. Each module provides background and recommended preparation for the trainer, key concepts, and training activities (including step-by-step instructions) with printed materials.



## Contraceptive Counseling and Education Checklist

[www.cardeaservices.org/documents/Observational\\_Contraceptive\\_Counseling\\_Checklist.pdf](http://www.cardeaservices.org/documents/Observational_Contraceptive_Counseling_Checklist.pdf)

Use this checklist to note counseling skills and strategies and provide feedback to a contraceptive counselor after observing their counseling session. Staff can also use this checklist to self-assess their own counseling and education skills.

