

# Contraception



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Your body  
Your options  
Your choice

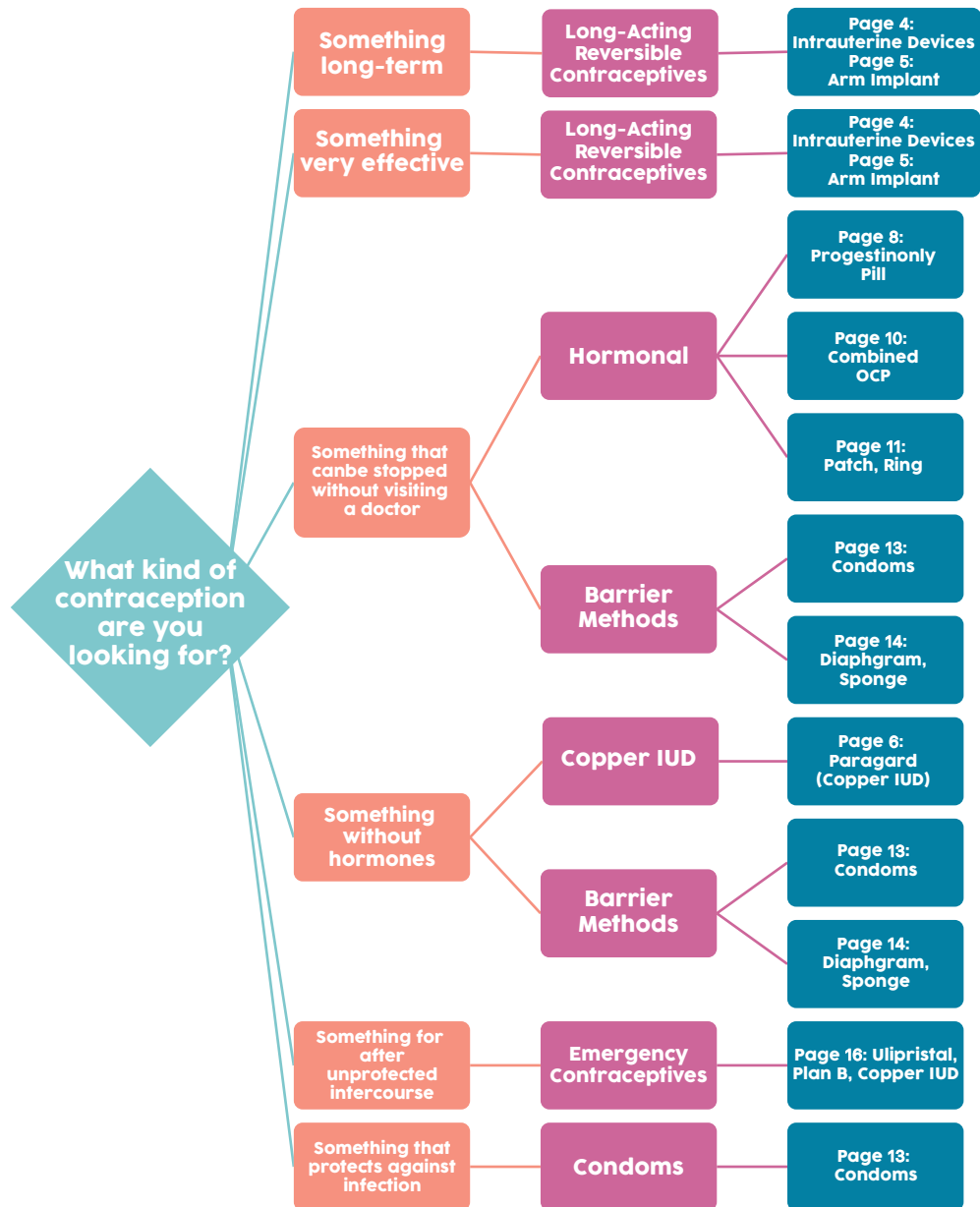
**At Women With a Vision, we recognize a need for information about contraception, or birth control, that is centered on the community we serve. For that reason, we put together this “contraceptive reader,” made up with genderneutral language and centered around helping people access contraception based on their priorities. Use the “Quick Guide” to read about specific types of contraceptives based on things that are important to you, or go through the whole booklet page by page to get complete information on all of your options.**

## Table of Contents

Chapter 1: Long-Acting Reversible Contraceptives .....	3
Intrauterine Device .....	4
Nexplanon .....	5
Chapter 2: Progestin-Only Hormonal .....	6
Depot Medroxyprogesterone Injection .....	7
Progestin-only pill .....	8
Chapter 3: Combined Hormonal .....	9
Combined Oral contraceptives .....	10
Patch .....	11
Vaginal Ring .....	11
Chapter 4: Barrier Methods .....	12
Condoms .....	13
Diaphragm .....	14
Sponge .....	14
Chapter 5: Emergency Contraception .....	15
Ulipristal .....	16
Plan B .....	16
Copper IUD .....	16



# Quick Guide



## Chapter 1: Long-Acting Reversible Contraceptives

## Intrauterine Devices

Intrauterine devices (IUDs) are T-shaped implants that are placed in your cervix—the opening to the uterus. There are two types of IUDs—some release hormones and some do not. All IUDs are greater than 99% effective in preventing pregnancy. They are all approved for multiple years of use, which make them perfect for people who want a long-term contraceptive. Once they are implanted, they are effective on their own—no need to take a daily pill or put anything in before having intercourse. IUDs do not prevent against Sexually Transmitted Infections (STIs). They can be removed at any point, but a doctor must remove it for you. After the IUD is removed, a pregnancy can occur.

### Hormonal IUDs: Mirena, Skyla, Kyleena

All hormonal IUDs release a form of progesterin, a hormone that prevents a pregnancy by thickening cervical mucus and thinning the lining of the uterus, which prevents sperm entry into the uterus and prevents the pregnancy from implanting in the uterus. The IUD also acts as a physical barrier, reducing sperm movement and survival.

**Mirena: Approved for up to 5 years**

**Skyla: Approved for up to 3 years**

**Kyleena: Approved for up to 5 years**

**Liletta: Approved for up to 4 years**

### Nonhormonal IUD: Paragard

Paragard is the only non-hormonal IUD available in the U.S. It works by creating a physical barrier, preventing sperm from entering the uterus. It also creates a slight inflammatory response in the uterus which makes it harder for a pregnancy to implant. Paragard is approved for up to 10 years, but like other IUDs, it can be removed at any point if pregnancy is desired or if a patient no longer wants to continue using Paragard.

## SIDE EFFECTS

### Most Common

**Hormonal:** Cramping at the time of insertion

**Irregular bleeding:** You may experience bleeding irregularly for around 6 months after the device is inserted. After that, many people will go on to have no menstrual bleeding at all, and some people continue to have irregular bleeding. Most users end up having a lighter, less frequent period than they had before having the hormonal IUD inserted.

**Nonhormonal:** Cramping at the time of insertion

**Irregular bleeding:** Many people experience worsening of period cramps and heaviness of bleeding. Often, this will continue for the entire time the device is inserted

### Most Dangerous

Very rarely, the device could potentially puncture the wall of the uterus or get stuck in the muscle of the uterus. If this happens, you may need to have surgery to have it removed. The chances of this happening to you are about 1 in 1,000 (0.001%). Less than 1% of people may get a pelvic infection (PID) after insertion.

## Arm Implant

**Nexplanon** is a small, plastic, matchstick-sized device that is inserted under the skin near your bicep. It is over 99% effective in preventing pregnancy. It acts to prevent pregnancy by releasing a steady, low concentration of progestin into the body, which stops your ovaries from releasing eggs, or ovulating. The hormone also thickens the mucus in your cervix, making it harder for sperm to enter, and it thins the lining of the uterus. This arm implant can be left in place for three years. It can be removed at any time before then, but must be removed by a doctor in a doctor's office. Once it is implanted, it is effective on its own—no need to take a daily pill or put anything in before having intercourse. Nexplanon does not prevent against Sexually Transmitted Infections (STIs).

## SIDE EFFECTS

### Most Common

**Irregular bleeding:** you may experience bleeding between your menstrual cycles, and either heavier or less heavy menstrual cycles. Some people stop having a period all together

Weight gain

**Mood disturbances:** Some people experience more depression, anxiety, or mood swings when using the arm implant

### Most Dangerous

Complications with insertion or removal of the implant.

If you become pregnant while using Nexplanon, there is a slight increase in an ectopic pregnancy, or a pregnancy that starts to grow outside of the uterus.

## Chapter 2: Progestin-Only Hormonal

### Injection

**Depo-Provera** (“The Shot” or “Depo”) is an injection of the hormone depot medroxyprogesterone acetate. It is about 94% effective at preventing pregnancy. It is usually given in the hip or buttocks, once every three months. It must be given by a health care professional, at an injection appointment. It acts to prevent pregnancy by stopping your ovaries from releasing eggs, or ovulating. The hormone also thickens the mucus in your cervix, making it harder for sperm to enter, and it thins the lining of the uterus. The Shot does not protect against Sexually Transmitted Infections (STIs). The effects of the injection last three months. You can stop receiving the injection at any time, and fertility will generally return between 9 and 18 months after your last injection.

### SIDE EFFECTS

#### Most Common

Weight gain

Mood disturbances: Some people experience more depression, anxiety or mood swings when using Depo-Provera

Irregular bleeding: Many users experience irregular bleeding, such as spotting between periods, irregular timing of cycle, and heavy bleeding, for the entire time they are on Depo-Provera.

#### Most Dangerous

Bone loss: During the time that you receive the injection, your bones may lose calcium and protein, making them more fragile. Some of this bone loss will be restored when the injection is stopped.

Cardiovascular disease: Patients who already have risk factors for cardiovascular disease may have an increased risk of cardiovascular disease while taking the injection.

## Progesterone-only Pill

**The Progesterone-only pill**, also known as the “minipill” is an oral contraceptive pill that you take every day to prevent pregnancy. Unlike the combined oral contraceptive pill, this pill does not contain estrogen. It is about 90% effective in preventing pregnancy. It works to prevent pregnancy by preventing your ovaries from releasing eggs, or ovulating. However, it does not always prevent your body from ovulating, and up to 40% of people who take this pill will still ovulate. It also acts to prevent pregnancy by thickening your cervical mucus, making it harder for sperm to enter the uterus, and by thinning the lining of the uterus. It is important to remember to take this pill at the same time every day. The mini-pill does not protect against STIs. The progesterone pill can be stopped at any time, and fertility will return soon after stopping the pill.

### SIDE EFFECTS

#### Most Common

**Irregular bleeding:** You may experience bleeding in between your periods, irregular timing between periods, and either heavier or lighter bleeding.

Mood disturbances

Headaches, nausea and breast tenderness are other side effects that some users experience

#### Most Dangerous

**Ectopic pregnancy:** If you become pregnant while taking the progestin-only pill, there is an increased risk that the pregnancy could implant and grow outside of the uterus as an ectopic pregnancy.

## Chapter 3: Combined Hormonal

## Combined Oral Contraceptives

**Combined oral contraceptives** are pills that you take every day to prevent pregnancy. They are made up of a combination of the hormones estrogen and progesterone. These pills work to prevent pregnancy by stopping your ovaries from releasing eggs, or ovulating. They also prevent pregnancy by thickening the mucus in your cervix, preventing sperm from entering the uterus. Oral contraceptives have to be taken every day, around the same time, to be the most effective. People that have high blood pressure, smoke, or have a history of blood clots or stroke should not use combined oral contraceptives. Oral contraceptives are 91% effective at preventing pregnancy for most people. They do not protect against STIs. These are a good option for someone who can remember to take a pill every day.

### SIDE EFFECTS

#### Most Common

Headache, nausea, breast tenderness, mood changes  
Breakthrough bleeding: Some people experience bleeding that occurs between their periods. This is typically temporary.

#### Most Dangerous

Deep Vein Thrombosis, heart attack, and stroke: estrogen increases the risk for blood clots in the body. People who are over 35 years old, smoke, or have other risk factors for cardiovascular disease should not use the combined oral contraceptive.

## Patch

The patch is a square, adhesive patch that is placed on the skin as a contraceptive. It acts to prevent pregnancy by releasing estrogen and progesterone, which get absorbed through the skin and into the body. This prevents pregnancy by stopping your ovaries from releasing eggs, or ovulating. It also works to prevent pregnancy by thickening the mucus in your cervix, preventing sperm from entering the uterus. The patch can be placed on the buttocks, upper back or arm, abdomen, or chest (but not the breasts.) The patch needs to be replaced weekly for three weeks. After three weeks you can take a week break, during which time you will have a menstrual period, or you can place a new patch right away if you wish to avoid menstrual bleeding. The patch is less effective in people who weigh more than 198 pounds.

## Ring

The vaginal ring is a flexible plastic ring that is placed in the upper vagina for contraception. It acts to prevent pregnancy by releasing estrogen and progestin, which prevent your ovaries from releasing eggs, or ovulating. It also thickens the mucus in the cervix, preventing sperm from entering the uterus. The ring stays in the vagina for 21 days, and is then removed for 7 days before placing a new ring. The ring can also be replaced every 21 days, with no break in between, for people who do not want to have menstrual bleeding.

### SIDE EFFECTS

#### Most Common

##### Patch:

Skin irritation at the site of the patch

Breast tenderness

Headache

##### Ring:

Vaginal Discharge or wetness  
Change in level of sexual desire

##### Both:

Irregular bleeding: You may experience bleeding in between your periods, and either heavier or lighter bleeding. This usually lasts a couple of months.

#### Most Dangerous

Deep Vein Thrombosis, heart attack, and stroke: estrogen increases the risk for blood clots in the body. People who are over 35 years old, smoke, or have other risk factors for cardiovascular disease should not use the combined oral contraceptive.

## Chapter 4: Barrier Methods

### Condoms

**Condoms** act as a physical barrier, preventing sperm from entering the uterus. They are about 80% effective when used correctly. There are different types of condoms—some are meant to cover a penis, and some are inserted in a vagina. Condoms can sometimes break or get small holes in them, which lessens their effectiveness. They are used once and thrown away. They protect against HIV and some other sexually transmitted infections. Condoms can be used at the same time as any other form of contraception to increase the effectiveness and add extra protection against infection.

#### SIDE EFFECTS

##### Most Common, Most Dangerous

Allergic reaction: some condoms are made of latex, and some people are allergic to latex. If you are allergic to latex, there are many other types of materials used to make condoms that you can choose.



## Diaphragm

A diaphragm is a small cup placed inside the vagina that covers the cervix—the opening to the uterus. It acts to prevent pregnancy by stopping the entry of sperm into the uterus, where pregnancies are formed. The diaphragm must be used with spermicide, which is a gel or foam that acts to kill the sperm and helps prevent pregnancy. A diaphragm is about 80% effective in preventing pregnancy when used with spermicide. Diaphragms are placed in the vagina right before intercourse, and do not require the user to take a pill every day. The diaphragm must remain in place for 6 hours after having sex. However, you will need to carry it with you if you think you might have sex, which some people find to be inconvenient. Diaphragms do not protect against HIV or STI. A person should wait 6 weeks after giving birth to use a diaphragm.

### SIDE EFFECTS

#### Most Common

Spermicide can cause burning or irritation of the vagina.  
Increased risk of Urinary Tract Infection

#### Most Dangerous

Increased risk of HIV infection:  
The use of spermicide increase the risk of getting HIV from a partner who is infected, so it is important to know your partner's status before using this contraceptive method  
Toxic Shock Syndrome (TSS):  
This is more likely to occur when the diaphragm has been left in place for more than 24 hours.

## Sponge

The sponge is a round piece of foam that contains spermicide. It is inserted in the vagina before sexual intercourse and can remain in place for up to 24 hours. It acts to prevent pregnancy by covering the cervix, which keeps sperm from entering the uterus. The spermicide in the sponge also acts to prevent pregnancy by inactivating the sperm. If you have sex more than once during the 24-hour period, you do not have to replace the sponge. However, the sponge should not be left in place for more than 24 hours, and a new one should be placed when needed. The sponge is not as effective after giving birth—you should wait 6 weeks after giving birth to start using the sponge again. The sponge does not protect against HIV or other STIs.

# Chapter 5: Emergency Contraception

## Ulipristal

**Ulipristal** is a pill that can be taken as an emergency contraceptive for up to 120 hours (five days) after intercourse without contraception or after intercourse with failed contraception. Ulipristal is just one tablet. It is available by prescription only, so you will need to see a doctor to get this medication. It is >90% effective in preventing pregnancy when used in the correct time window.

## Levonorgestrel (Plan B)

**Plan B** can be used as emergency contraception for up to 72 hours (three days) after intercourse without contraception or after intercourse with failed contraception. Plan B is a series of 2 pills, one taken 12 hours after the first pill. This method is 89% effective in preventing pregnancy when used in the correct time window. Plan B is available over the counter at pharmacies and drugstores, so you do not need to have a doctor appointment to get Plan B.

## Copper IUD

**The Copper IUD** (Paragard) can be inserted up to five days after intercourse without contraception or after intercourse with failed contraception. It is nearly 100% effective. This is a good option for people desiring long term contraception, as the copper IUD can be left in place for up to 10 years. See page 5 for more information on the copper IUD.

## SIDE EFFECTS

### Most Common

#### Ulipristal and Plan B:

Irregular bleeding: After taking emergency contraception pills, you may notice differences in menstrual bleeding during your next period.

Tender breasts, upset stomach, dizziness. If you throw up within 2 hours of taking emergency contraception pills, you will need to take another dose for the pill to be effective.

#### Copper IUD:

See page 5

## Notes

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