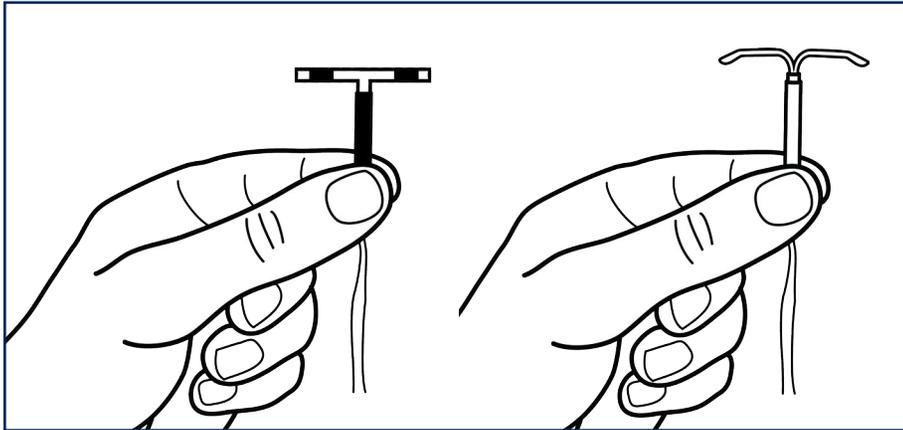


Intrauterine Device (IUD)



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 progestin hormone (levonorgestrel) into the uterus (LNG-IUD). There are several brands of hormonal IUDs, including Skyla®, Mirena® and Liletta®.

How an IUD works

- Both types of IUDs are placed inside the uterus by a trained health care 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 mucus — the liquid at the opening of the uterus — to stop sperm from getting in the uterus.
- The LNG-IUD also prevents ovulation in some women, in some menstrual cycles.
- These devices do not interrupt an implanted pregnancy.

How to use an IUD

- An IUD can be placed in a woman's uterus at any time during her menstrual cycle, or inserted immediately after childbirth or an abortion.
- Placement of an IUD is a minor, non-surgical procedure done through the cervix.
- After insertion, the woman should see a health care provider for an exam if she or her partner feels hard plastic, if she thinks it might have come out, or if she experiences any symptoms of pregnancy.
- 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.

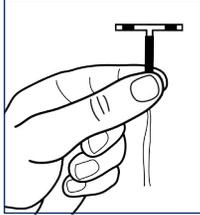
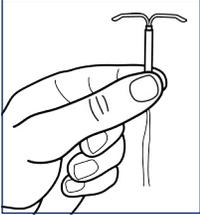
Effectiveness (Risk of pregnancy)

- With typical use, *less than 1 woman in 100* become pregnant in the first year of use.
- Cu-IUD is effective up to 12 years. The LNG-IUD is effective up to 3-5 years (depending on which one is selected).

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
	
Women may have longer, heavier menstrual periods (bleeding), and spotting may happen between periods. Menstrual cramping may increase.	Women may have 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 woman has a sexually transmitted infection (STI) 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 women who have never been pregnant.
- 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.
- Expulsion of the IUD can occur.
- LNG-IUDs can decrease symptoms for women with heavy menstrual bleeding or menstrual cramping, and can also help women with anemia.
- The client's health care provider will 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 her uterus
- Preferences about bleeding, including how much of a bother would it be to stop having bleeding (LNG-IUD) or have unpredictable (LNG-IUD) or heavy bleeding (Copper IUD).
- Feelings about using a method that requires a provider to remove it

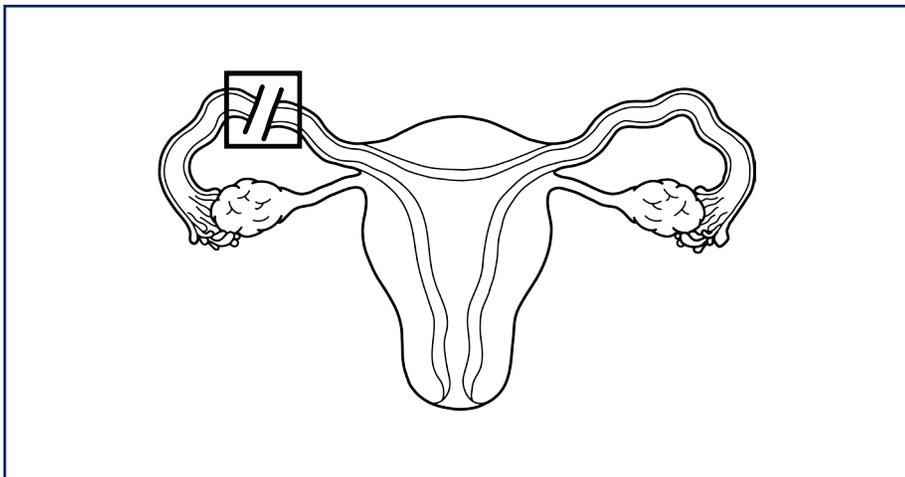
Key reminders for clients

If at any time you are dissatisfied with your method, or you want to change methods, or have 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: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397-404. Other references available on www.fpntc.org.

Female Sterilization



How female sterilization works

- Female sterilization 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 if the woman is sure that she does not want children in the future.
- Tubal sterilization does not remove any organs; it only affects the fallopian tubes.
- After a tubal sterilization, a woman will still produce female hormones and have periods.
- There should be no changes in her 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, the woman can usually 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 women have no other problems and feel back to normal within a week.
 - As soon as the woman feels comfortable after sterilization she can have sex.
 - 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 a less invasive procedure 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 are no incisions, punctures, or tying of tubes. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended.
 - The woman must return three months after the sterilization for a procedure to check that the tubes are completely closed, and is advised to use contraception until then.

Effectiveness (Risk of pregnancy)

- Female sterilization is a highly effective, permanent method of birth control.
- *Less 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

- Local anesthesia is safer than general or spinal anesthesia but there may be side effects with either medication.

Other considerations for female sterilization

- Female 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 is not covered by Medicaid.
- Tubal sterilization should include counseling by a qualified health care 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.
- Female 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.
- Local anesthesia is less expensive than general or spinal anesthesia.

Issues to explore with clients

- Whether vasectomy for a male partner may be an option
- Whether the client would like to consider a highly effective, reversible method. Some women regret having had a sterilization procedure, especially if they are in an unstable relationship, are very young or have no children at the time of sterilization.
- Health care 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.

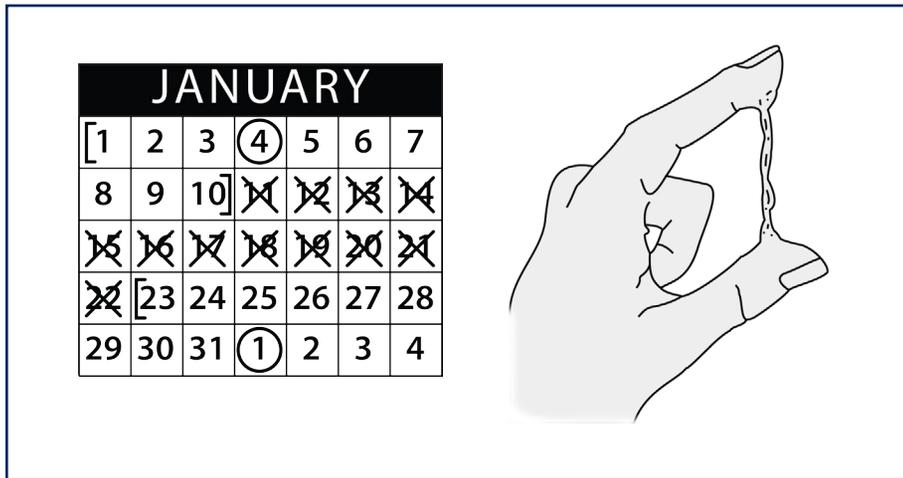
Key reminders for clients

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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Fertility Awareness-Based (FAB) Methods



Use of FAB methods

There are several methods that have been described that rely on information about the timing of a woman's menstrual cycle, her basal body temperature, and changes in her cervical mucus.

- 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). A woman's most fertile time is usually in the middle of this cycle when ovulation occurs.
- A woman's cervical fluid (vaginal discharge) changes throughout each menstrual cycle. After each menstrual period ends, there may be no vaginal fluid or discharge. These are “dry” days. As ovulation approaches (and a woman becomes more fertile), the fluid becomes sticky, creamy, and stretchy (like egg white).
- A woman's morning temperature rises within 12 hours of ovulation. After her temperature has been higher for three continuous days (following 6 days of lower temperatures) the woman may assume ovulation has occurred and the fertile period has ended for that cycle.

Specific methods that rely on these factors include the following:

- Standard Days Method (SDM) using CycleBeads® — based on statistical information about women who have regular menstrual cycles and can be used by women who have cycles between 26 and 32 days long. Counting from the first day of a period, a woman (couple) would consider days 8 through 19 in her menstrual cycle as 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.
- TwoDay Method — track cervical fluid every day, twice a day. Women 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 depend on identifying the “fertile time” each month — the days when intercourse would most likely result in pregnancy — and either not having sex during that time or using a birth control method like condoms.

Preventing or achieving pregnancy

- FAB methods can be used to prevent a pregnancy or plan a pregnancy.
- FAB methods help a woman (or couple) become more familiar with the signs of ovulation and the pattern of the woman's menstrual cycle to help plan sexual activity to avoid or plan a pregnancy.
- Checking the specific signs of fertility every day of the woman's menstrual cycle can show when the woman is fertile.
- During the fertile time, couples wishing to avoid pregnancy can use a barrier method (i.e., condoms), not have intercourse, or engage in sexual activity other than intercourse.

- Billings Ovulation Method — observe and chart cervical fluid and identify fertile periods using a trademarked approach.
- Symptothermal Method — observe and record cervical fluid as well as changes in your basal body temperature (BBT).

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 a woman'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. It's helpful to have cooperation between a woman and her partner.
- These methods may be more acceptable for women and couples 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 her cervical mucous
- Use of this method can be facilitated by getting 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.
- Information about CycleBeads® and the SDM is available at 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. Other references available on www.fpntc.org.