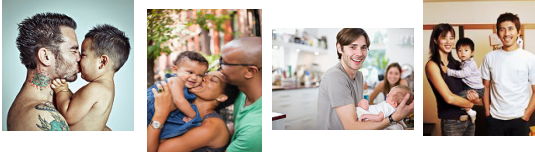


## CONTRACEPTIVE OVERVIEW



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## CONTRACEPTIVE METHODS

- Continuous abstinence
- Outercourse
- Fertility awareness method
- Over-the-counter birth control (OTC)
  - Condom – male and female
  - Sponge
  - Spermicide
- Hormonal injection
- Oral contraceptive pills
- Diaphragm
- Cervical cap
- Emergency contraception - use for unprotected sex
- Vaginal hormonal ring
- Transdermal hormonal patch
- Hormonal implant
- IUD/IUS – interuterine device/system
- Sterilization – male and female



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## ABSTINENCE

- 100% effective when used continuously
- Advantages
  - Free and available to all
  - Encourages building relationships in other ways
  - Can be started at any time in one's life
- Disadvantages
  - A change of mind in the heat of the moment without available condom/birth control increases risk of STI and pregnancy
  - Not having sex during the sexual maturation process may prove to be too frustrating.
  - Contracting with abstinence program may limit self disclosure if sexual intercourse occurs



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## OUTEROURSE



- Sex play without vaginal intercourse or sex play with no penetration at all - oral, anal or vaginal
- Any sex play that includes any kind of penetration is not considered to be “safe sex”
- Methodology: pregnancy can't happen if sperm are kept away from the vagina but if penetration of anus or mouth occurs it may result in the transmission of STIs
- 100% effective against pregnancy unless pre-ejaculate or sperm gets into the vagina, sperm can be in lubricating fluid
- Types of sex play include kissing, masturbation, erotic massage, fantasy [reading sexual stories, watching sexual pictures, internet sites], oral sex play and anal sex play, use of sex toys

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## CONDOMS



- Male & Female Condom
  - Male: Covers the penis with a thin sheath of latex, plastic or animal tissue to keep sperm from joining the egg
  - Female: Reality condom - sheath lines vagina and covers the labia
  - 86 - 97% effective - must use consistently
  - Effective against the transmission of STIs
  - Advantages: buy over-the-counter; can be part of sex play; can be used with other birth control methods
  - Disadvantages: Not reusable; must be placed correctly, cost, female condom can be noisy and should be used with a male condom, to avoid breakage. Male condom, one size doesn't fit all; partner acceptability.
  - Condom slip or break/fatigue – emergency contraception should be taken (the sooner the better)

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## Choosing the Right Condom



- Best to use condom width when comparing condom sizes – usually standard size condom has width of 1.75 to 2 inches; under 1.75 inches called snug; condom over 2 inches as large
- Penis size can vary due to stress, fatigue, frequency of sexual activity and arousal levels
- Use only water or silicone lubrication with latex condoms (NO OIL); check expiration date; be sure condom is FDA approved as effective; don't leave in glove compartment due to temperature changes
- Shapes: form-fitting, straight sides, flared-wider over head, different reservoir tips] and texture by personal preference
- Refer to Resources slide for internet condom sizing chart by various brands.

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## ORAL CONTRACEPTIVE PILLS



- Combined oral contraceptive pills have progestin and estrogen to stop the ovaries from releasing eggs in most women and the entry way to the womb (cervix) has more and thicker mucous as a sperm barrier
- Lowest estrogen dose possible is best - less acne and reduce risk of clots in veins and other health problems
- Side effects: changes in the period, weight changes, nausea, headaches, mood changes
- Severe complications are rare – high blood pressure, blood clots, stroke, heart attack

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## ORAL CONTRACEPTIVE PILLS

- Progestin Only Pills (POPs)
  - Progestin is a pregnancy hormone - interferes with release of eggs or an egg being fertilized by sperm and implanting in the uterus.
  - Pill is 95% effective if used at SAME time every day
  - Side effects: irregular bleeding, no period over time, mood changes, hair loss, problem with contact lenses
  - Progestin only pills used when estrogen cannot be used: woman is breastfeeding, has a history of blood clots, is older > 35 years of age, smoker, prior nausea with estrogen containing pills

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## ORAL CONTRACEPTIVE PILLS

Cycling: Oral contraceptive pills can be taken

- Daily: Usually 3 weeks of 'active' hormonal pills taken at the same time every day and then 1 week of 'inactive' placebo pills (different color) in monthly pack
- Continuous (no cycling): no hormonal break so no regular period; can use hormonal pill, patch or ring
- Extended (bi-cycling or tri-cycling) – use hormonal pill, patch or ring continuously without a break in hormonal coverage so bleed less than once/month; research shows many women prefer having 4 periods a year – once per season
- Women is likely to have more bleeding and spotting between periods than with monthly cycling with a period

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## HORMONAL SKIN PATCH

### • OrthoEVRA Patch

- Skin patch with estrogen & progesterone hormones
- 4.5 cm square that can be worn on lower abdomen, buttocks, upper outer arm, upper torso (except breasts)
- 1 patch every week for 3 weeks, then patch-free week
- No body cream is used in area of the patch so hormones are absorbed through the skin; rotate patch sites to prevent skin irritation
- Less effective if weight is above 198 pounds
- Side effects and risk of health problems are similar to combined oral contraceptives



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## NuvaRing

- Vaginal ring releases estrogen & progesterone
- Ring used continuously for 3 weeks, removed & new ring inserted 1 week later – prevents release of an egg for 35 days
- 98 - 99% effective
- May increase vaginal discharge; may cause vaginal wall irritation and swelling
- Exact positioning not important for effectiveness
- If uncomfortable, may not be inserted correctly; if ring falls out of the vagina it requires reinsertion (may occur when having a bowel movement, tampon removal or during sexual intercourse)
- Other side effects and risk of health problems are similar to combined hormonal contraceptive pills



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## INJECTABLE HORMONES

### • Depo Provera (DMPA) – made of progesterone hormone

- Suppresses release of egg from the ovary
- 99% effective; fertility returns within 6 – 12 months after last injected dose
- Given by injection about every 12 weeks (3 months)
- Side effects include bleeding between periods that usually lessens over time; breast tenderness; weight changes and headaches
- Health risks are similar to progestin only pills.



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**HORMONAL CONTRACEPTIVES DO NOT  
PROVIDE PROTECTION AGAINST HIV AND  
OTHER SEXUALLY TRANSMITTED  
INFECTIONS**

How well do you know your partner?



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**DIAPHRAGM & CERVICAL CAP**

- Block sperm from entering the uterus. Both are initially fitted by a clinician. Both methods are to be used with spermicidal cream or jelly. 80% effective with typical use.
- Diaphragm
  - Dome shaped cup that fits snugly in vagina
  - 6 women out of 100 get pregnant with perfect use
  - Inserted up to 6 hours before sexual intercourse and can be left in place up to 6 hours after intercourse
- Cervical Cap [FemCap]
  - A cap that fits snugly over the cervix
  - May be left in place up to 48 hours after intercourse
  - 10% of women can't use it due to irregular shape of the cervix (opening to the uterus-womb)



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**LARC – Long Acting Reversible Contraception**

• **Intrauterine Device (IUD) – ParaGard**

- T-shaped device without hormones inserted into the uterus by a health care provider
- Effective for approximately 10 years
- Creates hostile environment for egg to be fertilized by sperm and thickens the mucus of the cervix
- Does not cause abortions

• **Intrauterine System (IUS) – Mirena**

- Device with time released progesterone hormone
- 99.9% effective for approximately 5 years
- Side effects – similar to progesterone contraceptive pills



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## IUS newest to receive FDA approval

- Skyla, small version of Mirena, approved in 2013 – only lasts 3 years
- Liletta, another version of Mirena, approved in 2015, was designed for its affordability – only lasts 3 years. Ongoing studies should lead to longer approval use.

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## Hormonal Implant



- Nexplanon (first device was Norplant / 6 rods)
  - Single rod the size of a cardboard matchstick made of flexible plastic implanted in the upper inner arm
  - Timed release of progesterone hormone; highly effective for approximately 3 years
  - Insertion and removal are fast and simple – less than 4% of women have a complication with the insertion site
  - Most women can't see the implant after insertion
  - Side effects – same as for progestin-only pills; slight risk for a scar from insertion/removal site
  - LARC methods have higher 'up front' cost but are least expensive overtime
  - Can be used by women who have not given birth and adolescents

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## EMERGENCY CONTRACEPTION

- Emergency Contraceptive Pill (ECP)
  - Hormone pill helps to delay release of an egg or inhibit fertilized egg from implanting in the uterus - does not cause abortion
  - Must be taken within 5 days, 120 hours, of unprotected intercourse
  - Brand names – Plan B, One Step, generics like Next Choice, One Dose and Take Action are available behind the counter, Ella, prescription only, more expensive
  - Common brands of oral contraceptive pills can be used
  - ECP effectiveness best within first day after unprotected vaginal intercourse (80%); effectiveness decreases over time, Ella is more effective, up to 5 days after sex, or if your body mass index is 26, or more
  - Side effects are breast tenderness, fatigue and nausea
  - Cost can be expensive. Plan B- One Step, Next Choice- One Dose, My Way and Levonorgestrel can cost between \$35 and \$60 when you purchase it at the pharmacy. Call ahead; not all pharmacies stock ECP.
  - Current Illinois law – 'behind the counter' for persons aged 17 and older with ID for proof of age (Ella requires a prescription)
  - ECP may be less effective for women with a body mass index of 26, or more
- LARC - excellent alternative emergency contraceptive method [IUD, IUS & implant]

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## STERILIZATION

- **Male sterilization (vasectomy)**
  - Surgery – the tubes that carry sperm from the testes are blocked so the fluid from the man's penis (semen) never contains sperm
  - Health risks include pain, bleeding and infection after the procedure
- **Female sterilization**
  - Implant through the vagina – small flexible metal coils inserted into each fallopian tube to block the egg from meeting with sperm;
  - Surgery through the belly - device placed over tubes to close them – small incision (cut) below the belly button and 2 or more other smaller cuts
  - Health risks include pain after procedure; bleeding, infection and tubal (ectopic) pregnancy

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## CONTRACEPTIVE CONSIDERATIONS

- Fear of pregnancy
- Spontaneity of sexual expression
- Attitudes about sex - cultural and religious beliefs; personal and sex partner's attitude
- Privacy
- Frequency of sexual encounters
- Contraceptive side effects - real or perceived
- Confidence in birth control method - real or perceived
- Your age and overall health status



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## Contraceptive Considerations

- Fear of "getting something" - STIs, HIV, PID
- Ease of use - how convenient will it be to use the chosen method and what happens if it isn't used correctly
- Relationship - how well does this couple communicate and how empowered is this woman to speak her mind to her sex partner [think about sexual coercion]
- Responsibility of each sex partner - contraception and disease protection
- Cost of contraceptive method
- Availability of chosen method
- Comfort level with touching own body



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## CONTRACEPTION GOALS

- PREVENT PREGNANCY
- PREVENT sexually transmitted diseases & HIV infection
- EDUCATE ON HEALTH AND WELLNESS
  - Preconception health talking points: Be fit, use highly effective birth control, quit smoking and drug/alcohol use, don't forget about folic acid – prenatal over-the-counter vitamin best in reproductive years for females
- SELF-EMPOWERMENT SKILLS



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## CONTRACEPTION BARRIERS

- Lack of information on all contraceptive methods
- Misinformation about methods
  - ✗ Birth control pills and Depo make you fat
  - ✗ Emergency contraceptive causes abortion
  - ✗ IUD causes abortions
- Lack of availability of method due to cost
- Clinic services are inaccessible or unacceptable to the woman or her partner
- Desire to get pregnant or improve a bad relationship with partner

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## CONTRACEPTION BARRIERS

- Side effects of chosen method - weight gain, etc.
- Inconvenience of method - foam, sponge, etc.
- Change in relationship - choose to become abstinent
- Previous disappointment or failure with contraceptive
- Required clinic return visits for contraceptive supplies



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## SUMMARY

Home visitor should

- Establish confidentiality with the woman and her partner, discuss all options and include handout information that is easy to read
- Emphasize how contraception and STD/HIV protection fits into their reproductive life plan
- Screen for past use of contraceptives, sexual activity, concerns about method, partner's choice for contraception
- Discuss concept of the "right" partner if a single parent
- Discuss 'goodness of fit' for chosen contraceptive method over time

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## Web Resources

- Male Condom Sizing Chart  
<http://contraception.about.com/od/malecondom/s/CondomSizeChart.htm>
- Reproductive Life Plan  
[www.cdc.gov/preconception/reproductiveplan.html](http://www.cdc.gov/preconception/reproductiveplan.html)
- OPA Clearinghouse – Client's Guide to Contraceptive Choices  
<http://www.opaclearinghouse.org/title.html>



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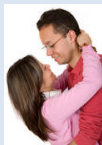
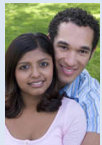
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## CLOSING THOUGHT

**"HOW WONDERFUL IS IT  
THAT NO ONE NEED WAIT  
A SINGLE MOMENT  
BEFORE STARTING TO  
IMPROVE THE WORLD."**

**Anne Frank**



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