



Birth Control Handbook

There are many different forms of birth control available in Canada, many of which we will discuss in this booklet. There is no way to determine which is the 'best form' of birth control, because each person is different. At The Sexual Health Centre, our goal is to help you select a form of birth control best suited to your needs and desires. When choosing a birth control method, there are many things to be aware of and to consider, including:

- Personal and family health history
- Cost
- Availability
- Potential side effects and drug interactions
- Suitability with your lifestyle; for example: Can you remember to take a pill everyday? Are you willing to plan ahead to use a diaphragm?)



Emergency Contraceptive Pills

Emergency Contraceptive Pills

There are two types of Emergency Contraceptive Pills (ECPs) available:

1) **Plan B** – a hormonal pill designed for emergency contraception. It is available without a prescription, and can be picked up by anyone. It consists of 1 dose of 2 pills.

2) **Ovral**- a birth control pill used for emergency contraception. It must be picked up by the person taking the pills. It will be prescribed in 2 doses of 2 pills each (total of 4 pills). The second dose is taken 12 hours after the first dose. The side effects are more severe as compared to Plan B (ie: nausea), and Gravol will be given with the pills if you would like.

Plan B and Ovral are effective when taken up to 120 hours (5 days) after unprotected intercourse. *The sooner after unprotected sex ECP is taken, the more effective it is.*

How does it work?

Depending on where a woman is in her cycle, ECP will either:

- Prevent ovulation
- Prevent fertilization of an egg
- Stop a fertilized egg from implanting into the uterine wall

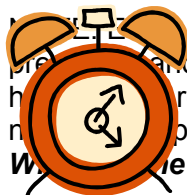
All of the above occur before implantation, which, medically speaking, means that a pregnancy does not occur. ECPs do not affect eggs that have already implanted. They *will not* end an established pregnancy.

Who shouldn't take it?

Most women can use ECPs safely, even women who can't normally take the birth control pill. Women who know they are pregnant should not take ECPs.

ECPs are not 100% effective; you may still become pregnant. So you should consider your options if that does happen. It is recommended to take a pregnancy test if you do not get your period within 3 weeks of taking ECP.

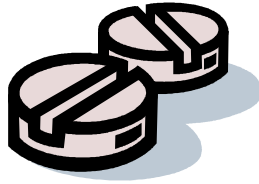
What are the side effects?



Emergency Contraceptive Pills

ECPs will sometimes cause:

- Nausea and vomiting
- Headaches
- Cramping
- Breast tenderness
- Dizziness
- Early or late period



Should I use ECP?

- **Consider how long ago you had intercourse:** if longer than 120 hours, it will probably not be effective.
- **These are examples where ECP would be appropriate::**
 - Unprotected sex
 - Condom breaks/slips
 - Depo-Provera injection over 2 weeks late
 - Diaphragm/cervical cap out of place
 - 2 or more missed pills or patch/ring missed/left on too long: if this happens, refer to our information on the website, or go to the “S.O.S.” application on www.sexualityandu.ca

How effective is it?

Plan B has shown to prevent 95% of pregnancies when used within 24 hours of intercourse (Ovral-77%), 85% of pregnancies when used within 25-48 hours (Ovral-36%), and 58% when used 49-72 hours (Ovral-31%).

NOTE: ECPs are only effective on past sexual encounters, not future ones.

Where can I get it?

ECP is available at Sexual Health Centre Saskatoon. We have two types: Ovral is free and Plan B is \$15. It is also available at most pharmacies, and for no charge at some clinics and hospitals. **Always ask for a pro-choice doctor.**

Tubal Ligation

An operation in which the fallopian tubes (the tubes that carry

Hormonal Contraceptives: The Pill

Birth Control Pill

The birth control pill is a combination of low dose hormones taken at the same time every day. The pill is available as either combination (estrogen & progesterone) or progesterone only. They are also available in monophasic (same dose every day) and multiphasic (different dosage levels during the cycle).

How does it work?

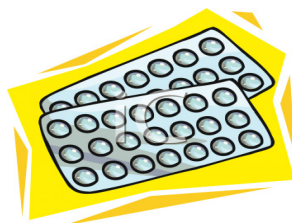
The pill, basically 'tricking' the body into thinking that it is pregnant, works in several ways:

- Prevents the ovaries from releasing an egg by changing the woman's hormone levels
- Changes the lining of the uterus (endometrium), making it harder for the fertilized egg to implant
- Changes the cervical mucus, making it more difficult for sperm to get to the egg

Who shouldn't take it?

Women who have a personal or family history of the following should seek advice from their doctor about taking the pill:

- Have had a baby within last 6 weeks
- Smoker (more of a concern if 35+)
- High blood pressure
- Current/past history of blood clots or a blood clot disorder
- Heart problems
- Gallbladder disease
- Undiagnosed vaginal bleeding
- Migraine headache
- Breast cancer
- Diabetes
- Liver problems



What are the side effects?

Typical milder side effects that will usually go away within 3 months:

- Irregular bleeding (spotting)
- Breast tenderness
- Nausea
- Headache

Other possible side effects: Facial skin darkening

Hormonal Contraceptives: The Pill

What are the risks?

- Gallbladder disease with indigestion and abdominal pain
- Hypertension shown by high blood pressure
- Blood clot (three to four times more likely to develop a blood clot), which could lead to a stroke. If you experience any of the following, stop taking the pill immediately and see the doctor as soon as possible:
 - A** bdominal pain
 - C** hest pain
 - H** eadaches
 - E** ye problems, such as blurred vision
 - S** evere leg pain

What are the benefits of the birth control pill?

- Decreased menstrual flow
- Decreased menstrual cramping
- Regular menstrual cycles
- Most pills help prevent acne



How effective is it?

Perfect use: 99.7% Typical use: 92%

How do I start?

New pill users may start taking the pill within 5 days of the start of their period, or immediately; a back-up method of birth control (such as condoms) is recommended for at least the first 2 weeks.

What if I miss a pill?

If you are late taking your pill by 24 hours or less, take it as soon as you remember (this may mean taking 2 pills at once).

If you have missed it by more than 24 hours, refer to our website for the steps to take, or go to the [“S.O.S.” application](#) at www.sexualityandu.ca.

Remember to use a back-up method when taking other medication. Even over-the-counter cold remedies can sometimes interfere with the pill's effectiveness – it is a good idea to check with a pharmacist.

Where can I get it?

The birth control pill is available by prescription at Sexual Health Centre Saskatoon for \$9 a month (\$15 for Yasmin and Yaz) after consultation with a doctor or a nurse. Of you can go to the doctor of your choice, with prices ranging from \$25—\$32 for a two month supply.

Hormonal Contraceptives: The Patch

Contraceptive Patch

The contraceptive patch contains a combination of low dose hormones. It is applied weekly for 3 weeks and removed for a 4th week, which is usually when a woman has her period. It may be applied at 1 of 4 sites: the buttock, the abdomen, the upper outer arm, or the upper torso (not on the breast).

How does it work?

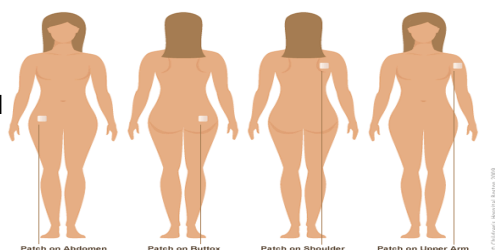
The patch, basically 'tricking' the body into thinking that it is pregnant, works in several ways:

- Prevents the ovaries from releasing an egg by changing the woman's hormone levels
- Changes the lining of the uterus (endometrium), making it harder for the fertilized egg to implant
- Changes the cervical mucus, making it more difficult for sperm to get to the egg

Who shouldn't take it?

Women who have a personal or family history of the following should seek advice from their doctor about using the contraceptive patch:

- Have had a baby within last 6 weeks
- Smoker (more of a concern if 35+)
- High blood pressure
- Current/past history of blood clots or a blood clot disorder
- Heart problems
- Gallbladder disease
- Undiagnosed vaginal bl
- Migraine headache
- Breast cancer
- Diabetes
- Liver problems



What are the side effects?

Typical milder side effects that will usually go away within 3 months:

- Irregular bleeding (spotting)
- Breast tenderness
- Nausea
- Headache

Other possible side effects: Skin reaction

Hormonal Contraceptives: The Patch

What are the risks?

- Gallbladder disease with indigestion and abdominal pain
- Hypertension shown by high blood pressure
- Blood clot (three to four times more likely to develop a blood clot), which could lead to a stroke. If you experience any of the following, remove the patch immediately and see the doctor as soon as possible:
 - A** bdominal pain
 - C** hest pain
 - H** eadaches
 - E** ye problems, such as blurred vision
 - S** evere leg pain

What are the benefits of the birth control patch?

- Regular menstrual cycles
- Decreased menstrual flow
- Decreased menstrual cramping
- A method you only have to think about once a week

How effective is it?

Perfect use: 99.7% Typical use: 92%

How do I start?

The patch is usually effective if you apply it within 24 hours of the first day of your period, or immediately; a back-up method of birth control (such as condoms) is recommended for at least the first 2 weeks.

What if I am late putting on or taking off the patch? What if it falls off?

If the patch is off for 24 hours or less, apply a new patch. If it has been off for more than 24 hours, refer to our website for the steps to take, or go to the ["S.O.S." application](http://www.sexualityandu.ca) at www.sexualityandu.ca. The patch rarely falls off, as it sticks onto skin very well.

Remember to use a back-up method when taking other medication. Even over the counter cold remedies can sometimes interfere – it is a good idea to check with a pharmacist.

Where can I get it?

Contraceptive patches are available at Sexual Health Centre Saskatoon for a cost of \$9 per month, after consultation with a doctor or a nurse. Or you can go to the pharmacy of your choice.

Hormonal Contraceptives: The Ring

Vaginal Ring

The vaginal ring contains a combination of low dose hormones. Once a month, the vaginal ring is put in the vagina for 21 days, and then taken out for 7 days, which is usually when a woman will have her period. After a 7-day break, a new ring is inserted.

How does it work?

The ring, basically 'tricking' the body into thinking that it is pregnant, works in several ways:

- Prevents the ovaries from releasing an egg by changing the woman's hormone levels
- Changes the lining of the uterus (endometrium) making it harder for the fertilized egg to implant
- Changes the cervical mucus, making it more difficult for sperm to get to the egg

Who shouldn't take it?

Women who have a personal or family history of the following should seek advice from their doctor about using the vaginal ring:

- Have had a baby within last 6 weeks
- Smoker (more of a concern if 35+)
- High blood pressure
- Current/past history of blood clots or a blood clot disorder
- Heart problems
- Gallbladder disease
- Undiagnosed vaginal bleeding
- Migraine headache
- Breast cancer
- Diabetes
- Liver problems

What are the side effects?

Milder side effects that will usually subside within 3 months:

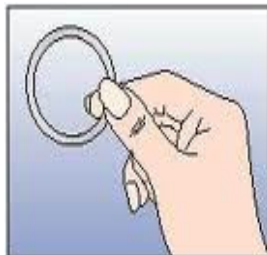
- Irregular bleeding (spotting), although less significant than the pill and patch
- Breast tenderness
- Nausea
- Headache

Other possible side effects: Vaginal infection

Hormonal Contraceptives: The Ring

What are the risks?

- Gallbladder disease with indigestion and abdominal pain
- Hypertension shown by high blood pressure
- Blood clot (three to four times more likely to develop a blood clot), which could lead to a stroke. If you experience any of the following, remove the ring immediately and see the doctor as soon as possible:
 - A** bdominal pain
 - C** hest pain
 - H** eadaches
 - E** ye problems, such as blurred vision
 - S** evere leg pain



What are the benefits of the ring?

- Regular menstrual cycles
- Decreased menstrual flow
- Decreased menstrual cramping
- A method you only have to think about once a month

How effective is it?

Perfect use: 99.7% Typical use: 92%

How do I start?

The ring is usually effective if you insert it within 5 days after beginning menstruation, or immediately; a back-up method of birth control (such as condoms) is recommended for at least the first 2 weeks.

What if I am late inserting or removing the ring? What if it falls out?

If the ring has been out for 3 hours or less, rinse it off and re-insert it. If it has been out for more than 3 hours, refer to our website for the steps to take, or go to the ["S.O.S." application](#) at www.sexualityandu.ca.

Remember to use a back-up method when taking other medication. Even over the counter cold remedies can sometimes interfere – it is a good idea to check with a pharmacist.

Where can I get it?

Vaginal rings are available by prescription at Sexual Health Centre Saskatoon for \$12 a month after a consultation with the doctor or the nurse. Or you can go to the pharmacy of your choice.

Hormonal Contraceptives: Depo-Provera

Depo Provera

Depo-Provera is a progesterone-only (no estrogen) injection given every 12 weeks. The injection is intramuscular, meaning it is given directly into the muscle of the shoulder or cheek of the bum.

How does it work?

- Stops ovulation
- Changes the lining of the uterus to make it more difficult for a fertilized egg to implant
- Thickens the cervical mucus, making it more difficult for sperm to get into the uterus

Who shouldn't take it?

Women who:

- Are pregnant
- Want to become pregnant in the near future – fertility may take up to 2 years to return
- Have unusual or unexplained vaginal bleeding
- Have liver problems or disease
- Are taking blood thinners
- Are allergic to any of the ingredients in Depo-Provera

The doctor should be made aware if the woman seeking Depo-Provera has a personal or family history of the following conditions:

- Breast cancer, abnormal breast exam or mammogram
- Diabetes
- Heart problems
- Kidney problems
- Depression
- Seizures, convulsions or epilepsy
- Asthma
- Stroke or blood clots
- High blood pressure
- Scanty or irregular periods



Hormonal Contraceptives: Depo-Provera

What are the side effects?

- Changes in menstrual periods are almost guaranteed, such as:
 - Prolonged bleeding
 - Irregular bleeding
 - No bleeding (68% of women will stop getting their periods after 2 years of Depo, which is normal)
- Weight gain due to an increase in appetite. If more than 15 pounds are gained over a short period of time, the doctor should be advised. The average weight gain is about 5.5 pounds in a year.
- Women with a history of depression may find that Depo will worsen the condition.

Depo-Provera is effective for 3 months, so side effects may continue after the birth control effect is over.

Other possible side effects include:

- Headache
- Acne
- Change in sex drive
- Nausea
- Breast tenderness

What are the risks?

- Return to fertility may be delayed - most women will have to wait an average of nine months after the last injection to start ovulating, have regular periods, and be able to become pregnant.
- Decreased bone mineral density - it is recommended that all women taking Depo take a calcium supplement daily.

How effective is it?

Perfect use: 99.7% Typical use: 97%

If a woman has her first injection during the first five days of her period, Depo-Provera is effective immediately. If not, she should use a back-up method of birth control (eg: condoms) for 2-3 weeks after the injection.

Where can I get it?

The injection is available at Sexual Health Centre Saskatoon for \$15. Or you can go to the doctor of your choice, with prices from \$27-\$35.

Spermicide

Spermicide

Spermicide is a chemical preparation that kills sperm.

How does it work?

It kills the sperm.

NOTE: Use of spermicide alone is not recommended, but always with another method such as condoms, diaphragm, cap, etc.

NOTE: Using **nonoxynol-9** spermicide on a frequent basis may increase the risk of HIV infection. Sores or wounds that can be caused by sensitivities to spermicides provide an entry point for the virus. **Nonoxynol-9** spermicide is not recommended for women who are at high risk for infection ie: those who have sex multiple times a day.

Who shouldn't use it?

Men or women who are allergic to spermicide. If any irritation occurs, use should be discontinued.

What are the side effects?

- Possible increased risk of HIV transmission
- Associated with an increased risk of getting urinary tract infections (UTIs)

How do I use it?

- Read and follow the package instructions, because each type of spermicide has different instructions.
- Insert the spermicide high in the vagina, to cover the cervix.
- Wait the recommended time between inserting the spermicide and sex (depends on what type you use).
- Insert more spermicide each time you have sex.

What types are available?



Spermicide

working 15 minutes after insertion, and lasts for no more than 1 hour.

- **Advantage 24** – Slowly releases nonoxynol-9. Comes packaged in its own applicator to insert into the vagina. Can be inserted up to 24 hours prior to intercourse, but must be reinserted with each act of intercourse. Similar in appearance, texture, and smell to white glue.
- **Spermicidal Gel** – A wide variety are available in pharmacies. Come with or without applicators. For use with diaphragms and cervical caps.

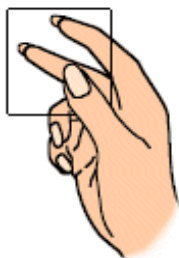
How effective is it?

Spermicide alone: Perfect use: failure rate 6% Typical use: failure rate 26%

Spermicide with condoms: 95-99% effective

Where can I get it?

At any pharmacy (freestanding, in supermarkets, department stores, etc.). The spermicidal gel and Advantage 24 are currently unavailable in Canada. Contragel, a natural barrier gel (stops sperm from entering cervix), is available at The Sexual Health Centre for \$33.



Barrier Methods: Condoms

Male Condom

How does it work?

- It traps sperm
- It stops sperm from entering the woman's vagina
- It protects against HIV and STIs by acting as a barrier to fluid transfer



NOTE: Spermicidal condoms do not contain enough spermicide to be effective in killing all sperm. Therefore, we recommend using a separate spermicide.

NOTE: Lambskin condoms are not recommended for protection against sexually transmitted infections (STIs).

Who shouldn't use it?

Men or women who are allergic to latex should try polyurethane condoms. These condoms are available at The Sexual Health Centre for \$2.50 for 12 condoms. However, polyurethane condoms tend to break/slip more often than latex condoms.

What are the side effects?

Latex or spermicidal allergy.

How effective is it?

Perfect use: 98% Typical use: 85%

Perfect use with separate spermicide: 95-99%

Where can I get it?

Latex condoms are widely available at pharmacies, supermarkets, convenience stores, etc. The price ranges from \$7 - \$24. They are also available for free at Sexual Health Centre Saskatoon, AIDS Saskatoon, and many other community organizations.

Precautions with condoms:

- Condoms must be stored dry and away from light and heat.
- Respect the expiration date.
- In case of condom breakage or leakage, consider emergency contraception.
- Condoms can't protect against all STIs – some STIs are

Barrier Methods: Condoms

spread through skin to skin contact.

- Always use water-based lubricants rather than oil-based lubricants, as oil-based lubricants affect the condom's integrity.
- Always pinch the air out of the tip of the condom when it is applied.
- Hold the condom against the base of the penis while you pull out.

Female Condom

The female condom is a polyurethane pouch with a flexible ring at either end.

How does it work?

The female condom provides a barrier along the entire length of the vagina. One ring anchors it inside (like a diaphragm), while the other holds it in place outside. Extra lubrication is necessary to reduce friction that could cause the condom to break.

- Inserted up to 8 hours before intercourse, but can be inserted right before intercourse
- Must be removed immediately after intercourse, by squeezing and twisting the outer ring to keep semen inside the ring, before standing up.
- Use a new condom for each act of intercourse.

Who shouldn't use it?

Men or women with an allergy to polyurethane.

Users should also consider that:

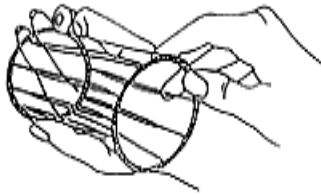
- It takes practice to use
- Some users say that it makes noise while using it

What are the side effects?

There are no known side effects.

How effective is it?

Perfect use: 95% Typical use: 79%



Where can I get it?

Female condoms are available in most pharmacies, and are available for free at AIDS Saskatoon, and for \$2.50 at The Sexual Health Centre.

Barrier Methods: Diaphragm, Sponge, Cervical Cap

Diaphragm

A diaphragm is a dome-shaped rubber cup with a flexible metal rim that is used with spermicide. It is inserted into the vagina and sits at the back of the vaginal canal, covering the cervix. A pelvic exam must be performed by a health professional before using a diaphragm, with instructions and practice for insertion.

How does it work?

The diaphragm acts as a physical barrier to sperm, and the spermicide used with it kills sperm.

- Can be inserted from 6 hours up until right before sex.
- If there is more than one act of intercourse while the diaphragm is in place, extra spermicide should be inserted **without** removing the diaphragm (use a spermicide applicator).
- Must be left in place for at least 6 hours after intercourse for the spermicide to work properly.
- Wash with mild soap and water after each use.



Who shouldn't use it?

Women who:

- Are allergic to latex or spermicide
- Have abnormalities of their cervix or uterus
- Often get urinary tract infections
- Are not comfortable enough with their bodies to insert and remove the diaphragm

NOTE: the diaphragm has limited protection against HIV because the vaginal mucosa is still exposed

What are the side effects?

- Pelvic pain, cramps, urinary or bladder problems (may be helped by changing the size)
- Increase in vaginal discharge caused by leaving the diaphragm in place too long
- May increase the risk of bladder infections
- Risk of toxic shock syndrome (rare)

How effective is it?

Barrier Methods: Diaphragm, Sponge, Cervical Cap

Effectiveness: Perfect use: 94% Typical use: 84%

Where can I get it?

Diaphragms must be fitted by a doctor. The Sexual Health Centre sells diaphragms for \$50.

Sponge

A one-time use, small sponge filled with spermicide that covers the cervix. It is a one-size-fits-all barrier method.

How does it work?

Mainly, the spermicide kills the sperm trapped by the sponge.

- Can be inserted up to 24 hours prior to intercourse.
- Effective for up to 12 hours after insertion.
- Must be left in place for at least 6 hours after last intercourse.

Who shouldn't use it?

Women who:

- Are not comfortable enough with their bodies to insert and remove the sponge
- Are allergic to spermicides
- Have a history of persistent yeast infections, bacterial vaginosis, or repeated urinary tract infections
- Are having abnormal vaginal bleeding
- Have abnormalities of their cervix or uterus
- Have had a recent abortion

NOTE: The sponge shouldn't be used while a woman has her period.

What are the side effects?

- Vaginal infection due to leaving the sponge in place too long
- May cause yeast infections or bacterial vaginosis
- Risk of toxic shock syndrome (rare)

How effective is it?

Barrier Methods: Diaphragm, Sponge, Cervical Cap

84-91% for women who have not had a vaginal delivery
68-80% for women who have (Vaginal delivery changes the size of the cervix which may affect how well the sponge covers it).

Where can I get it?

Currently the only sponge available in Canada is the Protectaid Sponge, available at some pharmacies.

Cervical Cap

A silicon “cap” that is held in place over the cervix by suction. It is always used with a spermicide. A pelvic exam must be performed by a health professional first, with instructions and practice provided for insertion.

How does it work?

- Acts as a physical barrier between sperm and your cervix
- Can be inserted several hours before sex.
- Must be left in place for at least 6 hours after intercourse for the spermicide to work properly.
- Can be left in place for a maximum of 72 hours.
- Wash with mild soap and water after each use.

Who shouldn't use it?

Women who:

- Have a vaginal, pelvic, or cervical infection, or have had more than one infection in the past
- Have an allergy/sensitivity to spermicides
- Don't feel comfortable inserting the cap, or have difficulty applying the cap to the cervix

What are the



Barrier Methods: Diaphragm, Sponge, Cervical Cap

- May make current infections worse
- May cause more vaginal odour and discharge than diaphragms
- Can become dislodged during intercourse

How effective is it?

Perfect use: 74-91% Typical use: 40-60%

“Coitus Interruptus” (Withdrawal)

The man withdraws his penis from the vagina before ejaculation.

NOTE: Both partners must agree on this method. If you rely on withdrawal as your main birth control method, you should be prepared to deal with an unplanned pregnancy. If you aren't prepared to deal with that possibility, it is highly recommended that you put off intercourse until you can get another method of birth control.

How effective is it?

Failure rate is about 19%.

Who shouldn't use it?

- If there is a known risk of a STI.
- Women who need to avoid pregnancy should not rely on this method alone, as it has a high failure rate. There also may be sperm in the pre-ejaculate.

What are the side effects?

- High risk of pregnancy; the most common problem is that the man pulls out too late. Emergency contraception is available if this happens.
- May reduce pleasure for one or both partners.

Intra—Uterine Device/System (IUD/IUS):

There are two types of IUDs/IUSs available:



The (copper) Mirena: a spec piece of plastic wrapped with copper wire.

IUD/IUS: Intra-Uterine Device/System

2) **Mirena IUS** (levonorgestrel-releasing intrauterine system): a small, white, T-shaped frame made from soft, flexible plastic. Each is inserted by a doctor; it is placed into the uterus through the cervix.

How does it work?

Flexi-T IUD:

- Releases copper ions to cause changes to the lining of the uterus, preventing sperm from entering and fertilizing.
- Affects sperm movement, to prevent sperm from entering the cervix easily.

Mirena IUS:

- Slowly releases hormones (levonorgestrel - a synthetic version of progesterone) to make the lining of the uterus a poor place to support a pregnancy
- Interferes with sperm movement
- Makes the normal cervical secretions thick, so they are like a “plug” blocking the sperm

Both types can be left in place for up to 5 years. IUDs/IUSs have strings attached that will be trimmed so that they protrude slightly from the cervix. These must be checked every month.

Who shouldn't use it?

Women who have:

- Multiple sexual partners (because of an increased risk of STIs)
- A current or recent pelvic inflammatory disease or a STI
- Unexplained vaginal bleeding
- A copper allergy (for the Flexi-T)
- Breast cancer
- Liver problems
- Heart problems
- Abnormal Pap smears
- A history of ectopic pregnancy
- Decreased immune system

IUD/IUS: Intra-Uterine Device/System

- An abnormal condition of the uterus eg: large fibroids
- Women who are pregnant/ think they may be pregnant

What are the side effects?

Flexi-T IUD:

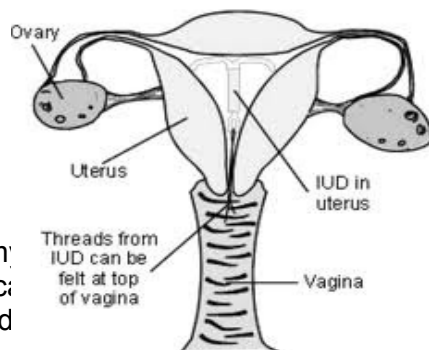
- Tends to make periods a little crampier and heavier
- Has no effect on the timing of your period

Mirena IUS:

- 1/3 of women have spotting in the first three to six months
- 1/4 of women have jabby pelvic pain occasionally, in the first three to six months
- After one year, some women will have no period at all

Other side effects that tend to go away in three months:

- Headache
- Breast tenderness
- Nausea
- Bloating
- Ovarian cysts
- Acne



A vasectomy
tubes that ca
and blocked
anesthetic.

deferens (the
penis) are cut

IUD/IUS: Intra-Uterine Device/System

What are the risks of IUD/IUSs?

- Perforation (the IUD penetrates the wall of the uterus): occurs in one in every 1000 insertions
- Infection: increased risk for three weeks after insertion. Occurs in one in every 1000 insertions
- Pelvic inflammatory disease (PID): occurs in less than two in every 1000 years of use, similar to the general population. After the first month of use, the risk of infection is not significantly higher than in women without IUDs.
- Expulsion (IUD falls out): most common in first year of use (2-10% of women).

NOTE: If a pregnancy occurs when an IUD is in place, the woman should see her doctor as soon as possible to discuss options on removal of the IUD

How effective is it?

Flexi-T: Perfect use: 99.1% Typical use: 99.1%

Mirena: Perfect use: 99.8% Typical use: 99.8%

Where can I get it?

An IUD/IUS must be put in by a doctor. You can get them at The Sexual Health Centre Saskatoon for \$70-90 (Flexi-T) or \$350 (Mirena). You can also buy them at a pharmacy with a prescription. The Mirena is covered under the Saskatchewan Prescription Drug Plan.



Fertility Awareness: Natural family planning

Natural Family Planning

Also known as 'fertility awareness,' this method of birth control uses the menstrual cycle to predict your most fertile time of the month (when you are most likely to get pregnant).

How does it work?

Fertility awareness birth control methods are based on these facts:

- Sperm may live up to 5 days
- The female egg lives for only 1 day
- Fertilization may occur even days after intercourse
- 'Safe days' (days you are less likely to conceive) occur 2 days after ovulation, and continue into a less fertile phase until you get your period.



Who shouldn't use it ?

- If you have a partner who is not willing to cooperate
- If you do not have a regular, steady monthly cycle
- You are not willing to invest the time/effort required to learn about fertility awareness methods
- If you have recently had a baby
- If an accidental pregnancy would not be acceptable

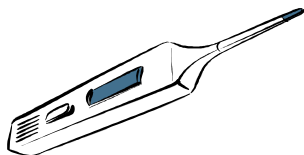
What are the side effects?

There are no side effects.

How effective is it?

The Natural Family Planning method may be trickier than some methods of birth control . The rates depend on which method you use.

Perfect use: 91-99% Typical use: 80%



Fertility Awareness: Natural family planning

this method except for ovulation predictor kits which are approximately \$50 per month.

Talk to your doctor about what method that is best suited for you. The methods include:

Calendar Rhythm Method - Requires that you keep track of your cycle for a few months to determine your own individual pattern of ovulation. The pattern will help you keep track of what time in your cycle is most 'dangerous' to have sexual intercourse.

Basal Body Temperature Method - Involves keeping track of your body temperature so that you can tell when you are ovulating. Body temperature rises 2 days after ovulation. To avoid pregnancy, unprotected intercourse should be delayed until after 3 consecutive days of temperature elevation.

Ovulation Method - Requires you to check your cervical mucus to determine the time of ovulation.

Symptothermal Method - This method uses all three fertility signs:

- Cervical mucus: volume and changes in the quality of cervical mucus before ovulation
- Basal body temperature
- Cervical position: changes in the position of the cervix and the size of the cervix's opening

This method is considered to be the most effective of all of the natural family planning methods.

Ovulation Predictor Kits - Available at the drugstore, these kits are used to test your urine to identify hormones that indicate ovulation is about to occur.

Sterilization: Tubal ligation

HOW DOES IT WORK?

By closing the tubes, the egg has no way of getting out of the ovaries and so the sperm cannot get to the egg.

Who shouldn't use it ?

Women with:

- Serious health problems
- A pelvic infection
- Women who are pregnant

Younger women who have no children should be aware that many doctors will not refer them for this procedure as it is permanent and there is a greater possibility that she will change her mind in the future.

Even though reversals are being performed on occasion, patients should still consider the method permanent, as the success rates of reversals are extremely low.

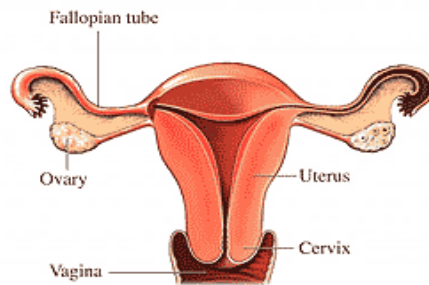
What are the side effects?

Women should be aware of the possibility of complications as with any surgery under general anesthetic.

How effective is it? 99.5%

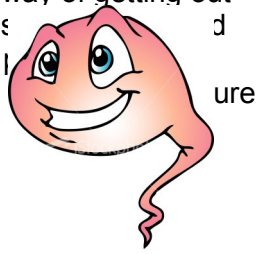
Where can I get it?

Talk to your doctor about making an appointment. The cost of a tubal ligation is covered by Saskatchewan Health.



Sterilization: Vasectomy

By cutting the vas deferens, sperm has no way of getting out of the testes into the vagina. The man will still have orgasms, but fertilization cannot take place. Patients should have 2 sperm counts done to ensure it has been successful.



Who shouldn't use it?

Men with:

- Serious health problems
- Local infection
- Genital abnormalities
- Sexual dysfunction

Even though reversals are being performed, patients should still consider the method permanent, as the success rates of reversals are extremely low.

What are the side effects . . .

1. Temporary swelling and discomfort
2. Risks associated with anesthesia

How effective is it? 99.9%

Where can I get it?

Talk to your doctor about making an appointment. The cost of a vasectomy is covered by Saskatchewan Health; however, reversal of a vasectomy is not (approx. \$1700).

For more information on birth control, STIs, relationships, and much more, visit this website, developed by The Society of Obstetricians and Gynaecologists of Canada:

Click on [this link](#) to go to the website.

www.sexualityandu.ca



#301-115 2nd Avenue North
Saskatoon SK
S7K 2B1

Phone: (306) 244-7989

Fax: (306) 652-4034

website:

www.sexualhealthcentresaskatoon.com



Sexual Health Centre Saskatoon's Mission Statement:

Sexual Health Centre Saskatoon aims to ensure that information, resources, support, and services of the highest quality regarding sexuality, contraception, and reproduction are available and accessible to all in our community who need them. Our organization encourages responsible decision-making and behavior, which is respectful of the needs and of the choices available to each individual.

The information in this booklet was gathered from the SOGC's
(Society of Obstetricians and Gynaecologists) Canadian
Contraception Consensus, 2004.
Updated February 2011.