

YOUR VALUES
YOUR PREFERENCES
YOUR CHOICE

Allina Health 

Considering Your Options For Birth Control

Natural Family Planning, Spermicides, Condoms, Sponge, The Pill, Diaphragm, Skin Patch, Vaginal Ring, Injection, Intrauterine Device, Implant, Vasectomy, Tubal Ligation



Understanding Birth Control

Things to Consider About Birth Control

If you are choosing to have sex, but do not want to get pregnant, you should consider some method of birth control (contraception).

There are many methods of birth control that are available for both women and men. You may want to decide on a method that works best for you at a particular time in your life.

In addition to preventing pregnancies, some methods of birth control also protect against sexually transmitted infections (STIs). Examples include chlamydia, genital herpes, gonorrhea, syphilis and HIV, which can lead to AIDS.

When choosing a method of birth control, consider:

- safety
- how easy it is to use (convenience)
- cost
- effectiveness (how well it works).

The only birth control method that gives **100 percent protection** against pregnancy and STIs is **total abstinence** (not having sex). Condoms also provide the most protection against STIs.

How Birth Control Works

You and your partner can get pregnant at the time of the month when the ovaries release an egg into a fallopian tube (ovulation). If a male sperm enters the vagina at that time, it can make its way through the cervix and uterus and fertilize the egg in the tube. The fertilized egg will then travel to the uterus where it will grow into a fetus. Birth control methods work by preventing one or more of these things from happening.

Methods of Birth Control

Natural Family Planning \$

Natural family planning is not having sex for up to 10 days of the month when you are most likely to get pregnant. Also known as fertility awareness-based methods, natural family planning uses signs of fertility with calendar tracking.

- **Symptothermal method (SymptoPro™, Couple to Couple League):** You chart your body temperature, mucus and menstrual cycle. A basal body thermometer will show an increase of 0.4 to 0.8 F within 3 days of ovulation. This increase confirms you ovulated.
- **Cervical mucus method (Billings Ovulation Method®, Creighton Model FertilityCare™ System, FEMM™):** You chart your mucus patterns during the month. The hormones that control the menstrual cycle change the kind and amount of mucus you have before, during and after ovulation. This change helps determine when you are likely to become pregnant. Combine your findings with your previous ovulation dates to tell when you are most likely to become pregnant.
- **Urinary hormone method (Marquette Method):** Your estrogen and luteinizing hormone levels can be detected in your urine. A special monitor shows your level of fertility (low, high and peak). You combine your mucus pattern, previous ovulation dates, and monitor your findings to tell when you are most likely to become pregnant.
- **Standard days method:** If your menstrual cycle is usually between 26-32 days, you should avoid sex on days 8-19.

\$ = less than \$50

Methods of Birth Control (continued)

Important: You will need to chart your findings every day and avoid sex when you have signs of fertility for natural family planning to be most effective. Most smart phone apps are **not** accurate in helping you time your fertility. Talk with your provider for a reliable teacher or consultant.

Spermicides \$

Spermicides are substances you put into your vagina before having sex that will kill sperm and prevent pregnancy.

Spermicides come in foam, cream, jelly and film. You should always use spermicides with another method of birth control to increase effectiveness.

Condoms \$

Condoms can be used by both men and women.

A male condom is a sheath that covers an erect penis and stops the sperm so it does not meet and fertilize the egg. It is unrolled over an erect penis before sex and should be removed while the penis is still erect right after sex.

A female condom covers the inside of the vagina. This creates a barrier that stops sperm from reaching an egg. It should be removed right after sex.

Consider using condoms with each other birth control methods.

Sponge \$

The sponge is small and made from soft plastic. It goes deep inside your vagina before sex, along with spermicide to help prevent pregnancy.

The sponge covers your cervix, blocking the entrance to the uterus so semen does not get to your egg. Each sponge has a fabric loop attached to it to make it easy to take out.

The Pill \$

The pill is a medicine containing the hormones estrogen and progesterone or sometimes only progesterone. You need to take the pill at the same time every day for 21 to 28 days of your menstrual cycle, month after month.

\$ = less than \$50

Methods of Birth Control (continued)

Diaphragm \$\$

A diaphragm is a dome-shaped latex cup with a flexible rim. It fits in your vagina and covers your cervix (the opening to your uterus). When it fits right, neither you nor your partner should feel it during sex. You will need to use spermicide for the diaphragm to work.

Skin Patch (Ortho Evra®) \$\$

A skin patch is a small patch worn on the lower abdomen, buttock or lower body that releases progesterone and estrogen into your bloodstream. A new patch is worn each week for 3 weeks and then no patch is worn for the fourth week.

Vaginal Ring (NuvaRing®) \$\$

A vaginal ring is a soft ring placed inside your vagina that releases progesterone and estrogen. Each month a new ring is in place for 3 weeks and then removed for the fourth week.

Injection (Depo-Provera®) \$\$

Depo-Provera® is a progesterone shot into your arm or buttock every 3 months. It keeps you from having your period by preventing ovulation, making it more difficult for the sperm to fertilize the egg.

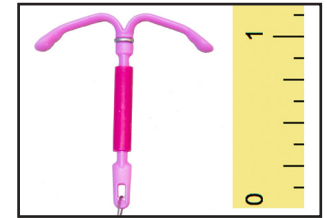
\$\$ = \$75-\$200

\$\$\$ = \$1,000-\$2,000

Intrauterine Device (IUD) \$\$\$

An intrauterine device (IUD) is a small plastic T-shaped device that is placed in your uterus. It contains a hormone which helps prevent pregnancy. Skyla®, Mirena®, Kyleena® and Paragard are common types of hormone-releasing IUDs:

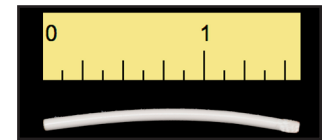
- Skyla can stay in place for 3 years.
- Mirena and Kyleena can stay in place for 5 years.
- Paragard can stay in place for 10 years and is non-hormonal.



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Implant (Nexplanon®) \$\$\$

Nexplanon is a plastic implant that is placed in your arm. It is small (about the size of a toothpick) and flexible. There are no incisions.



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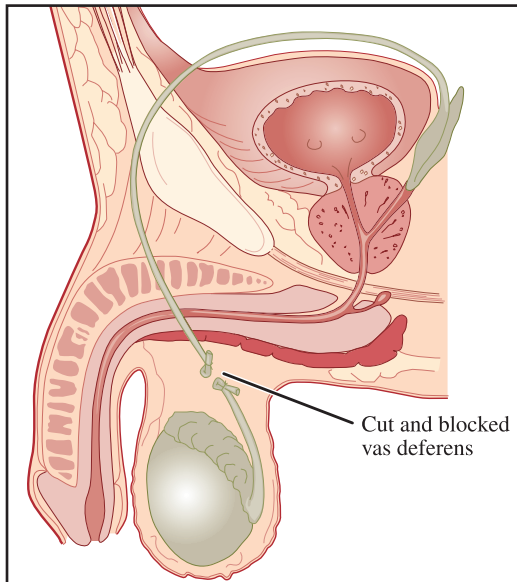
Nexplanon releases a low dose of a hormone to help prevent pregnancy for 3 years.

Methods of Birth Control (continued)

Vasectomy (Male Sterilization) \$\$\$\$

A vasectomy is a minor surgery that makes men unable to father children.

The doctor removes a piece of each vas deferens and stitches the ends. Vas deferens are long tubes that carry sperm to the penis. The tubes are located in the scrotum.



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The doctor will cut and remove a portion of the vas deferens and seal each tube end.

Tubal Ligation (Female Sterilization) \$\$\$\$

Tubal ligation is a surgery that blocks the fallopian tubes (also known as “getting your tubes tied”).

The surgeon removes either a part of or all of the fallopian tubes to keep the egg from going into the uterus.

This is a permanent form of birth control.

\$\$\$\$ = more than \$2,000

Comparing Your Options

	Natural Family Planning	Spermicides	Condoms
Prevention <ul style="list-style-type: none"> — <i>How effective is this method for preventing pregnancy?</i> — <i>How long does this method last?</i> 	<ul style="list-style-type: none"> ■ 10 to 14 out of 100 women will get pregnant when using natural family planning. ■ You will be aware of the risk of pregnancy when you choose to have sex based on your fertile symptoms. ■ You will need to prepare and plan before you have sex. ■ For best results, work with a natural family planning teacher. 	<ul style="list-style-type: none"> ■ 28 out of 100 women will get pregnant when only using spermicides. ■ You will need to remember to use every time you have sex. 	<ul style="list-style-type: none"> ■ 15 out of 100 women will get pregnant using condoms. ■ You will need to use every time you have sex. ■ Condoms are the only birth control method (other than not having sex) that lowers the risk of STIs.
<ul style="list-style-type: none"> — What is most important to you? 			
General Risks <ul style="list-style-type: none"> — <i>Will I need to have a procedure?</i> — <i>Are there side effects?</i> 	<ul style="list-style-type: none"> ■ You will need to check your fertile symptoms every day. ■ You will need to see a specialist if you have irregular periods. He or she will treat the cause of your irregular periods. ■ You will need to avoid sex for up to 10 days each month. ■ Depending on the method you choose, this prevents pregnancy 86 to 90 out of 100 times. 	<ul style="list-style-type: none"> ■ Spermicides can cause: <ul style="list-style-type: none"> — allergic reaction — aching muscles or discomfort — dizziness or headaches — upset stomach. ■ This prevents pregnancy 72 out of 100 times. 	<ul style="list-style-type: none"> ■ Condoms can: <ul style="list-style-type: none"> — slip off or break — prevent sexual sensitivity and naturalness — cause discomfort — cause an allergic reaction. ■ This prevents pregnancy 85 out of 100 times.
<ul style="list-style-type: none"> — What is most important to you? 			

Comparing Your Options (continued)

	Sponge	Diaphragm	Injection	IUD
Prevention <ul style="list-style-type: none"> — <i>How effective is this method for preventing pregnancy?</i> — <i>How long does this method last?</i> 	<ul style="list-style-type: none"> ■ 12 out of 100 women will get pregnant using the sponge. ■ You will need to use every time you have sex. 	<ul style="list-style-type: none"> ■ 12 out of 100 women will get pregnant using the diaphragm. ■ You will need to insert it every time before you have sex. ■ You may be able to get pregnant right away after you stop using the diaphragm. 	<ul style="list-style-type: none"> ■ 6 out of 100 women will get pregnant using the injection. ■ Injections last up to 3 months. ■ It can take up to 12 months for the medicine to fully leave your body. This can delay a future pregnancy for up to 1 year. 	<ul style="list-style-type: none"> ■ 1 out of 100 women will get pregnant using the IUD. ■ IUDs last from 3 to 10 years. ■ You could get pregnant as early as the next month once you stop using the IUD.
— What is most important to you?				
General Risks <ul style="list-style-type: none"> — <i>Will I need to have a procedure?</i> — <i>Are there side effects?</i> 	<ul style="list-style-type: none"> ■ Sponges can cause: <ul style="list-style-type: none"> — discomfort — nausea (upset stomach) — aching muscles — headaches or dizziness. ■ This prevents pregnancy 88 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need a prescription and fitting. ■ Diaphragms can cause: <ul style="list-style-type: none"> — an allergic reaction from the spermicide or jelly — discomfort — vaginal irritation. ■ This prevents pregnancy 88 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need to have it done by a doctor. ■ After the injection you may have: <ul style="list-style-type: none"> — depression — irregular bleeding — sore breasts — weight gain. ■ This prevents pregnancy 94 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need to have a procedure. ■ After the procedure you may have: <ul style="list-style-type: none"> — possible infection — irregular cramping and bleeding ■ Some women may have no periods while on the IUD. This is a normal side effect. ■ This prevents pregnancy 99 out of 100 times.
— What is most important to you?				

Comparing Your Options (continued)

	Implant	Vaginal Ring	The Pill
Prevention — <i>How effective is this method for preventing pregnancy?</i> — <i>How long does this method last?</i>	<ul style="list-style-type: none"> ■ 1 out of 100 women will get pregnant using the implant. ■ Implants can last up to 3 years. ■ You will be able to get pregnant after you stop using the implant but it may take awhile for your periods to return to normal. 	<ul style="list-style-type: none"> ■ 9 out of 100 women will get pregnant using the vaginal ring. ■ You will need to replace the ring every month for 21 days. ■ You could get pregnant as early as the next month once you stop using the ring. 	<ul style="list-style-type: none"> ■ 9 out of 100 women will get pregnant using the pill. ■ You will need to take the pill every day at the same time or else you could get pregnant. ■ You could get pregnant as early as the next month once you stop taking the pill.
— What is most important to you?			
General Risks — <i>Will I need to have a procedure?</i> — <i>Are there side effects?</i>	<ul style="list-style-type: none"> ■ You will need to have a procedure. ■ Right away after the procedure you may have: <ul style="list-style-type: none"> — possible infection — headaches — upset stomach — sore breasts. ■ You may have irregular bleeding while you have the implant. ■ This prevents pregnancy 99 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need a prescription. ■ After having your ring placed you may have: <ul style="list-style-type: none"> — dizziness or headache — sore breasts — extra vaginal discharge — weight gain. ■ The ring contains estrogen which could cause serious side effects such as high blood pressure. This could lead to serious problems. Talk with your health care provider about your specific risks. ■ This prevents pregnancy 91 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need a prescription. ■ In the first month of taking the pill you may have: <ul style="list-style-type: none"> — dizziness or headache — upset stomach — sore breasts — weight gain. ■ The pill contains estrogen which could cause serious side effects such as high blood pressure. This could lead to serious problems. Talk with your health care provider about your specific risks. ■ This prevents pregnancy 91 out of 100 times.
— What is most important to you?			

Comparing Your Options (continued)

	Skin Patch	Vasectomy	Sterilization
<p>Prevention</p> <ul style="list-style-type: none"> — <i>How effective is this method for preventing pregnancy?</i> — <i>How long does this method last?</i> 	<ul style="list-style-type: none"> ■ 9 out of 100 women will get pregnant using the skin patch. ■ You will need to replace the patch every week. ■ You could get pregnant as early as the next month once you stop using the skin patch. 	<ul style="list-style-type: none"> ■ Fewer than 1 out of 100 men will be able to get a woman pregnant after having a vasectomy. ■ A vasectomy is permanent. ■ You will need to return to your health care provider to make sure your sperm count is zero. 	<ul style="list-style-type: none"> ■ Fewer than 1 out of 100 women will get pregnant after sterilization. ■ Sterilization is permanent.
<ul style="list-style-type: none"> — What is most important to you? 			
<p>General Risks</p> <ul style="list-style-type: none"> — <i>Will I need to have a procedure?</i> — <i>Are there side effects?</i> 	<ul style="list-style-type: none"> ■ You will need a prescription. ■ After placing the skin patch you may have: <ul style="list-style-type: none"> — dizziness or headache — upset stomach — sore breasts — weight gain. ■ The patch contains estrogen which could cause serious side effects such as high blood pressure. This could lead to serious problems. Talk with your health care provider about your specific risks. ■ This prevents pregnancy 91 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need to have a one-time procedure. ■ After the procedure you may have: <ul style="list-style-type: none"> — possible infection — bleeding — reaction to anesthesia. ■ This prevents pregnancy more than 99 out of 100 times. 	<ul style="list-style-type: none"> ■ You will need to have a surgery. Surgical risks include: <ul style="list-style-type: none"> — bleeding — infection — damage to internal organs. <p>These are low risks.</p> ■ You can have the surgery done in while in the hospital after the birth of your child or you can schedule a surgery. ■ This prevents pregnancy more than 99 out of 100 times.
<ul style="list-style-type: none"> — What is most important to you? 			

My Preferences

Questions	My Thoughts
Do you understand the options explained in this booklet?	
As you think about the possible risks, what are your fears or concerns?	
As you think about your options, what are your hopes or goals?	
Are you clear about the benefits and risks of each option? What matters most to you?	
Which of these options, at this time, do you feel fits best with your goals?	
Is there anything that may get in the way of you using birth control?	
Do you feel you have enough support and information?	

My Decision at This Time

- | | | | | | |
|--|-----------------------------------|---------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> natural family planning | <input type="checkbox"/> condoms | <input type="checkbox"/> diaphragm | <input type="checkbox"/> injection | <input type="checkbox"/> vasectomy | <input type="checkbox"/> tubal ligation after giving birth |
| <input type="checkbox"/> spermicide | <input type="checkbox"/> the pill | <input type="checkbox"/> skin patch | <input type="checkbox"/> IUD | <input type="checkbox"/> tubal ligation | |
| | | <input type="checkbox"/> vaginal ring | <input type="checkbox"/> implant | | |

Next Steps

Questions for Your Health Care Provider

1. How long do I want to be on birth control?
2. Do I want a birth control that is reversible (I will be able to get pregnant) or permanent (I won't be able to get pregnant)?
3. When am I planning on starting a family?
4. I smoke. Is there any birth control I can't be on?
5. I have had a blood clot in my leg. Which birth control methods can I be on?
6. I have a family history of breast cancer. Which birth control methods can I be on?
7. Because I will be using birth control to control my cycle, does this mean I am ready to be sexually active?
8. What location(s) offer the option I prefer?
9. What red flags should I watch for?
10. What is the next step for me?

11. Other questions: _____

Next Steps (continued)

Questions for Your Insurance Provider

Your health care provider will work with you to find a method that is covered. Some state insurances require 30-day waiting period before choosing a permanent sterilization procedure (vasectomy or tubal ligation).

Call your insurance provider if you have any other coverage questions.

Questions and notes: _____

Resources

Websites that contain information about birth control:

- allinahealth.org (Allina Health)
- ahrp.org (Association of Reproductive Health Professionals)
- familydoctor.org (American Academy of Family Physicians)
- womenshealth.gov
- factsaboutfertility.org/what-is-charting (general overview of natural family planning charting)
- boma-usa.org (Billings Ovulation Method Association)
- symotopro.org (Sympto-thermal Method))
- nfp.marquette.edu (Marquette Method with digital monitor)
- tcnfp.org (Creighton Method)
- femmhealth.org (FEMM™)
- cli.org (Couple To Couple League).

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- view immunizations and medicines
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- do an online visit for common conditions
- manage another person's care
- write a health care directive
- email your care team*
- schedule appointments*.

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