



Patient Decision Tool


A guide through your options for contraception












For a side-by-side comparison of birth control methods, access the 'Consider Your Birth Control Options' resource [Here](#)



What birth control may be right for you?

Key:

 Click for more information

Question	✔	✘
1. Do you need emergency contraception?	 Go to page 3	Go to question 2
2. Do you have a birth control method in mind?	 Intrauterine Devices  The pill  The shot  The ring	Go to question 3
3. Are you currently on birth control?	Go to question 4	Go to question 5
4. Are you satisfied with your birth control?	Learn more about your method:  Intrauterine Devices  The pill  The shot  The ring	Go to question 5
5. Are you trying to get pregnant within the next 1-2 years?	 Go to page 4	 Go to page 4






Consider using condoms/dental dams in addition to another method for optimal contraception/Sexually Transmitted Infection (STI) prevention (turn to page 14)

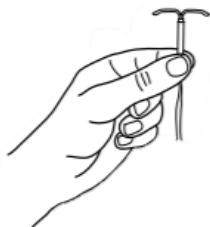
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Emergency Contraception Options

Key:
 Click for more information

Question	✓	✗
1. Are you interested in long-term birth control today?	 Copper IUD  Hormonal IUD	Go to question 2
2. Did the unprotected sex happen over 3 days ago?	 ella®	 Plan B One-Step®  ella®



Copper IUD | *Image source: Centers for Disease Control and Prevention (CDC)*



Ella® | *oral emergency contraceptive*



Plan B One-Step® | *oral emergency contraceptive*

Ella is the preferred oral emergency contraceptive, as it is at least or more effective than other emergency contraceptives at 0 - 24 hours, 0 - 72 hours, and 0 - 120 hours after unprotected sexual intercourse. Some locations may not have ella®. You can take Plan B-One Step® if ella® is not available or if you cannot wait for a prescription.

Use condoms or do not have sex up to 7 days after taking ella® or Plan B One-Step®.

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What birth control may be right for you?

Key:

◆ Click for more information

Question	✔	✘
<p>1. Do you prefer a hormonal or non-hormonal method?</p>	<p>Go to question 2</p>	<p>◆ Copper IUD</p> <p>◆ Barrier Methods</p>
<p>2. Would you like to have no period?</p>	<p>◆ Click here to learn about Mirena® and Liletta®</p>	<p>◆ Click here to learn about Skyla®</p>

Hormonal: methods that use estrogen, progesterone, or a combination of them.

Non- Hormonal: methods that do not use any hormones



IUD | Image source: Centers for Disease Control and Prevention (CDC)








Consider using condoms/dental dams in addition to another method for optimal contraception/Sexually Transmitted Infection (STI) prevention (turn to page 14)

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What birth control may be right for you?

Key:
 Click for more information

Question	✓	✗
<p>1. Do you prefer a hormonal or non-hormonal method?</p>	<p>Go to question 2</p>	<ul style="list-style-type: none">  Copper IUD  Barrier Methods
<p>2. Will you deploy in the next month? These methods require daily or monthly maintenance.</p>	<ul style="list-style-type: none">  The pill  The shot 	<ul style="list-style-type: none">  The pill  The shot  The patch

Hormonal: methods that use estrogen, progesterone, or a combination of them.

Non- Hormonal: methods that do not use any hormones



The Pill | Source: Food and Drug Administration (FDA)



The Ring | Source: Centers for Disease Control and Prevention (CDC)



The Shot | Source: Centers for Disease Control and Prevention (CDC)



The Patch | Source: Centers for Disease Control and Prevention (CDC)

Consider using condoms/dental dams in addition to another method for optimal contraception/Sexually Transmitted Infection (STI) prevention (turn to page 14)

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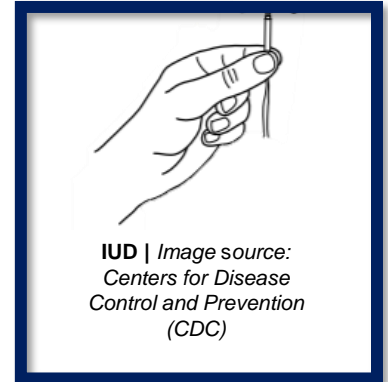


What birth control may be right for you?

Copper IUD

How Do I Use It?

- The copper IUD (Paragard®) is a T-shaped plastic rod inserted through the vagina into the uterus by a health care provider.
- The copper IUD works immediately after it is placed in you for 10 - 12 years.
- Some people like to check their IUD's string after each period. To check, insert a finger into your vagina and feel for the cervix. (It feels like the tip of your nose.) You should feel the string near your cervix. Do not pull on the string.



What Else Should I Know?

- You may experience cramps and discomfort during placement and you must wait 24 hours after the IUD is placed before you can use tampons or have sex.
- The copper IUD may be inserted up to 5 days after unprotected sex to prevent pregnancy.
- You will not feel the IUD inside of you.
- You may have cramps and heavy periods with the copper IUD.
- The copper IUD does not protect you from [sexually transmitted infections](#) (STIs).
- If you have an allergy to metals, the copper IUD may not be a safe option for you. Make sure to discuss this allergy with your provider.

How Well Does It Prevent Pregnancy?

The copper IUD is more than 99% effective at preventing pregnancy.

Deployment Considerations

- No maintenance required – you don't need to do anything extra to be protected from pregnancy, once your IUD has been inserted
- The copper IUD allows total privacy over your birth control method.
- This method may cause heavy periods and more menstrual cramps, which may be uncomfortable or bothersome while deployed.

PROS OF THE COPPER IUD

- Over 99% effective.
- You are protected from pregnancy for up to 12 years after one insertion.
- No upkeep required.
- A provider can remove your IUD at any point if you wish to change methods or become [pregnant](#).
- The copper IUD has no hormones.

CONS OF THE COPPER IUD

- You may experience cramps and discomfort during placement.
- You may have cramps and heavy periods with the copper IUD.
- The copper IUD does not protect you from [STIs](#).

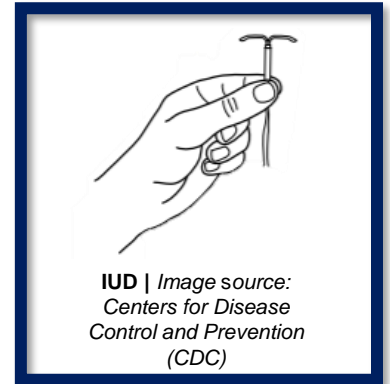


What birth control may be right for you?

Progestin IUD

How Do I Use It?

- The progestin IUD is a T-shaped plastic rod inserted through the vagina into the uterus by a health care provider.
- The progestin IUD doesn't take full effect until 7 days after it is inserted. For 7 days after your IUD is inserted, use condoms or continue your pills/patch/ring as back-up contraception.
- The progestin IUD works for 3 - 7 years, depending on which IUD you choose.
- Some people like to check their IUD's string after each period. To check, insert a finger into your vagina and feel for the cervix. (It feels like the tip of your nose.) You should feel the string near your cervix. Do not pull on the string.



What Else Should I Know?

- You may experience cramps and discomfort during placement, and you must wait 24 hours after the IUD is placed before you can use tampons or have sex.
- You may have cramps and spotty periods for the first few months.
- You may stop having periods with the progestin IUD.
- You will not feel the IUD inside of you.
- The progestin IUD does not protect you from sexually transmitted infections (STIs).
- Clinical research demonstrates that levonorgestrel-releasing 52 mg intrauterine devices Liletta® and Mirena® are a safe and effective choice for emergency contraception. Please note that Kyleena® and Skyla® have not been researched for use as emergency contraception.

How Well Does It Prevent Pregnancy?

The progestin IUD is more than 99% effective at preventing pregnancy.

Deployment Considerations

- No maintenance required - you do not need to do anything extra to be protected from pregnancy once your IUD has been inserted.
- The progestin IUD allows total privacy over your birth control method.
- This method may stop you from experiencing a period, which may be beneficial while deployed.

PROS OF THE PROGESTIN IUD

- Over 99% effective.
- You are protected from pregnancy for up to 7 years after one insertion.
- No upkeep required.
- A provider can remove your IUD at any point if you wish to change methods or become pregnant.
- You may stop having periods with the progestin IUD.

CONS OF THE PROGESTIN IUD

- You may experience cramps and discomfort during placement.
- The progestin IUD does not protect you from sexually transmitted infections (STIs).

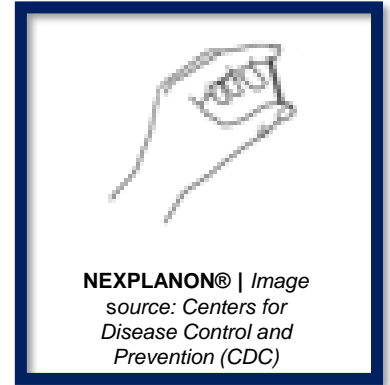


What birth control may be right for you?

NEXPLANON® Implant

How Do I Use It?

- The progestin implant is a thin plastic tube about the size of a matchstick.
- After numbing your skin, a health care provider inserts the implant under the skin of your upper arm.
- You should keep the wound clean and dry for at least 24 hours after you have the implant inserted.
- You should use condoms as back-up during the first 7 days after you get the implant.
- Each implant lasts up to 5 years.



What Else Should I Know?

- The implant causes periods to change or stop. Most people have off-and-on spotting. Spotting may last until you have the implant removed. This is normal.
- A few people experience mood changes, weight gain, headaches, and/or acne.
- Most implants cannot be seen, but you can feel it if you touch the skin over the implant.
- NEXPLANON® does not protect you from [sexually transmitted infections](#) (STIs).

How Well Does It Prevent Pregnancy?
NEXPLANON® is more than 99% effective at preventing pregnancy.

Deployment Considerations

- No maintenance required - you do not need to do anything to be protected from pregnancy once the implant has been inserted.
- NEXPLANON® allows total privacy over your birth control method.
- This method may stop you from experiencing a period, which may be beneficial while deployed.

PROS OF NEXPLANON®

- Over 99% effective.
- You are protected from pregnancy for up to 5 years after insertion.
- No upkeep required.
- A provider can remove NEXPLANON® at any point if you wish to change methods to become pregnant.
- You may stop having periods with NEXPLANON® .

CONS OF NEXPLANON®

- A few people experience mood changes, weight gain, headache, and/or acne.
- You may experience irregular and unpredictable bleeding.
- NEXPLANON® does not protect you from [STIs](#).

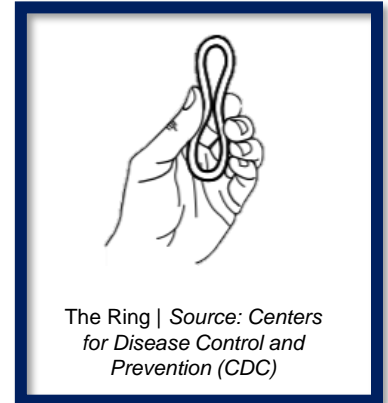


What birth control may be right for you?

Annovera® “The Ring”

How Do I Use It?

- Annovera® is a reusable, soft, flexible, ring that you insert into your vagina.
- Annovera® should be placed in the vagina and left in place for 21 continuous days and then removed for 7 days, at which time you may experience a period.
- The same ring can be washed and then inserted for another three weeks repeatedly for a full year (13 cycles).
- If Annovera® is out of your vagina for more than 2 hours at one time or at different times that add up to more than 2 hours over the first 21 days of your cycle, then you will need to use another method of birth control, such as condoms or spermicide.



What Else Should I Know?

- Annovera® is designed to be worn during sex, but if you prefer, you can remove it for up to 2 hours.
- Annovera® does not require a health care visit for insertion or removal. You can easily remove Annovera® on your own if you change your mind about taking birth control.
- Most women don't feel Annovera® once it is in place in the body.
- Annovera® should be washed with mild soap and water and rinsed and patted dry with a clean cloth towel or paper towel prior to each insertion and at each removal.
- Annovera® does not protect you from [sexually transmitted infections](#) (STIs).

How Well Does It Prevent Pregnancy?
Annovera® is 97.3% effective at preventing pregnancy.

Deployment Considerations

- You need to remember to remove and re-insert Annovera® on the appropriate dates.
- You need access to space to wash, insert, and remove Annovera® as needed.
- Annovera® comes with a small case for convenient and discreet storage. It looks like a makeup compact case.
- You may experience a period for the 7 days that Annovera® is not inside your vagina.

PROS OF ANNOVERA®

- Annovera® does not require a health care visit for insertion or removal.
- You can remove and stop using Annovera® at any point if you wish to change methods to become pregnant.
- Annovera® allows you to re-use the same vaginal ring for 13 months.
- Annovera® can be kept in place continuously to suppress periods, but you may have some intermittent spotting.

CONS OF ANNOVERA®

- You need to remember to remove and re-insert Annovera® on the appropriate dates.
- Annovera® does not protect you from STIs.
- You may experience a period for the 7 days that Annovera® is not inside your vagina.

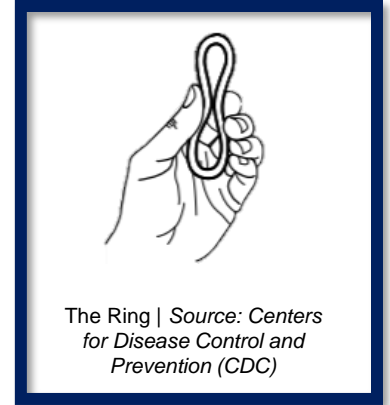


What birth control may be right for you?

NuvaRing® “The Ring”

How Do I Use It?

- NuvaRing® is a small, bendable, plastic circle that contains estrogen and progestin (the same hormones in the pill) that you insert into your vagina.
- You leave the ring in your vagina for 3 weeks, remove it for the 4th week, and insert a new ring at the end of the 4th week.
- Most women get their period during the ring-free week.
- Store NuvaRing® at room temperature for up to 4 months after you receive it and throw it away if the expiration date on the label has passed.
- If you put your first ring in within 5 days after the start of your period, you are protected against pregnancy right away.
- If you put your first ring in more than 5 days after the start of your period, you should use condoms as back-up for the first 7 days.



What Else Should I Know?

- Because the ring has enough hormones to last 35 days, you can leave it in for a little over 3 weeks to change the ring on the same day of each month (for instance, March 1st, April 1st, May 1st, etc.).
- You can skip a period by removing the old ring at the end of the 3rd week and inserting the new ring on the same day instead of having a ring-free week.
- Don't flush the ring down the toilet, it will clog the toilet.
- NuvaRing® is designed to be worn during sex, if it falls out or you chose to remove it, do not leave it out for more than 3 hours or you may not be protected from pregnancy.

How Well Does It Prevent Pregnancy?

NuvaRing® is 91% effective at preventing pregnancy.

Deployment Considerations

- NuvaRing® must be stored at room temperature between 68°F to 77°F (20°C to 25°C). This may be difficult in certain deployed environments.
- You need to remember to remove your NuvaRing® every 3 weeks.
- You will need to ensure that your NuvaRing® supply won't expire while you're deployed.
- You can easily and safely skip periods with NuvaRing®.

PROS OF NUVARING®

- The hormones in NuvaRing® may reduce menstrual cramps and make periods lighter and more regular.
- NuvaRing® may also help reduce acne.
- You can easily skip your period while using NuvaRing®.
- You can take out NuvaRing® at any point if you wish to change methods or become pregnant.

CONS OF NUVARING®

- You need to remember to remove and re-insert NuvaRing® on the appropriate dates.
- You need to store your NuvaRing® supply at the right temperature and replace your supply every four months.
- NuvaRing® does not protect you from [sexually transmitted infections](#) (STIs).



What birth control may be right for you?

Oral Contraception “The Pill”

How Do I Use It?

- Birth control pills come in a pack, and you take 1 pill every day, at the same time every day.
- There are 2 types of birth control pills (combination pills and progestin-only pills), and many different brands.
- You can start taking birth control pills as soon as you get them, but when you'll be protected from pregnancy depends on when you start and the kind of pill you're using. You may need to use a backup birth control method for up to the first 7 days.
- The last pills in 28-day packs of combination pills do not have hormones in them. These pills are called "reminder" or "placebo" pills — they help remind you to take your pill every day and start your next pack on time.



What Else Should I Know?

- Skipping your period with the 28-day pill pack is safe and super easy. Just take a pill with hormones every day and skip your hormone-free “reminder” pills to go straight into your next pack.
- If you have a 21-day pack, it's important to take every pill in a 21-day pack because there are no reminder (hormone-free) pills.
- You may have some bleeding or spotting when you use the pill to skip your period — that's totally normal. There's nothing dangerous or harmful about using the pill to skip your period.
- You must take progestin-only pills within the same 3 hours every day to be protected from pregnancy. One type of progestin-only pill has to be taken within the same 24 hours every day to reliably be protected from pregnancy
- The pill does not protect you from [sexually transmitted infections](#) (STIs).
- DHA-PI 6200.02 allows the pharmacy to dispense a year's worth of contraception if your provider prescribes it, so you do not have to return to the pharmacy every 3 months.

How Well Does It Prevent Pregnancy?

The pill is 91% effective at preventing pregnancy.

Deployment Considerations

- You need enough pills to last the entire length of your deployment, which may require additional packs if you plan to skip the placebo pills in a 28-day pack. (Be sure to ask your health care provider to prescribe additional packs if you skip the placebo week; for example, a year's worth would be 18 packs)
- You need to remember to take the pill every single day at the same time each day.
- You can easily and safely skip periods with the pill.

PROS OF THE PILL

- The hormones in the pill can reduce menstrual cramps and make your period lighter.
- The pill may also help reduce acne.
- You can easily skip your period while using the pill.
- You can stop taking the pill at any point if you wish to change methods or become pregnant.

CONS OF THE PILL

- You need to remember to take the pill every single day.
- If you forget to take your pill, you may need to use back-up contraception or emergency contraception.
- You will need to refill your prescription, with the frequency depending on your prescription and pharmacy stock.
- The pill does not protect you from STIs.

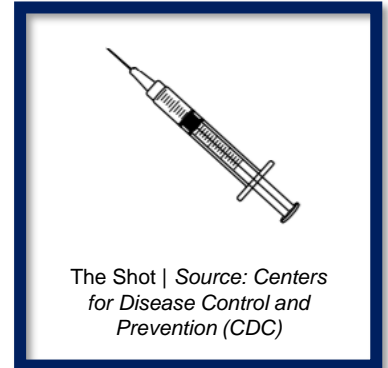


What birth control may be right for you?

Depo Provera® “The Shot”

How Do I Use It?

- An injection containing progestin is administered by a provider every 3 months (or 12 weeks) in the arm or buttocks.
- You need to use another form of birth control (like condoms) for the first week after getting the shot for the first time. As long as you get your next shots on time, you won't need a backup method of birth control after that first week.



What Else Should I Know?

- If you're 2 or more weeks late getting your shot, your doctor or nurse may ask you to take a pregnancy test, or tell you to use emergency contraception if you had vaginal sex in the previous 120 hours (five days).
- Lots of people who use the shot stop getting their period altogether after about a year of using it. This, like all the side effects of the shot, goes away after you stop getting the shot. Your period should go back to normal within a few months after your last shot wears off.
- If you decide that you want to get pregnant right away after you stop getting the shot, you should know the shot may delay your ability to get pregnant by up to 10 months.
- The shot does not protect you from [sexually transmitted infections](#) (STIs).

How Well Does It Prevent Pregnancy?

The shot is 94% effective at preventing pregnancy.

Deployment Considerations

- It may be very challenging to maintain regular health care appointments to get the shot every 12 weeks while deployed.

PROS OF THE SHOT

- The shot may make your periods shorter and lighter. After the first 2-3 shots, you may have no period at all. This is normal.
- If you use it correctly, you only have to think about birth control 4 times a year.
- If you do get the shot in a doctor's office, you don't have to deal with packaging or any other evidence of birth control, so nobody has to know that you're using it.

CONS OF THE SHOT

- You may experience extra and/or heavy bleeding & weight gain, especially when you first start using the shot.
- You need to remember to get a shot from a provider or administer one to yourself every 12 weeks.
- The shot doesn't change your ability to get pregnant in the long run, but it can cause a delay of about 10 months in being able to get pregnant after stopping it.
- The shot does not protect you from STIs.

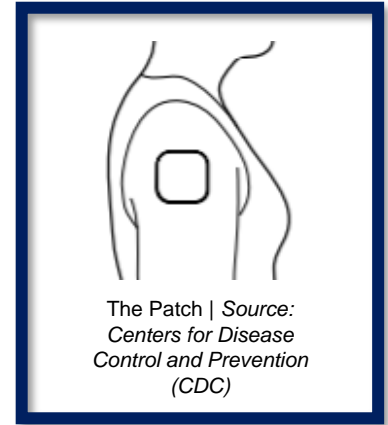


What birth control may be right for you?

The Patch

How Do I Use It?

- Stick a new patch to clean, dry skin on your belly, upper outer arm, buttocks, or back — but NOT your breast.
- Wear the patch for 1 week (7 days), then take off the patch and put on a new one. Each pack will have 3 weekly patches in it.
- Change your patch once a week for 3 weeks straight.
- Be sure to put on a new patch on the same day every week — this will be your “patch change day.”
- Always put the patch on clean, dry skin, and don't use lotion, oils powder, or makeup on the skin where you put your patch — they could keep the patch from sticking.
- Check your patch every day to make sure it is sticking.



What Else Should I Know?

- You need to use another form of birth control (like condoms) for the first week after you start using the patch.
- Don't wear a patch during the fourth week — that's when you'll get your period. After 7 patch-free days, put on a new patch again. It's really important to put your new patch on right after your patch-free week, or you'll be at risk for pregnancy.
- It is not recommended to skip periods with patch use because it may increase your risk of blood clots.
- If the patch falls off or you forget to change your patch on time, you may need to use back-up contraception for seven days or use emergency contraception.
- The patch does not protect you from [sexually transmitted infections](#) (STIs).

How Well Does It Prevent Pregnancy?

The patch is 91% effective at preventing pregnancy. However, there is potential decreased effectiveness with weight greater than 198 lbs.

Deployment Considerations

- Your patches must be stored at room temperature away from the sunlight.
- If you are in water frequently or sweat a lot, you may have problems with the patch's adhesive, which means it may not provide adequate protection against pregnancy.
- The patch is visible on the skin, so it is not as private as other birth control options.
- You will need an adequate supply of patches to last your deployment; ask your provider to write for the pharmacy to dispense 12 months worth (allowed under DHA PI 6200.02)

PROS OF THE PATCH

- You can remove and stop using the patch at any point if you wish to change methods or become pregnant.
- The patch may help with acne, make your periods lighter and more regular, and ease menstrual cramps.

CONS OF THE PATCH

- You need to check your patch each day to make sure it is still sticking and change your patch each week.
- Deployment activities that involve swimming or sweating may make using the patch difficult.
- The patch is visible on the skin, so it is not as private as other birth control options.



What birth control may be right for you?

Male Condoms

How Do I Use It?

- Check the expiration date printed on the wrapper or box.
- Open condoms carefully so you don't damage them — don't use your teeth or scissors.
- Make sure the condom is ready to roll on the right way: the rim should be on the outside so it looks like a little hat, and it will unroll easily.
- Pinch the tip of the condom and place it on the head of the penis. Leave a little bit of space at the top to collect semen
- Unroll the condom down the shaft of the penis all the way to the base.
- Wear the condom the whole time you're having sex.
- After ejaculation, be sure your partner is holding onto the rim of the condom when pulling out of your body.



What Else Should I Know?

- Using condoms every time you have oral, anal, or vaginal sex is the best way to reduce your chances of getting or spreading STIs.
- Condoms protect you and your partners from STIs by preventing contact with bodily fluids (like semen and vaginal fluids) that can carry infections.
- Because condoms cover the penis, they help protect against certain STIs like herpes and genital warts that are spread through skin-to-skin contact (but they're somewhat less effective with these because they don't cover all your skin).
- Don't keep condoms in your wallet, as the friction can damage them.
- Because condoms can break, be sure to keep more than one on hand.
- Men aren't the only ones responsible for buying and keeping condoms!
- Always check the expiration date and make sure there aren't holes in the packaging before opening your condom. If a condom is torn, dry, stiff, or sticky, throw it away.

How Well Does It Prevent Pregnancy?

Male condoms are 85% effective at preventing pregnancy.

Deployment Considerations

- Condoms must be stored in a cool, dry place away from any sharp objects and direct sunlight.
- Excessive heat and moisture can damage condoms over time.

PROS OF MALE CONDOMS

- Condoms are the only form of birth control that prevent STIs.
- Condoms are easy to find at health centers and convenience stores.
- You don't need a prescription or ID to buy them.
- Adding condoms to your birth control lineup can give you extra pregnancy protection.

CONS OF MALE CONDOMS

- In order for condoms to work well, you have to use them correctly, the whole time, every time you have sex.
- You need to be sure you have a condom with you when you want to have intercourse.
- Condoms are not as effective at preventing pregnancy as other contraception options.



What birth control may be right for you?

Female / Internal Condoms

How Do I Use It?

- Check the expiration date on the package, and then open it carefully.
- If you're putting the condom in your anus, remove the inner ring. If you're putting the condom in your vagina, leave the ring in.
- Relax and get into a comfortable position.
- If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in like a tampon. Push the inner ring into your vagina as far as it can go, up to your cervix.
- If it's going in your anus, just push the condom in with your finger.
- Make sure the condom isn't twisted. Pull out your finger and let the outer ring hang about an inch outside the vagina or anus.
- Hold the condom open as the penis or sex toy is going into the condom to make sure it doesn't slip to the side between the condom and your vagina or anus.
- If there's semen in the condom, twist the outer ring (the part that's hanging out) to keep the semen inside the pouch.
- Gently pull it out of your vagina or anus, being careful not to spill the semen if there is any.



What Else Should I Know?

- Using condoms every time you have oral, anal, or vaginal sex is the best way to reduce your chances of getting or spreading sexually transmitted infections.
- Condoms protect you and your partners from STIs by preventing contact with bodily fluids that can carry infections.
- Condoms also help protect against certain STIs that are spread through skin-to-skin contact (but they're somewhat less effective with these because they don't cover all your skin).
- Always check the expiration date and make sure there aren't holes in the packaging before opening your condom. If a condom is torn, dry, stiff, or sticky, throw it away.

How Well Does It Prevent Pregnancy?

Female condoms are 79% effective at preventing pregnancy.

Deployment Considerations

- Condoms must be stored in a cool, dry place away from any sharp objects and direct sunlight.
- Excessive heat and moisture can damage condoms over time.

PROS OF FEMALE CONDOMS

- Condoms are the only form of birth control that prevent STIs.
- You can insert the internal condom ahead of time.
- Since all the other condoms out there are worn on a penis, many women love that there's a condom they can control.
- Even if your partner doesn't want to wear a condom, you can still protect yourself.

CONS OF FEMALE CONDOMS

- In order for condoms to work well, you have to use them correctly, the whole time, every time you have sex.
- You need to have a condom with you when you want to have intercourse.
- Some people may feel irritation on their vagina, vulva, penis or anus when they use the internal condom. It's typically just caused by friction, so using a water-based lubricant may help.

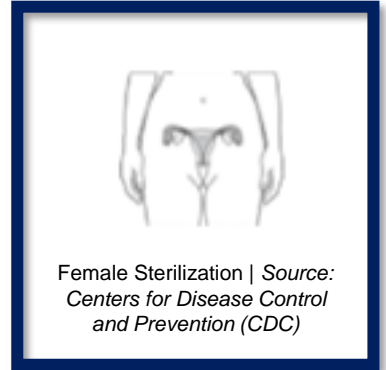


What birth control may be right for you?

Female Sterilization

How Do I Use It?

- Tubal ligation is a surgical procedure that permanently closes or blocks your fallopian tubes. When the fallopian tubes are blocked after a tubal ligation, sperm can't get to an egg to cause pregnancy.
- You still get your period after tubal ligation — you just can't get pregnant.
- Most women can safely get sterilized. Your doctor will talk with you about your health to make sure sterilization is right for you.
- You should only get sterilized if you're totally sure you don't want to be able to have kids for the rest of your life.
- Tubal ligation won't protect you or your partners from [sexually transmitted infections](#) (STIs).



What Else Should I Know?

- Reversals are not routinely covered by TRICARE and are rarely performed by military health care providers. If a reversal is done, the procedure is not always successful.
- **Sterilization may *not* be a good choice for you if:**
 - There's any chance you'll want to get pregnant in the future.
 - You're being pressured by your partner, friends, or family.
 - You hope sterilization will solve problems that may be temporary — like marriage or sexual issues, short-term mental or physical illnesses, or money problems.

How Well Does It Prevent Pregnancy?

Tubal ligation is 99% effective at preventing pregnancy.

Deployment Considerations

- You may need time to recover from the procedure before a deployment.

PROS OF FEMALE STERILIZATION

- Tubal ligation is permanent and one of the most effective kinds of birth control out there
- After you get sterilized and the doctor says it's safe for you to have sex without birth control, that's pretty much it — you never have to use birth control again.
- Tubal ligation doesn't use hormones to prevent pregnancy. It won't cause menopause, change your periods, or mess with your natural hormones.
- if you choose to have your tubes removed entirely (vs. blocked), it can reduce your risk of ovarian cancer.

CONS OF FEMALE STERILIZATION

- Although SOMETIMES they can be reversed, sterilization procedures are permanent.
- You should only get sterilized if you're totally certain you never want to get pregnant for the rest of your life.
- Sterilization does not protect you from STIs.
- Sterilization does not give you the opportunity to practice [menstrual suppression](#).

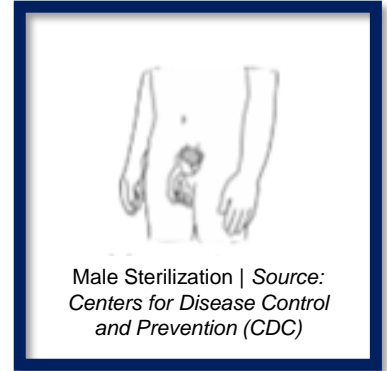


What birth control may be right for you?

Male Sterilization

How Do I Use It?

- A vasectomy involves cutting each vas deferens (the tube that sperm move through to get to the penis).
- To expose the vas deferens a small puncture is made through the scrotum skin after numbing and then the vas is either cut, tied or clipped. You typically wear a jock strap or supportive underwear and avoid strenuous exercise for seven days.
- You should use a back up contraceptive method until you have had 20 ejaculations (typically 3 months), and a confirmation semen analysis to confirm there are no sperm.



What Else Should I Know?

- Vasectomies are meant to be permanent — so they usually can't be reversed. You should only get a vasectomy if you're 100% positive you don't want to have a biological child later in life.
- A vasectomy won't protect you or your partners from [sexually transmitted infections](#) (STIs).
- **A vasectomy may not be a good choice for you if:**
 - You may want to have a child biologically in the future.
 - You're being pressured by your partner, friends, or family.
 - You hope a vasectomy will solve problems — such as marriage or sexual problems, short-term mental or physical illnesses, financial stress, or being out of work.

How Well Does It Prevent Pregnancy?
A vasectomy is 99% effective at preventing pregnancy.

Deployment Considerations

- It takes about 3 months for the semen to become sperm-free.
- Men may need time to recover from the procedure before a deployment.

PROS OF MALE STERILIZATION

- Sterilization is permanent and the most effective method of birth control out there for men.
- A vasectomy is really effective because it's designed to be permanent, and you can't forget to use it or mess it up. It prevents pregnancy round the clock for the rest of your life.

CONS OF MALE STERILIZATION

- Sterilization is meant to be permanent.
- You should only get sterilized if you're totally certain you never want to have a biological child the rest of your life.
- Sterilization does not protect you from STIs.
- Vasectomies are super safe, and very few people have complications. But like all medical procedures, there are some possible risks. The most common risks with a vasectomy are minor and treatable.

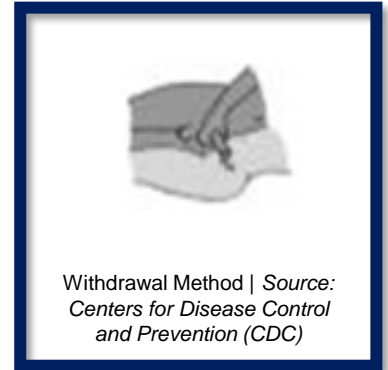


What birth control may be right for you?

Withdrawal Method

How Do I Use It?

- Pulling out is exactly what it sounds like: pulling the penis out of the vagina before ejaculation (a.k.a. cumming). If semen (cum) gets in your vagina, you can get pregnant. So ejaculating away from a vulva or vagina prevents pregnancy. But your partner has to be sure to pull out before any semen comes out, every single time you have vaginal sex, in order for it to work.
- The best way to make the pull out method effective is to use it with another type of birth control (like the ring, pill, or condoms). This way, if there's a slip up, you're still protected.
- The penis has to be all the way out of your vagina before he ejaculates, and then he has to ejaculate (cum) away from your vulva and vagina. This sounds like no big deal, but it can actually be difficult lots of the time.



What Else Should I Know?

- Withdrawal also takes a lot of self-control — your partner has to be willing and able to stop having sex before ejaculating (cumming).
- So in order to use the pull out method correctly, your partner must know exactly when semen is going to come out of his penis — and he has to be able to pull his penis out of the vagina before it happens.
- It's important for your partner to understand his body and sexual responses really well, so he can feel when he reaches the point of ejaculation. This can be a big challenge, especially for people who are young or not sexually experienced.
- While withdrawal can prevent pregnancy, it doesn't protect you against [sexually transmitted infections](#) (STIs). Some STIs, like genital warts and herpes, are spread through skin-to-skin contact. And STIs like chlamydia, syphilis, or gonorrhea can be carried in pre-cum.
- Sometimes pre-ejaculate (pre-seminal fluid or pre-cum) can contain sperm, so even if your partner pulls out, it may not prevent pregnancy.

How Well Does It Prevent Pregnancy?
The withdrawal method is 78% effective at preventing pregnancy.

PROS OF WITHDRAWAL METHOD

- The withdrawal method is free and always available.
- The withdrawal method is hormone-free and has no side effects.

CONS OF WITHDRAWAL METHOD

- It's hard to pull out in time. Your partner has to pull out right around the time those pleasurable sex feelings are the most intense, which many people aren't willing to do when it comes time.
- The pull out method is not a good way to prevent pregnancy if you experience premature ejaculation
- Self-control and trust are absolute musts for the pull out method. You need to have a healthy relationship, where both partners are equally committed to preventing pregnancy, to use withdrawal correctly.



What birth control may be right for you?

Fertility Awareness Methods (FAMs)

How Do I Use It?

- FAMs help you track your menstrual cycle so you'll know when your ovaries release an egg every month (this is called ovulation).
- The days near ovulation are your fertile days — when you're most likely to get pregnant. So people use FAMs to prevent pregnancy by avoiding sex or using another birth control method (like condoms) on those "unsafe," fertile days.
- There are a few different FAMs that help you track your fertility signs. You can use 1 or more of these methods to predict when you'll ovulate:
 - **The Temperature Method:** you take your temperature in the morning every day before you get out of bed.
 - **The Cervical Mucus Method:** you check your cervical mucus (vaginal discharge) every day.
 - **The Calendar Method:** you chart your menstrual cycle on a calendar.
- It's most effective to combine all 3 of these methods.



What Else Should I Know?

- The better you are about using FAMs the right way — tracking your fertility signs daily and avoiding sex or using birth control on "unsafe" days — the more effective they'll be. But there's a chance that you'll still get pregnant, even if you always use them perfectly.
- FAMs are most effective when:
 - You work with a nurse, doctor, or counselor who knows FAMs well to learn how to use them correctly.
 - You have the time and discipline to check your fertility signs and chart your cycle every day.
 - You and your partner don't mind avoiding vaginal sex or using another kind of birth control around your fertile days.

How Well Does It Prevent Pregnancy?

FAMs are 68-77% effective at preventing pregnancy.

Deployment Considerations

- A very busy lifestyle makes it very difficult to track the necessary indicators to follow a FAM.
- While deployed, you may not have the time to dedicate tracking your cycle and fertility every single day.

PROS OF FAMs

- Because you're not taking any medicine, they're completely safe and have no side effects.

CONS OF FAMs

- You need to track your cycle every day.
- You have to learn a lot about your menstrual cycle. You have to know when you're ovulating and fertile.
- FAMs don't work as well for people who can't track their fertility signs daily, or aren't willing to avoid having sex on fertile days. They're also not good methods for people with irregular menstrual cycles.
- FAMs do not prevent [sexually transmitted infections](#) (STIs).



Emergency Contraception: Which EC is right for me?

	Copper Intrauterine Device (IUD)	Hormonal IUDs: Liletta® and Mirena®	ella®	Plan B One-Step®
Effectiveness	Most Effective	Most Effective	Highly Effective	Less Effective
When to Use	Up to 5 days after unprotected sex	Up to 5 days after unprotected sex	Up to 5 days after unprotected sex	<ul style="list-style-type: none"> Up to 3 days after unprotected sex Less effective on days 4 and 5, but you can still use it
Who Can Use	All women	All women	<ul style="list-style-type: none"> All women (unless breastfeeding) May be less effective for women with a body mass index (BMI) > 30 	<ul style="list-style-type: none"> All women (unless breastfeeding) Likely less effective for women with a BMI > 30
How to Get	Inserted vaginally by a provider	Inserted vaginally by a provider	Need a prescription from your provider	Available to anyone at your local drug store without a prescription
Additional Information	Provides safe and effective birth control for up to 12 years	<ul style="list-style-type: none"> Clinical research demonstrates Liletta® and Mirena® are a safe and effective choice for EC. Kyleena® and Skyla® have not been researched for use as emergency contraception Provides safe and effective birth control for up to 7 years 	<ul style="list-style-type: none"> It is recommended that either NEXPLANON® or depot medroxyprogesterone be delayed until 5 days after taking ella® Use back up method (condoms) if you have sex 	<ul style="list-style-type: none"> Do not use if you have already used ella® since your last period Can begin using any form of birth control immediately after taking Plan B®

Click [here for potential outcomes for ella® and Plan B One-Step®](#)

Click [here for more information on copper IUD](#)

Click [here for more information on hormonal IUD](#)

Click [here for Emergency Contraception Decision-Making Process Resource](#)

Click here for [Emergency Contraception quick reference guide](#)

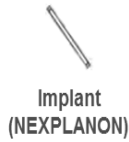


Effectiveness of Birth Control Options

More effective



Less than 1 pregnancy per 100 women in one year
(99%+ effectiveness)



How to use your method

After procedure, minimal maintenance needed in this category

Vasectomy and female sterilization: Use another method for first 3 months. Acts as permanent contraception.

Implant and IUDs: Effective for up to 10 years. Can be removed at any time, but cannot be maintained for more than 10 years.

6-12 pregnancies per 100 women in one year
(90-92% effectiveness)



Injections: Get repeat injections every 3 months

Pills: Take a pill at the same time each day

Patch or ring: Keep in place for 3 weeks, remove on 4th week

Diaphragm: Use as instructed every time you have vaginal sex

18 or more pregnancies per 100 women in one year
(80-85% effectiveness)



Condoms, sponge, withdrawal, cervical caps, spermicides: Use as instructed every time you have vaginal sex.

Condoms provide protection against some STIs.

Fertility-awareness based methods: Abstain or use condoms on fertile days (11-16 days into menstrual cycle)

Less effective

Contraception Option Images | Source: Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA)



Military Abortion Information for Patients

What is the Navy Policy on Abortion Services?

- By law, elective abortion services cannot be performed in military medical treatment facilities nor can federal funds be used to pay for this service.
- Abortion can be performed with the use of federal funds (ie, at a military medical treatment facility or if it cannot be done at a military medical treatment facility, in a civilian facility covered by Tricare) in cases of rape, incest, or for life of the pregnant woman.
- The health care provider may determine (good faith belief) that the pregnancy was the result of rape or incest; if later, it is determined that the pregnancy was not found to be the result of rape or incest (such as if it went to trial), the provider is not held liable for the use of federal funds if they made a good faith determination.
- Abortion services must be provided within 7 days from when the patient presents.
- Privacy must be kept for the patient (the chain of command does not need to be notified) in the case of rape or incest if the patient wishes to file a restrictive report.
- Providers can refuse on moral grounds to perform an abortion if they are uncomfortable, but must immediately refer to another provider. If they are the only provider available and the life of the pregnant woman is at risk, they are obligated to perform the procedure.
- If overseas, the military medical treatment facility must follow the country's abortion policies/laws.
- If the military medical treatment facility cannot perform the procedure, the facility must refer the patient to a facility (civilian) that can perform the procedure.

What is TRICARE Policy Regarding Abortion Services?

TRICARE covers abortions only when:

- The pregnancy is the result of an act of rape or incest. A physician must note in the patient's medical record that it is their good faith belief, based on all available information, that the pregnancy was the result of an act of rape or incest.
- The life of the pregnant woman is at risk. The physician must certify that the abortion was performed because the life of the pregnant woman would be endangered if the fetus were carried to term.
- TRICARE also covers medical and/or [mental health](#) services related to the covered abortion.

You can get covered abortions from TRICARE-authorized providers including:

- Hospital outpatient departments
- Freestanding ambulatory surgery centers
- Individual providers

TRICARE doesn't cover:

- Services and supplies related to a non-covered abortion
- Counseling, referral, preparation and follow-up for a non-covered abortion
- Abortions for fetal abnormality or for psychological reasons



Why Can't Military Medical Facilities Perform or Fund Elective Abortions?

U.S. Code 1093, states that no Department of Defense (DoD) facility or funds may be used for abortion except when the life of a woman is at risk; or if a pregnancy is the result of rape or incest

How much does an abortion cost? (when the pregnancy is not in cases of rape or incest):

In 2011–2012, the median cost of a surgical abortion at 10 weeks' gestation was \$495, and an early medication abortion cost \$500.

How does the abortion pill work?

"Abortion pill" is the popular name for using two different medicines to end a pregnancy: mifepristone and misoprostol. Your doctor or nurse will give you the first pill, mifepristone, at the clinic. Pregnancy needs a hormone called progesterone to grow normally. Mifepristone blocks your body's own progesterone. You may also get some antibiotics.

You use the second medicine, misoprostol, 24-48 hours later, at home. This medicine causes cramping and bleeding to empty the uterus. It's kind of like having a really heavy, crampy period, and the process is very similar to an early miscarriage.

How effective is the abortion pill?

The abortion pill is very effective. For people who are 8 weeks pregnant or less, it works about 98 out of 100 times. From 8-9 weeks pregnant, it works about 96 out of 100 times. From 9-10 weeks, it works 93 out of 100 times.

The abortion pill usually works, but if it doesn't, you can take more medicine or have an [in-clinic abortion](#) to complete the abortion.

When can I take the abortion pill?

You usually can get a medication abortion up to 70 days (10 weeks) after the first day of your last period. If it has been 71 days or more since the first day of your last period, you can have an [in-clinic abortion](#) to end your pregnancy.

Why do people choose the abortion pill?

Which kind of abortion you choose all depends on your personal preference and situation. With medication abortion, some people like that you don't need to have a procedure in a doctor's office. You can have your medication abortion at home or in another comfortable place that you choose. You get to decide who you want to be with during your abortion, or you can go it alone. Because medication abortion is similar to a miscarriage, many people feel like it's more "natural" and less invasive. Your doctor, nurse, or health center staff can help you decide which kind of abortion is best for you.

What are the types of in-clinic abortions?

In-clinic abortion works by using suction to take a pregnancy out of your uterus. There are a couple of kinds of in-clinic abortion procedures. Your doctor or nurse will know which type is right for you, depending on how far you are into your pregnancy. Suction abortion (also called vacuum aspiration) is the most common type of in-clinic abortion. It uses gentle suction to empty your uterus. It's usually used until about 14-16 weeks after your last period.

Dilation and Evacuation (D&E) is another kind of in-clinic abortion procedure. It uses suction and medical tools to empty your uterus. You can get a D&E later in a pregnancy than aspiration abortion -- usually if it has been 16 weeks or longer since your last period.



How effective are in-clinic abortions?

In-clinic abortions are extremely effective. They work more than 99 out of every 100 times. Needing to get a repeat procedure because the abortion didn't work is really rare.

When can I get an in-clinic abortion?

How early you can get an abortion depends on where you go. In some places, you can get it as soon as you have a positive pregnancy test. Other doctors or nurses prefer to wait until 5-6 weeks after the first day of your last period.

How late you can get an abortion depends on the laws in your state and what doctor, abortion clinic, or Planned Parenthood health center you go to. It may be harder to find a health care provider who will do an abortion after the 12th week of pregnancy, so it's best to try to have your abortion as soon as possible.

Why do people choose an in-clinic abortion?

Which kind of abortion you choose all depends on your personal preference and situation. Some people choose in-clinic abortion because they want to have their procedure done at a health center, with nurses, doctors, and trained support staff there the whole time. (With the abortion pill, you have the abortion at home.) In-clinic abortions are also much faster than the abortion pill: most in-clinic abortions only take about 5-10 minutes, while a medication abortion may take up to 24 hours to complete. Your nurse, doctor, or health center counselor can help you decide which kind of abortion is best for you.

Does a service member have to notify their chain of command about her pregnancy or abortion?

Per SECNAV Instruction 1000.10A (September 9, 2005), a servicewoman who suspects she is pregnant is responsible for promptly confirming her pregnancy through testing by an appropriate medical provider and information her commanding officer of confirmation. However, if the pregnancy is due to rape or incest and the patient files a restricted report, she does not have to disclose the pregnancy to her command.

Resources:

Planned Parenthood education for patients and providers - <https://www.plannedparenthood.org/learn/abortion>

Association of Reproductive Health Professionals - resources for providers and patients
<http://www.arhp.org/Topics/Abortion>

ACOG handout for patients - <https://www.acog.org/Patients/FAQs/Induced-Abortion>

National Abortion Federation - <https://prochoice.org/>

Guttmacher: state laws on abortion including minors - http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

U.S. Navy maternity and leave policy - <https://www.navy.mil/blogs/navadmin-046-16>

TRICARE Abortion Coverage - <https://tricare.mil/CoveredServices/IsItCovered/Abortions>

TRICARE Policy Manual 6010.60-M (April 1, 2015) Chapter 2, Sec 18.3, Abortions
http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=15&Type=AsOf&Filename=C4S18_3.PDF&highlight=xml%3dhttp%3a%2f%2fmanuals.tricare.osd.mil%2fpages%2fPDFHighlighter.aspx%3fDocId%3d4790%26Index%3dD%253a%255cIndex%255cTP15%26HitCount%3d24%26hits%3d11%2b4f%2b6d%2bca%2bea%2bec%2b103%2b10e%2b13f%2b173%2b1b9%2b1e5%2b1eb%2b1f1%2b280%2b28d%2b293%2b29a%2b2b5%2b2da%2b2dd%2b2e8%2b2eb%2b35c%2b



Summary of abortion access/laws around the world

<https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/AbortionMap2014.PDF>

CDC : 2014 Abortion Statistics - https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm?s_cid=ss6624a1_w

List of places that provide abortion in the United States - http://www.abortion.com/abortion_clinics_country.php?country=United+States

NARAL Pro-Choice America resources available on State Legislation www.prochoiceamerica.org

Reproductive rights law and policy www.reproductiverights.org/resources

Abortion Care Network – abortion provider resources www.abortioncarenetwork.org

BUMED INSTRUCTION 6300.16A (Navy Abortion Policy 2014) - <http://www.med.navy.mil/directives/ExternalDirectives/6300.16A.pdf>

SECNAV INSTRUCTION 1000.10A) NAV MAN MED Chapter 15, Article 15-112 (states "Abortion services available for Servicewomen who are pregnant as a result of an act of rape or incest"):

<https://doni.documentservices.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-01%20General%20Military%20Personnel%20Records/1000.10A.pdf>

Health and Human Services Conscience Protections for Health Care Providers; resources for providers who have moral objections to perform or accommodate certain health care services on religious or moral grounds

[http://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20\(MANMED\)/Chapter%2015%20Medical%20Examinations%20\(incorporates%20Changes%20126%20128%20135-140%20144%20145%20147%20150-152%20154-156,159%20and%20160%20below\).pdf](http://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20(MANMED)/Chapter%2015%20Medical%20Examinations%20(incorporates%20Changes%20126%20128%20135-140%20144%20145%20147%20150-152%20154-156,159%20and%20160%20below).pdf)
<https://www.hhs.gov/conscience/conscience-protections/index.html>

Planned Parenthood Federation of America, Inc. www.plannedparenthood.org:
(800) 230-PLAN (230-7526); (800) 287-8188; (802) 448-9700

ProChoice.org – Find a provider <https://prochoice.org/think-youre-pregnant/find-a-provider/#tab-fb4a1ff16dbf58ba10d8>

National Abortion Federation - referrals to member clinics in the U.S. and Canada: Referral hotline: 1877-257-0012

<https://prochoice.org/think-youre-pregnant/naf-hotline/>

- Financial assistance: 1-800-772-9100
- Fetal anomaly, require specialized later abortion care, or are a medical professional looking for a referral 1-877-257-0012.

Adoption

- Adoption Resources from health.gov: <https://choicenetworkadoptions.com/>
- AdoptUSKids: (888) 200-4005; (877) 236-7831 (Spanish)
- Bethany Christian Services: (800) 238-4269 (Crisis Hotline)
- Child Welfare Information Gateway: (800) 394-3366
- National Adoption Center: (800) TO-ADOPT (862-3678)

More Web-based Resources: NMCPHC-SHARP Abortion Information page at:

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/Abortion-Information.aspx>

