



Patient Decision Tool

A guide through your options for contraception

For a side-by-side comparison of birth control methods, go to the Association of Reproductive Health Professionals (ARHP)'s electronic patient decision guide:
<http://www.arhp.org/methodmatch/>



What birth control may be right for you?

1

Do you need emergency contraception (morning after pill)?



Yes: Turn to **page 3**



No: Go to **question 2**

2

Do you have a birth control method in mind?



Yes: Turn to **pages 6-15** to learn more about your preferred method



No: Go to **question 3**

3

Are you currently on birth control?



Yes: Go to **question 4**



No: Go to **question 5**

4

Are you satisfied with your birth control?



Yes: Turn to **pages 6-15** to learn more about about your preferred method



No: Go to **question 5**

5

Are you trying to get pregnant within the next 1-2 years?



Yes: Turn to **page 5**



No: Turn to **page 4**

Consider using condoms/dental dams in addition to another method for optimal contraception/Sexually Transmitted Infection (STI) prevention (turn to page 13)





Emergency Contraception Options

1 Are you interested in long-term birth control today?

✓ Yes: Turn to **page 7** and refer to information on copper intrauterine device (IUD)

✗ No: Go to **question 2**

2 Did the unprotected sex happen over 3 days ago?

✓ Yes: Turn to **page 13** and refer to information on ella[®]

✗ No: Turn to **page 13** refer to information on ella[®] and Plan B One-Step[®]. **Ask your provider if ella[®] is available at your location**



Copper IUD



Ella[®]



Plan B One-Step[®]

Ella is the preferred oral emergency contraceptive. 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 not have sex up to 7 days after taking ella[®] or Plan B One-Step[®].





What birth control may be right for you?

1 Do you prefer a hormonal¹ or non-hormonal² method?

✓ **Non-hormonal:** Turn to **page 7** and refer to information on copper IUD³

✗ **Hormonal:** Go to **question 2**

2 Would you like to have no period?

✓ **Yes:** Turn to **pages 6 and 11** (NEXPLANON[®], Mirena[®] and Liletta[®])³

✗ **No:** Turn to **page 6** (Kyleena[®] and Skyla[®])³



IUD



NEXPLANON

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

2) Non-hormonal: methods that do not use any hormones

3) These are methods you can use for several years that require no maintenance until you go to have them removed or replaced

Consider using condoms/dental dams in addition to another method for optimal contraception/Sexually Transmitted Infection (STI) prevention (turn to page 13)





What birth control may be right for you?

1 Do you prefer a hormonal¹ or non-hormonal² method?

✓ **Non-hormonal:** Turn to **page 13** on barrier methods

✗ **Hormonal:** Go to **question 2**

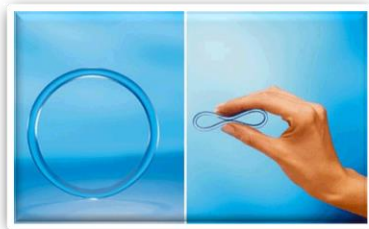
2 Will you deploy in the next month?

✓ **Yes:** Turn to **pages 8-9, 11,15** (Shot, Pill)³

✗ **No:** Turn to **pages 8-11, 15** (Shot, Pill, Ring, Patch)³



The Pill



The Ring



The Shot



The Patch

- 1) Hormonal: methods that use estrogen, progesterone, or a combination of them
- 2) Non-hormonal: methods that do not use any hormones
- 3) These are methods that require daily or monthly maintenance

Consider using condoms/dental dams in addition to another method for optimal contraception/Sexually Transmitted Infection (STI) prevention (turn to page 13)



Remember, the progestin IUD **does not protect you from Sexually Transmitted Infections or HIV.** Always use condoms to protect yourself!



HOW DOES THE PROGESTIN IUD WORK?

- The progestin IUD is a T-shaped plastic rod that stays in your uterus. It contains a hormone (progestin) like the ones your body makes. The hormone blocks sperm from reaching the egg and stops the release of eggs. If sperm cannot reach an egg, you cannot get pregnant.
- No method of birth control is 100% effective. The progestin IUD is over 99% effective.

AFTER THE PROGESTIN IUD IS INSERTED, WHEN CAN I HAVE SEX?

- You must wait 24 hours after the IUD is placed before you can use tampons or have sex.

WHEN DOES THE PROGESTIN IUD START WORKING?

- The progestin IUD starts to work 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.**

HOW LONG DOES THE PROGESTIN IUD LAST?

- Mirena[®] works for 5-7 years and Skyla[®] and Liletta[®] works for 3 years.

IS THERE ANYTHING I NEED TO DO AFTER HAVING THE IUD INSERTED?

- Some women 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 DO I DO IF AND WHEN I DECIDE TO GET PREGNANT?

- When you are ready, your healthcare provider will remove your IUD. Most women get pregnant soon after removal.

HOW DOES THE PROGESTIN IUD HELP ME?

- You do not need to think about birth control before or during sex.
- You do not need refills (as you do for the pill).
- You can use the progestin IUD while breastfeeding.
- You may have less cramping and bleeding with periods.
- The progestin IUD costs less than most types of birth control.

HOW WILL I FEEL HAVING THE PROGESTIN IUD IN ME?

HOW WILL MY BODY CHANGE?

- You will not feel the IUD in you.
- You may have cramps and spotty periods for the first few months. Ibuprofen can help. You can take up to 4 pills (800 mg) of Ibuprofen every 8 hours with food. To prevent cramps, take Ibuprofen when your period starts and keep taking it every 8 hours for the first 2-3 days of your period. You can also put a hot water bottle on your belly if you have bad cramps.
- You may stop having periods after 1-2 years with the progestin IUD. This is normal.
- You may have spotting, bloating, nausea, headaches, or breast tenderness.

DOES THE PROGESTIN IUD HAVE RISKS?

- The progestin IUD is very safe. Serious problems are rare. If you have the following symptoms **within the first 3 weeks** after getting an IUD, see your healthcare provider:
 - Fever (>101^oF)
 - Chills
 - Strong or sharp pain in your stomach or belly
- If you have the following symptoms **at any time** while you have an IUD in you, see your healthcare provider:
 - Feeling pregnant (breast tenderness, nausea, vomiting)
 - Positive home pregnancy test

Remember, the copper IUD **does not protect you from Sexually Transmitted Infections or HIV.** Always use condoms to protect yourself!



HOW DOES THE COPPER IUD WORK?

- The copper IUD is a T-shaped plastic rod that stays in your uterus. It releases small amounts of copper. Copper kills sperm. Without live sperm, you cannot get pregnant.
- No method of birth control is 100% effective. The copper IUD is over 99% effective.

AFTER THE COPPER IUD IS INSERTED, WHEN CAN I HAVE SEX?

- You must wait 24 hours after the IUD is placed before you can use tampons or have sex.

WHEN DOES THE COPPER IUD START WORKING?

- The copper IUD works right after it is placed in you. It may be inserted up to 5 days after unprotected sex to prevent pregnancy.

HOW LONG DOES THE COPPER IUD LAST?

- The copper IUD works for 10-12 years.

WHAT DO I NEED TO DO AFTER I HAVE THE IUD INSERTED?

- Some women 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 DO I DO IF AND WHEN I DECIDE TO GET PREGNANT?

- When you are ready, your health care provider will remove your IUD. Most women get pregnant soon after removal.

HOW DOES THE COPPER IUD HELP ME?

- You do not need to think about birth control before or during sex.
- You do not need refills (as you do for the pill).
- You can use the copper IUD while breastfeeding.
- The copper IUD costs less than most types of birth control.

HOW WILL I FEEL HAVING THE IUD IN ME?

HOW WILL MY BODY CHANGE?

- You will not feel the IUD in you.
- You may have cramps and heavy periods. Ibuprofen can help. You can take up to 4 pills (800 mg) of Ibuprofen every 8 hours with food. To prevent cramps, take Ibuprofen when your period starts and keep taking it every 8 hours for the first 2-3 days of your period. You can also put a hot water bottle on your belly if you have bad cramps.

DOES THE COPPER IUD HAVE RISKS?

- The copper IUD is very safe. Serious problems are rare. If you have the following symptoms **within the first 3 weeks** after the IUD is inserted, see your health care provider:
 - Fever (>101°F)
 - Chills
 - Strong pain in your belly
- If you have the following symptoms **at any time** while you have an IUD in you, see your health care provider:
 - Feeling pregnant (breast tenderness, nausea, vomiting)
 - Positive home pregnancy test

Remember,
Depo **does not**
protect you
from Sexually
Transmitted
Infections or HIV.

Always use
condoms to
protect yourself!



HOW DOES DEPO WORK?

- Depo contains a hormone like the ones your body makes. This hormone stops your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control is 100% effective. If you get all of your shots on time, Depo is 99% effective. If you are late for a shot, Depo is 91% effective.

HOW DO I USE DEPO?

- You get a Depo injection in the arm or in the buttocks.
- **Use condoms as back-up the first 7 days** after your first shot of Depo.
- You should get a shot every 3 months (every 12 weeks).

WHAT IF I AM LATE FOR THE NEXT SHOT?

- Depo works best if you get a new shot every 12 weeks.
- If your shot is more than 4 weeks late, you should get a pregnancy test before the next shot. You should **use condoms for the next 7 days**.

WHAT IF I AM LATE GETTING A SHOT AND HAD UNPROTECTED SEX?

- If your last shot was more than 16 weeks ago, take Emergency Contraception (EC) **right after** unprotected sex. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

HOW DOES DEPO HELP ME?

- Depo is safe and effective. It keeps you from getting pregnant for 3 months.
- The shot lowers your risk of cancer of the uterus.
- It is safe to breastfeed while on Depo.

HOW WILL I FEEL ON DEPO?

- You will most likely have spotting between periods. You may have weight gain, bloating, headaches and/or mood changes. Talk to your health care provider about treating any side effects.
- After the first 2-3 shots, you may have *no period at all*. This is normal.
- Your bones may become slightly weaker while you take Depo. Bone strength returns to normal once you stop getting the shot.
- After you stop Depo, it takes a few months for your fertility to return to normal. This means that it may take a while for you to get pregnant (even if you're trying) – but if you don't want to get pregnant, you need to use a new form of birth control after you stop Depo.

DOES DEPO HAVE RISKS?

- The shot is very safe. Severe problems are rare. If you have any of the symptoms below, call your doctor:
 - Severe headaches
 - Very heavy bleeding
- Your health care provider can help you find out if these symptoms are signs of a severe problem.

Remember, the pill does not protect you from Sexually Transmitted Infections or HIV.

Always use condoms to protect yourself!



HOW DO BIRTH CONTROL PILLS WORK?

- Birth control pills contain hormones like the ones your body makes. These hormones stop your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control is 100% effective. If you take all of your birth control pills on time, they are 99% effective. If you skip some pills, they are 91% effective.

HOW DO I START THE PILL?

- There are 2 ways to start the pill:
 - **Quick Start:** Take your first pill as soon as you get the pack.
 - **Next period:** Take your first pill soon after your next period begins.
- If you take your first pill *up to 5 days after the start of your period*, you are protected against pregnancy **right away**.
- If you take your first pill *more than 5 days after the start of your period*, you should **use condoms as back-up for the first 7 days**.

HOW DO I USE THE PILL?

- **Once you start using the pill**, take 1 pill each day. Take your pill at the same time each day.
- After you finish a pack of pills, you should start a new pack the next day. You should have **NO** day without a pill.

WHAT IF I MISS PILLS?

- **I forgot ONE pill:** Take your pill as soon as you can.
- **I forgot TWO pills or more:** Take your pill as soon as you can. Take your next pill at the usual time. **Use condoms for 7 days. Use emergency contraception (EC) if you have unprotected sex.**

WHAT IF I STOPPED TAKING THE PILL AND HAD UNPROTECTED SEX?

- Take Emergency Contraception (EC) **right away**. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

HOW DOES THE PILL HELP ME?

- The pill is safe and effective birth control.
- Your periods may be more regular, lighter, and shorter. You may have clearer skin.
- The pill lowers your risk of getting cancer of the uterus and ovaries.
- The pill has **no effect** on your ability to get pregnant in the future, after you stop taking it.

HOW WILL I FEEL ON THE PILL?

- You will feel about the same. In the first 2-3 months you may have nausea, bleeding between periods, weight change, and/or breast pain. These problems often go away after 2-3 months.

DOES THE PILL HAVE RISKS?

- The pill is very safe. Serious problems are rare. If you have any of the symptoms below, call your health provider.
 - Leg pain, swelling, and redness
 - Weakness or numbness on 1 side of your body
 - Bad headache
 - Vision problems
 - Chest pain
- Your health provider can help you find out if these symptoms are signs of a serious problem.

Remember, the ring **does not** protect you from Sexually Transmitted Infections or HIV. Always use condoms to protect yourself!



HOW DOES THE RING WORK?

- The ring contains hormones like the ones your body makes. These hormones stop your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control is 100% effective. If you change the ring each month and keep it in, it is 99% effective. If you skip a ring or insert it late, it is 91% effective.

HOW DO I START THE RING?

- There are 2 ways to start the ring:
 - **Quick Start:** put in your first ring as soon as you get the pack.
 - **Next period:** put in your first ring soon after your next period begins.
- If you put your first ring in *up to 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**.

HOW DO I USE THE RING?

- The ring is a small, bendable, plastic circle that you insert into your vagina.
- You leave the ring in your vagina for 3 weeks, and remove it for the 4th week.
- Remove the ring by hooking a finger under the rim and pulling it out.
- Most women get their period during the ring-free week.
- Insert a new ring at the end of the 4th week.
- You can store the ring at room temperature up to four months. In the refrigerator, the ring lasts much longer.

DO I HAVE TO GET A PERIOD?

- Because the ring has enough hormones to last 35 days, you can leave it in for more than 3 weeks. You can change the ring on the same day of each month (for instance, March 1st, April 1st, May 1st, etc.). If you remove the old ring and insert the new ring on the same day, you may not get a period. This is OK.

WHAT IF THE RING COMES OUT?

- The ring may slip out during sex or when you use the bathroom. The ring can stay out of your body for up to 3 hours and still prevent pregnancy. If the ring is out of your body for more than 3 hours, you should put it back into your vagina and **use condoms for the next 7 days**.

WHAT IF I STOPPED USING THE RING AND HAD UNPROTECTED SEX?

- Take Emergency Contraception (EC) **right away**. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

HOW DOES THE RING HELP ME?









- The ring is safe and effective birth control. Your periods may be more regular, lighter, and shorter. You may have clearer skin. The ring lowers your risk of getting cancer of the uterus and ovaries. The ring has **no effect** on your ability to get pregnant in the future, after you stop using it.







HOW WILL I FEEL ON THE RING?

- You will feel about the same. In the first few months you may have nausea, bleeding between periods, weight change, and/or breast pain. These problems often go away after 2-3 months.




DOES THE RING HAVE RISKS?

- The ring is very safe. Serious problems are rare. If you have any of the symptoms below, call your health provider:
 - Leg pain, swelling, and redness
 - Weakness or numbness on 1 side of your body
 - Bad headache
 - Vision problems
 - Chest pain
- Your health provider can help you find out if these symptoms are signs of a serious problem.

Method	How well does it work?	How to Use	Pros	Cons
The Implant Nexplanon® 	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 4 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD Liletta®, Mirena®, Skyla® and others 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Copper IUD ParaGard® 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Shot Depo-Provera® 	94-99%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	91-99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
Progestin-Only Pills 	91-99%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch Ortho Evra® 	91-99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Ring Nuvaring® 	91-99%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs

<p>Male/External Condom</p> 	82-98%	<p>Use a new condom each time you have sex Use a polyurethane condom if allergic to latex</p>	<p>Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding</p>	<p>Can decrease sensation Can cause loss of erection Can break or slip off</p>
<p>Female/Internal Condom</p> 	79-95%	<p>Use a new condom each time you have sex Use extra lubrication as needed</p>	<p>Can buy at many stores Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding</p>	<p>Can decrease sensation May be noisy May be hard to insert May slip out of place during sex</p>
<p>Withdrawal Pull-out</p>	78-96%	<p>Pull penis out of vagina before ejaculation (that is, before coming)</p>	<p>Costs nothing Can be used while breastfeeding</p>	<p>Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex</p>
<p>Diaphragm Caya® and Miletex®</p> 	88-94%	<p>Must be used each time you have sex Must be used with spermicide</p>	<p>Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding</p>	<p>Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection</p>
<p>Fertility Awareness Natural Family Planning</p> 	76-95%	<p>Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days</p>	<p>Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant</p>	<p>Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs</p>
<p>Spermicide Cream, gel, sponge, foam, inserts, film</p> 	72-82%	<p>Insert spermicide each time you have sex</p>	<p>Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding</p>	<p>May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy</p>
<p>Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate EC (ella®)</p> 	58-94%	<p>Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together</p>	<p>Can be used while breastfeeding Available at pharmacies, health centers, or health care providers: call ahead to see if they have it People of any age can get some brands without a prescription</p>	<p>May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Pharmacies sell progestin EC to people of any age without a prescription Ulipristal acetate EC requires a prescription May cost a lot</p>

Emergency Contraception: Which EC is Right for Me?

	Copper IUD 	Ulipristal Acetate Pills 	Progestin Pills 
What is it?	Emergency contraception (EC) is birth control you can use after unprotected sex.		
What does it do?	EC prevents a pregnancy after unprotected sex. EC does not end a pregnancy and will not work if you are pregnant.		
Medication	Copper	Ulipristal acetate	Levonorgestrel
Brand names	Paragard®	ella®	Plan B® One-Step, Next Choice® and others
How well does it work?	The copper IUD has very high efficacy. It lowers your chance of getting pregnant by 99%. Your weight does not matter.	Ulipristal acetate EC has high to medium efficacy. It may not work as well if you are obese.	Levonorgestrel has low to medium efficacy. It may not work as well if you are overweight.
How does it work?	The copper IUD is a T-shaped plastic rod that stays in your uterus. It is wrapped in copper, which makes sperm stop moving. When sperm can't get to an egg, you can't get pregnant.	Ulipristal acetate mimics and blocks progesterin. Ulipristal acetate EC delays ovulation.	Levonorgestrel is a progestin hormone, like the hormones your body makes. Progestin EC delays ovulation.
When do you use it?	You can have the copper IUD inserted up to 5 days after unprotected sex to prevent pregnancy. It works as birth control for up to 12 years. You can have the IUD removed any time you want.	Ulipristal acetate EC can work up to 5 days after unprotected sex. Take it as soon as possible after unprotected sex.	The sooner you take progestin EC, the better it works. Take it as soon as possible after unprotected sex. Some packs contain 1 pill, and some packs contain 2 pills. You should take the 2 pills together.

How to Switch Birth Control Methods

No Gaps

What's the best way to switch from one birth control method to another? To lower the chance of getting pregnant, avoid a gap between methods. Go straight from one method to the next, with no gaps between methods.

Do not wait for a period before you stop the old method or start the new one.

Overlap Method

In some cases, you should have a few days of **overlap** – this means starting the new method before stopping the old method. This gives the new method time to start working before the old one wears off. The chart below explains which methods should overlap. It also explains how long the overlap should be. The overlap length appears in **bold** print.

Back-up Method

If you prefer not to overlap the old method and the new method, you can use a back-up method instead. Back-up methods include condoms and spermicide. For example, if you don't want to keep taking the pill after you get your first progestin shot, you can use condoms instead. You should use the back-up method for the same number of days listed in **bold** print in the chart on the reverse side.

To prevent HIV and other sexually transmitted infections (STIs), always use condoms.

Safe Switching Method

Not sure how to use the chart on the other side of this sheet? Do this: safely switch from one type of birth control to another by going straight from one method to the next one – **no gap!** – and use condoms or spermicide for the first 7 days.








Pill Packs

One note about switching **from** pills: you don't need to finish the birth control pill pack before switching. You can stop taking your pill at any point in the pack. If you are switching **to** pills, you should start by taking the first pill in the pack.

You may have changes in your period after switching. This is normal and safe.

Switching to:

Switching from:

	Pill	Patch	Ring	Progestin shot ("Depo")	Progestin implant	Hormone IUD	Copper IUD
Pill 	No gap: take 1st pill of new pack the day after taking any pill in old pack	Start patch 1 day before stopping pill	No gap: insert ring the day after taking any pill in pack	First shot 7 days before stopping pill	Insert implant 4 days before stopping pill	Insert hormone IUD 7 days before stopping pill	Can insert copper IUD <i>up to 5 days after</i> stopping pill
Patch 	Start pill 1 day before stopping patch		No gap: insert ring and remove patch on the same day	First shot 7 days before stopping patch	Insert implant 4 days before stopping patch	Insert hormone IUD 7 days before stopping patch	Can insert copper IUD <i>up to 5 days after</i> stopping patch
Ring 	Start pill 1 day before stopping ring	Start patch 2 days before stopping ring		First shot 7 days before stopping ring	Insert implant 4 days before stopping ring	Insert hormone IUD 7 days before stopping ring	Can insert copper IUD <i>up to 5 days after</i> stopping ring
Progestin shot ("Depo") 	Can take 1st pill <i>up to 15 weeks after</i> the last shot	Can start patch <i>up to 15 weeks after</i> the last shot	Can insert ring <i>up to 15 weeks after</i> the last shot		Can insert implant <i>up to 15 weeks after</i> the last shot	Can insert hormone IUD <i>up to 15 weeks after</i> the last shot	Can insert copper IUD <i>up to 16 weeks after</i> the last shot
Progestin implant 	Start pill 7 days before implant is removed	Start patch 7 days before implant is removed	Start ring 7 days before implant is removed	First shot 7 days before implant is removed		Insert hormone IUD 7 days before implant is removed	Can insert copper IUD <i>up to 5 days after</i> implant is removed
Hormone IUD 	Start pill 7 days before IUD is removed	Start patch 7 days before IUD is removed	Start ring 7 days before IUD is removed	First shot 7 days before IUD is removed	Insert implant 4 days before IUD is removed		Can insert copper IUD <i>right after</i> hormone IUD is removed
Copper IUD 	Start pill 7 days before IUD is removed	Start patch 7 days before IUD is removed	Start ring 7 days before IUD is removed	First shot 7 days before IUD is removed	Insert implant 4 days before IUD is removed	Insert hormone IUD <i>right after</i> copper IUD is removed and use back-up method for 7 days	



Effectiveness of Birth Control Options

More effective



Less effective

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



Implant (NEXPLANON)



Intrauterine Device (IUD)



Vasectomy



Female Sterilization

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



Pills



Patch



Ring



Diaphragm

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)



Male Condoms



Female Condoms



Sponge



Withdrawal



Cervical Cap



Spermicides



Fertility Awareness-Based Methods

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)



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-fb4a1f16dbf58ba10d8>

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>

