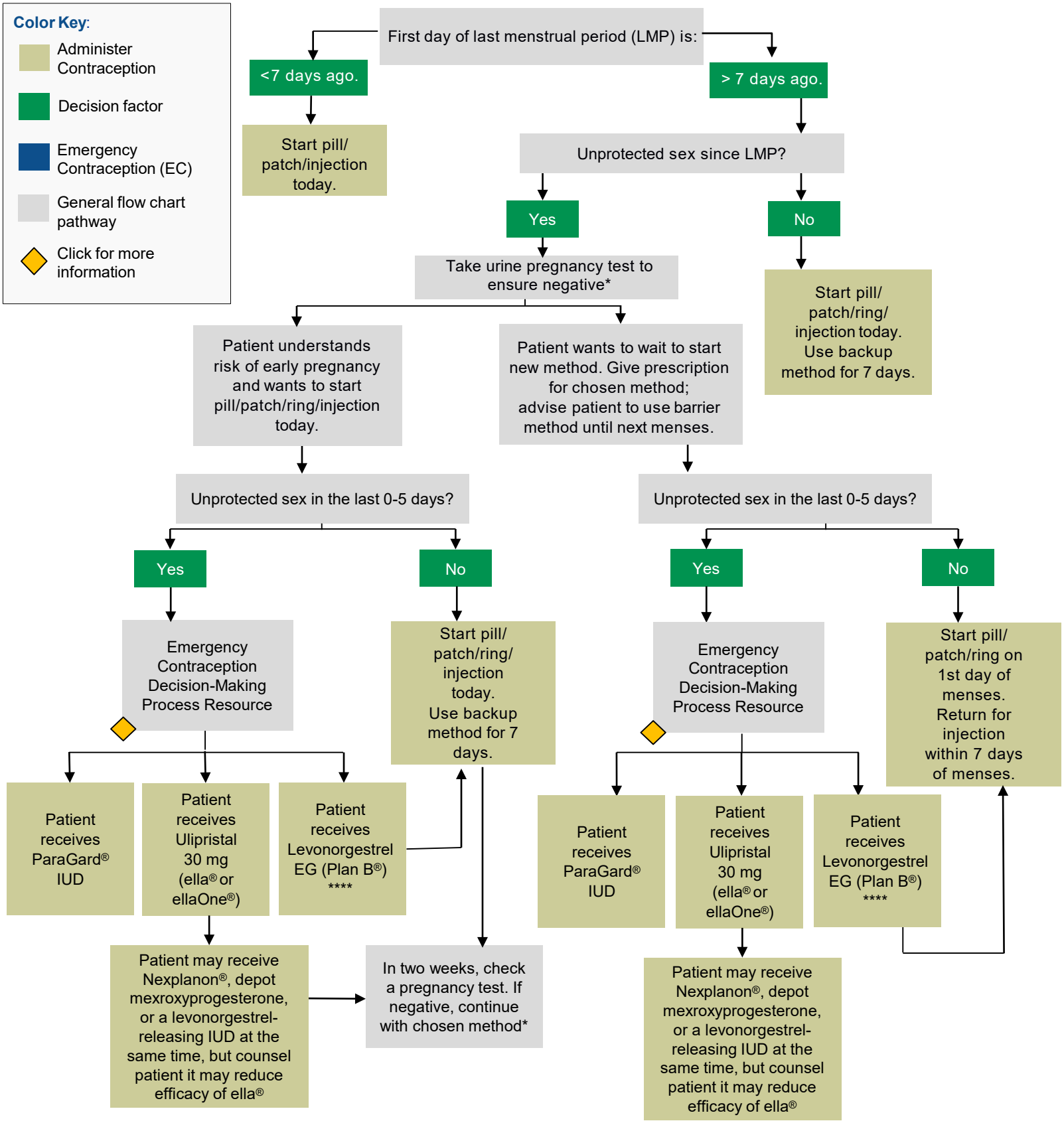
Flow Chart to Choose Contraception

Decision-Making Process

Pill, Patch, Ring, Injection

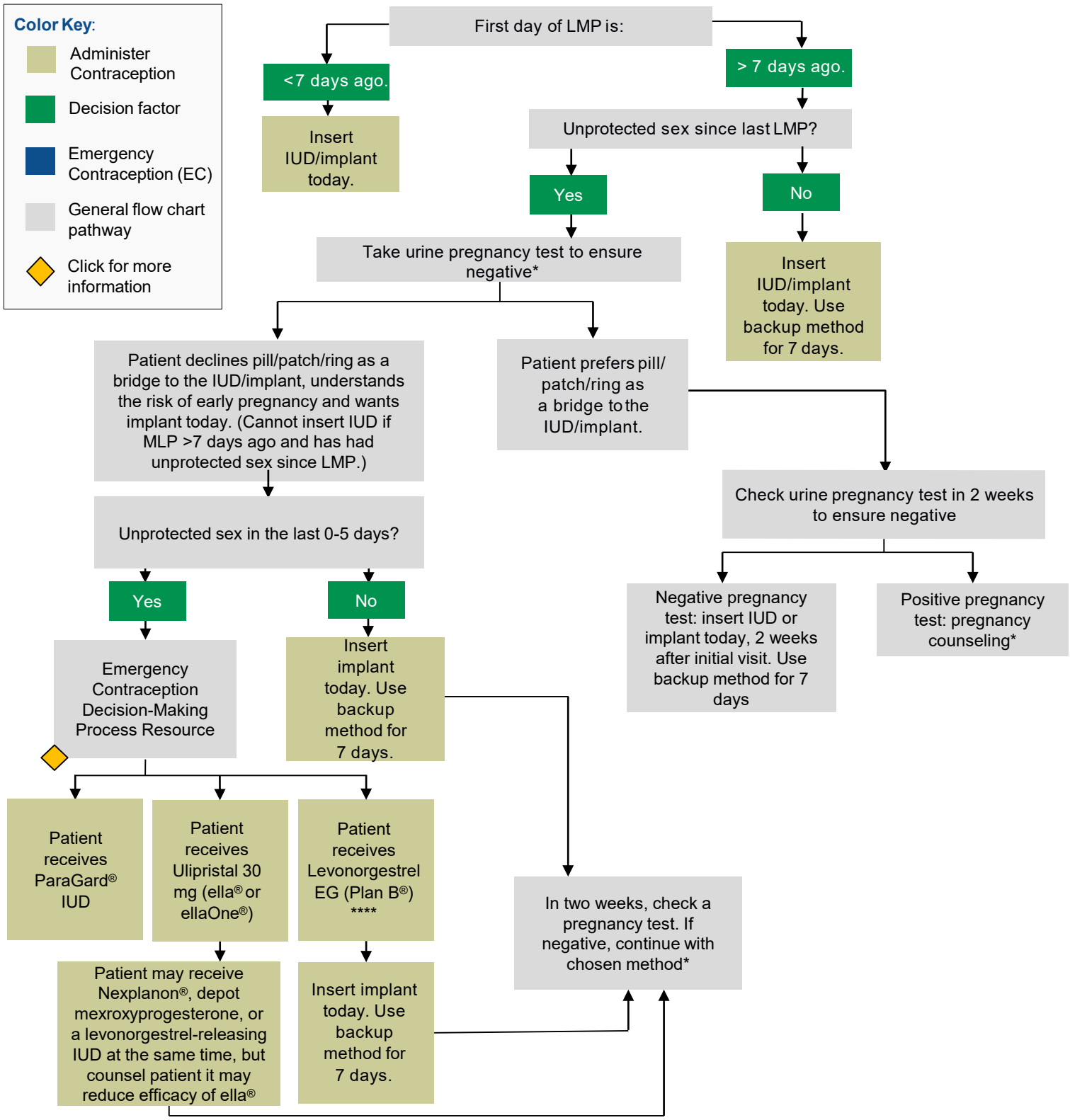


* If pregnancy test is positive, provide options counseling.

** For patients with body mass index over 25, levonorgestrel EC works no better than placebo. For those who had unprotected sex 3-5 days ago, ulipristal EC has higher efficacy than levonorgestrel EC.

****Plan B is only effective for 72 hours after unprotected sex

Flow Chart to Choose Contraception
Decision-Making Process
Progestin IUD or Subdermal Implant (Nexplanon)

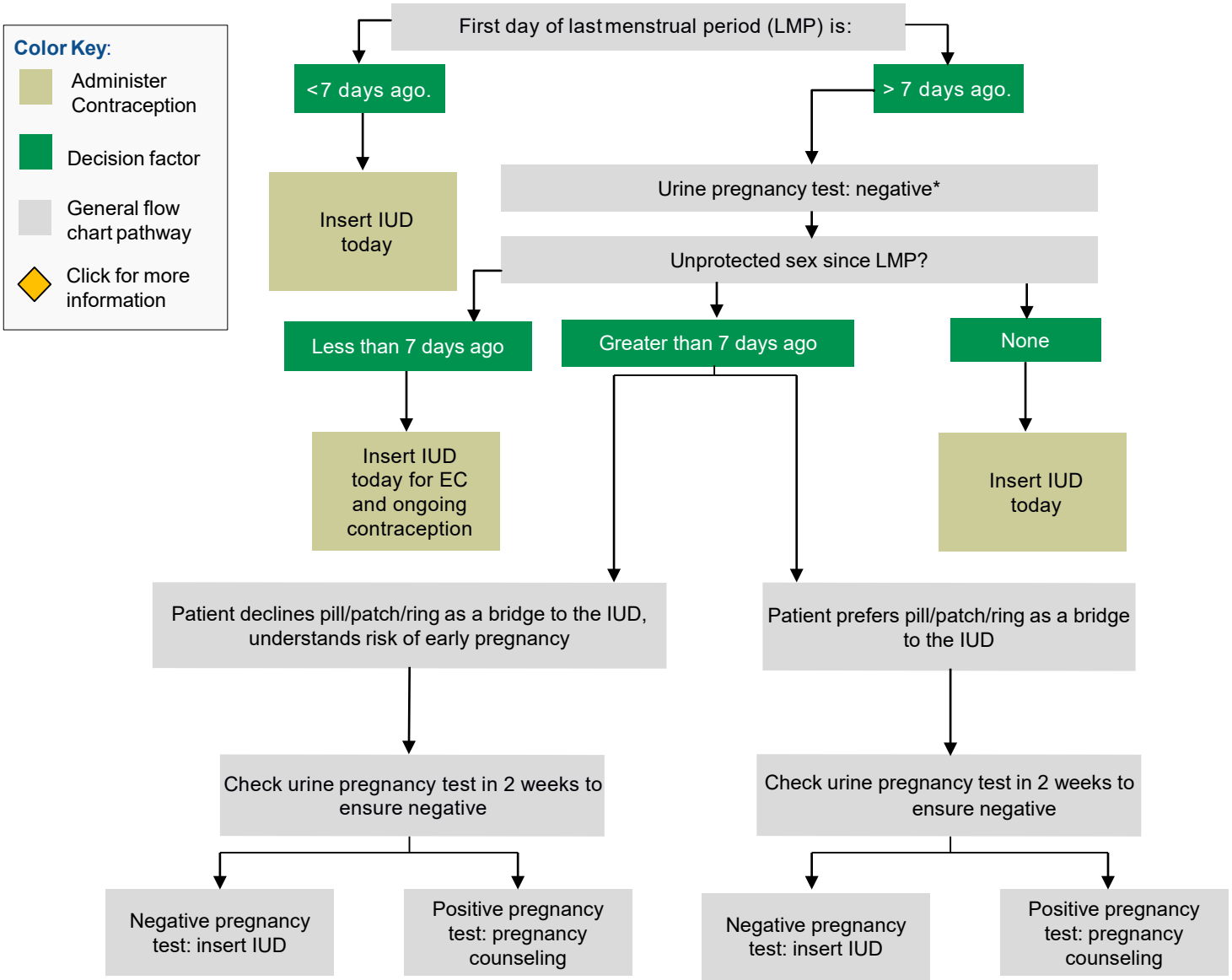


* If pregnancy test is positive, provide options counseling.

** For patients with body mass index over 25, levonorgestrel EC works no better than placebo. For those who had unprotected sex 3-5 days ago, ulipristal EC has higher efficacy than levonorgestrel EC.

****Plan B is only effective for 72 hours after unprotected sex

Flow Chart to Choose Contraception
Decision-Making Process
Copper IUD



* If pregnancy test is positive, provide options counseling.

Citation:

Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4):1–66. DOI: http://dx.doi.org/10.15585/mmwr.rr6504a1.

October 2016 / Reproductive Health Access Project / www.reproductiveaccess.org

Information Guide: Forms of Contraception
Decision-Making Process

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well

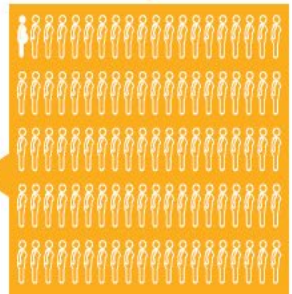

The Implant


Hormonal IUDs

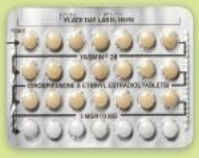

Non-hormonal IUD


Sterilization, for men and women

Works, hassle-free, for up to...	3 years	3-5 years	12 years	Forever


Less than 1 in 100 women

Pretty well

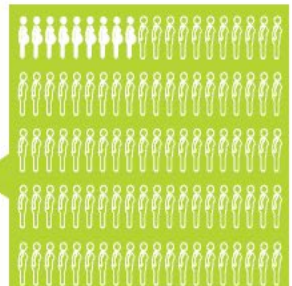

The Pill


The Patch


The Ring


The Shot

For it to work best, use it...	Every. Single. Day.	Every week	Every month	Every 3 months


6-9 in 100 women, depending on method

Not as well

Use a condom with any other method for STI protection.

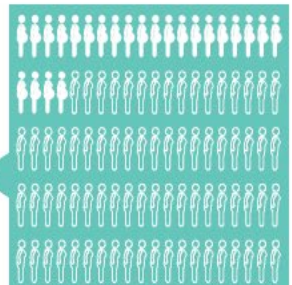

Withdrawal


Fertility Awareness


Internal Condom


Condom

For each of these methods to work, you or your partner have to use it every single time you have sex.


12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

BEDSIDER
Bedsider.org

Bixby Center for Global Reproductive Health

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu-IUD		LND-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <20 yrs:**2** ≥20 yrs:**1**		Menarche to <20 yrs:**2** ≥20 yrs:**1**		Menarche to <18 yrs:**1** 18-45 yrs:**1** >45 yrs:**1**		Menarche to <18 yrs:**2** 18-45 yrs:**1** >45 yrs:**2**		Menarche to <18 yrs:**1** 18-45 yrs:**1** >45 yrs:**1**		Menarche to <40 yrs:**1** ≥40 yrs:**2**	
Anatomical abnormalities	a) Distorted uterine cavity	**4**		**4**									
	b) Other abnormalities	**2**		**2**									
Anemias	a) Thalassemia	**2**		**1**		**1**		**1**		**1**		**1**	
	b) Sickle cell disease‡	**2**		**1**		**1**		**1**		**1**		**2**	
	c) Iron-deficiency anemia	**2**		**1**		**1**		**1**		**1**		**1**	
Benign ovarian tumors	(*including cysts*)	**1**		**1**		**1**		**1**		**1**		**1**	
Breast disease	a) Undiagnosed mass	**1**		**2**		**2***		**2***		**2***		**2***	
	b) Benign breast disease	**1**		**1**		**1**		**1**		**1**		**1**	
	c) Family history of cancer	**1**		**1**		**1**		**1**		**1**		**1**	
	d) Breast cancer‡												
	i) Current	**1**		**4**		**4**		**4**		**4**		**4**	
	ii) Past and no evidence of current disease for 5 years	**1**		**3**		**3**		**3**		**3**		**3**	
Breastfeeding	a) <21 days postpartum					**2***		**2***		**2***		**4***	
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					**2***		**2***		**2***		**3***	
	ii) Without other risk factors for VTE					**2***		**2***		**2***		**3***	
	c) 30-42 days postpartum												
	i) With other risk factors for VTE					**1***		**1***		**1***		**3***	
	ii) Without other risk factors for VTE					**1***		**1***		**1***		**2***	
	d) >42 days postpartum					**1***		**1***		**1***		**2***	
Cervical cancer	Awaiting treatment	**4**	**2**	**4**	**2**	**2**		**2**		**1**		**2**	
Cervical ectropion		**1**		**1**		**1**		**1**		**1**		**1**	
Cervical intraepithelial neoplasia		**1**		**2**		**2**		**2**		**1**		**2**	
Cirrhosis	a) Mild (*compensated*)	**1**		**1**		**1**		**1**		**1**		**1**	
	b) Severe‡ (*decompensated*)	**1**		**3**		**3**		**3**		**3**		**4**	
Cystic fibrosis‡		**1***		**1***		**1***		**2***		**1***		**1***	
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy												
	i) Higher risk for recurrent DVT/PE	**1**		**2**		**2**		**2**		**2**		**4**	
	ii) Lower risk for recurrent DVT/PE	**1**		**2**		**2**		**2**		**2**		**3**	
	b) Acute DVT/PE	**2**		**2**		**2**		**2**		**2**		**4**	
	c) DVT/PE and established anticoagulant therapy for at least 3 months												
	i) Higher risk for recurrent DVT/PE	**2**		**2**		**2**		**2**		**2**		**4***	
	ii) Lower risk for recurrent DVT/PE	**2**		**2**		**2**		**2**		**2**		**3***	
	d) Family history (*first-degree relatives*)	**1**		**1**		**1**		**1**		**1**		**2**	
	e) Major surgery												
	i) With prolonged immobilization	**1**		**2**		**2**		**2**		**2**		**4**	
	ii) Without prolonged immobilization	**1**		**1**		**1**		**1**		**1**		**2**	
	f) Minor surgery without immobilization	**1**		**1**		**1**		**1**		**1**		**1**	
Depressive disorders		**1***		**1***		**1***		**1***		**1***		**1***	

Key:

1	No restriction (method can be used)	3	Theoretical or proven risks usually outweigh the advantages
2	Advantages generally outweigh theoretical or proven risks	4	Unacceptable health risk (method not to be used)

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu-IUD		LND-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy‡	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration‡	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer‡		4	2	4	2	1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1	
Epilepsy‡	(*see also Drug Interactions*)	1		1		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic												
	i) Treated by cholecystectomy	1		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		3	
	iii) Current	1		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2	
Gestational trophoblastic disease‡	a) Suspected GTD (immediate postevacuation)												
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*	
	b) Confirmed GTD												
	i) Undetectable/non-pregnant ß-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*	
	ii) Decreasing ß-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*	
	iii) Persistently elevated ß-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*		1*		1*		1*	
	iv) Persistently elevated ß-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*		1*		1*		1*	
Headaches	a) Nonmigraine (mild or severe)	1		1		1		1		1		1*	
	b) Migraine												
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		4*	
History of bariatric surgery‡	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1	
HIV	a) High risk for HIV	2	2	2	2	1		2*		1		1	
	b) HIV infection					1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions							
	ii) Not clinically well or not receiving ARV therapy‡	2	1	2	1	If on treatment, see Drug Interactions							

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring ‡ Condition that exposes a woman to increased risk as a result of pregnancy. *Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm.

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu-IUD		LND-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b) Elevated blood pressure levels (*properly taken measurements*)												
	i) Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii) Systolic ≥160 or diastolic ≥100‡	1*		2*		2*		3*		2*		4*	
	c) Vascular disease	1*		2*		2*		3*		2*		4*	
Inflammatory bowel disease	(*Ulcerative colitis, Crohn's disease*)	1		1		1		2		2		2/3*	
Ischemic heart disease‡	Current and history of	1		2	3	2	3	3		2	3	4	
Known thrombogenic mutations‡		1*		2*		2*		2*		2*		4*	
Liver tumors	a) Benign												
	i) Focal nodular hyperplasia	1		2		2		2		2		2	
	ii) Hepatocellular adenoma‡	1		3		3		3		3		4	
	b) Malignant‡(hepatoma)	1		3		3		3		3		4	
Malaria		1		1		1		1		1		1	
Multiple risk factors for atherosclerotic cardiovascular disease	(e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	1		2		2*		3*		2*		3/4*	
Multiple sclerosis	a) With prolonged immobility	1		1		1		2		1		3	
	b) Without prolonged immobility	1		1		1		2		1		1	
Obesity	a) Body mass index (BMI) ≥30 kg/m²	1		1		1		1		1		2	
	b) Menarche to <18 years and BMI ≥ 30 kg/m²	1		1		1		2		1		2	
Ovarian cancer‡		1		1		1		1		1		1	
Parity	a) Nulliparous	2		2		1		1		1		1	
	b) Parous	1		1		1		1		1		1	
Past ectopic pregnancy		1		1		1		1		2		1	
Pelvic inflammatory disease	a) Past												
	i) With subsequent pregnancy	1	1	1	1	1		1		1		1	
	ii) Without subsequent pregnancy	2	2	2	2	1		1		1		1	
	b) Current	4	2*	4	2*	1		1		1		1	
Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function												
	i) <6 months	2		2		1		1		1		4	
	ii) ≥6 months	2		2		1		1		1		3	
	b) Moderately or severely impaired cardiac function	2		2		2		2		2		4	
Postabortion	a) First trimester	1*		1*		1*		1*		1*		1*	
	b) Second trimester	2*		2*		1*		1*		1*		1*	
	c) Immediate postseptic abortion	4		4		1*		1*		1*		1*	
Postpartum (*nonbreastfeeding women*)	a) <21 days					1		1		1		4	
	b) 21 days to 42 days												
	i) With other risk factors for VTE					1		1		1		3*	
	ii) Without other risk factors for VTE					1		1		1		2	
	c) >42 days					1		1		1		1	
Postpartum (*in breastfeeding or nonbreastfeeding women, including cesarean delivery*)	a) <10 minutes after delivery of the placenta												
	i) Breastfeeding	1*		2*									
	ii) Nonbreastfeeding	1*		1*									
	b) 10 minutes after delivery of the placenta to <4 weeks	2*		2*									
	c) ≥4 weeks	1*		1*									
	d) Postpartum sepsis	4		4									

Key:

1 No restriction (method can be used)	3 Theoretical or proven risks usually outweigh the advantages
2 Advantages generally outweigh theoretical or proven risks	4 Unacceptable health risk (method not to be used)

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu-IUD		LND-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Pregnancy		4*		4*		NA*		NA*		NA*		NA*	
Rheumatoid arthritis	a) On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
	b) Not on immunosuppressive therapy	1		1		1		2		1		2	
Schistosomiasis	a) Uncomplicated	1		1		1		1		1		1	
	b) Fibrosis of the liver‡	1		1		1		1		1		1	
Sexually transmitted diseases (STDs)	a) Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b) Vaginitis (*including trichomonas vaginalis and bacterial vaginosis*)	2	2	2	2	1		1		1		1	
	c) Other factors relating to STDs	2*	2	2*	2	1		1		1		1	
Smoking	a) Age <35	1		1		1		1		1		2	
	b) Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c) Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation‡	a) Complicated	3	2	3	2	2		2		2		4	
	b) Uncomplicated	2		2		2		2		2		2*	
Stroke‡	History of cerebrovascular accident	1		2		2	3	3		2	3	4	
Superficial venous disorders	a) Varicose veins	1		1		1		1		1		1	
	b) Superficial venous thrombosis (acute or history)	1		1		1		1		1		3*	
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	1*	1*	3*		3*		3*	3*	3*		4*	
	b) Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c) Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d) None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid	1		1		1		1		1		1	
Tuberculosis‡ *(see also Drug Interactions)*	a) Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b) Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a) Uncomplicated	1		1		1		1		1		2	
	b) Complicated‡	1		1		1		1		1		4	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		1	1	2		2		2		1	
	b) Heavy or prolonged bleeding	2*		1*	2*	2*		2*		2*		1*	
Viral hepatitis	a) Acute or flare	1		1		1		1		1		3/4*	2
	b) Carrier/Chronic	1		1		1		1		1		1	1
Drug Interactions													
Antiretroviral therapy All other ARV's are 1 or 2 for all methods.	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		3*	
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b) Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		1		1		1	
	b) Antifungals	1		1		1		1		1		1	
	c) Antiparasitics	1		1		1		1		1		1	
	d) Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

Updated in 2017. This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see: http://www.cdc.gov/reproductivehealth/ unintendedpregnancy/USMEC.htm. Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condom reduces the risk of STDs and HIV.

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)?

✓ Emergency Contraception Decision-Making Process Resource

✗ **No:** Go to **question 2**

2 Do you have a birth control method in mind?

✓ Intrauterine Devices | The pill | The shot | The ring

✗ **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?

Learn more about your method:

✓ Intrauterine Devices | The pill | The shot | The ring

✗ **No:** Go to **question 5**

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

✓ The pill | The shot | The ring | The patch

Decision making tool

✗ Copper IUD | Progestin IUD | Copper IUD Decision Making Tool | Progestin IUD/Subdermal Implant Decision Making tool

◆ Click for more information

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?

✓ Copper IUD

✗ **No:** Go to **question 2**

2 Did the unprotected sex happen over 3 days ago?

✓ ella®

✗ ella®

✗ Plan B One-Step®

Click here for Emergency Contraception Decision-Making Process Resource

Copper IUD

Ella®

Plan B One-Step®

◆ Click for more information

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 hormonal[1] or non-hormonal[2] method?

✓ **Hormonal:** Go to **question 2**

✗ **Non-hormonal:**

- Copper IUD
- Copper IUD Decision Making Tool
- Barrier Methods

2 Would you like to have no period?

✓ Click here to learn about Mirena® and Liletta®

IUD

✗ Click here to learn about Skyla®

NEXPLANON

◆ Click for more information

1) Hormonal: methods that use estrogen, progesterone, or a combination of them
2) Non-hormonal: methods that do not use any hormones

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

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2 Will you deploy in the next month?

✓ The pill[3]

✓ The shot[3]

✗ The pill[3]

✗ The shot[3]

✗ The 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

◆ Click for more information

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

FACT SHEET : PROGESTIN IUD – MIRENA®, LILETTA®, SKYLA®

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?

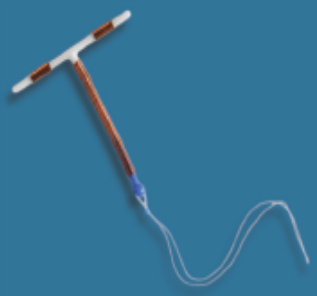
- You will not feel the IUD in you.
- You may have cramps and spotty periods for the first few months. Ibuprofen can help. You can take up to 4 pills (800 mg) of Ibuprofen every 8 hours with food. To prevent cramps, take Ibuprofen when your period starts and keep taking it every 8 hours for the first 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°F)
  - 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

FACT SHEET : COPPER IUD

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 (>101ºF)
  - 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

FACT SHEET : THE SHOT/DEPO-PROVERA

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?

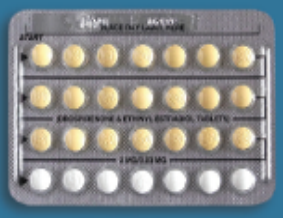
- You will most likely have spotting between periods. You may have weight gain, bloating, headaches and/or mood changes. Talk to your health care provider about treating any side effects.
- After the first 2-3 shots, you may have *no period at all*. This is normal.
- Your bones may become slightly weaker 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.

FACT SHEET : THE PILL

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.

FACT SHEET : THE RING

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

Male/External Condom 	82-98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	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	Can decrease sensation Can cause loss of erection Can break or slip off
Female/Internal Condom 	79-95%	Use a new condom each time you have sex Use extra lubrication as needed	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	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex
Withdrawal Pull-out	78-96%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	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
Diaphragm Caya® and Milex® 	88-94%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but **not HIV** Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Fertility Awareness Natural Family Planning 	76-95%	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	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	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
Spermicide Cream, gel, sponge, foam, inserts, film 	72-82%	Insert spermicide each time you have sex	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	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate EC (ella®) 	58-94% Ulipristal acetate EC works better than progestin EC if you are overweight Ulipristal acetate EC works better than progestin EC in the 2-5 days after sex	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	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	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

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 progestin. Ulipristal acetate EC delays ovulation.	Levonorgestrol 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.

Click here for more information on copper IUD

Click here for potential outcomes for copper IUD

Click here for Emergency Contraception Decision-Making Process Resource

Click here for Emergency Contraception quick reference guide

Click here for potential outcomes for ella® and Plan B One-Step®

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

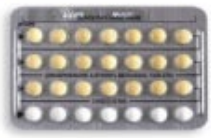
Not sure how to use the chart on the other side of this sheet? Do this: safely switch from one type of birth control to another by going straight from one method to the next one – **no gap!** – and use condoms or spermicide for the first 7 days.

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.

How to Switch Birth Control Methods

Switching from:	Switching to: 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 *up to 5 days after* 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 *up to 5 days after* 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 *up to 5 days after* stopping ring
Progestin shot ("Depo") 	Can take 1st pill *up to 15 weeks after* the last shot	Can start patch *up to 15 weeks after* the last shot	Can insert ring *up to 15 weeks after* the last shot		Can insert implant *up to 15 weeks after* the last shot	Can insert hormone IUD *up to 15 weeks after* the last shot	Can insert copper IUD *up to 16 weeks after* 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 *up to 5 days after* 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 right *after* 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 right after copper IUD is removed and use back-up method for **7 days**	

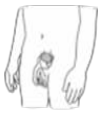
Effectiveness of Birth Control Options

More effective

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


Implant (NEXPLANON)


Intrauterine Device (IUD)


Vasectomy


Female Sterilization

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


Injections


Pills


Patch


Ring


Diaphragm

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

Less effective

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.

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

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.navycs.com/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
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

Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process

Abbreviations:
BMI – Body Mass Index
EC – Emergency Contraception
LNG 1500 – Levonorgestrel (Plan B One-Step® or Next Choice One Dose®)
UPA 30mg – ella®
UPSI – unprotected sexual intercourse (including missed pills)
Copper IUD – Intrauterine device (ParaGard®)

Color Key:
- Copper IUD administered
- ella® administered
- LNG 1500 administered
- General flow chart pathway
- Click for more information

Woman presents for emergency contraception

Offer Copper IUD to all (Explain insertion process and failure rate)

Accepts Copper IUD
Insert same-day if possible*. If a woman is to leave and return, give oral EC

Declines Copper IUD
Offer oral EC
(Explain failure rate)

* Patients can receive same-day copper IUD only at a clinic with full scope contraceptive services.

Did the patient have hormonal birth control failure?

Yes → LNG 1500

No

<72 hours since UPSI

BMI > 26

No → LNG 1500 / UPA 30 mg**

Yes → UPA 30 mg**

Between 72 and 120 hours since UPSI

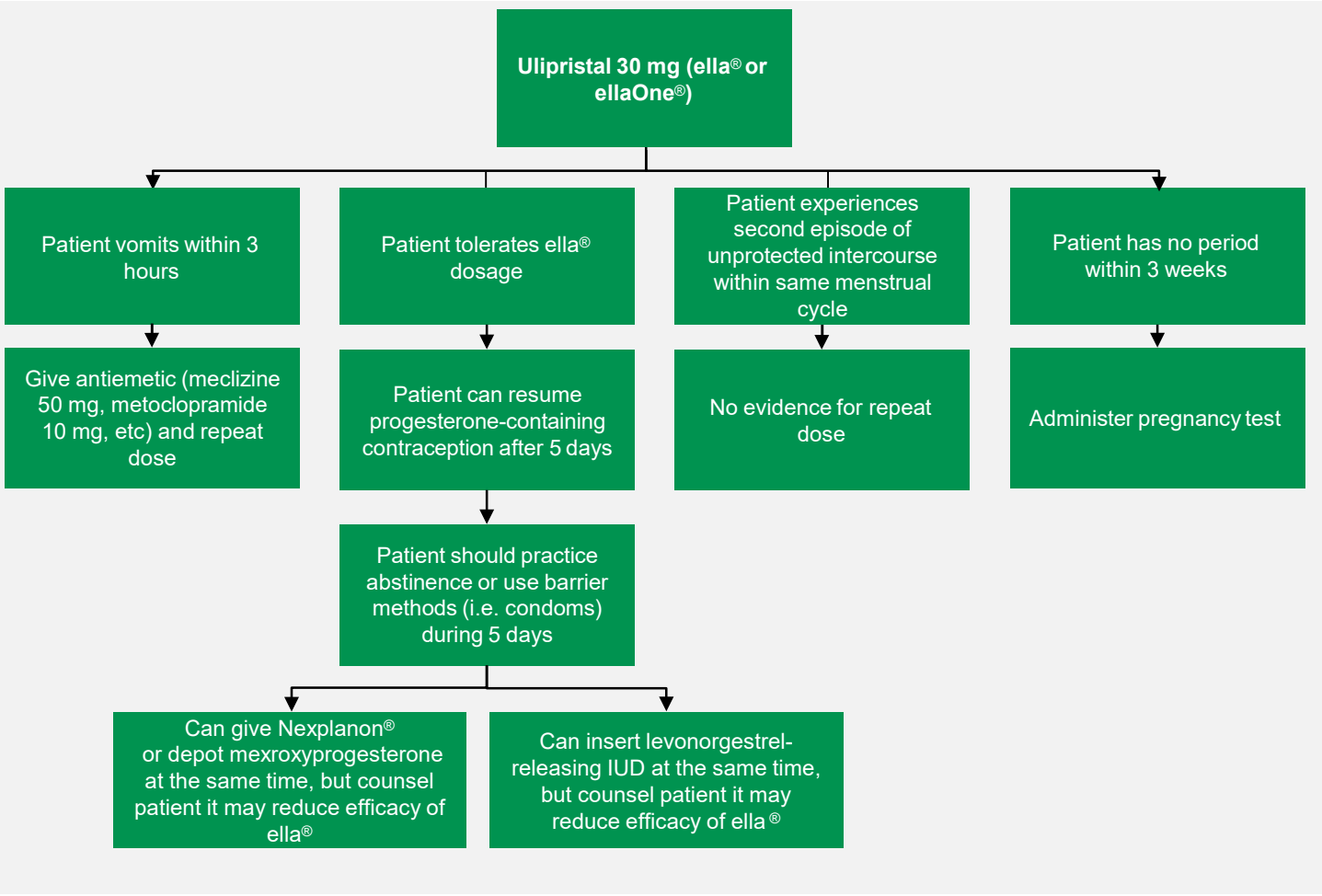
UPA 30 mg**

- Administer one tablet of UPA 30mg, to take by mouth immediately
- Use condoms/abstinence for 14 days, take urine pregnancy test 3 weeks after UPSI
- Offer STI screening
- Can give Nexplanon®, depot mexyroxyprogesterone or insert a levonorgestrel-releasing IUD at the same time, but counsel patient it may reduce efficacy of ella®.

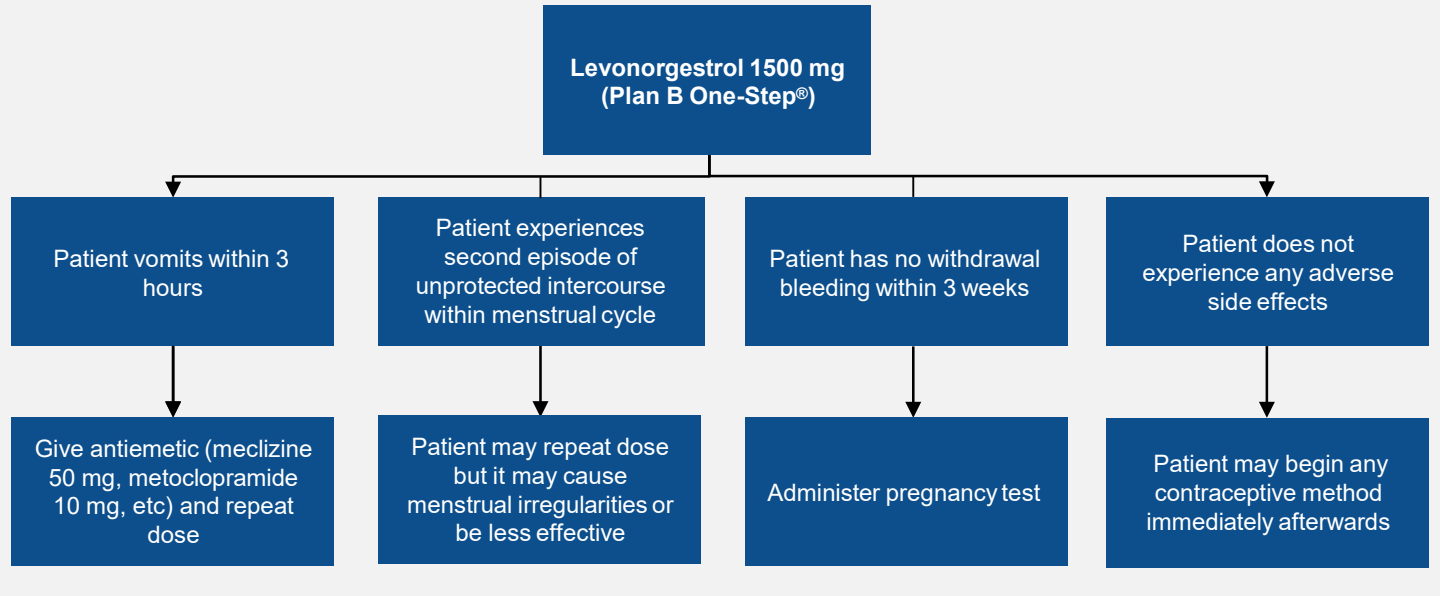
**If ella® is unavailable, administer oral Levonorgestrel

Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Addendum

Potential Outcomes for ella®

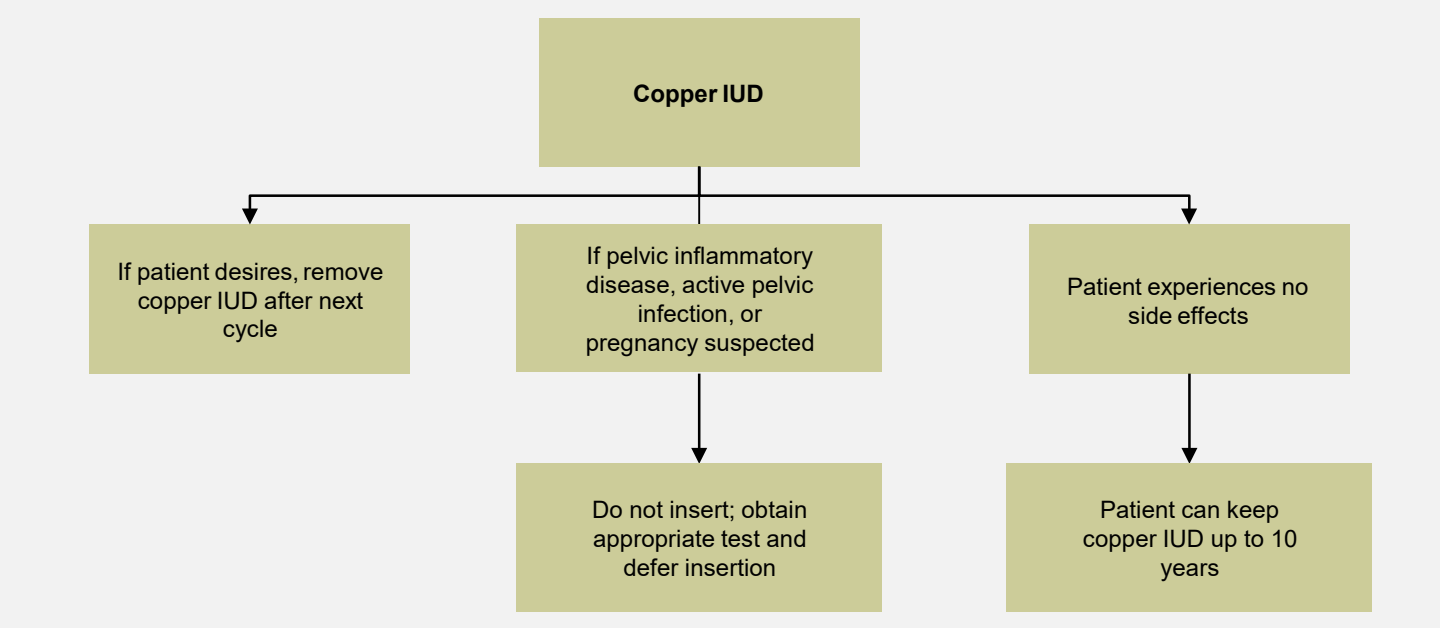


Potential Outcomes for Plan B One-Step®



Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Addendum

Potential Outcomes for Copper Intrauterine Devices (IUDs)



If the patient would prefer to take their Oral Contraceptive Pills (OCP) as EC, the following doses are recommended:

Names of OCPs and Recommended Doses for EC Effect			
4 Pills for First and Second Dose[1]		5 Pills for First and Second Dose	6 Pills for First and Second Dose
Altavera Amethia Ayuna Camrese Chateal Cryselle Elinest Enpresse Introvale Jolessa Kurvelo Levonest	Levora Low-Ogestrel Marlissa Myzilra Nordette Portia Quasense Seasonale Seasonique Setlakin Triphasil Trivora	Afirmelle Amethia Lo Aubra Aviane CamreseLo Falmina Lessina LoSeasonique Lutera Orsythia Sronyx Vienva	Amethyst

Footnotes:
1) Second dose of OCP should be taken 24 hours after the first dose

Emergency Contraception (EC) Protocol
Decision-Making Process

1	**When was your last known menstrual period? (Please do urine HCG if greater than one month ago)**		
	Answer:		
2	**When did you have unprotected intercourse?**		
	Answer:		
3	**Have you used emergency contraception prior to this request?**		
	No	Yes, Plan B® (insert date in comments)	Yes, ella® (specifiy in the comments)
4	**Would you like to be screened for sexually transmitted infections today?**		
◯	No	Yes	
5	**Are you currently using any form of contraception?**		
◯	No	Yes, oral contraception	Yes, condoms
6	**If you are on oral contraception pills, when did you take your last pill?**		
	Answer:		
7	If you are not on any form of contraception, would you like to schedule an appointment for contraception today, or attend the walk-in contraception clinic on Mondays from 1200-1530? (please specify in comments if appointment is booked.)		
◯	Yes	No	
8	**Do you have any allergies? (if yes, please specify in comments)**		
◯	Yes	No	
9	**Are you on any medications? (if yes, please specify in comments)**		
◯	Yes	No	
10	Treatment options: *Offer placement of copper IUD if provider and appointment available. *Please use ella® as first line oral contraception unless oral birth control failure is reason for emergency contraception. ella® can be taken up to 5 days after unprotected intercourse.		
	Copper IUD if provider and appointment available	ella® 30mg tablet	Plan B® (use if patient is on oral contraception and unprotected intercourse occurred less than 72 hours prior)
11	**Method specific education**		
	Copper IUD (ParaGard): Offers immediate contraceptive effect. Failure rate less than 1%. Offers continued birth control for up to 10 years. Your next period should be on time, if not, please take a pregnancy test. Screening for sexually transmitted infections available.	ella®: Can give Nexplanon®, depot mexyroxyprogesterone or insert a levonorgestrel-releasing IUD at the same time, but counsel patient as it may reduce efficacy of ella® Please use condoms or abstain from any intercourse for 14 days after starting a new birth control. You should take a pregnancy test 3 weeks from the incident of unprotected intercourse. Screening for sexually transmitted infections is available.	Levonorgestrel (Plan B One-Step®): You may start a new birth control immediately. Your next period should occur on time, if not, please take a pregnancy test. You may also take a pregnancy test 3 weeks after the incident of unprotected sex. Screening for sexually transmitted infections is available. Plan B® may be also purchased over the counter.
12	**Patient education:**		
◯	Take the pill as soon as you pick it up.	If you have unprotected sex again after you take the pill, you can still become pregnant. Use a condom or another type of birth control if you have sex again after you take the emergency contraception.	If you throw up less than 3 hours after you take the pill, you will need to take it again. Please contact the clinic, so that a nausea medication can be ordered for you.
	Emergency Contraception will not terminate an existing pregnancy, and it is still possible to become pregnant with emergency contraception. You should get your period within a week of when you expect it. If you do not get your period within 3-4 weeks of using emergency contraception, take a pregnancy test.	Contact the clinic if you have heavy bleeding or pain in your belly.	

EC Methods Quick Reference Guide

Copper IUD (ParaGard®)

- Offers an immediate contraceptive effect.
- Failure rate of approximately of 1 in 2000 or 0.0005%.
- The patient's next period should be on-time. If not, conduct a pregnancy test.
- Offer sexually transmitted infection screening if patient reports exposure or if active infection is suspected.

Levonorgestrel (Plan B One-Step® or Next Choice®)

- Conducive to immediately starting another form of contraception.
- Failure rate for oral EC of 1 in 50 or 2%.
- Patients should take pregnancy test 3 weeks from incident of unprotected sex.
- The patient's next period should be on-time. if not, conduct a pregnancy test.
- Offer STI screening to all patients. Consider treatment with antibiotics if patient's STI status is unknown.
- Core formulary located at each MTF.

Ella®

- Patients can receive Nexplanon®, depot mexyroxyprogesterone or a levonorgestrel-releasing IUD at the same time, but counsel patient it may reduce efficacy of ella®
- Patients must use condoms or abstain for 14 days while starting new contraception.
- Failure rate for oral EC of 1 in 50 or 2%.
- Patients should take pregnancy test 3 weeks from incident of unprotected sex.
- Offer STI screening to all patients. Consider treatment with antibiotics if patient's STI status is unknown.

Additional Resources for Patients

For additional information on contraceptive options, visit:
www.bedsider.org

Additional Resources for Providers

www.bedsider.org www.reproductiveaccess.org
www.cdc.gov

MTF-Specific Resources

Full scope contraceptive services are available on a walk in basis in the Women's Health Clinic Mondays 1200-1530, or by appointment with PCM.

Click for more information