

Family Planning

Contraception and Fertility Awareness Options



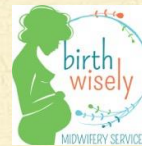
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Understanding the Options

There are a vast array of choices for preventing pregnancy and preventing sexually transmitted infections. We would like to meet you where you are and help you decide which method or product is right for you. In the U.S., 56% of all pregnancies are unplanned – half of which no contraception was being used (Smith, 2008). While we understand that there is no such thing as a perfect option, we appreciate that many factors go into making family planning decisions:

- Cost
- Ease of use
- Cultural and religious considerations
- Need and preferences
- Previous experiences with contraception
- Health history
- Preferred family size
- Many others

This handout will briefly cover several options for family planning, including contraceptives such as hormonal options & barrier options, and fertility awareness options. Contraception is a way to prevent pregnancy either by preventing the sperm from meeting the egg, or preventing the fertilized egg to implant into the uterus. Fertility awareness requires education and vigilance as a couple tracks the fertile signs of the potential mother.



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Local Resources

Contraceptive Choice Center

<https://contraceptivechoice.wustl.edu/>

Creighton Method of Natural Family Planning

St. Anthony's Hospital - \$30 per couple

<http://www.stanthonysmedcenter.com/Medical-Services/Maternity/Natural-Family-Planning>

Planned Parenthood STL

<https://www.plannedparenthood.org/planned-parenthood-st-louis-region-southwest-missouri>

Office of Natural Family Planning – Archdiocese of St. Louis Catholic Church

<http://archstl.org/naturalfamilyplanning>

Marquette Method – Christian Family Planning

<http://www.marquettefertilityed.com/>

Online Resource

Contracept.org

<http://www.contracept.org/>

Barrier Contraception

Cheap, easy, safe, moderately effective

Diaphragm

The diaphragm has a 16% failure rate, but is safer than hormonal contraception. It can be prescribed by your doctor, or ordered online from Canada. The diaphragm covers the cervix to prevent sperm from entering and should be used with a spermicide to kill any sperm that slip past the barrier. It can be either disposable or reusable. It is placed before having sex and must remain in place for 6 hours, but less than 24 hours. The diaphragm may protect against chlamydia, gonorrhea, trichomoniasis, and some forms of HPV, but is not considered effective in preventing STIs.

Sponge

The Today Sponge is a disposable cervical barrier that is prefilled with spermicide. It is available over the counter without a prescription. It has a failure rate of 16%, but is safer than hormonal options. The sponge is placed on the cervix before sex and may be left in place for 24 hours. It is cheap and easy to use, and is especially suited for those who are older than 35, smoke, or have difficulty using a diaphragm. The sponge may be used as an extra layer of protection when using a condom, or as an extra protection when using fertility awareness. It doesn't protect against STIs, and risks include yeast infections and toxic shock syndrome.

Cervical Cap - FemCap

The FemCap is the only cervical cap available in the U.S., and must be prescribed and fitted by a doctor. It's failure rate is 14%, but is safer than hormonal contraception. It is similar in use to the diaphragm, but just covers the cervix. Spermicide is also used to increase effectiveness. It may be worn for up to 48 hours, but it is recommended to be placed before sex, and removed 6 hours afterward. The cervical cap may protect against the same STIs that the diaphragm does, but is not considered effective in protecting against all STIs. With use there is a risk of UTI and toxic shock syndrome.

Female Condom

This polyurethane sheath that is placed inside the vagina protects against STIs and pregnancy. It is sold over the counter. It has a failure rate of 21%, but is safer than hormonal options. It should not be used with a male condom, and oil based lubricants are ok to use with this barrier. It may be placed 8 hours before sex and must be removed right afterward. There is a risk for discomfort with the outer ring of the condom as it rubs against the labia.

Lea's Shield

This one-size-fits-all barrier is very similar to the diaphragm, and has a 4-15% rate of failure. It is available by prescription only, despite the fact that it doesn't require fitting. It is reusable, and should be used with spermicide to increase effectiveness. It is inserted before sex and worn for 8-48 hours afterward. There is a slight risk for UTIs, yeast infections, abnormal Pap, and discomfort during use. This barrier tends to be more effective in those that are younger than 35 and have not birthed children.

Male condom

This popular barrier has a failure rate of 15%, and can be made of animal tissue, polyurethane, or latex. The animal tissue is more expensive and comes with an increased risk for transmitting STIs. The polyurethane version is more likely to break. Condoms are cheap and easy to use and protect against STIs and pregnancy. It is worn on the penis before sex, but after the penis becomes erect or hard. There is an increased risk of UTI due to the spermicide on the condom, and may decrease sensitivity during sex for the male. The condom is most effective when used in monogamous relationships.

Natural Family Planning and Fertility Awareness

Cheap, easy, safe, moderately effective

There are many ways to track fertility in order to plan for a family. Some methods use calendars, others use body temperature, some have you track your cervical mucus patterns, and still others use a combination of methods. All natural family planning methods require tracking, attention and periods of abstinence in order to avoid pregnancy. These methods are safe, inexpensive, and must involve both partners cooperation.

The newer methods of natural family planning are as effective as artificial contraception, if done perfectly. Some couples opt to use a barrier method when having sex during fertile times. Most pregnancies that occur when using these methods are due to risk-taking during fertile periods. Natural family planning does not protect against STIs, therefore, monogamous relationships are recommended.

Method Options

- Creighton Method
- Natural Family Planning
- Marquette Method
- Billings Method
- Calendar Method – “rhythm” method
- Cycle Beads
- Standard Days Method
- Two Day Method
- Symptothermal Method
- Lactation Amenorrhea Method – for exclusively breastfeeding mothers with babies less than six months old before period returns

Failure rate is at 24%, however, some methods claim a failure rates as low as .4% if the method is done perfectly.

We can help you find an educator or class locally.

Withdrawal Method

Also known as the “pull-out” method, the withdrawal method has a reasonably low failure rate of 22% - with “perfect” practice and timing as low as 4%. This method is done when the male completely removes his penis from the vagina before ejaculation. It is free and has no side effects, but one must completely rely on the males to perform the method at the right time. This offers no protection from STIs.

Practices that do not prevent pregnancy:

- Douching after sex
- Using a make-shift condom from various household materials
- Sitting up after sex
- Male taking a hot bath before sex
- Any amount of prayer

Hormonal Contraception

Effective and moderately safe; no protection from STIs

Hormonal contraception is by and large the most popular way to control fertility in the U.S. It is easy to use and very effective. However, numerous risks and side-effects should be considered before taking hormonal contraception. In general, hormones such as progestin and estrogens are used to alter the natural female ovulation cycle, or disrupt the lining of the uterus so that a fertilized egg cannot implant.

The failure rate is considered quite low with these options. It is important to know that low dose options are available for some products and all require a prescription. General hormonal contraception risks are listed on the right, but consult with your pharmacist or read the package insert for a full list of risks and side-effects. IUDs (intrauterine devices – placed inside the uterus) come with their own unique risks, including the hormonal risks, if using the Mirena or Sklya brand IUD. Copper IUD (Paraguard) is non-hormonal.

Common Side-effects and Risks

Estrogen containing contraceptives:

- Nausea
- Breast swelling and tenderness
- High blood pressure
- Decreased sex drive
- Headaches
- Mood swings
- Permanent dark patches on face
- Eye/vision problems
- Gall bladder disease
- Liver tumors
- Breast and cervical cancer
- Blood clots
- Rare – heart attack, stroke, pulmonary embolism

Progestin containing contraceptives:

- Weight gain
- Bone loss
- Depression
- Acne/oily skin
- Fatigue
- Constipation
- Immune suppression
- Rare: heart attack, breast tumor growth

A Few Common Options

- Oral Contraception – “The Pill”
 - Extended use is possible
- IUDs – copper is non-hormonal
 - Very low failure rate - .2%
 - Copper may be worn for up to 10 years and has a failure rate of .8%
- Skin Patch
 - Convenient
- Vaginal ring
 - Small
 - Easy to use
- Emergency Contraception
 - Available without prescription to those 18 and older at the pharmacy
 - Take all doses
 - Take within 72 hours of intercourse
 - 95% effective if taken within 24 hours
 - Ask pharmacist about unique risks of this product

Permanent Options

For those no longer wanting to have children

Permanent options are also known as “sterilization” because the ability to reproduce is removed from the individual choosing any of these procedures. Cost is a consideration as well as insurance coverage. Recovery time and risks should be discussed ahead of time. Failure rates are generally remarkably low at less than 1%. Some discover that they regret their decision to sterilize later in life and opt to try for a reversal – depending on the previous procedure they chose. Reversals are not commonly successful and are very expensive.

Tubal Ligation

This procedure is for a female. The fallopian tubes (where eggs travel to the uterus) are either cut, tied, clamped or blocked. There are various methods of ligation, so speak with your doctor about what she suggests. The surgery and anesthesia come with their own risks and recovery is quite long; the risks of the procedure include:

- Infection
- Uterine perforation
- Cervical cancer
- Ectopic pregnancy
- Increased risk for hysterectomy

Essure Micro Insert

This is a small, metal coil that is placed in the fallopian tubes through the uterus in an outpatient procedure. The coils cause scarring of the fallopian tubes causing permanent blockage. One must wait to have unprotected sex for the first 3-6 months after the procedure until blockage of the tubes is confirmed by an x-ray. The risks include:

- Expulsion of the coils
- Improper placement
- Cramping/pain
- Painful changes in menstrual cycles
- Ectopic pregnancy

Vasectomy

This procedure is for the male. It is an outpatient procedure done in the office of a urologist. The vas deferens (tubes that carry sperm from the testicles to the penis) are either cut, clamped or tied. A short weekend recovery is necessary. Protected sex is necessary to avoid pregnancy for several months after the procedure – until a semen sample shows that there are no longer sperm in the ejaculate. There are only a few risks:

- May increase prostate cancer risk (still inconclusive)
- May cause chronic pain – 2-3%

References:

Birth Control and Healthy Sex Resources and News. (2016). Retrieved October 17, 2016, from <http://www.contracept.org/>

King, T., Brucker, M., Kriebs, J., Fahey, J., Gegor, C., Varney, H. (2015). *Varney's midwifery*. Burlington, MA: Jones & Bartlett Learning.

Smith, R. (2008). *Netter's obstetrics and gynecology* (2nd ed). Philadelphia, PA: Saunders/Elsevier.

Please contact us with any questions or concerns, or if you require a referral to a physician.