

CONTRACEPTION

[Birth control]

WHAT IS CONTRACEPTION?

- The deliberate use of artificial methods or other techniques to **prevent pregnancy**.
 - Important that women are able to plan timing of children.
 - Aim of contraception is to prevent pregnancies from occurring while causing the least amount of side effects to the patient.
-

Pearl index

- The Pearl index will be **determined by the number of unintentional pregnancies related to 100 women** using certain method of contraception for 1 year. If 3 pregnancies occur during this period in this group, the Pearl index will be 3.0
- Methods of contraception are compared by the Pearl index.

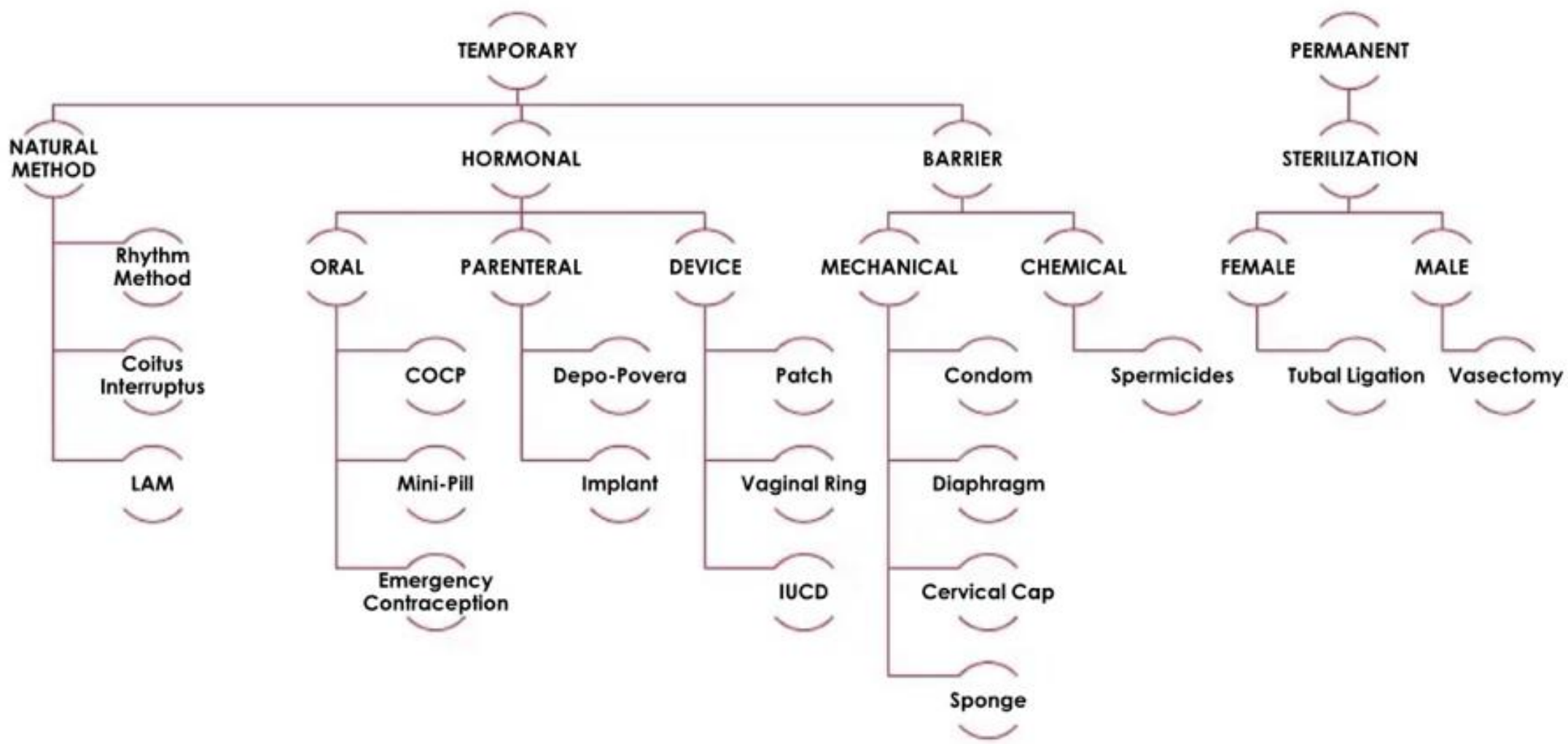
- **Perfect Use efficacy rates (Correct Use);** reflect what happens when a contraceptive method is used correctly all of the time.
- **Typical Use efficacy rates (Actual Use);** reflect what happens in the real world when we factor in human error in the first year of use of a method.

IDEAL CONTRACEPTIVE

- Cheap
- Highly 100% effective
- Acceptive
- Safe

- Reversible
- Having non-contraceptive benefits
- Simple to use
- Requiring minimal motivation, maintenance and supervision

TYPES OF CONTRACEPTION



NATURAL METHOD

- Certain methods used to *achieve and avoid* pregnancies.
- Based on observation of the naturally occurring signs and symptoms of the fertile and infertile phases of a woman's menstrual cycle.
- No drugs, devices, or surgical procedures are used.

WITHDRAWAL

- Coitus Interruptus.
- Removal of penis from the vagina before ejaculation occurs.
- Effectiveness rate is 60-80%.

- Failure due to
 - 1) Delay withdrawal.
 - 2) Presence of sperm in the pre-ejaculatory fluid.

RHYTHM METHOD

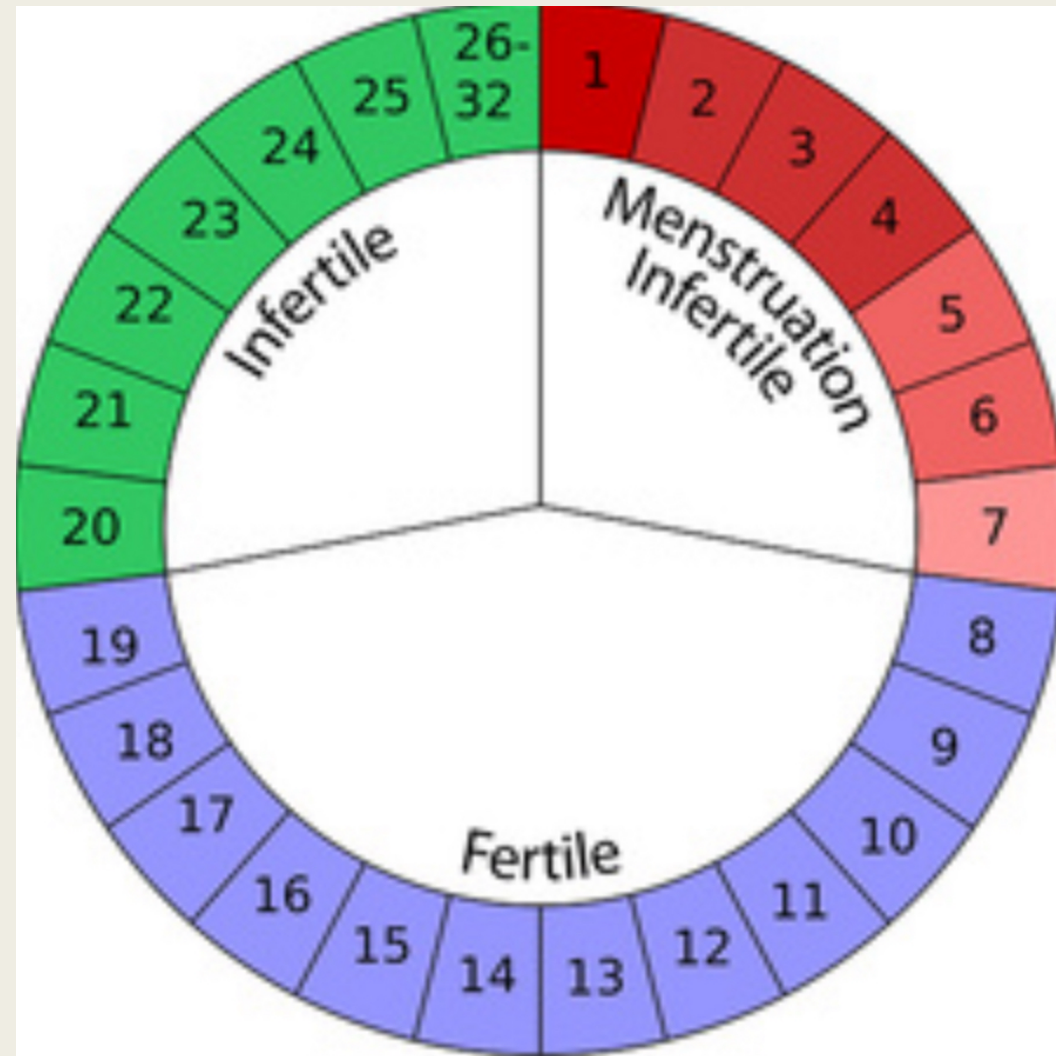
- Based on identification of the fertile period of a cycle and to abstain from sexual intercourse during that period.
- Requires partner's co-operation.

- Methods to determine:
 - a) Calendar Rhythm
 - b) Temperature Rhythm c) Mucus Rhythm

Calendar Rhythm

- Before relying on this method, the woman records the number of days for each menstrual cycle for at least **6 months**. The first day of menstrual bleeding is always counted as **Day 1**.
- The woman **subtracts 18 from the length of her shortest records** cycle. This tells her the estimated first day of her fertile time, she then **subtracts 11 days from the length of her longest cycle**. This tells her the last day of her fertile time.
- If her record cycles vary from 26-32 days;
 - $26-18 = 8$ (start abstinence on day 8)
 - $32-11=21$ (have sex after day 21)
- Thus 14 days i.e. 8-21 of abstinence

Standard days method



Mucus Method

- Tracking changes in the amount and texture of vaginal discharge, which reflect rising levels of estrogen in the body.
- For the first few days after your period, there is often no discharge, but there will be a cloudy, sticky mucus as estrogen starts to rise.
- When the discharge starts to increase in volume and becomes clear and stringy, ovulation is near.
- A return to the tacky, cloudy mucus or no discharge means that ovulation has passed.

Charting your Mucus Pattern Chart

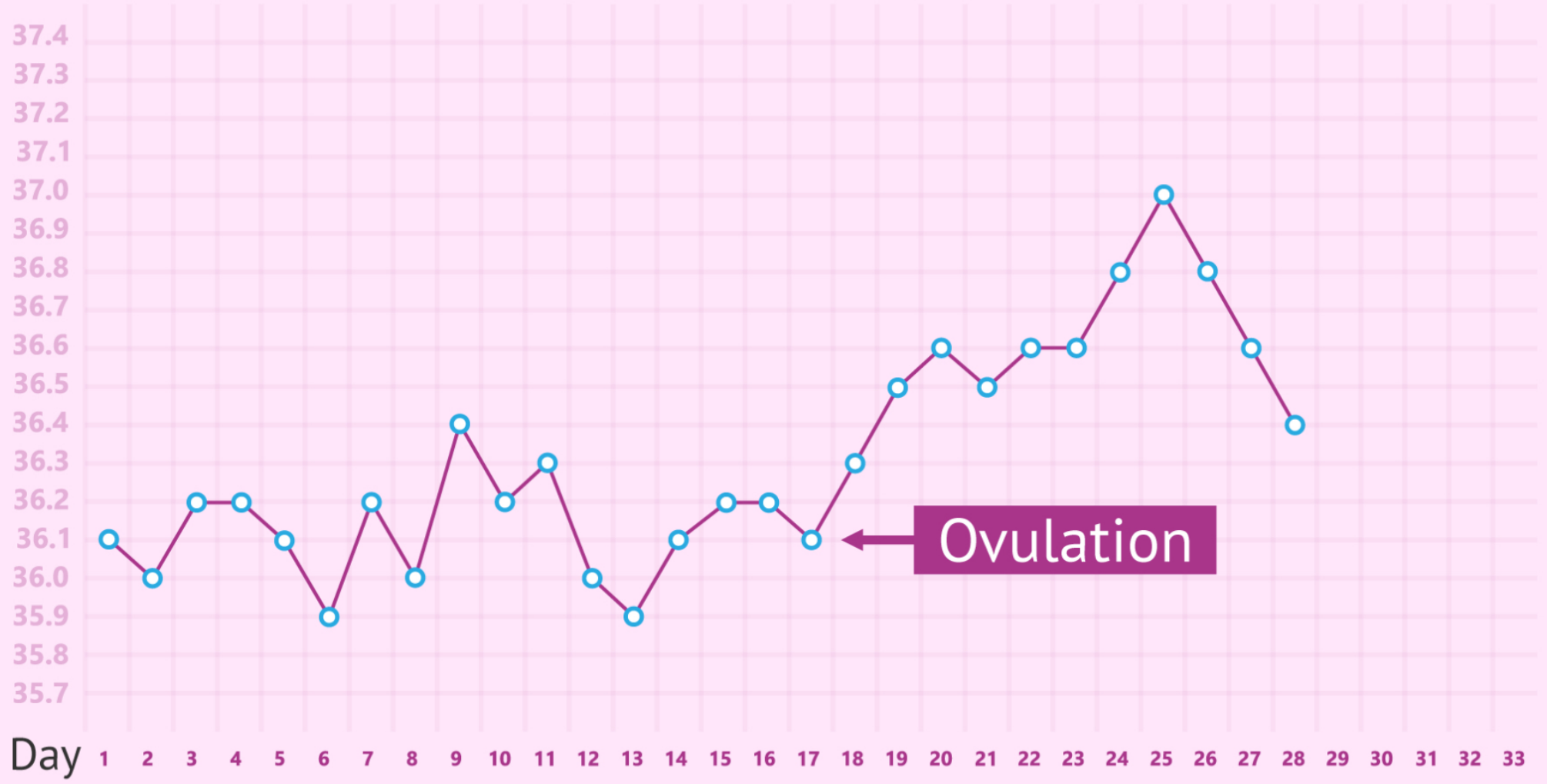


Month/Day	7/24	7/25	7/26	7/27	7/28	7/29	7/30	7/31	8/1	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13	8/14	8/15	8/16	8/17	8/18	8/19	8/20
Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Mucus Wet, Dry, Cloudy, Clear, Tacky, etc.	Period	Period	Period	Period	Dry	Dry	Dry	Sticky	Sticky	Sticky	Cloudy	Cloudy	Wet	Slippery	Cloudy	Cloudy	Wet	Slippery	Sticky	Slippery	Cloudy	Cloudy	Sticky	Sticky	Dry	Dry	Dry	Sticky

Basal body temperature

- What we mean by BBT ?
- Your basal body temperature is your body's temperature at complete rest or your lowest temperature
- **Note:** If you're using the BBT method to chart your fertility, make sure to take your temperature before getting out of bed.
- How use this method?
 - 1. Take your basal temperature as soon as you wake up.
 - 2. Take your temperature at the same time.
 - 3. Measure your temperature from the same place every day
 - 4. Record your temperature each day
 - 5. Identify a temperature increase
 - 6. Consider the fertile period. You're most likely to get pregnant four days before and one day after ovulation.

**Ovulation raises body temp
½ - 1 degree F, and temp
will drop if fertilization does
not occur.**



BREAST FEEDING LACTATION ALAMENORRHEA (LAM)

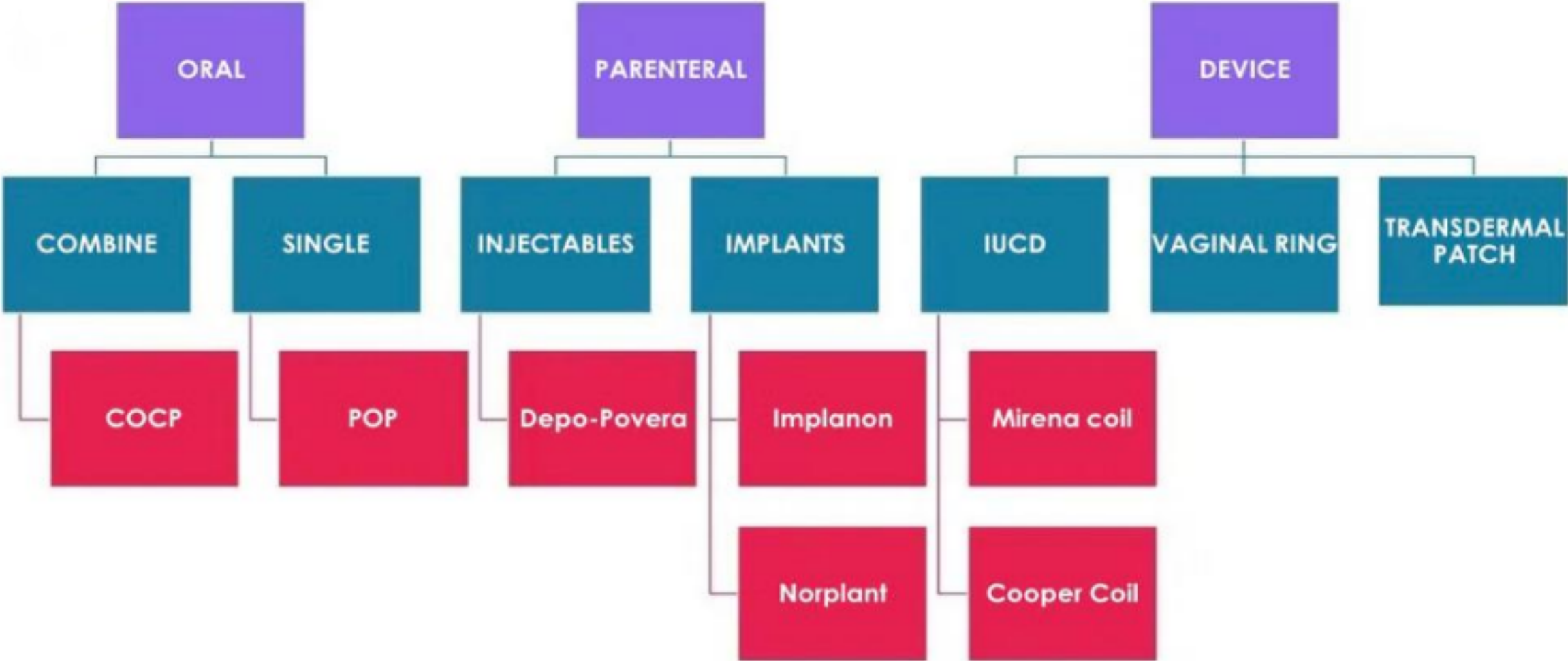
- Prolonged and sustained breastfeeding offers a natural protection of pregnancy.
- More effective in women who are amenorrhea than those who are menstruating.
- Risk of pregnancy who fully breastfeed an amenorrhea < 2% in the first 6 months.

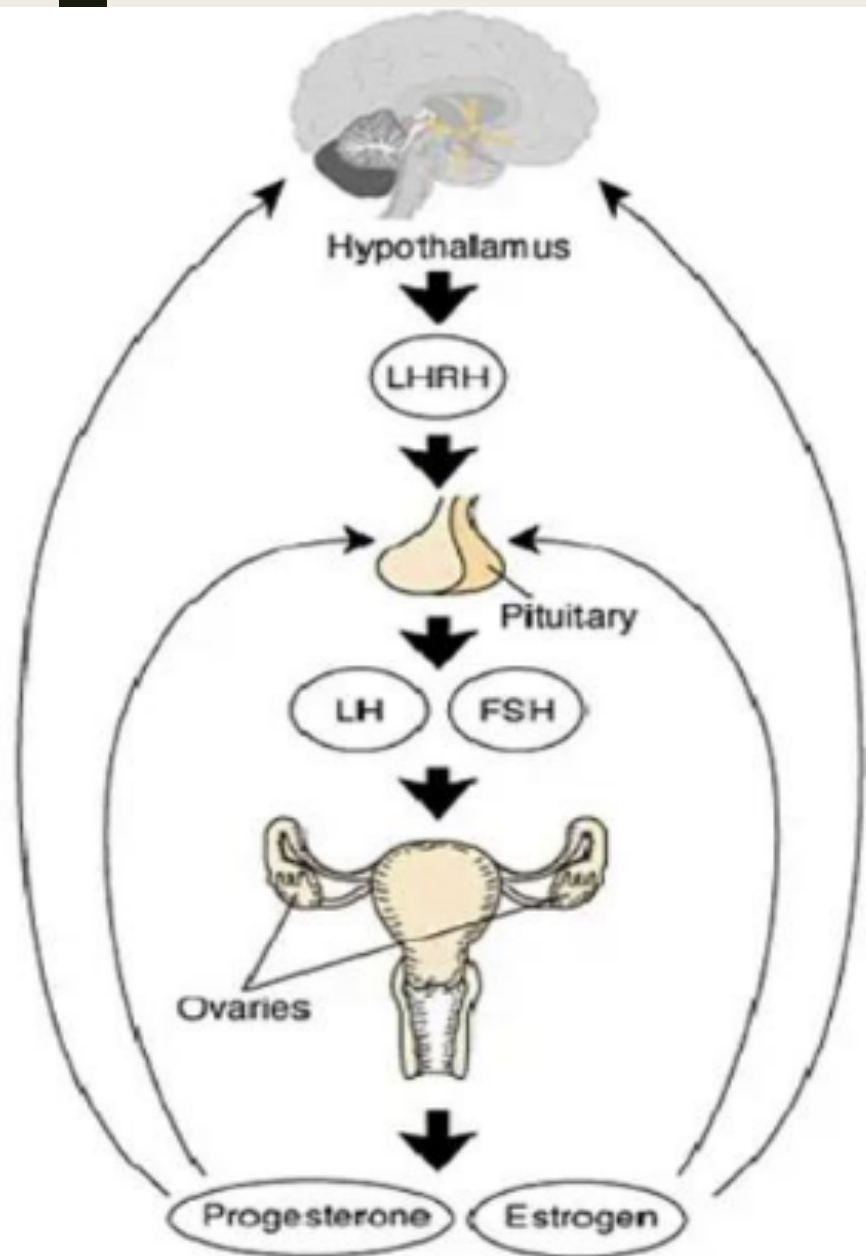
Method	How it works	Effectiveness:pregnancies per 100women per year with consistent and correct use	Effectiveness:pregnancies per 100women per year as commonly used
Withdrawal (coitus interrupts)	Tries to keep sperm out of the female body (prevent fertilization)	4	20
Calnder Rhythm or rhythm method	Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days	Reliable effectiveness rate not available	15
TwoDay method	Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days	4	14
LAM	Prevents the release of eggs from the ovaries (ovulation)	0.9(in 6 months)	2(in 6 months)
Basal body temperature	Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days	Reliable effectiveness rate not available	

- **HORMONAL**

Hormonal compound taken in order to block ovulation and prevent occurrence of pregnancy.

HORMONAL CONTRACEPTION





MODE OF ACTION

Prevent Ovulation

Prevents pituitary secretion of FSH and LH

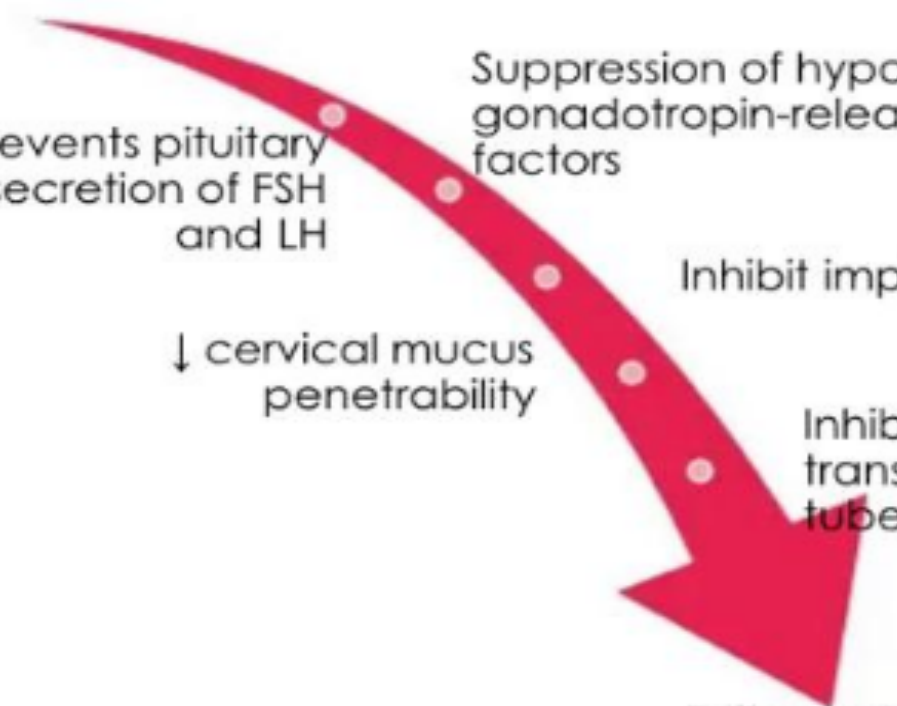
↓ cervical mucus penetrability

Suppression of hypothalamic gonadotropin-releasing factors

Inhibit implantation

Inhibit ovum transport in tube

Failure rate: 1%



- *ORAL CONTRACEPTIVE PILL :*

Estrogen

- *Ethinyl estradiol (common)*
Mestranol (rare)

Progestogen

- *Desogestrel*
Norethisterone
Ethinodiol
Norgestimate
Gestodene
Levonorgestrel

COMBINED ORAL CONTRACEPTIVE PILL

Oral contraceptives consist of a combination of an estrogen and a progestational agent: Eithylestradiol (20mcg - 35mcg) and a progestogen (Levonorgestrel/ norethisterone/ desogestrel).

Meant to be taken for 21 days with a pill-free week.

taken daily for 3 weeks and then omitted for 1 week, during which time there is withdrawal uterine bleeding

Low dose pills now more commonly used :

- Mercilon, Loette, Yasmin, Diane(35 mcg).
- 99% effective if used correctly.



More info :



ADVANTAGES

- Reversible.
- Intercourse unaffected.
- Reduce incidence of ovarian and endometrial cancer.
- Controlled timing menses.

DISADVANTAGES

- Effective only if taken consistently.
- Effectiveness is reduced by;
 - ❖ phenytoin
 - ❖ antibiotic like ampicillin
- Vomiting and diarrhea that may impair absorption.

SIDE EFFECT

- Nausea/ Vomitting.
- Breast tenderness .
- Increased venous and arterial thrombosis.
- Strokes.
- Weight gain.
- Headache.
- Hypertension.
- Cholethiasis

CONTRAINDICATION

- History of cardiovascular disease.
- Hypertension.
- Obesity.
- Migraine.
- Acute/ severe liver disease.
- Breast cancer.
- Smoker above 35

PROGESTIN ONLY PILL (MINI-PILL):

- ❖ They contains only progesterone .
- ❖ They need to be taken daily and continuously
 - Levonorgestrel 75 ug
 - Norethsterone 350 ug
 - Desogestrel 75 ug
 - Failure rate 2-3 %
- ❖ **Contraceptive effect by;**
 - Alterations in cervical mucus and effects on the endometrium.
- ❖ **The first pill has to be taken on the first day of the cycle then continuously and regularly and at the same time of the day -> to be maximally effective**



ADVANTAGES :

- Reduce the risk of estrogen related side effects ..
- Easy to take.
- Contraindications to estrogen

INDICATION :

- Older women.
- Lactation.
- Cardiovascular risk factors
- Diabetes

DISADVANTAGES :

- It can have mild androgenic effects in some women, potentially influencing oil production in the skin that leads to Acne.
- Some could experience headaches, breast tenderness, mood changes.
- Irregular menstrual cycle.
- 30% increased risk of ovarian cysts.

CONTRAINDICATION

- Recent breast cancer.
- Liver cirrhosis
- Stroke and coronary artery disease

Progestin prevents ovulation

- suppress luteinizing hormone
- thicken cervical mucus (thick, viscid and scanty) - retarding sperm passage -> endometrium unfavorable to implantation (endometrium non receptive to the embryo)

Estrogen prevents ovulation

- suppress follicle-stimulating hormone
- stabilize the endometrium-> prevents breakthrough bleeding



Birth control pill

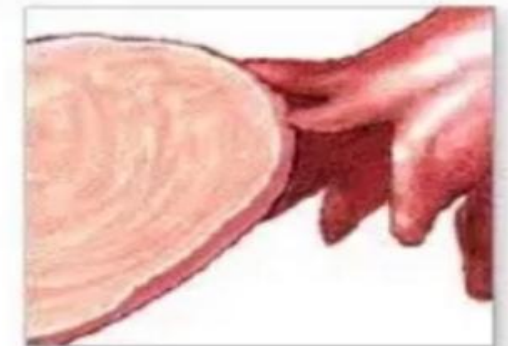
Lower levels of estrogen in pill prevent pituitary gland from releasing LH



With no LH present, egg does not mature and ovulation does not occur



Birth control pill



INJECTABLE PREGESTIN

INTRAMUSCULARLY

Depo-

POB: 150mg IM, every 12 weeks.

- reach active levels within 24 hrs.
- undetectable in the body by 7 - 9 months.

- **When it starts to work?**

You can have the injection at any time during your menstrual cycle.

- If you have it during the first 5 days of your cycle, you'll be immediately protected against pregnancy.
- If you have it on any other day of your cycle, you should use additional contraception such as condoms for 7 days.

INDICATION	CONTRAINDICATION	ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Good option for women who find it difficult to remember to take pill. • Useful if oestrogen is contraindicate. • Lactation. 	<ul style="list-style-type: none"> • High risk for osteoporosis. • Same as POP: <ol style="list-style-type: none"> 1. Pregnancy. 2. Unexplained uterine bleeding. 3. Recent breast cancer. 4. Arterial disease. 5. Thromboembolic disease. 	<ul style="list-style-type: none"> • Safe during lactation. • Low failure rate (<1%). • No estrogen related side effect. • Menstrual symptoms reduced. • Protective against endometrial cancer. 	<ul style="list-style-type: none"> • Irregular bleeding. • Delay in return of fertility up to 12 months. • Injections. • Weight Gain. • doesn't provide protection against sexually transmitted infections (STIs). • Long term use (>2 years) can lead to decreased bone density.

Types of implants:

1)IMPLANON

- Progestin only delivery system containing: Etonorgestrel 68mg.
- Single closed capsule - Sub dermal implant about 1.6 inches and approximately one-eighth inch in diameter, inserted on day 1-5 of the menstrual cycle.
- into the non-dominant arm in between the head of the biceps and triceps.
- The hormone in it is slowly released into the body over 3 years.
- Efficacy 99%.
- Long-lasting (3 years).





Reversible
Longevity of effectiveness

ADVANTAGES

No effect on lactation
Not user dependent



Surgical
Difficult to remove
Not biodegradable

DISADVANTAGES



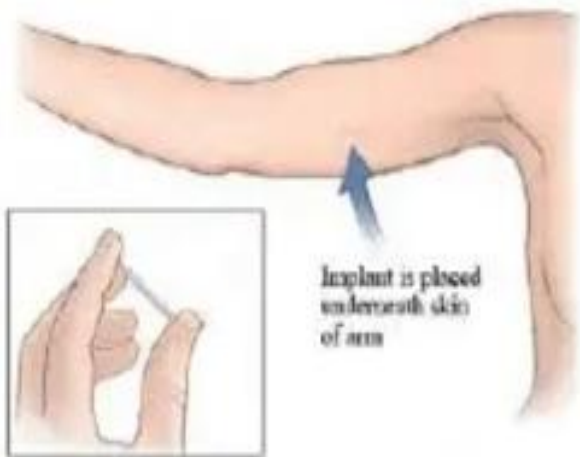
Menstrual irregularity
Headache
Mood change
Depression

ADVERSE EFFECT

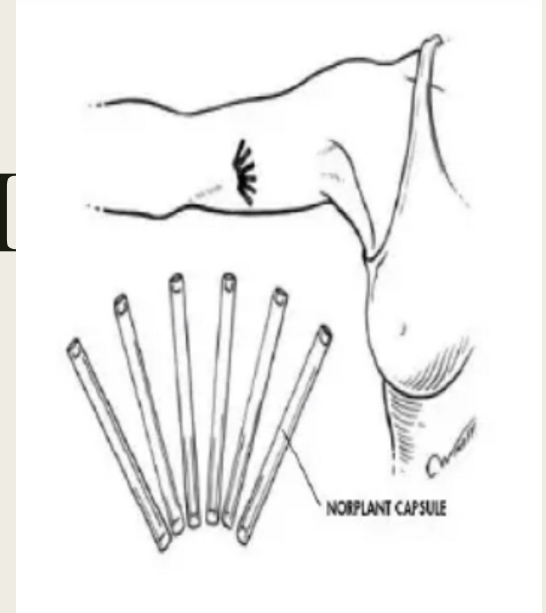


History of cardiovascular disease
Hypertension
Obesity
Migraine
Chronic hepatitis
Breast cancer

CONTRAINDICATION



2) NORPLANT I vs. NORPLANT II

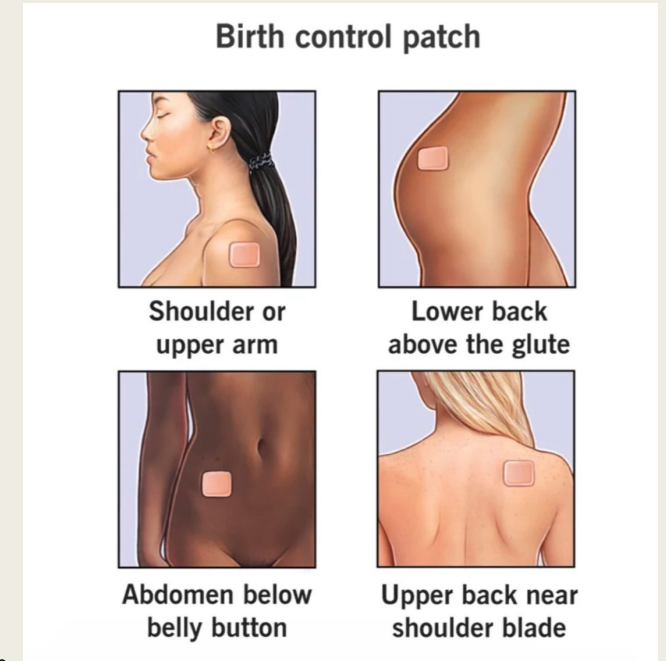


- **NORPLANT I : Six capsules (Five years).**
 - The initial release rate is **about 85 mcg/day**, declining to about 50 mcg/day
- **NORPLANT II : Two capsules (Three years) .**
 - The initial release rate of 60 to 70 $\mu\text{g/day}$ falls gradually to around 25 to 30 $\mu\text{g/day}$
 - **Rods:** 34 mm in length and 2.4 mm in outer diameter.

Administration: Under LA 6 silicone rubber rods effective within 6 hours of insertion and has a 5 years action.

PATCH (EVRA)

- The patch was designed to administer 20 µg of ethinyl estradiol and 150 µg of norelgestromin .
- **Patch (Evra) is applied to :**
 - Buttocks.
 - Upper outer arm.
 - Lower abdomen.
 - Upper torso (avoiding the breasts).
- **A new patch is applied weekly for 3 weeks.**
- **followed by a patch-free week to allow for withdrawal bleeding.**



Contraceptive Patch



ADVANTAGE

- **S** Well tolerated
- **S**afe overall

DISADVANTAGE

- **Dysmenorrhea.**
- **Breast tenderness.**
- **Breakthrough bleeding in the first Two patches.**
- **Some women may have application site reaction severe enough to limit usage.**

How the Patch Is Used

	Month						
1st Patch →	1	2	3	4	5	6	7
2nd Patch →	8	9	10	11	12	13	14
3rd Patch →	15	16	17	18	19	20	21
No Patch →	22	23	24	25	26	27	28

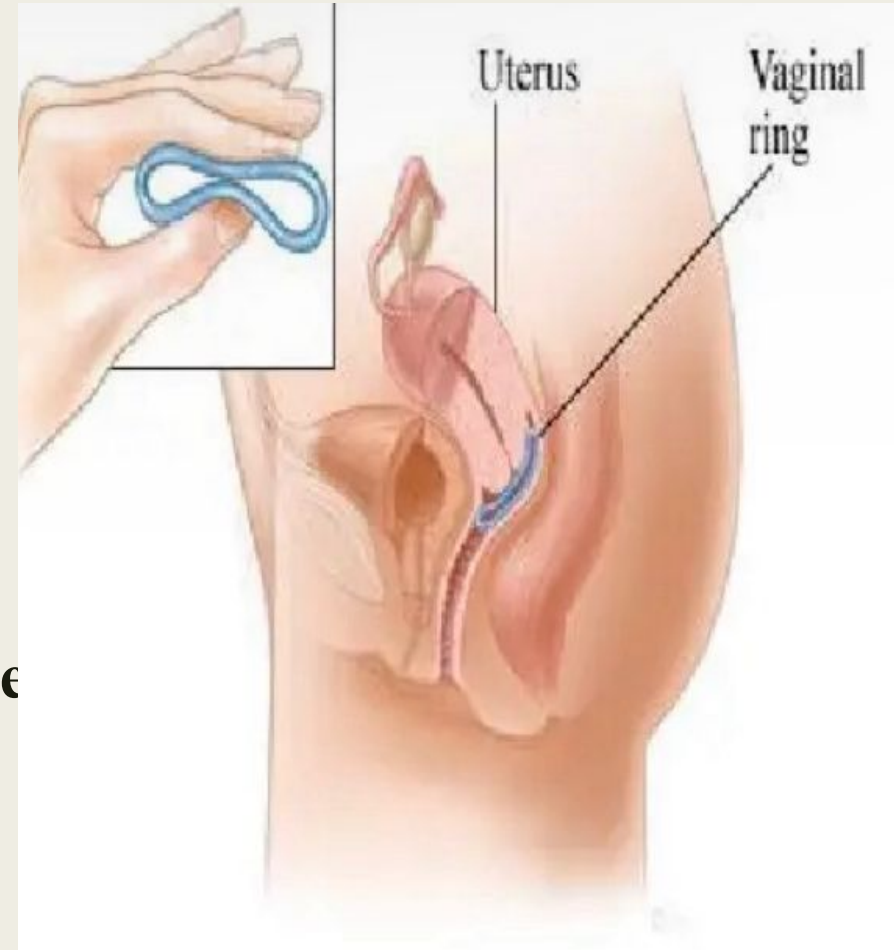
*Each patch is worn for a 7-day period.
After using three patches in a row,
no patch is worn during the fourth week.*

INTRAVAGINAL RING

- Flexible polymer ring.
- Contains ethinyl estradiol + etonogestrel.
- Hormones are absorbed through the wall of the vagina directly into the bloodstream.
- Released rates: 15 mcg and 120 mcg per day.
- Highly effective but in case of typical use failure rate was 7 out of 100 ring users each year.
- The ring is placed within 5 days of the onset of menses and is removed after 3 weeks of use for 1 week to allow withdrawal bleeding.

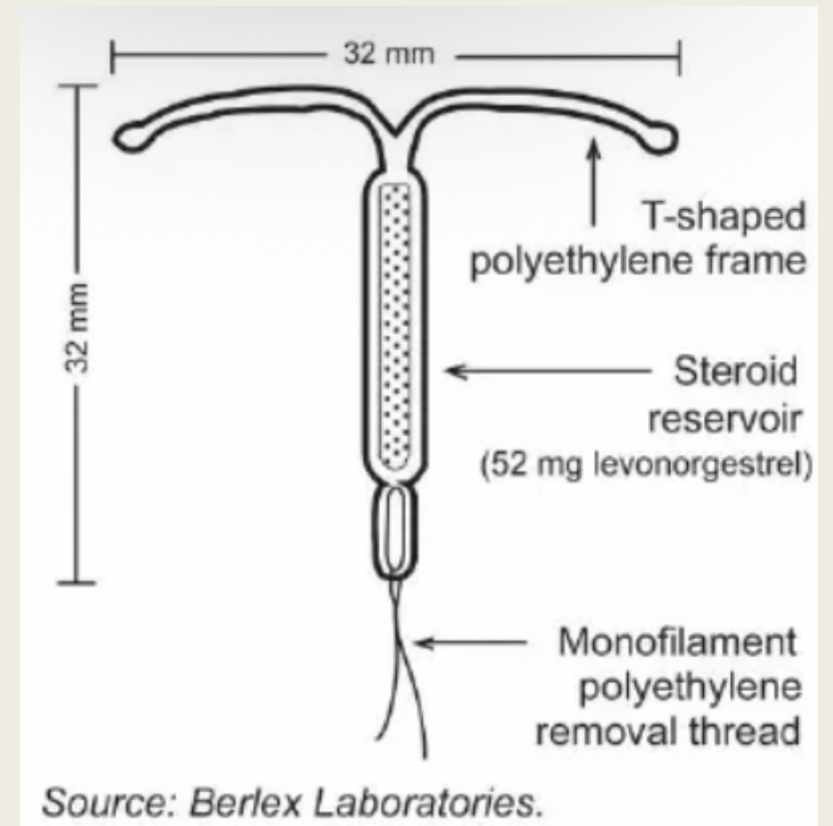


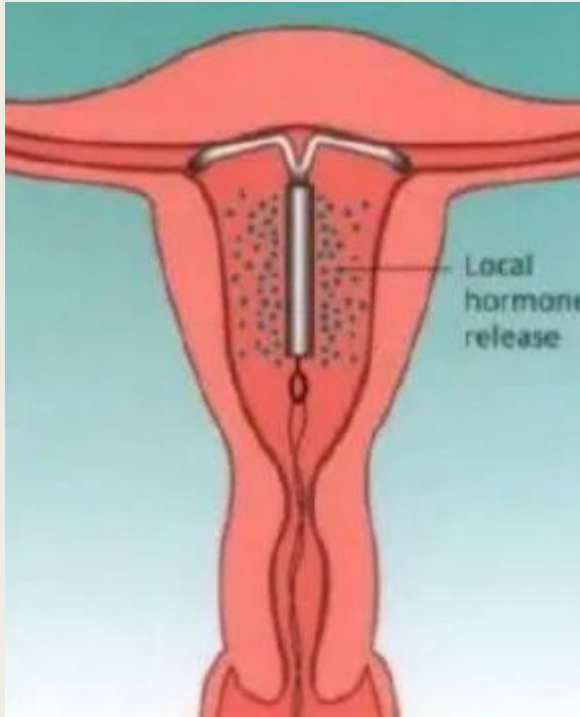
- **Breakthrough bleeding is uncommon.**
- **18% of women, 22% of men reported being able to feel the ring during intercourse.**
- **If this is bothersome, may be removed for intercourse BUT should be replaced within 3 hours.**



INTRAUTERINE CONTRACEPTION SYSTEM (MIRENA)

- Device contain progestogen- releasing rod, (reservoir releasing levonorgestrel 20 microgram 12 hourly).
- Levonorgestrel released directly into uterine cavity from a T-shaped plastic intra uterine device.
- Most effective contraceptive, failure rates < 2/1000.





NON-CONTRACEPTIVE

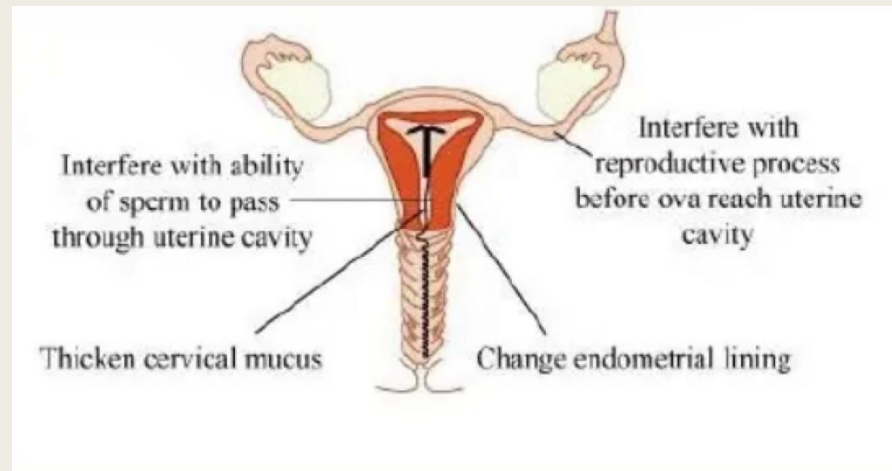
- Menorrhagia.
- To oppose oestrogen in HRT.
- To oppose effects of Tamoxifen on endometrium.

SIDE

- Minimal.
- Amenorrhoea (20%).
- Irregular bleeding (up to 6 months).
- PMS -like symptoms (rarely) If conception occurs - risk of ectopic pregnancy.

MODE OF

- Thickens cervical mucus
- Thins endometrium
- Local inflammatory reaction



COOPER IUCD:

Copper effects are by causing a toxic effect to sperm and the egg.

Licensed for use for up to 10 years.

99% effective.

Has an increased risk of infection associated with the first 3 weeks of insertion
Copper IUCD associated with increased menstrual loss.

Occasionally can have problem of missing strings, lost IUCD that may require investigation or surgical exploration/ removal.



BENEFITS

- Does not require a person to take medication.
- Good for those with a contraindication to taking oestrogen.
- Useful for patients who are not compliant to taking medicines.

CONTRAINDICATIONS

- Current STI or PID.
- Distortion of the shape of uterine cavity.
- Severe dysmenorrhea.
- Valvular heart disease.
- Cooper allergy.
- Heavy periods.

SIDE EFFECTS

- Pain.
- Menstrual loss.
- Expulsion <3%.
- Uterine perforation 1 in 1000.
- Salpingitis 1.5-7.5 per 1000.
- Endometritis.

TIME OF INSERTION :

1. INTERVAL :

- 6 Weeks following childbirth or abortion.
- 2-3 days after the period is over.
- During lactational amenorrhea - can be anytime.

2. POSTABORTAL:

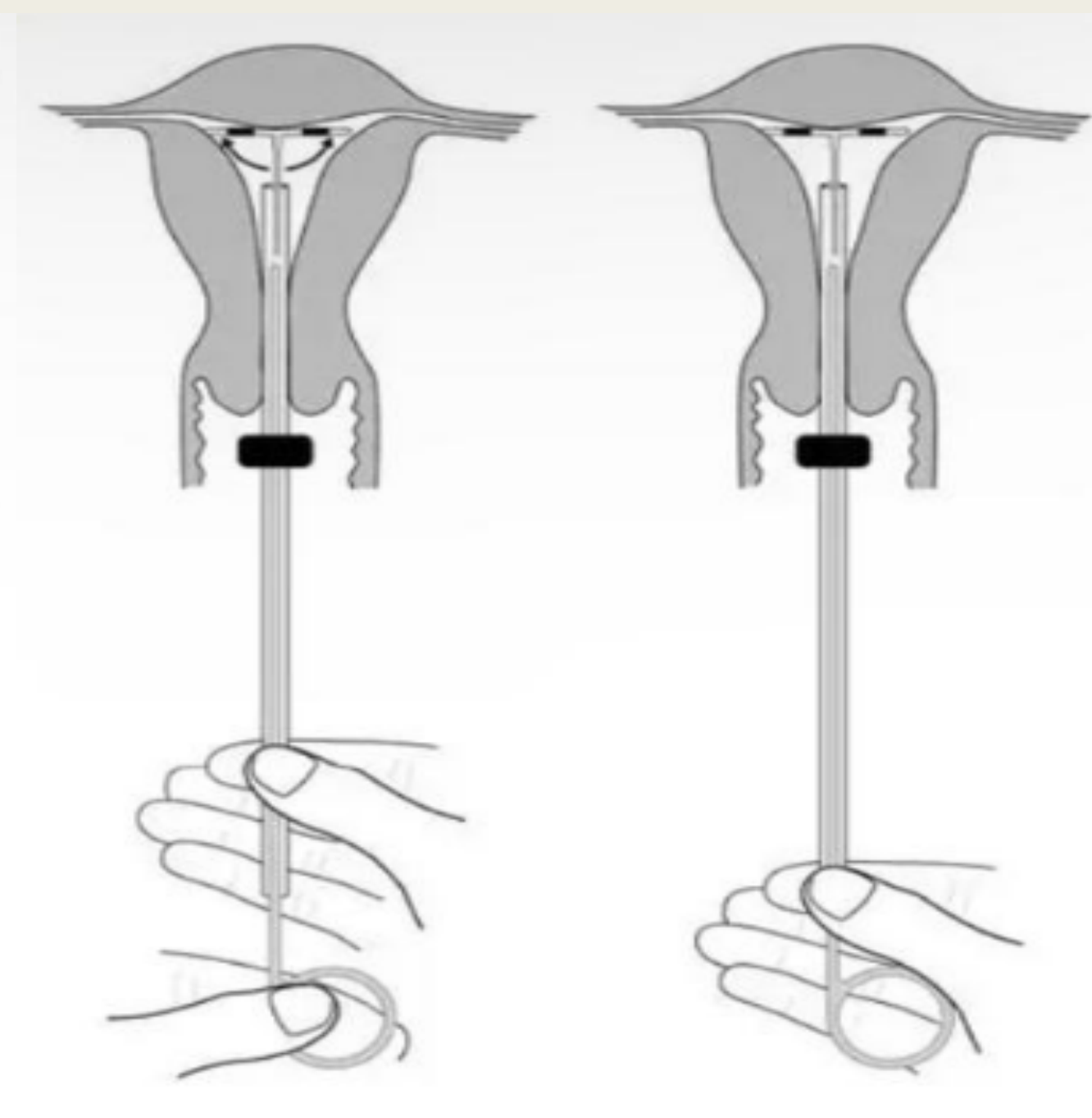
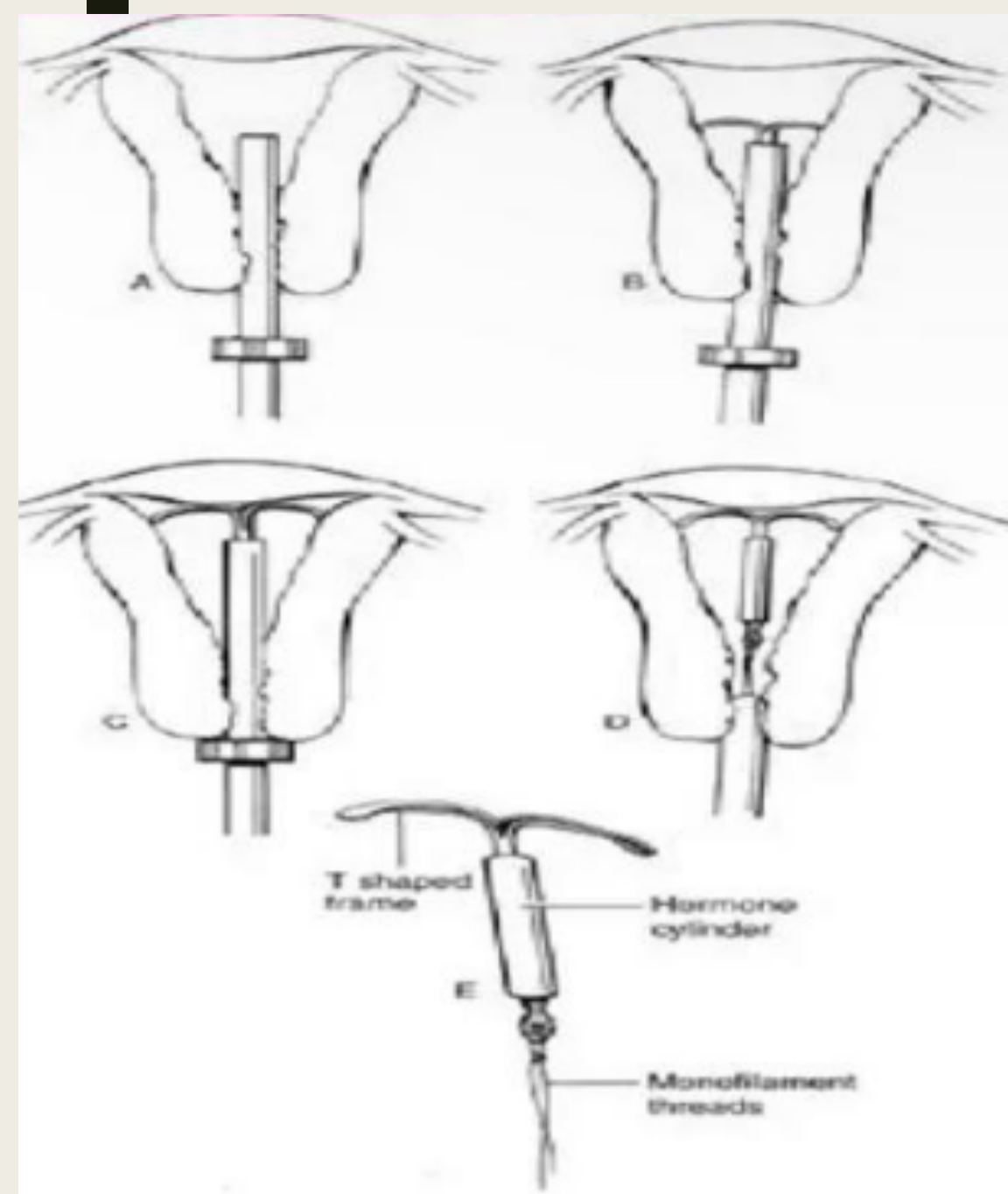
- Immediately following termination of pregnancy
- Prevent uterine synechia

1. POSTPARTUM:

- 6 weeks following child birth when the uterus will be involuted to near normal size.

2. POSTPLACENTAL DELIVERY:

- Immediate insertion can be done.
- Rate of expulsion is high.



EMERGENCY CONTRACEPTIVE

PILL

- These methods can be used after intercourse when no contraception was employed (ie, unprotected intercourse [UPI]), a method was used imperfectly (ie, a condom slipped or broke, pills or injection were missed),

WHAT ARE THE EMERGENCY CONTRACEPTION METHODS?

1. Intrauterine devices (
2. Oral medication emergency contraception methods

1.

IUDs:

- Two types : **Copper 380 mm²** and **LNG 52 mg**

IUD

Highly effective and decrease the risk of pregnancy by more than 99

Mechanisms of action:

the mechanism of action is not clearly understood for postcoital use

Insertion and use:

several guidelines advise the copper 380 mm² IUD and LNG 52 mg can be inserted within five days of UPI

2. Oral medication emergency contraception methods:

a. Ulipristal acetate (UPA) :

- **Mechanisms of action:** UPA is a selective progestin receptor modulator (ie, antiprogestin), UPA delays ovulation in both the pre-ovulatory period and after the LH surge has started
- UPA is given as a single 30 mg oral dose to be taken as soon as possible after UPI, up to a five-day (120-hour) interval
- Commercial names include ella, ellaOne, and Fibrystal
- Progestin-containing contraceptives should not be used with UPA or for five days after UPA administration because of concerns that the progestin contraceptive will interfere with UPA action
- the most effective oral EC method, report single-cycle pregnancy rates of 1.2 to 1.8 percent

b.LNG (levonorgestrel) :

Mechanisms of action: LNG prevents ovulation if taken in the pre-ovulatory period by blocking the luteinizing hormone (LH) surge, thus inhibiting follicular development and egg release

LNG is available as a single oral 1.5 mg dose, to be taken as soon as possible after UPI, up to three days (72 hours)

Highly effective , report single-cycle pregnancy rates of 1.7 to 2.6 percent

c. Combined oral estrogen and LNG contraceptive pills (Yuzpe method)

- **Each pill contain Levonorgestrel and Ethinyl estradiol.**
- **After unprotected intercourse.**
- **Highly effective and decrease the risk of pregnancy by 75%.**
- **100 women had unprotected intercourse during the second to third week of their menstrual cycle, 8 would be expected to conceive.**
- **Contain high dose of contraceptive hormones.**
- **Take within 72 hours of SI.**
- **Dosage:**
 1. Take 2 pills per dose
 2. Another 2 pills 12 hours later

MECHANISM OF ACTION

Stop ovulation

- inhibition or delay of ovulation

Disrupt fertilization

- sperm penetration, and tubal motility

Preventing implantation

- alteration of the endometrium

Side effects

- Nausea and vomiting are major problems due to the estrogen in these regimens

BARRIER METHODS

- Prevent pregnancy by blocking the egg and sperm from meeting.
- Barrier methods have higher failure rates than hormonal methods due to design and human error.

MALE CONDOM

- **Most common and effective** **when used properly.**
- **Latex and Polyurethane.**
- **Benefit.**
- **Decrease risk of venereal infection.**
- **Controlling the spread of HIV.**
- **Perfect effectiveness rate = 97%.**
- **Combining condoms with spermicides raises effectiveness levels to 99%.**



FEMALE CONDOM

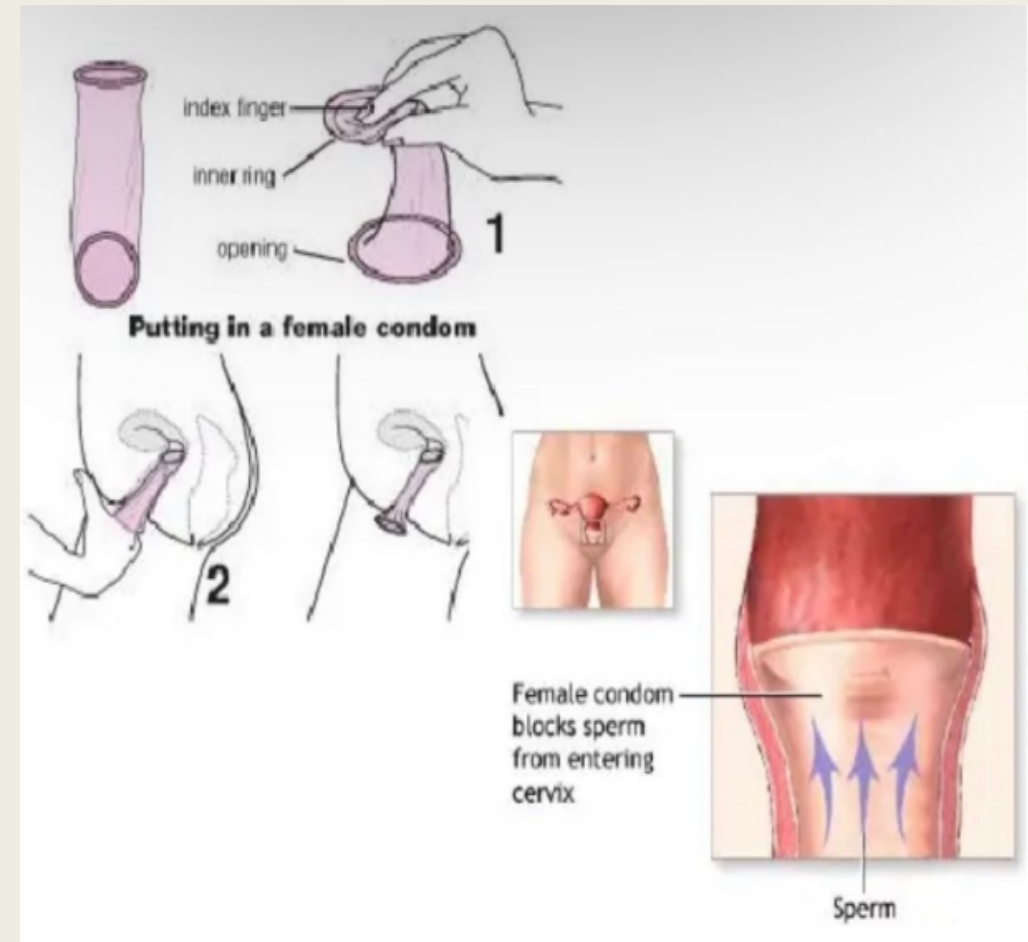
Made as an alternative to male condoms.

Polyurethane.

Physically inserted in the vagina.

Perfect rate = 95%.

Woman can use female condom if partner refuses.

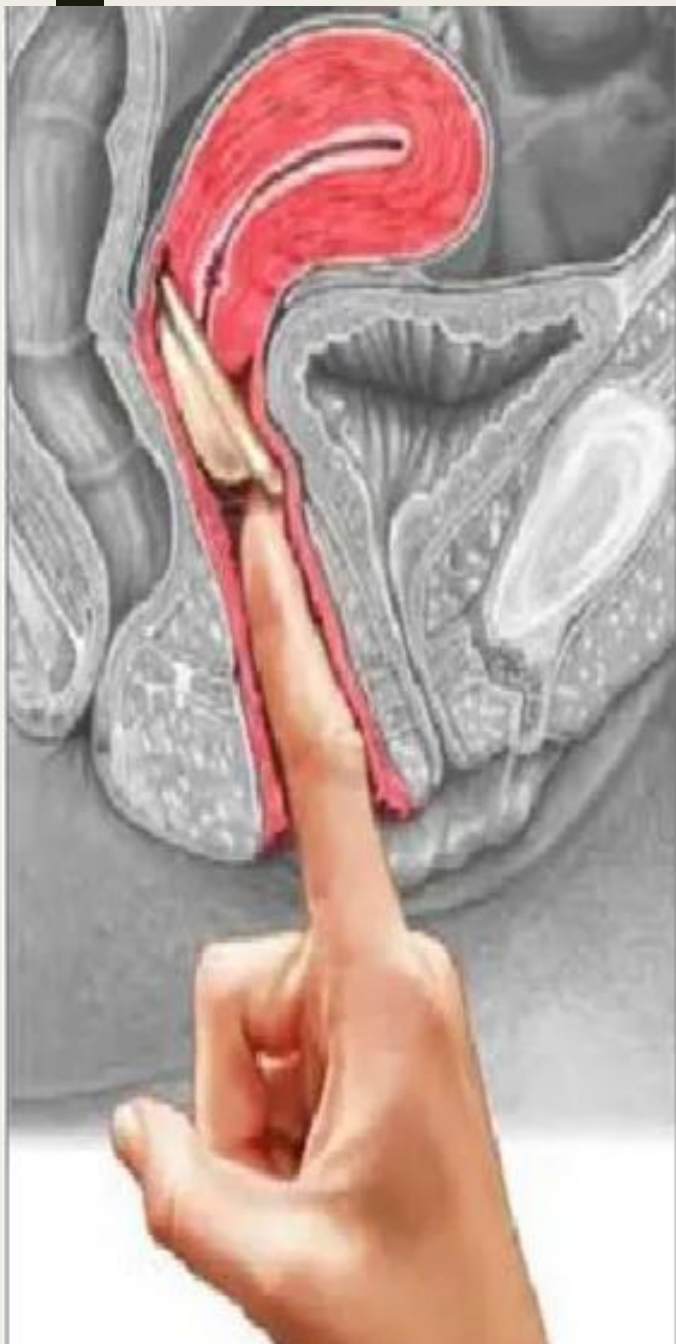


DIAPHRAGM

- Perfect Effectiveness Rate = 94%.
- Typical Effectiveness Rate = 80%.
- Latex barrier placed inside vagina during intercourse.
- Fitted by physician• Spermicidal jelly before insertion.
- Inserted up to 18 hours before intercourse and can be left in for a total of 24 hours.

CERVICAL

- Perfect effectiveness rate = 91%.
- Typical effectiveness rate = 80%.
- Latex barrier inserted in vagina before intercourse "Caps" around cervix with suction.
- Fill with spermicidal jelly prior to use.
- Can be left in body for up to a total of 48 hours.
- Must be left in place six hours after sexual intercourse.



Barrier method:
The diaphragm fits
over the cervical
opening, preventing
sperm from entering
the uterus.

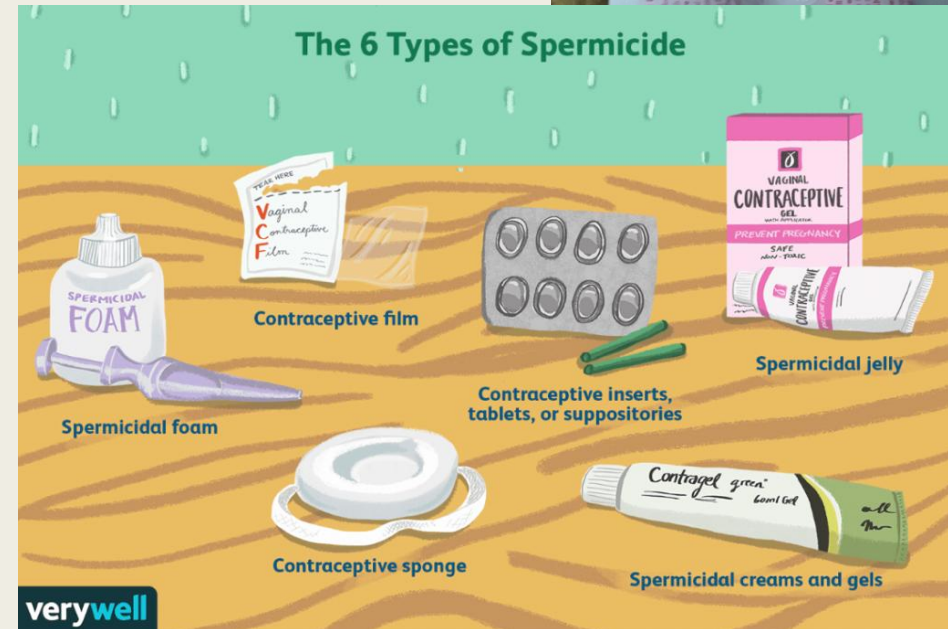


Barrier method:
The cervical cap fits
snugly over the
cervix, preventing
sperm from entering
the uterus.



SPERMICIDES

- Chemicals kill sperm in the vagina.
- Different forms:
 - Jelly
 - Film
 - Foam
 - Suppository
- Some work instantly, others require pre-insertion.
- Only 76% effective (used alone), should be used in combination with another method i.e., condoms.



SPONGE

- The sponge is inserted by the woman into the vagina and covers the cervix blocking sperm from entering the cervix.
- The sponge also contains a spermicide that kills sperm.

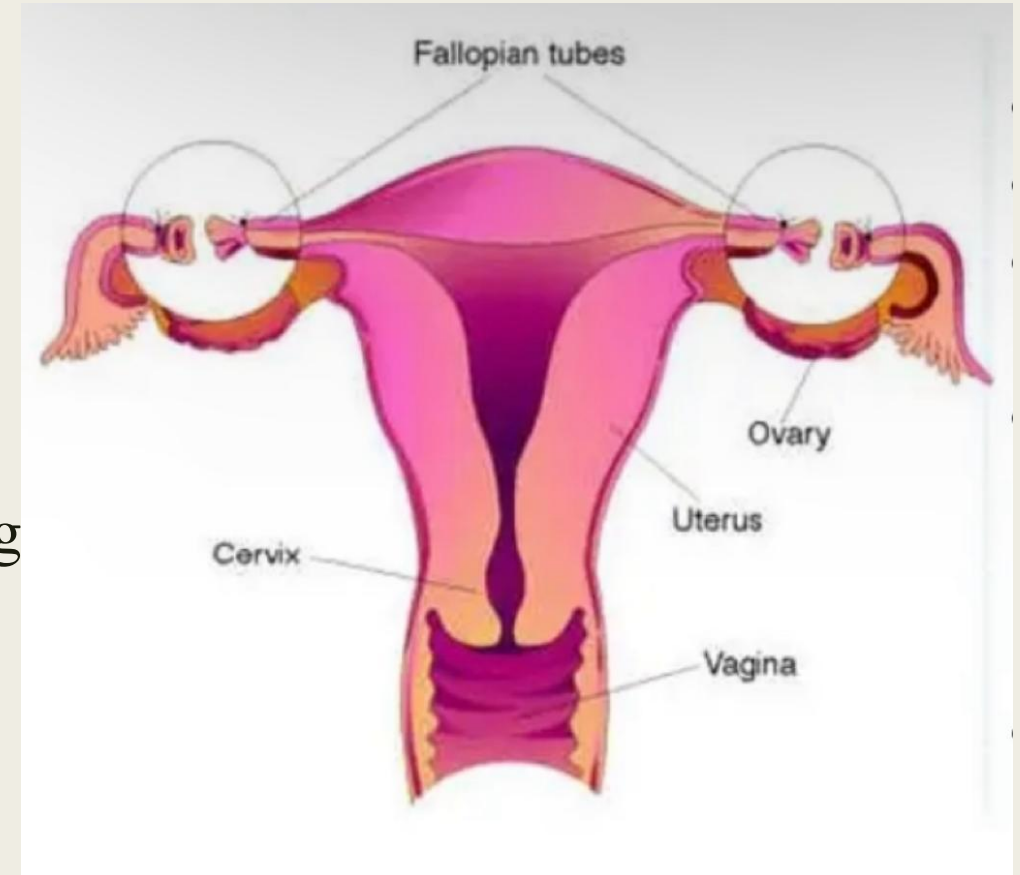


STERILIZATION

- *Medical techniques that intentionally leave a person unable to reproduce in the future.*
- *Generally permanent birth control techniques that surgically disrupt the normal passage of ova or sperm.*

STERILIZATION

- 5% couples between 40-45 years.
- Have completed family.
- Have no other acceptable method.
- Female sterilization (laparoscopic / mini-lap or during C/S).
 - failure 1:200, not 100% reversible.
 - 10% risk of ectopic pregnancy.
- Male sterilization.
 - failure 1:10 000, not 100% reversible.



TUBAL LIGATION

- A small incision is made in the abdomen to access the fallopian tubes.
- Fallopian tubes are cut, tied, cauterized, blocked, burned, or clipped shut to prevent the egg from traveling through the tubes.
- Recovery usually takes 4-6 days.
- Failure rates vary by procedure, from 0.8%-3.7%.
- May experience heavier periods.

VASECTOMY

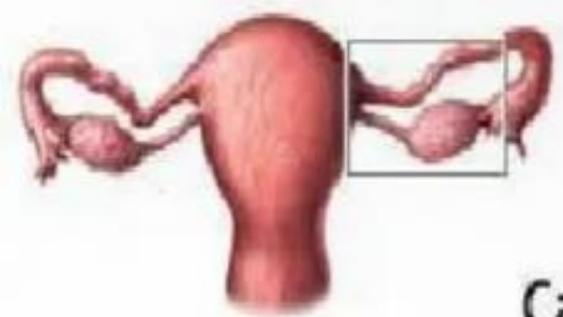
- A small incision is made to access the vas deferens, the tube the sperm travels from the testicle to the penis, and is sealed, tied, or cut.
- No-scalpel Vasectomy (NSV).
- Faster and easier recovery than a tubal ligation
- Failure rate = 0.1%, more effective than female sterilization.
- After a vasectomy, a male will still ejaculate, but there won't be any sperm present.

During a vasectomy ("cutting the vas") a urologist cuts and ligates (ties off) the ductus deferens.

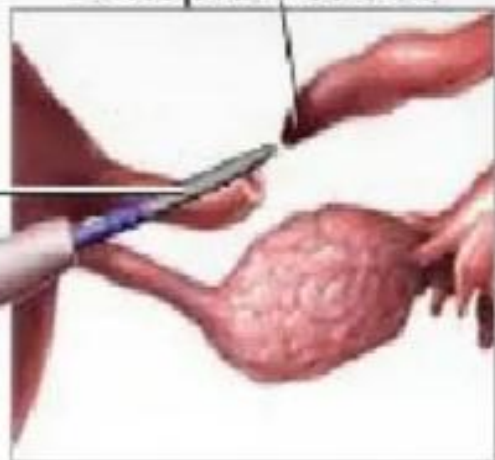
Sperm are still produced but cannot exit the body.

Sperm eventually deteriorate and are phagocytized. A man is sterile, but because testosterone is still produced he retains his sex drive and secondary sex characteristics.



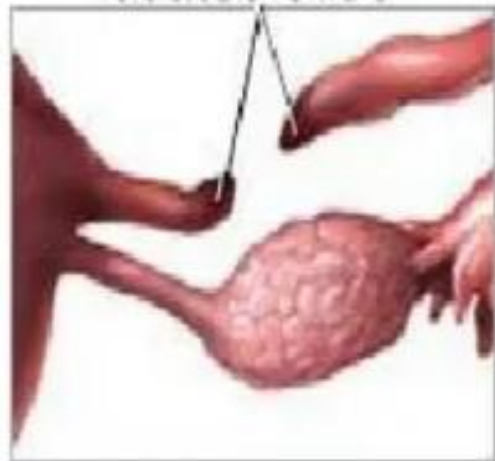


Cauterization of fallopian tubes

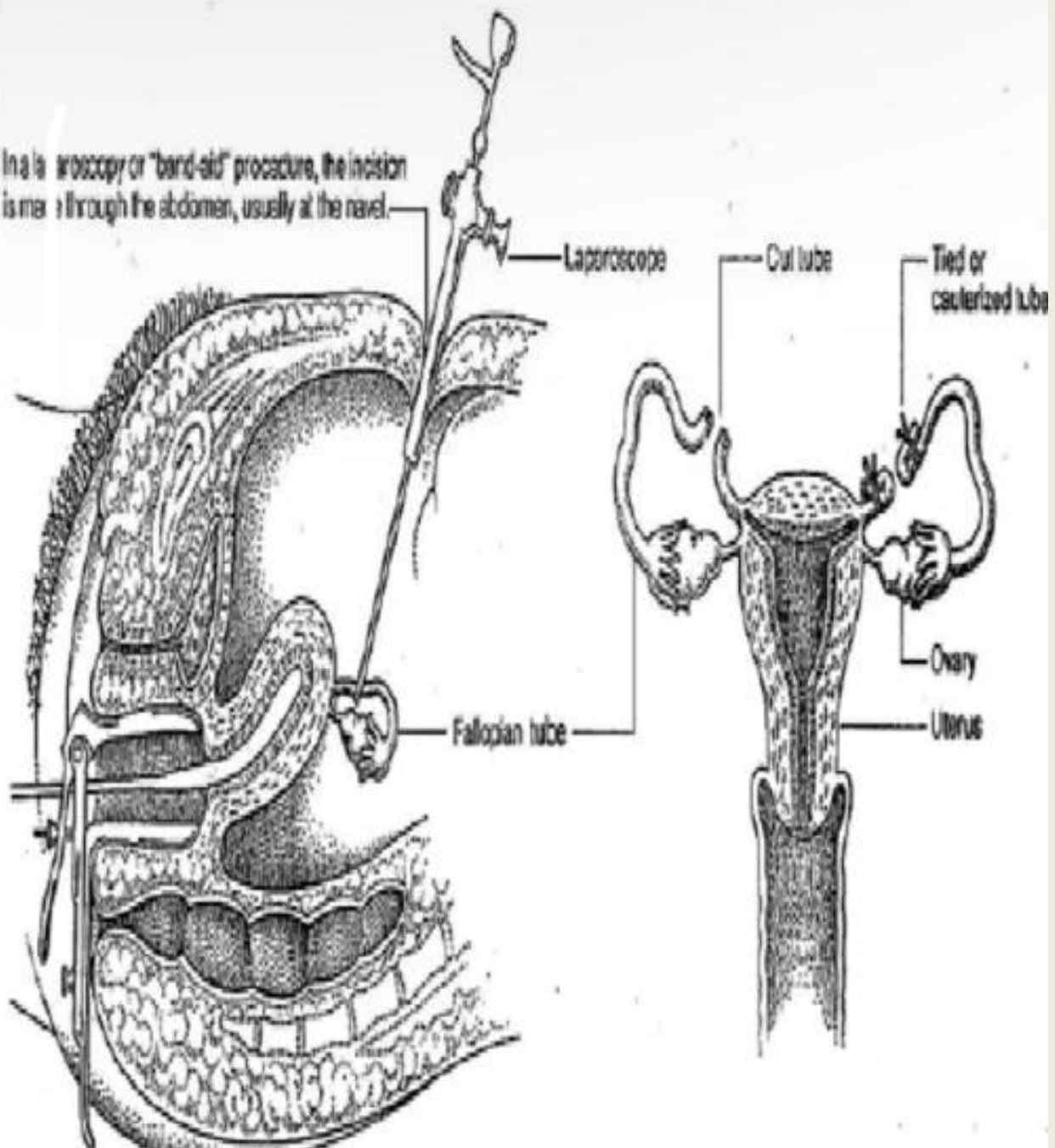


Cautery

Fallopian tubes sealed shut



In a laparoscopy or "band-aid" procedure, the incision is made through the abdomen, usually at the navel.



CONCLUSION :

- **There are many forms of contraception available.**
- **Important to know the advantages and disadvantages of these options.**
- **Useful to see what is being advised for our post-natal patients and relate the types of contraception recommended with each individual patient.**

how well do they work?

METHODS YOU CAN USE TO PREVENT PREGNANCY

PREVENTING PREGNANCY AND STDs, INCLUDING HIV

the only methods you can use that prevent pregnancy AND reduce the risk of STDs, including HIV:

abstinence

100% EFFECTIVE

in preventing pregnancy and STDs, including HIV when used consistently and correctly every time



male condom

98% EFFECTIVE

against pregnancy, 99% EFFECTIVE against HIV, and also reduces the risk of many other STDs when used consistently and correctly every time



female condom

95% EFFECTIVE

against pregnancy and may reduce the risk of STDs, including HIV, when used consistently and correctly every time



did you know?

Dental dams, as a barrier between the mouth and genitals may reduce the risk of getting an STD, including HIV, through oral sex.

Remember to use your protection method each and every time you have sex.

PREVENTING PREGNANCY

MORE EFFECTIVE

Less than 1/100 women will get pregnant in one year using these methods:



IUD



implant

With typical use, less than 9/100 women will get pregnant in one year using these methods:

GET REPEAT INJECTIONS ON TIME.



Depo, the Shot

TAKE A PILL EACH DAY.



pills

KEEP IN PLACE, CHANGE ON TIME.



ring



patch

WHEN USED CORRECTLY AND EVERY TIME LESS THAN 1/100 WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

With typical use, between 15/100 and 21/100 women will get pregnant in one year using these methods:



male condom



diaphragm



female condom



sponge



cervical cap

USE CORRECTLY EVERY TIME YOU HAVE SEX.

CERVICAL CAP AND SPONGE ARE LESS EFFECTIVE FOR WOMEN WHO HAVE GIVEN BIRTH.

WHEN USED CORRECTLY AND EVERY TIME

1/100

6/100

5/100

1/100

WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

LESS EFFECTIVE

With typical use about 29/100 women will get pregnant in one year using these methods:



spermicide



withdrawal

USE CORRECTLY EVERY TIME YOU HAVE SEX.

WHEN USED CORRECTLY AND EVERY TIME

18/100

4/100

WOMEN WILL GET PREGNANT USING THESE METHODS IN ONE YEAR

LEAST EFFECTIVE

85/100 women will get pregnant in one year using no method



vaginal-penile sex without protection

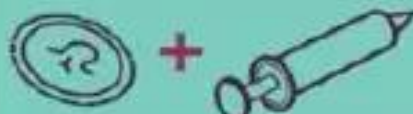
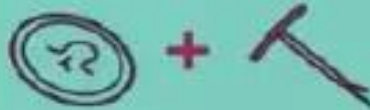
Be prepared! Use protection the first time you have sex.

Find a method you like and stick with it.

Did you know? A sexually active teen who does not use birth control has a 90% chance of becoming pregnant in the first year.

two methods are better than one

(for example, a condom and the patch or a condom and the pill)



One method is better than none!

Both you and your partner are responsible for protection.

THANK YOU FOR
YOUR ATTENTION !