

Birth Control



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Introduction

This booklet is a guide to currently available birth control methods. It is intended to help you decide which type of birth control method may work best for you. If you need further information please contact the clinic using the numbers listed at the end of the book.

Throughout the booklet we use the term “sexually transmitted infections.” Sexually transmitted infections (STIs) are infections that can be caught through various sexual activities. STIs are the same as sexually transmitted diseases (STDs).

Sex is a normal, healthy part of life. It can involve a range of activities from hugging and kissing to intercourse.

There is more to sex than the physical act. It also involves your mind. Sexuality means how you feel about yourself and how you relate to other people. It also includes the choices you make for yourself.

When are you ready for sex?

There is no magic age or time – only you can decide when you are ready. Before you say “yes” to sex, take time to consider all the facts. Look at all the choices and possible results. Make decisions that agree with your values.

You should consider if and when you might want children, decide upon a birth control method and think about preventing sexually transmitted infections by using a condom.

You also have the right to say “NO” to sex. Take all the time you need to make good choices that make you feel good about yourself. A choice of abstinence is made if partners are not ready for sex or if they want to prevent pregnancy or sexually transmitted infections. It is important for partners to discuss their feelings and to respect each other’s decision. The influence of alcohol and drugs on decision-making should also be discussed.

Think about your relationship. In a good relationship you feel happy, secure and respected. A good relationship is not abusive, hurtful or controlling. Ask each other, “will including sex in our relationship improve it or make it more complicated?” Even in a good relationship, pregnancy, serious infections and feelings of regret or guilt can happen. By communicating before you have sex, you and your partner are more likely to prevent these unwanted situations. Talking about sex can be difficult at first, but it gets easier with practice.

Some important things to talk with your partner about include:

Sexual History

- Have you had sex before and how many sexual partners have you been with?
- Did you use protection all the time?
- What sexual activities are we ready for now?

Birth Control

- Which method should we use?

Feelings and Expectations

- How will sex affect our relationship?

Having these discussions shows you care about what is right for both of you. It shows you want an open, honest and trusting relationship. It also shows if you are aware of the responsibilities involved in sexual activities and can deal with the results of your actions.

Which is the best birth control method for you?

The best method of birth control is one that is safe, effective and will be used consistently by you and your partner. It is important to remember that some methods of birth control do not provide protection against sexually transmitted infections. Latex condoms can reduce the spread of diseases that are passed from person to person during vaginal, oral or anal intercourse. When you have become sexually active, it is important for females to have regular pap tests. Tests for sexually transmitted infections may also be done at this time.

Condom (male)



What is a condom?

A condom is a thin cover that is rolled over the erect penis. It is usually made of latex, but can also be made of lambskin or polyurethane for those who have latex allergies.

How does it work?

The condom works by blocking the sperm from entering the vagina. It catches the sperm in the condom, until you carefully remove it and throw it away.

How effective is it?

- Pregnancy: when used correctly, the condom is 79-97% effective in preventing pregnancy. To decrease the risk of pregnancy, condoms should be used with spermicide.
- Sexually transmitted infections (STIs): When used correctly, latex condoms provide excellent protection from most STIs, such as chlamydia, gonorrhea, HIV, and Hepatitis B.
- Lambskin or polyurethane condoms are not effective against STIs.

How do I use it ?

- A condom should be put on the erect or hard penis before the penis touches the vagina, mouth or the anus.
- After intercourse, hold on to the rim of the condom as the penis is pulled out and while it is still erect.
- A new condom should be used with each act of intercourse.

Who can use this?

- Males
- Any couple, as long as there are no latex allergies.

Advantages

- When used correctly, condoms provide excellent protection from most STIs.
- Condoms do not involve the use of hormones.
- Sensation during sex may be increased if a small amount of lubricant is put in the tip of the condom before it is rolled on.

Disadvantages

- Some people are allergic to latex or spermicide.
- May break or slip off during intercourse if not used correctly.
- A new condom must be used with each act of intercourse.
- May decrease sensation during sex.
- May interrupt sexual activity.

Where can I get it?

- Condoms are available at drug stores, grocery stores, corner stores, and community agencies without a prescription.
- Most Sexual Health clinics will give out condoms free of charge.



- Open with care by tearing along side of package
- Rough tearing, fingernails can damage the condom
- Put condom on as soon as penis is hard
- Pinch air from tip of condom
- Place condom on end of hard penis



- Lubricate
- Unroll condom all the way down
- After coming, hold on to the condom and pull out
- Throw condom away – DO NOT USE AGAIN

Condom (female)



What is the female condom?

The female condom is a soft, loose-fitting polyurethane sheath that lines the vagina. It has an inner ring that goes to the back of the vagina, and an outer ring that stays outside the vagina, and partly covers the lip area.

How does it work?

The female condom works by blocking sperm from entering the vagina, and trapping it inside the condom, until it is removed carefully from the vagina.

How effective is it?

- Pregnancy: when used correctly, the female condom is 79-97% effective in preventing pregnancy.
- STIs: when used correctly, the female condom provides excellent protection from STIs. The female condom covers the outer lips of the vagina providing additional protection.

How do I use it?

- The female condom can be inserted up to 8 hours before sex.
- The inner ring of the condom, which is the closed end, must be pushed into the vagina, as far as it will go. The outer ring then rests against the outer lips of the vagina (as shown).
- The penis must enter the vagina through the outer ring, and into the female condom.
- To remove the female condom, (preferably before standing up), squeeze and twist the outer ring to keep the sperm inside the condom. Then pull out gently and throw away.

Who can use this?

- The female wears this type of condom.
- People who are latex sensitive can use it, since it is made of polyurethane.

Advantages

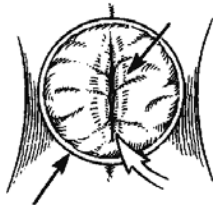
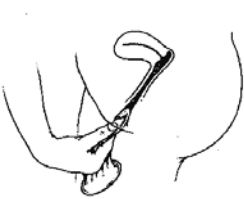
- Can be used and controlled by the woman.
- Does not involve the use of hormones.
- Made of polyurethane—can be used by people who have latex allergies.
- Protects against some sexually transmitted infections.
- When the outside ring rubs against a woman’s clitoris, she may have more frequent or more intense orgasms.

Disadvantages

- May be awkward to insert at first.
- May be noisy during intercourse (add more lubricant to reduce noise).
- Outer rim may slip into vagina during intercourse making condom difficult to retrieve.
- Can break if not properly lubricated.
- New condom must be used with each act of intercourse.
- May reduce sensation during sex.
- May interrupt sexual activity.

Where can I get it?

- The female condom can be purchased from pharmacies.
- Most Sexual Health clinics offer them for free.



Spermicide



What is spermicide?

Spermicide (also called nonoxynol-9 or N-9) is a chemical that is inserted into the vagina before intercourse.

It comes in the form of:

- Contraceptive Jelly (Gel)
- Contraceptive Foam
- Vaginal Contraceptive Film (VCF)

How does it work?

It works by blocking the cervix and killing the sperm, so fertilization cannot take place. Spermicide should be used with another barrier method, such as a condom or a diaphragm to be more effective in preventing pregnancy.

How effective is it?

- Pregnancy: when used correctly, spermicide is 79-89% effective in preventing pregnancy .
- STIs: spermicides do not provide STI protection. It has been shown that using spermicides alone may increase the risk of HIV transmission because nonoxynol-9 may irritate the lining of the vagina.

How do I use it?

- Spermicides are used by inserting them into the vagina before intercourse. The length of time they have to be inserted before hand depends on the type. Follow the manufacturer's instructions for the type of spermicide you are using.

Who can use this?

- Females use this method.

Advantages

- No hormones
- Convenient, easy to use

Disadvantages

- Some people are allergic to spermicide.

- Can be messy, must be re-applied before each act of intercourse .
- May interrupt sexual activity.
- Spermicides do not provide STI protection.

Where can I get it?

- Spermicide products are available at drugstores without prescription.
- Most Sexual Health clinics offer them for free.

Birth Control Pill — “The Pill”

What is it?

The birth control pill (BCP) is a pill that is taken everyday at the same time of the day. It is important to take the pill at the same time of day to keep the levels of hormones in your blood constant. The birth control pill is also known as the “oral contraceptive pill”.



How does it work?

The BCP works to stop pregnancy in 3 ways:

- 1) Stops the ovaries from releasing an egg.
- 2) Decreases the lining of the uterus so that it is difficult for a fertilized egg to implant.
- 3) Thickens the cervical mucus so that it is difficult for sperm to get to the egg.

How effective is it?

- Pregnancy: when used correctly, the birth control pill is 97-99% effective in preventing pregnancy.
- STIs: the birth control pill does not provide any STI protection.

How do I use it?

- A pill is taken at the same time of day for 21 days.
- If you are taking a 28-day pack, after the 21 hormone pills are taken, take the reminder pills for the next 7 days. Your period should occur during these 7 reminder pills. A new package is started after this 7-day period.

- If you are on the 21-day pack , after the 21 hormone pills are taken, no pills are taken for 7 days. Your period should occur during these 7 pill free days. A new package is started after this 7-day period.

Seasonale®

Seasonale® is a new birth control pill that extends the hormone pills from 21 days to 84 days. This extended cycle of hormone pills is interrupted for 7 days, when a period will occur. A female who uses this type of birth control pill will experience 4 periods per year.

Who can use this?

- The BCP may not be suitable for women who:
 - a) Smoke and are over age 35
 - b) Get severe migraine headaches
 - c) Have high blood pressure

**Talk to your doctor about any other conditions you have that may interfere with the use of the birth control pill.
- Doctors may not prescribe the pill to women who think they may be pregnant, have unusual vaginal bleeding, or have ever had blood clotting problems, heart disease, liver disease, cancer of the breast, or uterus.

Advantages

- When used correctly, the pill is very effective in preventing pregnancy
- It is very safe to use—for most women
- May decrease menstrual cramps
- May decrease length of period
- Prevents some types of cancer of the reproductive system
- May improve acne
- Less likelihood of pelvic inflammatory disease developing
- Does not interrupt sexual activity
- Allows the female to be in control of her reproductive health

Disadvantages

- No protection against sexually transmitted infections
- Has to be taken everyday at approximately the same time
- May cause some light bleeding in between periods in first three months
- May cause nausea or vomiting during the first few cycles
- May cause headaches
- May cause an increase in moodiness

- Risk of cardiovascular disease (mostly for women who are overweight, have a history of heart disease, are over 50, have high cholesterol, or are smokers)

Where can I get it?

- At Doctor's offices or Sexual Health clinics.

NuvaRing™ (vaginal ring)

What is it?

The NuvaRing™ is a soft, clear, flexible ring inserted into the vagina that contains 2 hormones in a slow release gel over a 3 week period of time.

How does it work?

The vaginal ring works by constantly releasing 2 hormones that:

- 1) Stop the ovaries from releasing an egg.
- 2) Thickens the cervical mucus so that it is difficult for sperm to enter the uterus.

How effective is it?

- Pregnancy: when used correctly, the vaginal ring is 98-99% effective in preventing pregnancy.
- STIs: the vaginal ring does not provide any STI protection.

How do I use it?

- The vaginal ring is inserted into the vagina on Day 1 to 5 of your menstrual period and stays in place for 3 weeks
- After 3 weeks, the vaginal ring is taken out of the vagina and thrown into the garbage. The female will now have 1 "ring free" week
- A menstrual period occurs during this "ring free" week

Who can use this?

NuvaRing™ can be used by any female who can use the birth control pill. Consult your Doctor to discuss any conditions that may prevent you from using the vaginal ring.

Advantages

- The NuvaRing™ has a lower dose of hormones than birth control pills.
- Vomiting and diarrhea do not decrease its effectiveness.
- Convenience of changing the vaginal ring once a month.
- Discreet
- Excellent cycle control
- Does not interrupt sexual activity.
- Allows the female to be in control of her reproductive health.

Disadvantages

- Does not provide any STI protection.
- Female has to be comfortable touching her genitals.
- Risk of cardiovascular disease similar to the birth control pill.

Where can I get it?

- At Doctor's offices or Sexual Health clinics.

Depo-Provera® — “The Shot”

What is it?

Depo-Provera® is a hormone that is injected into a woman’s upper arm or buttocks by a doctor or nurse. It is given every 12 weeks.

How does it work?

- Depo-Provera®
 - 1) Stops the ovaries from releasing an egg which prevents pregnancy
 - 2) Decreases the lining of the uterus so that it is difficult for a fertilized egg to implant
 - 3) Thickens the cervical mucus so that it is difficult for sperm to get to the egg

How effective is it?

- Pregnancy: Depo-Provera® is 99.7% effective in preventing pregnancy, when taken every 12 weeks.
- STIs: Depo-Provera® does not provide any STI protection.

How do I use it?

- An injection is given in the arm or buttocks every 12 weeks, by a Nurse or Doctor.

Who can use this?

- Most women can use this method.
- Depo-Provera® is not recommended for women who are pregnant, have unusual vaginal bleeding, breast cancer, liver disease, or blood clotting problems.

Advantages

- Does not interrupt sexual activity.
- Is very effective in preventing pregnancy when taken every 12 weeks.
- Allows the female to be in control of her reproductive health.
- Discreet
- May decrease menstrual cramps
- May decrease length of period
- Some women may not get a period at all after 1 year of use

Disadvantages

- No protection against STIs.
- May cause an increase in depression.
- Some women may have very irregular periods.
- Some women may gain weight.
- It may take 6-8 months for a normal period to return after discontinuing use.
- May take 6-24 months to get pregnant after discontinuing use.
- Some women may be allergic to Depo-Provera®, but it is very rare.
- Side effects may continue for 8 months after last needle.

Caution

Women who use Depo-Provera® will experience some degree of bone mineral loss while taking Depo-Provera®. It is important to talk with your Doctor to make sure you are aware of this risk of bone density loss and about ongoing assessment of your bone density.

Where can I get it?

- At Doctor's offices or Sexual Health clinics.

Transdermal Contraceptive Patch – "The Patch"

What is it?

The transdermal contraceptive patch is an effective weekly hormonal birth control patch that is worn on the skin.

How does it work?

- The hormones in the patch are continuously absorbed through the skin into the bloodstream.
- The hormones stop the ovaries from releasing an egg.
- The hormones thicken the cervical mucus making it difficult for sperm to enter the uterus.

How effective is it?

- Pregnancy: when used correctly, the Patch is 97-99% effective in preventing pregnancy.
- STIs: the Patch does not provide any STI protection.

How do I use it?

- Apply the first patch in the first 24 hours of your menstrual period (This day of the week will be your “Patch Change Day”).
- Wear the patch for 7 days (1 week).
- On Day 8 (Patch Change Day), remove the patch, throw it away, and apply a new patch for Week 2. You can apply a patch in the same part of your body each week. However, try to avoid placing it in the exact same spot. For example, if you prefer to wear it on your abdomen, switch to the opposite side of your abdomen the next Patch Change Day.
- Repeat for Week 3 (Day 15)
- Do not apply a patch for the 4th week. You should get your period during this hormone-free week.
- Begin a new 4-week cycle by applying a new patch on your normal Patch Change Day.

Who can use this?

- Some women should not use the patch including those with history of blood clots, certain cancers, history of heart disease, stroke, and migraines.
- May not be as effective in women over 90kg (198 pounds).
- The patch is not recommended for women over 35, who smoke.

Advantages

- Convenience of changing a patch just once weekly.
- Discreet
- Same benefits as the birth control pill.

Disadvantages

- Cannot apply to skin that is red, irritated or cut.
- Cannot be applied to skin where makeup, lotions, creams, powders or other products have recently been applied.
- Most common side effects include breast changes (tenderness, enlargement, and secretion), headaches, and nausea/vomiting in the first few cycles.

Where can I get it?

- At Doctor's offices or Sexual Health clinics.

Intrauterine Device (IUD)



What is it?

An IUD is a T-shaped piece of plastic, made with copper or progesterone. It is about 3.5 cm long, and is put into the female's uterus. It can be put in at the doctor's office. IUDs have a thread that hangs down from the uterus, into the vagina, which allows the woman to make sure that the IUD is still in place after each period. Most IUDs can remain in place for several years.

How does it work?

It works by causing a reaction in the uterus, so that sperm cannot survive in the uterus, and a fertilized egg cannot be implanted.

How effective is it?

- Pregnancy: An IUD is 98% effective in preventing pregnancy.
- STIs: An IUD does not provide any STI protection.

How do I use it?

- It is inserted into the uterus by a Doctor.
- It is important for the woman to know the signs that show that the IUD has fallen out.

Who can use this?

- It is easier to use if the woman has had at least one child, and has one sexual partner.
- You should not use this method if you:
 - are pregnant
 - have a uterine, cervical, or vaginal infection
 - have a sensitivity to copper
 - have unusual vaginal bleeding
 - have more than one sexual intercourse partner per year
 - have a poor immune system
 - have abnormalities of the cervix or uterus
 - have a history of Pelvic Inflammatory Disease
 - have a history of ectopic pregnancy

Advantages

- Does not interrupt sexual activity
- Very effective

Disadvantages

- No STI protection
- May accidentally come out of the uterus.
- Must be removed immediately if the woman becomes pregnant accidentally.

Where can I get it?

- At Doctor's offices or Sexual Health clinics.

Diaphragm



What is it?

A diaphragm is a dome shaped flexible rubber barrier that has to be put deep into the woman's vagina to fit over the cervix.

How does it work?

- It works by blocking the sperm so that it does not enter the cervix and fertilize an egg. The diaphragm is used with spermicide to help kill sperm.

How effective is it?

- Pregnancy: when used correctly, the diaphragm is 75-87% effective in preventing pregnancy when used with spermicide. It is more effective in women who have not had any children. The diaphragm is more effective when used with a condom.
- STIs: the diaphragm does not provide STI protection.

How do I use it?

- The diaphragm can be inserted right before or up to 6 hours before intercourse. It should be kept in place for 6-8 hours after intercourse, but no longer than 24 hours after insertion. To use the diaphragm or cervical cap put a teaspoon of spermicide on the inside cup-like part and spread a bit on the rim, it is necessary to reapply spermicide with each act of intercourse.

Who can use this?

- Most women can use this method, although some conditions may prevent use so check with your doctor. It cannot be used until 6 weeks after of a full term delivery, after a recent abortion, miscarriage, or during any vaginal bleeding, including menstrual periods. The diaphragm is much more effective in women who have not had any children.

Advantages

- Allows the female to be in control of her reproductive health.
- Does not involve the use of hormones.

Disadvantages

- May cause cramps, bladder pain, or rectal pain.
- Some women are sensitive or allergic to spermicide that is used with the diaphragm.
- May cause vaginal or urinary tract infections.
- Risk of Toxic Shock Syndrome if not used properly.
- No STI protection

Where can I get it?

- At Doctor's offices or Sexual Health clinics.

The Sponge



What is it?

It is a small plastic polyurethane sponge containing nonoxynol-9 spermicide that is put deep into the vagina to cover the cervix.

How does it work?

It works in three ways:

- 1) As a barrier to stop sperm from entering the uterus
- 2) Absorbs the sperm
- 3) Kills the sperm with spermicide

How effective is it?

- Pregnancy: when used correctly, the Sponge is 79-89% effective in preventing pregnancy. It is more effective in women who have not had any children. The Sponge is more effective when used with a condom.
- STIs: The Sponge does not provide STI protection.

How do I use it?

- The sponge should be inserted anytime up to 6 hours before intercourse, and should be left in place for at least 6 hours after the last sexual intercourse. Can be left in for up to 12 hours after being inserted.

Who can use this?

- Any woman who is not sensitive to spermicidal agents. The sponge cannot be used during a menstrual period.

Advantages

- Allows the female to be in control of her reproductive health.
- Does not involve the use of hormones.
- Available without a prescription.
- Suitable for people with latex allergies (made of polyurethane).

Disadvantages

- Some women are sensitive or allergic to spermicide that is in the sponge.
- May cause vaginal or urinary tract infections.
- Risk of Toxic Shock Syndrome if not used properly.
- No STI protection

Where can I get it?

- The sponge is “one size fits all” and is sold at drugstores without a prescription in Canada.

Fertility Awareness Method (FAM)/ Natural Family Planning

What is it?

There are a number of ways to practice FAM. All involve taking a number of classes to learn about the woman’s cycle and finding out which days a woman is most likely to be most fertile.

How does it work?

When the couple knows which days the woman is most fertile, they avoid having sex, or use a reliable method of birth control around that time to avoid pregnancy.

How effective is it?

- Pregnancy: natural family planning is 80-90% effective in preventing pregnancy
- STIs: natural family planning does not provide any STI protection

How do I use it?

- Using different methods of how to keep track of your menstrual cycle will let you know when you ovulate. Keeping track of your temperature with a special thermometer, as well as looking for changes in your vaginal mucus will also tell you when you are ovulating.

Where can I get it?

- Sexual Health clinics or a family Doctor can refer you to FAM classes.

Who can use this?

- It is recommended for use by women who have regular periods, and couples who are in monogamous relationships.

Advantages

- Increases knowledge of female reproductive system.
- Does not involve the use of hormones.
- This method is natural.
- No cost

Disadvantages

- No STI protection.
- Both partners must be committed to use of this method.
- Cannot be used by women who have irregular periods.

Sterilization

(Vasectomy & Tubal Ligation)

What is sterilization?

Sterilization is a surgical procedure that prevents the sperm and egg from uniting (prevents fertilization). In a man the procedure is called a vasectomy, in a woman it is called a tubal ligation.

How does it work?

Through surgery, the sperm ducts in the man or the fallopian tubes in a woman are cut or tied off. A man continues to ejaculate but his semen does not contain sperm. A woman continues to ovulate and menstruate, but the egg cannot travel to her uterus. This method should only be undertaken when absolutely no more children are planned. It is permanent.

How effective is it?

- Pregnancy: a tubal ligation is 99.5% effective in preventing pregnancy. A vasectomy is 99.8% effective in preventing pregnancy.
- STIs: tubal ligations and vasectomies do not provide any STI protection.

Where can I get it?

- Contact your Doctor for further information.

Advantages

- Sexual pleasure may be greater since pregnancy is no longer a concern.

Disadvantages

- A back up method of birth control is necessary after a vasectomy until your doctor tells you the vasectomy is successful.
- No STI protection

Lactational Amenorrhea Method (LAM)

What is it?

Breastfeeding suppresses a woman's fertility. LAM uses three measures that allow women to rely on breastfeeding as a family planning method. The three methods used to measure a woman's fertility include:

- 1) the return of her menstrual period
- 2) her patterns of breastfeeding
- 3) the time postpartum.

Who can use LAM?

A woman can use LAM if:

- 1) Her menstrual period has not returned since delivery. (Bleeding or spotting during the first 56 days is not considered menstrual bleeding.)
- 2) She is breastfeeding her baby on demand, both day and night and not feeding other foods or liquids regularly. Health Canada recommends exclusive breastfeeding for the first 6 months of life with introduction of nutrient rich solid foods at six months with continued breastfeeding for up to 2 years and beyond.
- 3) Her baby is less than 6 months old.

How effective is it?

- Pregnancy: when used correctly, LAM is 98% effective in preventing pregnancy.
- STIs: LAM does not provide any STI protection

Advantages:

- No cost
- Does not involve the use of hormones
- Highly effective, when used correctly
- Does not interrupt intercourse
- Can be used if your baby is fully or nearly fully breastfed (breastfeed at least every 4 hours during the day and at least every 6 hours at night)
- Promotes optimal benefits of breastfeeding for mother and baby

Disadvantages:

- Only a temporary contraceptive method
- No STI protection

Women are encouraged to begin using a complimentary family planning method when any of the three conditions changes, or whenever she chooses.

Emergency Contraceptive Pill (ECP)

What is it?

ECP is an emergency method of birth control used to prevent pregnancy after an unprotected act of intercourse (condom broke, sexual assault, no birth control was used). It is two pills containing a hormone called progesterone.

How does it work?

- The hormone delays the release of an egg.
- The hormone affects the lining of the uterus (womb) so that a fertilized egg cannot implant and grow.
- The pills must be taken within 5 days of unprotected intercourse.
- There are two ways you can take the pills:
 - Option 1: take 1 pill as soon as possible and take the second pill 12 hours later
 - Option 2: take both pills at the same time, as soon as possible
- ECP cannot be taken if you are already pregnant.

How effective is it?

- Pregnancy: ECP is intended for emergency purposes and is 75-95% effective in preventing pregnancy, depending on how soon after unprotected intercourse the pills are taken.
- STIs: ECP does not provide any STI protection.

Who can use ECP?

- ECP can be used by any female who can use the birth control pill.
- Consult your Doctor or Sexual Health clinic to discuss any conditions that may prevent you from using ECP.

Advantages

- ECP is a simple, safe, emergency option that can greatly reduce the chance of pregnancy after unprotected intercourse.

Disadvantages

- ECP treatment is not suitable for women who cannot take oral contraceptives.
- Possible temporary side effects include nausea, vomiting, headaches, dizziness, breast tenderness, abdominal cramps, fluid retention, vaginal bleeding, and diarrhea.
- You may experience some spotting after you take ECP. This is not your period.
- There is a possibility that the ECP may not work. Your period should start in 2-3 weeks. If not, a pregnancy test should be done.

Where can I get it?

- At Doctor's offices, walk-in-clinics, Sexual Health clinics or drugstores.
- Sexual Health clinics provide ECP for a small fee.

Effectiveness

“How well will my birth control method work?”

The following are the effectiveness rates of various methods of birth control.

Method	(%)
Abstinence	100
Vasectomy	99.8
Tubal Ligation	99.5
Depo-Provera®	99.7
The Contraceptive Patch	97-99
Oral Contraceptives (combination)	97-99
The Nuva-Ring™ (vaginal ring)	98-99
Intra-Uterine Device (IUD)	98
Lactational Amenorrhea Method (LAM)	98
Condom (alone - male or female)	79-97
Emergency Contraceptive Pill (ECP)	75-95
Fertility Awareness Method / Natural Family Planning	80-90
Chemical Spermicides (foam, creams, jellies, vaginal suppositories, sponges)	79-89
Diaphragm with Spermicide	75-87
Chance (no method used at all)	15

Source: *Sex Sense - Canadian Contraceptive Guide*, Society of Obstetricians & Gynecologists of Canada (2000)

Credit

Thanks to Sabrina Passaretti PHN for her work in creating this book. Also thanks to The Regional Municipality of Waterloo Sexual Health Program for content taken from “Birth Control: Choices That Will Work For You”.

Free and Confidential Information & Clinic Services

- ECP (emergency contraception, also known as the "morning after pill")
- Birth control & counselling
- Pregnancy testing & counselling
- Sexually transmitted disease counselling, testing and treatment
- HIV/AIDS counselling & testing
- Sexuality & sexual orientation counselling
- Needle exchange/outreach
(cell #905-330-3305; in North Halton 905-702-4200)

For more information, clinic locations and hours contact:

Halton Region

Sexual Health and Needle Exchange Program

905-825-6065

Toll free: 1-866-442-5866, ext. 6065

TTY: 905-333-1096

Email: sexualhealth@halton.ca

www.halton.ca



Health Department
Promoting and Protecting Health.
Preventing Disease. Providing EMS.