

Call 311 for

Women's Healthline

Free, confidential information and referrals

New York City Human Resources Administration Infoline

Or visit www.nyc.gov/html/hra/pdf/medicaid-offices.pdf
Information on public health insurance
(including Medicaid) for family planning services

Other Resources

Planned Parenthood of New York City

212-965-7000 or 1-800-230-PLAN (1-800-230-7526)
www.ppnyc.org

National Women's Information Center

1-800-994-WOMAN (1-800-994-9662)
www.4woman.gov

National Family Planning Reproductive Health Association

www.nfprha.org

Sexuality Information and Education Council of the United States

www.siecus.org



Birth Control

What's Right for You?



The New York City Department of Health and Mental Hygiene

Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner

nyc.gov/health





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Why Use Birth Control?

Every woman has the right to choose if and when she wants to become pregnant. For women and their partners who are planning for pregnancy, using birth control until they are ready helps make sure that the mother and the baby will be as healthy as possible.

There are only 2 ways to prevent pregnancy.

- Not having sexual intercourse (abstinence), or
- Using an effective birth control method.

Many safe and effective birth control methods are available today, and one of them is right for you.

In this booklet:

- We clear up some myths about getting pregnant (*see the next page*).
- We describe common birth control methods – how they work, how to get them, and how effective they are.
 - If a method is “98% effective,” it means that for every 100 women who use it correctly for one year, only 2 would be expected to get pregnant, and 98 would not.
 - We also offer tips on using each method, and list side effects (if any).
- We provide a chart that makes it easier to compare different methods (*see page 22*).
- We talk about emergency contraception (“morning-after” pills), which can be safely used to prevent pregnancy after unprotected sex (*see page 16*).
- Information on abortion is also included (*see page 20*).

Condoms prevent most STDs.

Latex male condoms and female condoms are the *only* birth control methods that prevent HIV and other sexually transmitted diseases, including chlamydia and gonorrhea.

Protect yourself and others!

You can reduce your risk of HIV and other STDs by having sex *only* in a mutually monogamous relationship with a partner you’re sure is not infected. Otherwise, use a condom every time you have sex – vaginal, anal, or oral – no matter what kind of birth control you use. And get tested regularly for STDs, including HIV.



More information.

All women and all men, including teenagers under 18, have the right to confidential birth control and abortion information and services. Parental consent, the consent of your spouse or partner, and proof of citizenship are NOT required. Free or low-cost services are available.

For help to choose a birth control method, or for more information, see your doctor, visit a family planning clinic, or call 311 and ask for the Women’s Healthline.

‘I Can’t Get Pregnant’ — True or False?

I can’t get pregnant if it’s the first time.

FALSE! Without birth control, it’s possible to get pregnant any time you have sex, including the very first time.

I can’t get pregnant if he doesn’t “come” inside me.

FALSE! “Pulling out” is not an effective birth control method. It’s hard for a man to withdraw at just the right time. Also, a small amount of semen – enough to get you pregnant! – is released during sex even *before* a man ejaculates.

I can’t get pregnant if I’m breast-feeding.

FALSE! It is true that breast-feeding lowers the risk of pregnancy for some women. *But breast-feeding is not a reliable birth control method* (whether your period has started again or not). To prevent pregnancy, use a birth control method that’s safe for breast-feeding moms (*see page 22*).

I can’t get pregnant if I douche after sex.

FALSE! Douching (flushing the vagina) does not prevent pregnancy. And douching can be harmful – it makes it easier to get vaginal infections and sexually transmitted diseases.

I can’t get pregnant if I’m having my period.

FALSE! The monthly release of an egg from the ovaries isn’t always regular. Sometimes you can ovulate even during your period. And if you don’t use birth control, you could get pregnant.

I can’t get pregnant if I only have anal sex.

THAT’S TRUE. But you *can* get HIV and other sexually transmitted diseases! To protect yourself and others against HIV and other STDs, always use a new latex male condom (or a female condom) every time you have sex — vaginal, anal, or oral – no matter what kind of birth control you use.

If you’re sexually active, the only way to prevent pregnancy is to choose an effective birth control method, and to use it correctly and consistently.

Male Condoms



A male condom covers the penis during sex. Condoms prevent pregnancy by “catching” sperm so it can’t fertilize an egg. Condoms are inexpensive and available without a prescription at drugstores and supermarkets.

When used correctly and every time you have sex, male condoms are 98% effective in preventing pregnancy.

Tips on using male condoms.

- Use a new condom for each sexual act, including switching from anal to vaginal sex.
- Handle the condom carefully so it doesn’t get damaged.
- Put the condom on after the penis is erect (hard) — before any sexual contact occurs.
- If the man is uncircumcised, pull back the foreskin before putting on the condom.
- As you’re rolling the condom down over the penis, pinch the tip with your fingers to leave room to catch the semen.
- Use only water-based lubricants, such as K-Y, Astroglide, or Wet, with latex condoms. Oil-based lubricants, such as Vaseline, baby oil, and lotion can weaken condoms so they break.
 - Don’t use lubricants that contain the spermicide nonoxynol 9 (N-9). Frequent use of N-9 may make it easier to become infected with HIV.
 - Don’t bother buying condoms lubricated with N-9. They are no better at preventing pregnancy than other lubricated condoms — and they cost more, too.
- Don’t use a male and a female condom together. (They will be much more likely to slip or break.)
- After sex, the man should pull out before the penis gets soft. One of you should hold the rim (the open end) of the condom against the penis to make sure the condom doesn’t spill while the man is pulling out.

Latex male condoms prevent STDs.

Latex male condoms and female condoms are the *only* birth control methods that prevent HIV and most other sexually transmitted diseases.

Only *latex* male condoms protect against STDs. Condoms made of “natural” materials, such as lambskin, prevent pregnancy but *don’t* protect against STDs. If you’re allergic to latex, you can use condoms made of polyurethane or other synthetic materials.



Female Condoms



The female condom is a soft, lubricated, polyurethane pouch. Since the female condom is designed for a woman, some women feel it gives them more control than a male condom.

Female condoms are about 3 inches wide and 7 inches long, with a flexible ring at each end. You place the closed end deep in your vagina so it covers the cervix (the opening to the uterus). The ring at the open end stays outside the vagina and partly covers the labia (outer genitals).

Female condoms prevent pregnancy much like male condoms.

They “catch” sperm so that it can’t fertilize an egg. Like male condoms, female condoms are available without a prescription at drugstores and supermarkets.

When used correctly and every time you have sex, female condoms are 95% effective in preventing pregnancy.

Tips on using female condoms.

- Read the instructions in the box.
- To get comfortable, practice inserting the female condom a couple of times before you use it for sex.
- Add lubricant to the penis or inside the female condom to increase comfort and help the condom stay in place during sex. (Do not use a lubricant that contains the spermicide nonoxynol-9, which may make it easier to get HIV.)
- Like male condoms, female condoms can only be used one time. Use a new female condom for each sexual act, then throw it away.
- To remove the female condom, twist the outer ring. Pull out gently, making sure that no semen is spilled.
- Don’t use a female condom with a male condom — they can stick together and slip or break.

Female condoms prevent STDs.

Female condoms and latex male condoms are the *only* birth control methods that prevent HIV and most other sexually transmitted diseases.



Diaphragms and Cervical Caps



The diaphragm and the cervical cap are rubber cups. They prevent pregnancy by blocking sperm from entering the cervix (the opening to the uterus), so sperm can't fertilize an egg. A diaphragm is bigger than a cervical cap, and covers the upper vagina as well as the cervix.

Both diaphragms and cervical caps come in different sizes, and must be fitted by a health care provider. A new fitting is required after a pregnancy or after a weight gain or loss of more than 20 pounds. Your provider will also show you how to use them.

When used correctly and every time you have sex, diaphragms are 94% effective in preventing pregnancy.

Cervical caps are 91% effective in women who have not had children. Cervical caps are much less effective (only 74%) in women who have had children.

Tips on using diaphragms and cervical caps.

- Diaphragms and cervical caps are used with a spermicide (*see the next page*).
- All spermicides in the U.S. contain nonoxynol-9, a chemical that when used frequently may make it easier to become infected with HIV.
For this reason, women at higher risk for HIV – especially those who have sex frequently (more than once a day) – should choose another birth control method. Women at higher risk for HIV include women who have sex with more than one partner (or whose partners do).
- To get comfortable, practice inserting the device a couple of times before you use it for sex.
- To be effective, diaphragms and cervical caps must remain in place for at least 6 hours after sex.
- If you have sex again before the diaphragm is removed, put more spermicide into your vagina first. (Cervical caps do not require re-application of spermicide.)
- A diaphragm should not be left in the vagina for more than 24 hours.
- A cervical cap should not be left in the vagina for more than 48 hours.
- Don't use the diaphragm or cervical cap during your period because of the risk of toxic shock syndrome, a rare but serious condition.
- Do not use a diaphragm or cervical cap if you are using a vaginal medicine, such as a treatment for yeast infection. Talk to your health care provider about which birth control method to use while using vaginal medicine.

Spermicides



Spermicides are chemicals that kill sperm. They are available in many forms: creams, foams, gels, films, suppositories, and tablets. Spermicides are available without a prescription at drugstores and supermarkets.

Spermicides used alone (without a diaphragm or cervical cap) are better than nothing — but less effective than most other birth control methods.

Even when used correctly and every time you have sexual intercourse, spermicides alone are only about 82% effective in preventing pregnancy.

Tips on using spermicides.

- All spermicides in the U.S. contain nonoxynol-9 (N-9), a chemical that when used frequently may make it easier to become infected with HIV.
For this reason, women at higher risk for HIV – especially those who have sex frequently (more than once a day) – should choose another birth control method. Women at higher risk for HIV include women who have sex with more than one partner (or whose partners do).
- Follow the directions on the package carefully.
- Put the spermicide deep into the vagina before the penis comes near the vagina.
- Use the spermicide every time you have sex. Add more before each act of sexual intercourse.
- Leave it in place (do not douche) for at least 6 to 8 hours after having sex.
- Do not use a spermicide if you are using a vaginal medicine, such as a treatment for yeast infection. Talk to your health care provider about which birth control method to use while using vaginal medicine.

Possible side effects.

Spermicides may irritate the vagina or the penis, or cause allergic reactions.

Protect yourself and others!

Diaphragms, cervical caps, and spermicides do *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (*see pages 4 and 5*).



Copper IUDs (Intrauterine Devices)



The IUD is a small, T-shaped device that is inserted into the uterus by a health care provider. There are 2 kinds of IUDs: non-hormonal (copper) and hormonal (*see page 15*). IUDs have 2 thin strings, which lie in the vagina just outside the cervix (the opening to the uterus).

The copper IUD prevents pregnancy in 2 ways:

- By stopping the movement of sperm to prevent fertilization, and
- By changing the lining of the uterus so a fertilized egg can't attach.

Left in place, the copper IUD protects against pregnancy for up to 10 years. Then it should be replaced.

Copper IUDs are more than 99% effective in preventing pregnancy.

When the copper IUD is removed, your fertility (your ability to become pregnant) returns in about a month to whatever is normal for you.

Possible side effects.

- Some women experience cramps and backache for a few days after insertion.
- IUDs may increase menstrual bleeding, cramping, and spotting between periods.
- IUDs may increase the risk of pelvic inflammatory disease (PID), a serious and painful infection that, left untreated, can result in infertility. The risk of PID is greatest in the first 20 days after insertion and among women at higher risk for HIV and other sexually transmitted diseases.

Women at higher risk include those who have sex with more than one partner (or whose partners do).

Tips on using IUDs.

- If you have any side effects, especially during the first month after insertion, call your health care provider.
- Make sure your IUD is in place by using your fingers to check for the strings once a month after your period.
- If you can't feel the strings, call your health care provider to make an appointment. Use another birth control method, such as a condom, in the meantime.

Protect yourself and others!

IUDs do *not* protect against sexually transmitted diseases.

Condoms prevent HIV and most other STDs (*see pages 4 and 5*).



Fertility Awareness and Periodic Abstinence



Fertility awareness is used to help pinpoint the days of the month when a woman is most fertile – the days during her menstrual cycle when she is most likely to get pregnant. With instruction and practice, a woman can learn to tell when she is most fertile by:

- Taking her temperature each morning before she gets out of bed;

- Examining the amount, color, and feel of fluids (cervical mucous) in the vagina; and
- Calculating the number of days in her cycle over 3 to 6 months.

To protect against pregnancy, a couple practicing "periodic abstinence" does not have sexual intercourse on the days of the month when the woman is most fertile. This is also called "natural family planning." Periodic abstinence is allowed by some religions and cultures that do not approve of other birth control methods.

Some women, instead of abstaining from sexual intercourse on fertile days, use a barrier birth control method (such as a condom or diaphragm).

The effectiveness of fertility awareness and periodic abstinence varies widely, depending on the methods used to pinpoint fertile days, and the couple's willingness to stick to the plan.

Because fertile days cannot be precisely determined even when instructions are followed to the letter, fertility awareness may be harder to use effectively than other birth control methods. Fertility awareness and periodic abstinence are between 75% and 98% effective in preventing pregnancy.

Fertility awareness takes time and practice.

A health care provider or counselor must usually help a woman learn how to determine the time of the month when she is most likely to get pregnant. And both a woman *and her partner* must agree to use the methods.

For more information, talk to your doctor, visit a family planning clinic, or call 311 and ask for the Women's Healthline.

Protect yourself and others!

Fertility awareness and periodic abstinence do *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (*see pages 4 and 5*).



Birth Control Pills (Oral Contraceptives)

'The Pill'



Combined birth control pills contain 2 hormones: an estrogen and a progestin. There are dozens of types. With most, there is a monthly period. A new pill, Seasonale, allows a woman to have a period only once every 3 months.

Birth control pills prevent pregnancy by stopping the release of eggs from the ovaries; by thickening cervical mucus (making it harder for sperm to enter the uterus); and by making it hard for an egg to attach and grow in the uterus.

Birth control pills are available at a pharmacy with a prescription from your health care provider.

When used as directed, combined birth control pills are more than 99% effective in preventing pregnancy.

When you stop taking combined birth control pills, it may take about 3 months before your fertility (your ability to become pregnant) returns to whatever is normal for you.

Combined birth control pills offer certain health benefits.

Women who take them are less likely to have ovarian or uterine cancer. They also have a reduced risk of pelvic inflammatory disease (PID), tubal (ectopic) pregnancy, anemia, and menstrual cramps. Some types of combined pills can improve acne.

Some women should not take the Pill.

The following should not use combined pills, the patch, or vaginal rings:

- **Women who have had blood clots** in the veins or in the lungs, or those who have had breast or ovarian cancer.
- **Women who smoke.** Combined pills raise the risk of stroke and heart attack in women who smoke, especially if they are over 35, have high blood pressure, or have other risks for heart disease, including diabetes.
- **Breast-feeding mothers** should not take combined birth control pills. (But they can use the mini-Pill and other methods — *see the chart on page 22*).
- **A woman with migraine headaches** should talk to her health care provider about the risks of stroke before taking combined birth control pills.

Possible side effects.

Side effects may include spotting between periods and other minor menstrual changes, blood clots, breast tenderness, headache, nausea or vomiting, weight gain or loss, mood changes, and acne. Most common side effects stop after 2 to 3 months or can be improved by taking a different combined Pill.

The Mini-Pill (Progestin-Only)



Mini-Pills contain just one hormone, a progestin. **Unlike combined birth control pills:**

- Mini-Pills are less likely to cause side effects;
- Breast-feeding mothers can use them (preferably after a few weeks, when breast-feeding is well established); and,
- They can be used by women with a history of

blood clots, high blood pressure, and other risks for heart attack and stroke, including smoking and diabetes.

When used as directed, the mini-pill is more than 99% effective in preventing pregnancy.

When you stop taking the mini-Pill, your fertility (your ability to become pregnant) returns quickly to whatever is normal for you.

Mini-Pills offer certain health benefits.

Mini-Pills offer many of the same health benefits as combined pills (*see page 10*).

Possible side effects.

Mini-pills may be more likely than combined pills to cause irregular bleeding. Taking the mini-Pill at the same time every day lessens this effect.

Tips on using birth control pills (combined pills and mini-Pills).

- Take your pill every day as directed, at about the same time — even if you spot between periods, and even if you don't have sex very often.
- Try not to miss a pill — it could result in spotting between periods, or even result in pregnancy. Ask your health care provider what to do if you miss one:
 - Usually, if you miss one pill, take it as soon as you remember, or take 2 pills the next day.
 - If you miss 2 pills, take 2 one day, and 2 the next day. Use a back-up method (such as condoms).
 - If you miss *more* than 2 pills, use a back-up method (such as condoms).
- Antibiotics and some other medications, including anti-HIV medications, can make birth control pills less effective. Tell your health care provider you take birth control pills before starting any new medication. You may need to use a back-up birth control method (such as condoms).

Protect yourself and others!

Birth control pills do *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (*see pages 4 and 5*).



The Birth Control Patch



Like combined birth control pills, the patch (Ortho-Evra) contains 2 hormones: an estrogen and a progestin, which are released through the skin into the bloodstream. The patch prevents pregnancy in the same way as combined birth control pills (*see page 10*).



The patch is available at a pharmacy with a prescription from your health care provider.

When used as directed, the birth control patch is more than 99% effective in preventing pregnancy.

When you stop using the patch, it may take about 3 months before your fertility (your ability to become pregnant) returns to whatever is normal for you.

Some women should not use the patch.

- Some women (*see the list on page 10*) should not use the patch, just as they shouldn't use combined birth control pills or vaginal rings.
- Women who weigh more than 198 lbs (98 kg) should not use the patch, as it may not be as reliable as other methods.

The patch offers certain health benefits.

The patch offers many of the same health benefits as birth control pills (*see page 10*).

Possible side effects.

- Side effects may include spotting between periods and other minor menstrual changes, blood clots, breast tenderness, headache, nausea or vomiting, weight gain or loss, mood changes, and acne.
- Skin irritation may occur. (Using different application sites helps.)

Tips on using the patch.

- Some women like the patch because they don't have to remember to take a pill every day.
- You apply a new patch to the skin once a week, every week for 3 weeks, and no patch at all on the 4th week, which is when you'll get your period.
- The patch can be worn on the buttocks, lower abdomen, upper chest, upper back, or outside upper arm.
- It should not be worn on the breasts.
- Avoid lotions and oils, which can prevent the patch from sticking well.

Protect yourself and others!

The patch does *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (*see pages 4 and 5*).



Vaginal Rings



The vaginal ring (NuvaRing) is a soft, flexible, plastic ring that a woman inserts in her vagina. It releases hormones, an estrogen and progestin, that prevent pregnancy in the same way as combined birth control pills (*see page 10*).

The vaginal ring is available at a pharmacy with a prescription from your health care provider.

It can be placed anywhere in the vagina. Your health care provider will show you how to insert it.

When used as directed, the vaginal ring is more than 99% effective in preventing pregnancy.

Some women should not use vaginal rings.

Some women (*see the list on page 10*) should not use vaginal rings, just as they shouldn't use combined birth control pills or the patch.

Vaginal rings offer certain health benefits.

Vaginal rings offer many of the same health benefits as birth control pills (*see page 10*).

Possible side effects.

Side effects may include spotting between periods and other minor menstrual changes, blood clots, breast tenderness, headache, nausea or vomiting, weight gain or loss, mood changes, and acne.

Tips on using vaginal rings.

- Some women like vaginal rings because they prefer the convenience of a once-a-month method.
- Insert the ring during the first 5 days of your period. Leave it in place for 3 weeks.
- At the beginning of the 4th week, you remove the ring so you can have a period. After that week, you insert a new ring.
- Don't remove the ring during sexual intercourse.

Protect yourself and others!

Vaginal rings do *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (*see pages 4 and 5*).



The Birth Control Shot



The birth control shot (Depo-Provera) is an injection of a progestin-type hormone.

Depo-Provera prevents pregnancy in the same way as birth control pills (see page 10).

A health care provider administers Depo-Provera (you don't give the shot to yourself). You get the first injection within 5 days after you get your period, then every 3 months after that.

Your fertility (your ability to get pregnant) returns to whatever is normal for you about 9 to 12 months after your last injection.

Depo-Provera is more than 99% effective in preventing pregnancy.

Depo-Provera offers certain health benefits.

Depo-Provera offers many of the same health benefits as birth control pills (see page 10).

Like mini-pills, Depo-Provera can be used by women who should *not* use combined pills, the patch, or vaginal rings: those with a history of blood clots, high blood pressure, and other risks for heart attack and stroke, including smoking and diabetes.

Possible side effects.

- During the first few months of getting injections, you may spot between periods.
- After a year, about half of women on Depo-Provera stop getting periods. Your period will return when you stop taking shots.
- A small amount of weight gain is common – about 5 lbs in the first year, depending on your body type.
- Headaches, mood swings, breast tenderness, and a loss of sexual interest occur in some women.

Protect yourself and others!

Depo-Provera does *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (see pages 4 and 5).



Hormonal IUDs (Intrauterine Devices)



The IUD is a small, T-shaped device that is inserted into the uterus by a health care provider. There are 2 kinds of IUDs: hormonal and copper (see page 8). Both kinds have 2 thin strings, which lie in the vagina just outside the cervix (the opening of the uterus).

The hormonal IUD contains a progestin. It prevents pregnancy mainly by thickening the mucus in the cervix, making it harder for sperm to enter the uterus and fertilize an egg.

Hormonal IUDs are almost 100% effective in preventing pregnancy.

Left in place, the hormonal IUD protects against pregnancy for about 5 years. Then it should be replaced.

When the hormonal IUD is removed, your fertility (your ability to get pregnant) returns quickly to whatever is normal for you.

Possible side effects.

- Some women experience cramps and backache for a few days after insertion.
- You may have lighter – but longer – periods for the first 6 to 8 months. After that, your period may get shorter.
- IUDs may increase the risk of pelvic inflammatory disease (PID), a serious and painful infection that, left untreated, can result in infertility. The risk of PID is greatest in the first 20 days after insertion among women at higher risk for HIV and other sexually transmitted diseases.

Women at higher risk include those who have sex with more than one partner (or whose partners do).

Tips on using IUDs.

- If you have any side effects, especially during the first month after insertion, call your health care provider.
- Make sure your IUD is in place by using your fingers to check for the strings once a month after your period.
- If you can't feel the strings, call your health care provider to make an appointment. Use another birth control method, such as condoms, in the meantime.

Protect yourself and others!

IUDs do *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (see pages 4 and 5).



Emergency Contraception

Emergency contraception can safely prevent pregnancy after unprotected sexual intercourse:

- When a birth control method fails (for example, if a condom or a diaphragm breaks, or a woman misses several birth control pills).
- When no birth control was used.
- When a woman is a victim of forced sex or rape.

Emergency contraception is NOT abortion.

Emergency contraception is used *before* pregnancy occurs. The sooner you use emergency contraception after unprotected intercourse, the better it works to prevent pregnancy. If you are already pregnant, it will not work (it won't end the pregnancy).

Two methods are available.

1 Emergency contraception (“morning-after”) pills are the most common method.



- Emergency contraception pills contain hormones. They prevent pregnancy in the same way as birth control pills (see page 10).
- You get emergency contraception pills from a pharmacy with a prescription from your health care provider.
- **The sooner, the better!** Emergency contraception pills should be taken as soon as possible after unprotected sex. They are most effective when taken within 72 hours (3 days).

- Some health care providers offer emergency contraception pills for up to 120 hours (5 days) after unprotected sex.
- Your provider will tell you how to take the pills.

When taken within 72 hours (3 days) after unprotected sex, emergency contraception pills are up to 89% effective in preventing pregnancy. The sooner the pills are taken, the more effective they are.

Possible side effects of emergency contraception pills.

Temporary side effects may include nausea and vomiting, dizziness, diarrhea, fatigue, abdominal pain, breast tenderness, headache, or irregular vaginal bleeding.

Emergency contraception pills are safe.

Even if by mistake you took emergency contraception pills too late (when you were already pregnant), they would not hurt you, cause an abortion, or damage the fetus.

2 A copper IUD (intrauterine device) can also be used for emergency contraception.

- A copper IUD can prevent pregnancy if inserted by a health care provider within 120 hours (5 days) after unprotected intercourse.
- It works by preventing sperm from fertilizing an egg, or preventing a fertilized egg from attaching to the uterus.

Emergency use of the copper IUD is nearly 100% effective in preventing pregnancy after unprotected intercourse.

A woman may choose to keep the IUD in place for ongoing birth control (see page 8). Or she can have it removed after her next normal period, and choose another birth control method.

Emergency contraception is not a substitute for ongoing birth control.

It is safe to take emergency contraception pills more than one time, if necessary. However, emergency contraception is not as effective as other birth control methods, and should not be used as a substitute for regular birth control.

For ongoing pregnancy prevention, it is important to choose an effective birth control method and to begin using it immediately after emergency contraception is complete.

Any unprotected sex can expose a person to sexually transmitted diseases. Emergency contraception does *not* protect against STDs. Every woman who uses emergency contraception should talk to her provider about counseling and testing for HIV and other STDs.

More information.

Talk to your health care provider, visit a family planning clinic, or call 311 and ask for the Women's Healthline. Emergency contraception is available free at Health Department clinics. For clinic locations and hours of operation, call 311.



"I almost got pregnant."

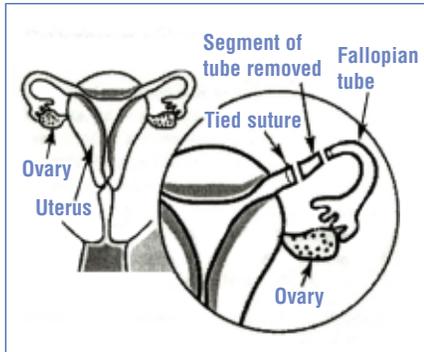
"We didn't use anything. Man, I was worried. But then I heard about Emergency Contraception—what a relief! An unplanned pregnancy is the last thing I need right now."

If a condom breaks, or after unprotected sex, or after rape, Emergency Contraception ("Morning-After") Pills can prevent pregnancy if taken within 72 hours (3 days). The sooner, the better!

For more information on how emergency contraception can safely prevent pregnancy, talk to a health care provider, visit a family planning clinic, or call Women's Healthline at 311.

The New York City Department of Health and Mental Hygiene
Michael R. Bloomberg, Mayor
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nyc.gov/health

Tubal Ligation for Women



Tubal ligation (having your tubes “tied”) is an operation that is done in a hospital or specialized clinic.

A tubal ligation *permanently* blocks or disconnects the fallopian tubes – the tubes that connect the ovaries to the uterus. When the tubes are blocked, sperm can’t get to an egg to fertilize it, so pregnancy cannot occur.

Tubal ligation is almost 100% effective in preventing pregnancy.

To get a tubal ligation, a woman must be at least 21 and sign a consent form. After you sign, there is a 30-day waiting period before the procedure can be done.

How a tubal ligation is done.

- Local anesthesia is usually used.
- A tubal ligation takes about 30 minutes. The woman usually goes home the same day. Some women feel pain or soreness in the abdomen for 2 or 3 days. Most women have no complications, but as with any surgery, there is a small chance you might have problems.
- A new option is now available for tubal ligation. Instead of surgery, the health care provider inserts a small metal device to block the fallopian tubes.

Tubal ligation does not affect femininity.

It does not change a woman’s menstrual periods, her sexual pleasure, or her ability to have an orgasm, and it does not cause menopause.

Tubal ligation should be considered permanent.

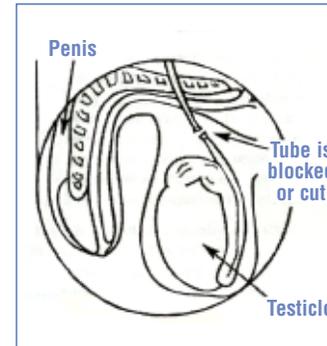
Even though it can sometimes be reversed, there are no guarantees that reversal will succeed. *A woman should not have a tubal ligation if there is any chance at all that she will want to have a child in the future.*

Protect yourself and others!

Tubal ligation does *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (see pages 4 and 5).



Vasectomy for Men



A vasectomy is a simple operation that is done by a doctor in an office, hospital, or clinic.

A vasectomy *permanently* disconnects the tubes that carry sperm from the testicles (where sperm is made) to the penis. After a vasectomy, a man still makes semen (the fluid released from the penis when a man ejaculates, or “comes”). But since sperm is no longer present in the semen, sex with a man who’s had a vasectomy cannot cause pregnancy.

A vasectomy is almost 100% effective in preventing pregnancy.

To get a vasectomy, a man must be at least 21 and sign a consent form. After he signs, there is a 30-day waiting period before the procedure can be done.

How a vasectomy is done.

- The surgery takes about 20 minutes. Local anesthesia is usually used.
- As with any surgery, there is some discomfort after vasectomy. Most men lose little or no time from work. Some need a day or two to rest. Strenuous physical activity should not be done for 3 to 5 days.
- Many men start having sex again within a week after a vasectomy. Others have sex sooner, and some wait longer.
- After a vasectomy, it takes about 15 to 20 ejaculations to completely clear sperm out of a man’s system. It is necessary to use another form of birth control for vaginal sex until a test shows that there are no longer sperm in the semen.

A vasectomy does not affect masculinity.

It does not change a man’s sexual pleasure, his ability to get or keep an erection, or the way he ejaculates.

Even though it can sometimes be reversed, there are no guarantees that reversal will succeed. *A man should not have a vasectomy if there is any chance at all that he will want to have a child in the future.*

Protect yourself and others!

A vasectomy does *not* protect against sexually transmitted diseases. **Condoms prevent HIV and most other STDs** (see pages 4 and 5).



Choosing to End a Pregnancy



All pregnant women, including teenagers, have the right to choose what is best for them:

- Continue the pregnancy;
- Adoption, or
- End the pregnancy with a surgical or medical abortion.

Abortion is not a substitute for birth control.

To prevent another unintended pregnancy, it is important to choose an effective, ongoing birth control method and to begin using it immediately after an abortion.

Surgical Abortion

A surgical abortion is an operation that ends pregnancy. The procedure is performed in a specialized clinic or doctor's office, and you can go home the same day.

Surgical abortion is very safe.

An abortion can be done as soon as you know you are pregnant, up to the 24th week of pregnancy. The earlier in pregnancy an abortion is performed, the safer it is. Fewer than 1% of women have complications from abortions done in the first trimester of pregnancy (the first 14 weeks).

Surgical abortion is 98% to 99% effective in ending pregnancy.

How a surgical abortion is done.

- Until about the 14th week of pregnancy, most surgical abortions are performed using suction or vacuum aspiration. The cervix is opened slightly and the contents of the uterus are removed by applying suction. You may have a choice about whether to use local or general anesthesia.
- After the 14th until the 24th week of pregnancy, surgical abortions are performed using the "Dilation and Evacuation" (D&E) method
- A woman can usually return to normal activities the same day of the abortion. She should wait at least a week before using tampons, douching, or having sexual intercourse.
- Serious problems from an abortion are rare, but a woman should get medical care right away if she has heavy bleeding, severe cramping, pain, fever, or unusual vaginal discharge.
- It is important to see your provider for a check-up 2 or 3 weeks after a surgical abortion.

Medical Abortion

A medical abortion is one in which medication (not surgery) is used to end pregnancy. To get the medication, you need a prescription from a doctor or a family planning clinic.

Some women choose medical abortion instead of surgical abortion because it seems to them more natural (like a miscarriage). Unlike surgical abortion, medical abortion does not require anesthesia.

Medical abortion is very safe.

It can be used for up to 7 weeks (49 days) after the last menstrual period began.

When done within this time period, medical abortion is 95% to 98% effective in ending pregnancy. If a medical abortion is not effective, a surgical abortion is necessary.

How a medical abortion is done.

- Mifepristone (also known as Mifeprex, "the abortion pill," or "RU486") is one medication that is used for medical abortion, in combination with another drug, misoprostol.
- Another option uses the drug methotrexate in combination with misoprostol.

A medical abortion has 3 steps:

You take each medication one at a time according to your provider's directions.

- The first drug causes the uterus to shed its lining.
- The second drug makes the uterus contract, expelling the contents of the pregnancy through the vagina.
- About 2 weeks later you return to your provider for a check up to make sure that the abortion is complete. Usually it takes from 3 days to one week to end the pregnancy, but for some women it may take up to 4 weeks.
- Side effects include mild-to-severe cramping, abdominal pain, nausea, and vaginal bleeding.

More information.

All women, including teenagers under 18, have the right to confidential abortion information and services. Parental consent, the consent of a husband or partner, and proof of citizenship are NOT required in New York State. Free or low-cost services are available.

For abortion counseling and referrals, visit a family planning clinic or call 311 and ask for the Women's Healthline.

Birth Control — What's Right for You?

NON-HORMONAL METHODS						
Birth Control Method	How Effective? When Always Used Correctly	How to Obtain It	How Often to Use It	Okay for Breast-Feeding Moms?	Prevent HIV and STDs?*	
Male Condom	98%	Drugstores and supermarkets. No prescription needed.	New condom for each sexual act.	Yes	Yes	
Female Condom	95%	Drugstores and supermarkets. No prescription needed.	New condom for each sexual act.	Yes	Yes	
Diaphragm	94%	Provider must fit you and will show you how to use it. Prescription needed.	Every time you have sex. Acid more spermicide for each sexual act.	Yes	No Women at higher risk for HIV should choose another method (see page 7).	
Cervical Cap	91% For women who have not had a child 74% For women who have had a child	Provider must fit you and will show you how to use it. Prescription needed.	Every time you have sex.	Yes	No Women at higher risk for HIV should choose another method (see page 7).	
Spermicides	82%	Drugstores and supermarkets. No prescription needed.	Every time you have sex. Acid more for each sexual act.	Yes	No Women at higher risk for HIV should choose another method (see page 7).	
Copper IUD (Intrauterine Device)	More than 99%	Provider must insert and remove the IUD.	Can be left in place for up to 10 years.	Yes	No	
Fertility Awareness/Periodic Abstinence	75% to 98%	A provider must usually show you how to determine probable fertility.	Take temperature and check cervical fluids every day.	Yes	No	

HORMONAL METHODS						
Birth Control Method	How Effective? When Always Used Correctly	How to Obtain It	How Often to Use It	Okay for Breast-Feeding Moms?	Prevent HIV and STDs?*	
Birth Control Pills (Combined) "The Pill"	More than 99%	Prescription needed.	One pill a day at about the same time.	No	No	
Birth Control Pills (Progestin-Only) "The Mini-Pill"	More than 99%	Prescription needed.	One pill a day at about the same time.	Yes Preferably after baby is 6 weeks old.	No	
Birth Control Patch	More than 99%	Prescription needed.	New patch once a week for 3 weeks. No patch in week 4.	No	No	
Vaginal Rings	More than 99%	Provider will show you how to use it. Prescription needed.	Insert new ring once a month. Leave in place 3 weeks. Remove for 1 week.	No	No	
Birth Control Shot	More than 99%	Provider gives shot.	Once every 3 months (12 weeks).	Yes	No	
Hormonal IUD (Intrauterine Device)	Nearly 100%	Provider must insert and remove the IUD.	Can be left in place for up to 5 years.	Yes	No	
Tubal Ligation For Women	Nearly 100%	Surgical operation at a hospital or clinic.	One-time procedure. Reversal not reliable.	Yes	No	
Vasectomy For Men	Nearly 100%	Surgical operation at a clinic or doctor's office.	One-time procedure. Reversal not reliable.	Yes	No	



* Only latex male condoms and female condoms protect against HIV and other sexually transmitted diseases. No matter what form of birth control you choose, always use condoms to prevent STDs!



Everyone Should Have a Regular Doctor!

Regular care helps you stay healthy. It's important to feel comfortable with your health care provider so you can talk about any health issue, including birth control.

If you don't have a doctor, get one through your health plan. If you don't have a health plan, call 311 to ask about free or low-cost insurance, or to find out how to get a doctor at a public or community clinic. No one should have to go without good medical care!

