



**Birth  
Control  
and Safer  
Sex**



# Table of Contents

<b>Typical vs. Perfect Use</b> .....	4
<b>Internal Organs</b> .....	5
<b>Hormonal Methods</b>	
The Pill.....	6
Seasonale/Seasonique .....	7
The Mini-Pill.....	8
The Patch .....	9
The Ring .....	10
The Shot.....	11
The IUS.....	12
<b>Non-Hormonal &amp; Barrier Methods</b>	
The IUD .....	13
External (Male) Condom.....	14
Internal (Female) Condom.....	15
Spermicides.....	16
The Diaphragm & Cervical Cap .....	17
The Sponge.....	18
Dental Dams & Gloves .....	19
<b>Permanent Methods (Sterilization)</b>	
Tubal Ligation .....	20
Essure .....	21
Vasectomy .....	22
<b>Other Methods</b>	
Fertility Awareness Based Methods (FABM) .....	23
Withdrawal Method.....	24
<b>Abstinence</b> .....	25
<b>Dual Protection</b> .....	25
<b>Emergency Contraception</b> .....	26
<b>Postpartum Birth Control Methods and Abortion</b> .....	27

## Typical vs. Perfect Use

Throughout this booklet you will notice two numbers under “How effective is this method?” Typical use is the rate of pregnancy for how people usually use this method of birth control. Some birth control is harder to use because it requires a lot of attention to a specific routine (e.g. the pill needs to be taken every day at the same time). In other words it leaves room for human error.

The perfect use number explains how effective this method would be if it was used perfectly without any errors, every single time. Perfect use may be unachievable.

**Always read instructions on birth control packages carefully and follow the advice of your health care provider.**

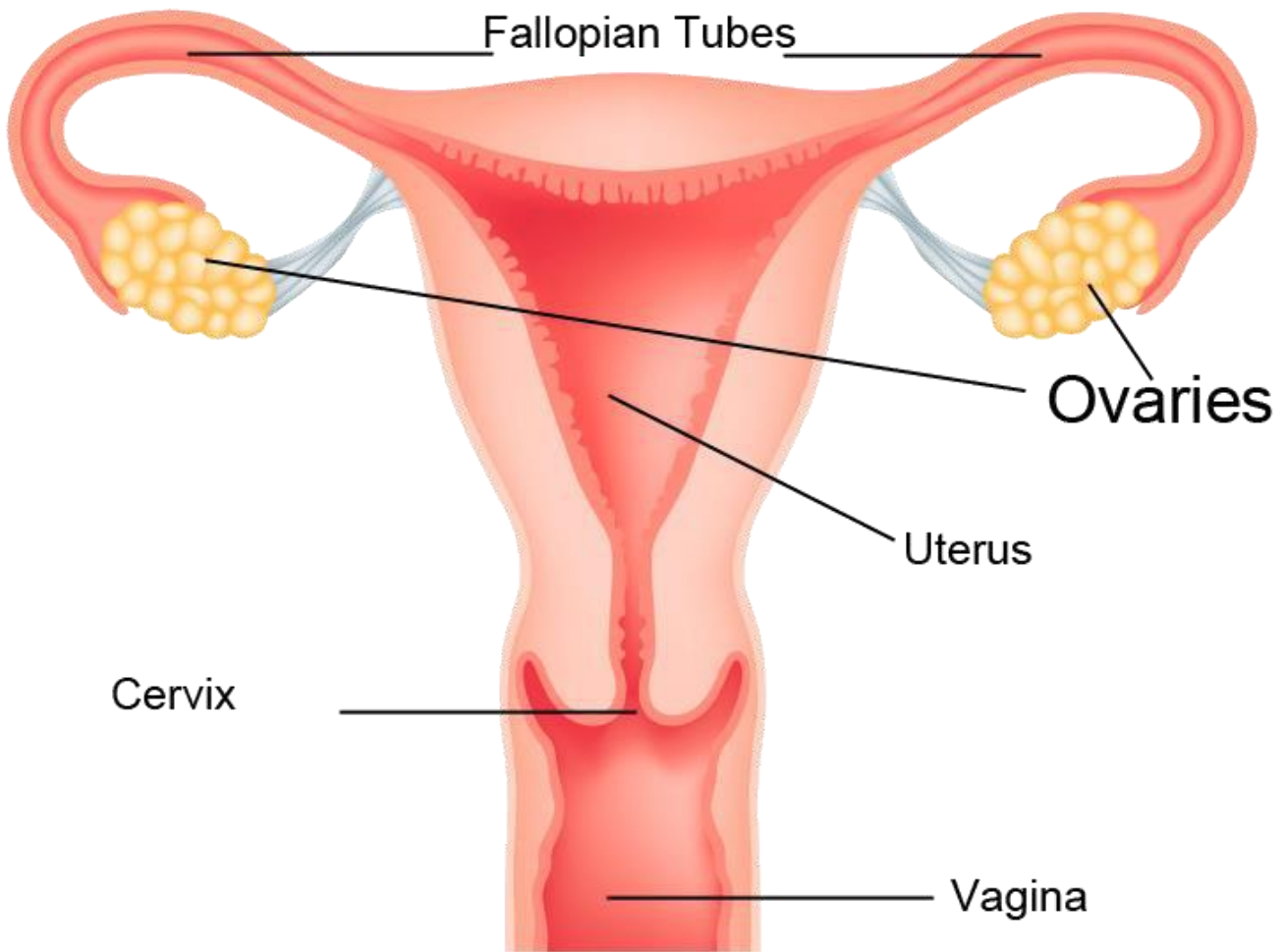
**If you have medical questions ask your health care provider and/or pharmacist.**



The effectiveness rates reported in this booklet were taken from the [sexualityandu.ca](http://sexualityandu.ca) Contraceptive Chart, produced in 2006 by the Society of Obstetricians and Gynecologists of Canada.

Essure was not included in this set of data, the effectiveness rate was retrieved from a clinical study conducted by Bayer completed in December 2007.

## Internal Organs



Each person with a uterus is born with approximately 2 million eggs in their ovaries. At puberty, approximately 400,000 remain as they deplete over time. Beginning in puberty the eggs prepare to leave the ovaries. One egg (occasionally more than one) is released each month. This is called ovulation. This egg travels into the fallopian tubes towards the uterus. On its travels the egg has the possibility of meeting sperm and being fertilized. Together they could implant into the lining of the uterus (endometrium) and begin growing into a fetus.

**This booklet will discuss how to prevent pregnancy.**

# The Pill

## Hormonal Oral Birth Control

### How effective is this method?

- 92% with typical use
- 99.7% with perfect use

### What is it?

- Small tablets that must be taken once a day, at the same time each day
- Contains two types of hormones: progestin and estrogen
- A pack can contain 21 pills (no sugar pills) or 28 pills (7 sugar pills)
- Sugar pills contain no hormones and act as a reminder to take your pill
- The pill is a reversible (non-permanent) method of contraception that is available in a variety of brands, strengths and formulas



**Remember, this method does NOT protect against STIs!**

### How does it work?

- Prevents the ovary from releasing an egg
- Thickens cervical mucus to make it more difficult for a sperm to reach an egg
- Thins the lining of the uterus to make the implantation of an egg more difficult

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. Doesn't interfere with sexual activity</li><li>2. Regulates menstrual cycle</li><li>3. Reduces menstrual flow and cramps</li><li>4. Decreases premenstrual symptoms, acne, and risk of endometrial and ovarian cancers</li></ol>	<ol style="list-style-type: none"><li>1. Must be taken every day at the same time</li><li>2. May cause irregular bleeding or spotting, breast tenderness, nausea or headaches</li><li>3. May increase risk of blood clots</li><li>4. Effectiveness may be reduced by other medications</li><li>5. Not to be taken by people who cannot take estrogen, who are breastfeeding and/or are over age 35 who smoke</li></ol>



# Seasonale/Seasonique

## Hormonal Continuous Oral Birth Control

### How effective is this method?

- 92% with typical use
- 99.7% with perfect use

### What is it?

- Similar to the birth control pill, this method has small tablets that must be taken once a day, at the same time
- Contains two types of hormones: progestin and estrogen
- Unlike the standard pill, where you take 21 active pills followed by sugar pills (or no pills at all) for 7 days, this method allows you to take the active (hormonal) pills for three months
- Every three months, one week of sugar pills are taken, during this time, you will get a menstrual period
- One period every three months means only four periods per year
- A pack contains 91 pills
- The pill is a reversible (non-permanent) method of contraception



### How does it work?

- Prevents the ovary from releasing an egg
- Thickens cervical mucus to make it more difficult for a sperm to reach an egg
- Thins the lining of the uterus to make the implantation of an egg more difficult

**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. Doesn't interfere with sexual activity</li><li>2. Regulates menstrual cycle</li><li>3. Fewer periods; lighter flow</li></ol>	<ol style="list-style-type: none"><li>1. Must be taken every day at the same time</li><li>2. More likely to have spotting or breakthrough bleeding than a 21 or 28-day pill</li><li>3. May increase risk of blood clots</li><li>4. Effectiveness may be reduced by other medications</li><li>5. Pregnancy can be difficult to detect without a monthly period</li></ol>

# The Mini-Pill

## Hormonal Oral Birth Control: progestin-only

### How effective is this method?

- 92% with typical use
- 99.7% with perfect use

### What is it?

- Small tablets that must be taken once a day, at the same time
- Contains progestin only: no estrogen
- This pill is a reversible (non-permanent) method of contraception that is available only in packs of 28 days, with no hormone-free interval



**Remember, this method does NOT protect against STIs!**

### How does it work?

- May inhibit the release of an egg
- Thickens cervical mucus to make it more difficult for a sperm to reach an egg
- Thins the lining of the uterus to make the implantation of an egg more difficult

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. Doesn't interfere with sexual activity</li><li>2. May reduce menstrual flow, cramps and premenstrual symptoms</li><li>3. May be suitable for people who can't take estrogen, who are breastfeeding and/or are over age 35 who smoke</li></ol>	<ol style="list-style-type: none"><li>1. Must be taken every day at the same time</li><li>2. May cause irregular bleeding or spotting, breast tenderness, abdominal bloating, acne or headaches</li><li>3. Effectiveness may be reduced by other medications</li></ol>



## The Patch

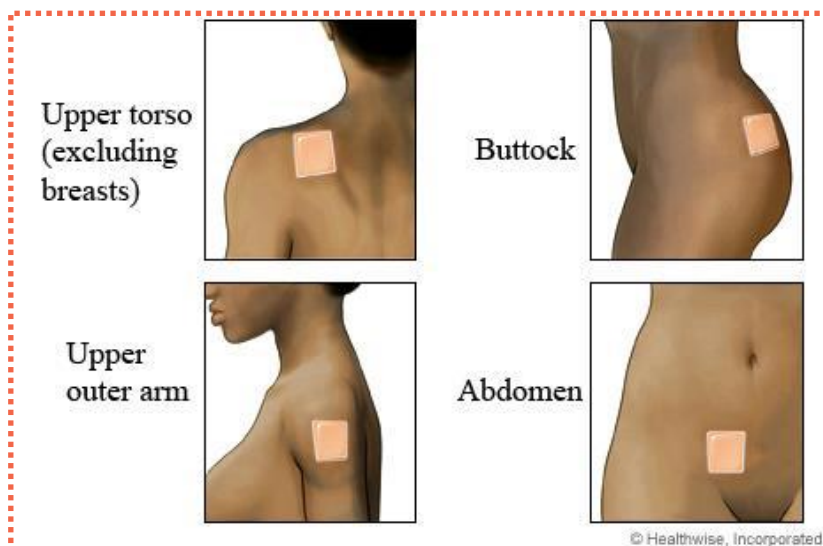
### Hormonal Transdermal Birth Control Patch (Evra)

#### How effective is this method?

- 92% with typical use
- 99.7% with perfect use

#### What is it?

- A patch that slowly releases hormones (estrogen and progestin) through the skin
- The patch is a reversible (non-permanent) method of contraception; can be placed on buttocks, upper outer arms, lower abdomen or upper torso (not on breasts)
- New patch is applied once a week for three weeks, followed by one week without a patch



**Remember, this method does NOT protect against STIs!**

#### How does it work?

- Prevents the ovary from releasing an egg
- Thickens cervical mucus to make it more difficult for a sperm to reach an egg
- Thins the lining of the uterus to make the implantation of an egg more difficult

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. No daily routine required (applied once-a-week)</li> <li>2. Doesn't interfere with sexual activity</li> <li>3. Regulates menstrual cycle</li> <li>4. Reduces menstrual flow and cramps</li> <li>5. Expected to provide similar non-birth control benefits to the pill, more research is needed</li> </ol>	<ol style="list-style-type: none"> <li>1. May cause irregular bleeding or spotting, breast tenderness, nausea or headaches</li> <li>2. Patch may detach from skin early</li> <li>3. Possible skin irritation at application site</li> <li>4. May increase risk of blood clots</li> <li>5. May not be suitable for people weighing over 198 pounds</li> <li>6. Effectiveness may be reduced by other medications</li> <li>7. Not to be taken by people who can't take estrogen, who are breastfeeding and/or are over age 35 who smoke</li> </ol>

# The Ring

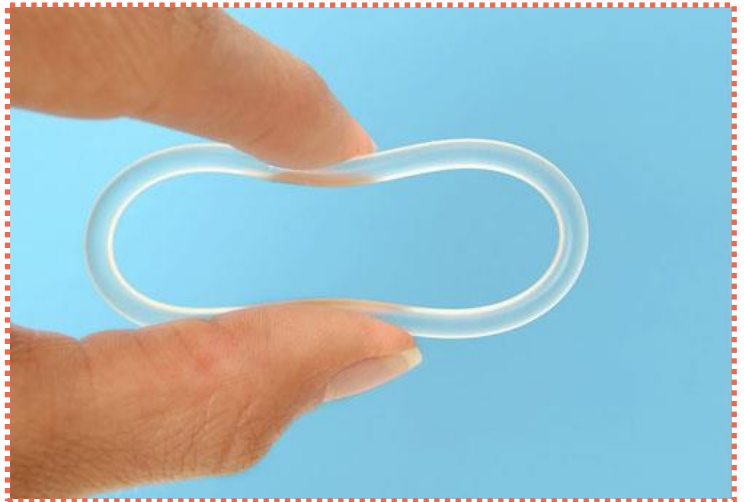
## Hormonal Vaginal Birth Control Ring (NuvaRing)

### How effective is this method?

- 92% with typical use
- 99.7% with perfect use

### What is it?

- A flexible, nearly transparent, ring that is inserted into the vagina
- The ring is a reversible (non-permanent) method of contraception that releases a



continuous dose of hormones (estrogen and progestin) for the three weeks it is in the vagina, followed by one week without a ring

### How does it work?

- Prevents the ovary from releasing an egg
- Thickens cervical mucus to make it more difficult for a sperm to reach an egg
- Thins the lining of the uterus to make the implantation of an egg more difficult

**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. No daily routine required (reinserted once-a-month)</li><li>2. Doesn't interfere with sexual activity</li><li>3. Regulates menstrual cycle</li><li>4. Reduces menstrual flow and cramps</li><li>5. Expected to provide similar non-birth control benefits to the pill, more research is needed</li></ol>	<ol style="list-style-type: none"><li>1. May cause irregular bleeding or spotting, breast tenderness, nausea, headaches, vaginal discomfort or irritation</li><li>2. Ring may fall out of vagina (not common)</li><li>3. May increase risk of blood clots</li><li>4. Effectiveness may be reduced by other medications</li><li>5. Not to be taken by people who can't take estrogen, who are breastfeeding and/or are over age 35 who smoke</li></ol>

# The Shot

## Hormonal Injectable Birth Control (Depo Provera)



### How effective is this method?

- 97% with typical use
- 99.7% with perfect use

### What is it?

- An injection which contains only progesterone (no estrogen)
- A reversible (non-permanent) method of contraception given by a health care provider in upper-arm or buttocks every 12-13 weeks (four times per year)

**Remember, this method does NOT protect against STIs!**

### How does it work?

- Prevents the ovary from releasing an egg
- Thickens cervical mucus to make it more difficult for a sperm to reach an egg
- Thins the lining of the uterus to make the implantation of an egg more difficult

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. No daily routine required (one injection 4 times/year)</li><li>2. Periods may stop: reported by over 50% after 1 year &amp; more than 66% after 2 years</li><li>3. Reduces: menstrual cramps, risk of endometrial cancer and frequency of epileptic seizures</li><li>4. May improve symptoms of endometriosis, premenstrual syndrome and chronic pelvic pain</li><li>5. Effectiveness not affected by most medications</li><li>6. May be suitable for people who can't take estrogen, who are breastfeeding and/or are over age 35 who smoke</li></ol>	<ol style="list-style-type: none"><li>1. At first, irregular bleeding is quite common</li><li>2. <b>Causes a decrease in bone mineral density</b> (may return to normal after stopping use)</li><li>3. May be connected to weight gain in some people</li><li>4. Can take 9 months or longer after last injection for ovaries to start releasing eggs again</li><li>5. Lack of monthly period may be bothersome for some</li><li>6. Must be given by health-care professional</li></ol>

# The IUS

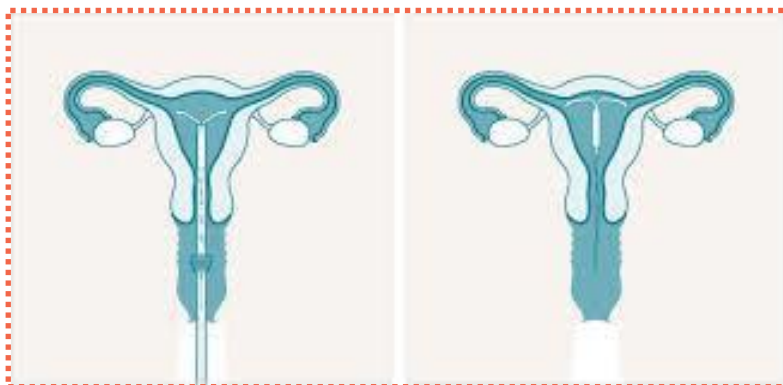
## Hormonal Intrauterine System

### How effective is this method?

- 99.8% with typical use
- 99.8% with perfect use

### What is it?

- A small T-shaped device inserted into the uterus
- Contains hormone called levonorgestrel (a progestin, no estrogen) that is released slowly over time
- A long-acting reversible (non-permanent) method inserted by a health care provider that can remain in the uterus for 3 - 5 years depending on the IUS



### How does it work?

- Thickens cervical mucus making it more difficult for sperm to pass through cervix
- Thins the lining of the uterus to make the implantation of an egg more difficult
- Changes endometrial chemistry to decrease the sperm's ability to fertilize an egg
- In some people, it may prevent the ovary from releasing an egg

**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Long-acting method</li> <li>2. No routine needed</li> <li>3. Doesn't interfere with sexual activity</li> <li>4. May reduce menstrual cramps, flow, pain due to endometriosis and the risk of endometrial cancer</li> <li>5. Some users may stop having menstrual cycles</li> <li>6. May be suitable for people who can't take estrogen, who are breastfeeding and/or are over age 35 who smoke</li> </ol>	<ol style="list-style-type: none"> <li>1. May cause irregular bleeding/ spotting in first months after insertion</li> <li>2. Perforation of uterus may occur at insertion (rare)</li> <li>3. Insertion may be uncomfortable or painful</li> <li>4. May fall out of uterus (rare)</li> <li>5. Should not be inserted in people who have an active bacterial STI or pelvic infection</li> <li>6. Must be inserted and removed by health-care provider</li> </ol>

# The IUD

## Copper Intrauterine Device (No hormones)

### How effective is this method?

- 99.1% with typical use
- 99.1% with perfect use

### What is it?

- T-shaped device with a copper wire around it, inserted into the uterus
- A long-acting reversible (non-permanent) method inserted by a health care provider that can remain in uterus for 5 – 10 years



### How does it work?

- Changes endometrial chemistry to decrease the sperm's ability to fertilize an egg
- Decreases sperm's ability to get through the cervical mucus

**Remember, this method  
does NOT protect  
against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. Long-acting method</li><li>2. No routine needed</li><li>3. Doesn't interfere with sexual activity</li><li>4. May reduce risk of endometrial cancer</li><li>5. No hormones</li></ol>	<ol style="list-style-type: none"><li>1. May cause irregular bleeding/ spotting in first months after insertion</li><li>2. May increase menstrual bleeding or cramping</li><li>3. Perforation of uterus may occur at insertion (rare)</li><li>4. Insertion may be uncomfortable or painful</li><li>5. May fall out of uterus (rare)</li><li>6. Should not be inserted in people who have an active bacterial STI or pelvic infection</li><li>7. Must be inserted and removed by health-care provider</li></ol>

## External (Male) Condom

### How effective is this method?

- 85% with typical use
- 98% with perfect use

### What is it?

- A soft, disposable sheath that fits over an erect penis
- Reversible (non-permanent) method of birth control
- Comes in various shapes, sizes, thicknesses, colours and flavours
- Flavoured condoms are used for oral sex on a person with a penis
- Most are made of latex, but some are non-latex (often polyurethane)



### How does it work?

- Fits over erect penis and acts as a physical barrier to prevent direct contact with vagina, anus or mouth; preventing exchange of bodily fluids
- Traps sperm in the condom so it cannot fertilize an egg
- The condom is thrown away in the garbage after sexual activity
- A new condom must be used for each new activity

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. Inexpensive (find for free)</li><li>2. <b>Protection against STIs</b></li><li>3. Allows person with a penis to be responsible for birth control</li><li>4. Both partners can participate in use</li><li>5. May help wearer avoid premature ejaculation</li><li>6. No hormones</li></ol>	<ol style="list-style-type: none"><li>1. Must be available at time of sexual activity</li><li>2. May reduce sexual spontaneity or sensitivity for either partner</li><li>3. Must be stored and handled properly</li><li>4. May slip or break during sexual activity</li><li>5. May interfere with maintenance of an erection</li><li>6. Condoms with spermicides should not be used as they irritate the vagina and anus and can increase contraction of HIV and STIs</li></ol>



## Internal (Female) Condom

### How effective is this method?

- 79% with typical use
- 95% with perfect use



### What is it?

- A soft, disposable, polyurethane sheath that fits into the vagina
- Reversible (non-permanent) method of birth control

**Remember, do not wear two condoms of any kind, at the same time! The friction between them can cause them to break.**

### How does it work?

- Lines vagina or rectum completely, preventing direct contact with penis and prevents exchange of bodily fluids
- Traps sperm in condom so it cannot fertilize the egg
- Condom is thrown away in the garbage after sexual activity
- A new condom must be used for each new activity

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Used only at time of sexual activity</li> <li>2. Person using it is in charge of placement and use</li> <li>3. Suitable for sexual partner with a latex allergy</li> <li>4. No hormones</li> <li>5. <b>Protects against STIs</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Must be available at time of sexual activity</li> <li>2. May reduce sexual spontaneity or sensitivity for either partner</li> <li>3. Requires proper insertion technique</li> <li>4. Flexible inner ring may cause discomfort for some (can remove)</li> <li>5. May make a noise, slip or break during sexual activity</li> <li>6. Difficult to use at first for some people, but becomes easier with practice</li> </ol>

# Spermicides

(No hormones)

## How effective is this method?

- 71% with typical use
- 82% with perfect use

## What is it?

- Chemical agent that affects sperm mobility and life
- Reversible (non-permanent) method of birth control
- Spermicides come in several forms: creams, jellies, tablets, suppositories, foams and film



## How does it work?

- Inserted into the vagina up to 1 hour before sexual activity
- Affects sperm mobility and life
- Should be used with other birth control methods
- Vagina cannot be rinsed/washed for specific amount of time after sexual activity (varies based on type and brand)

**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Used only at time of sexual activity</li> <li>2. Person using it, is in charge of placement and use</li> <li>3. Spermicide may provide added lubrication</li> <li>4. No hormones</li> </ol>	<ol style="list-style-type: none"> <li>1. Must be available at time of sexual activity</li> <li>2. Spermicide must be inserted into vagina in advance (depends on product)</li> <li>3. Vagina must not be washed for specific time frame after sex</li> <li>4. Use of spermicide can cause irritation of vaginal and rectal walls increasing risk of contracting HIV and STIs</li> <li>5. Cannot be used by people with spermicide allergies or sensitivities</li> </ol>

# The Diaphragm & Cervical Cap

(No hormones)

## How effective is this method?

Diaphragm	Cervical Cap
84% with typical use 94% with perfect use	40-60% with typical use 74-91% with perfect use



## What is it?

- Intravaginal barrier methods used together with spermicide
- Diaphragm is a latex or silicone dome with flexible steel ring around edge
- Cervical cap is a thimble-shaped silicone cap
- Reversible (non-permanent) method of birth control positioned in vagina, over the cervix before sexual activity

## How does it work?

- When positioned properly, they block entry by the sperm into the cervix
- Must be left in vagina for 6-8 hours after sexual activity
- Spermicide should be reapplied in the vagina for each repeated act of intercourse

**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Used only at time of intercourse</li> <li>2. Person using it is in charge of placement and use</li> <li>3. No hormones</li> </ol>	<ol style="list-style-type: none"> <li>1. Must be available at time of intercourse</li> <li>2. Requires proper insertion technique</li> <li>3. Use of spermicide may cause irritation of vaginal and rectal walls, increasing risk of contracting HIV &amp; STIs</li> <li>4. Can't be used by those with an allergy to spermicide</li> <li>5. Diaphragm may increase risk of persistent urinary tract infection</li> <li>6. Cervical cap shouldn't be used during menstruation – may cause vaginal odour and discharge</li> <li>7. May become dislodged during sexual activity</li> <li>8. If left in vagina longer than recommended, Toxic Shock Syndrome may occur</li> </ol>

# The Sponge

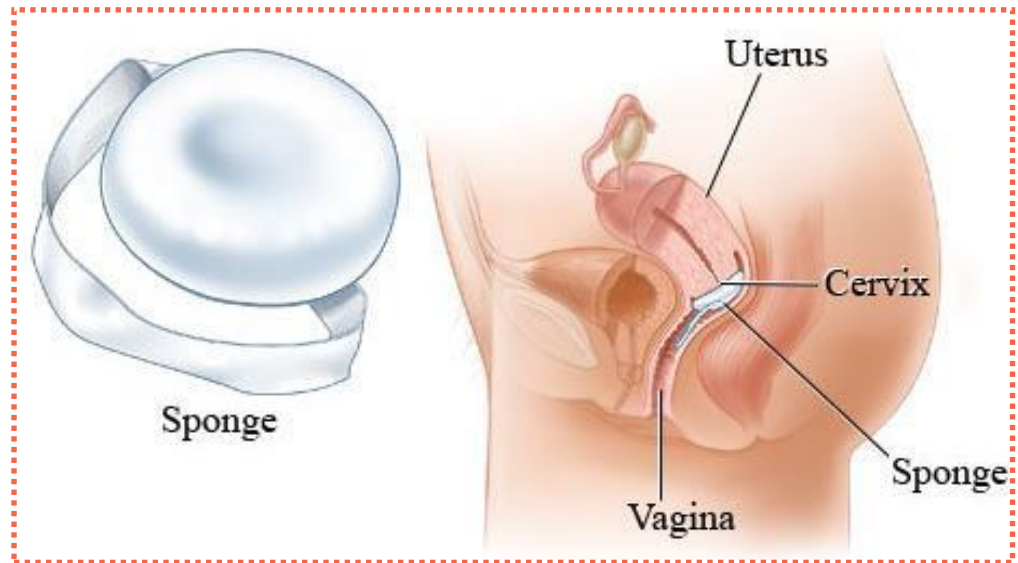
**(No hormones)**

## How effective is this method?

- 68% with typical use
- 80% with perfect use

## What is it?

- The sponge is a soft disposable polyurethane device that is soaked in spermicide and bought at a pharmacy
- Reversible (non-permanent) method of birth control



## How does it work?

- Inserted into vagina over cervix
- effective for up to 12 hours
- Traps and absorbs sperm to prevent sperm from entering the cervix

**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Used only at time of sexual activity</li> <li>2. Person using it, is in charge of placement and use</li> <li>3. Spermicide may provide added lubrication</li> <li>4. No hormones</li> </ol>	<ol style="list-style-type: none"> <li>1. Must be available at time of sexual activity</li> <li>2. Requires proper insertion technique</li> <li>3. Spermicide must be inserted into vagina in advance</li> <li>4. Use of spermicide can cause irritation of vaginal and rectal walls increasing risk of contracting HIV and STIs</li> <li>5. Can't be used by people with spermicide allergies</li> <li>6. If left in vagina longer than recommended, Toxic Shock Syndrome may occur</li> </ol>

## Dental Dams & Gloves

These are barrier methods that help protect against sexually transmitted infections (STIs).  
They do not prevent pregnancy.

### What is it?

- Dental Dam: A soft, disposable latex, or non-latex, sheet that covers the vulva and/or anus to prevent fluid exchange and skin to skin contact
- Glove: Soft disposable latex, or non-latex material that covers the hand to block fluid exchange and skin to skin contact



### How does it work?

Dental Dam	Gloves
<ul style="list-style-type: none"> <li>• Prevents fluids from being exchanged from mouth to vagina or anus</li> <li>• A new dam must be used for each new activity or body part</li> <li>• Lays on top of vulva or anus</li> <li>• Dam is thrown away after sexual activity</li> </ul>	<ul style="list-style-type: none"> <li>• Covers hand(s) during sexual activity or can be cut open to act as a dental dam</li> <li>• Prevents fluids from being exchanged from mouth to vagina and/or anus</li> <li>• A new glove must be used for each new activity or body part</li> <li>• Glove is thrown away after sexual activity</li> </ul>

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Used only at time of sexual activity</li> <li>2. Partners can negotiate use and placement together</li> <li>3. Suitable for people with a latex allergy</li> <li>4. No hormones</li> <li>5. <b>Protects against STIs</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Must be available at time of sexual activity</li> <li>2. May reduce sexual spontaneity or sensitivity for either partner</li> <li>3. May slip or break during sexual activity (especially if teeth are used)</li> <li>4. Difficult to use at first for some people, but becomes easier with practice</li> </ol>

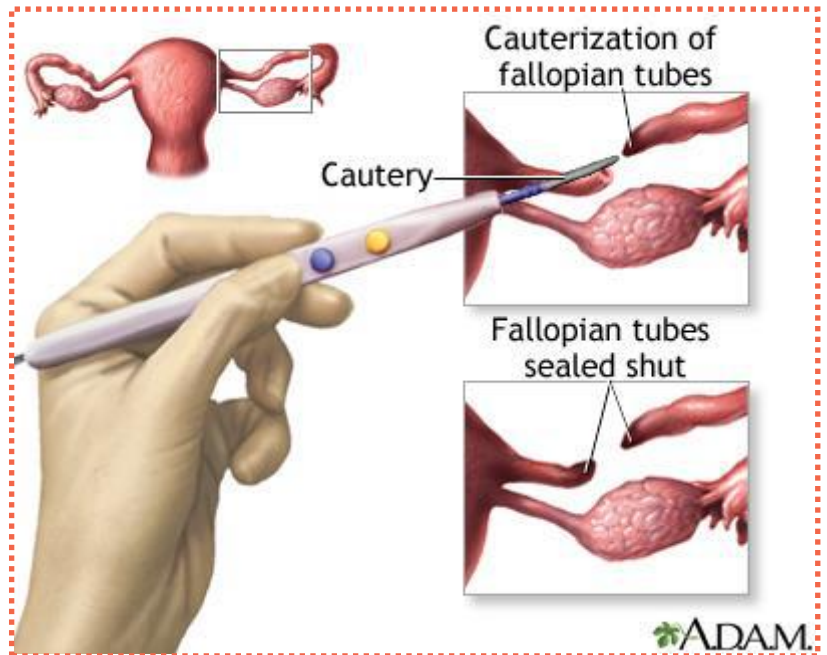
# Tubal Ligation (Female Sterilization)

## How effective is this method?

- 99.5% with typical use
- 99.5% with perfect use

## What is it?

- A permanent surgical procedure to close or block the fallopian tubes:
  - Laparoscopy: special instruments are inserted through two tiny incisions (less than 1 cm) in the abdomen
  - Mini-laparotomy: small cut in abdomen (longer than 1 cm)
  - Hysteroscopy: thin telescope inserted into uterus to see the opening of the fallopian tubes
- Considered a permanent form of birth control



**Remember, this method does NOT protect against STIs!**

## How does it work?

- The fallopian tube is closed or blocked, meaning the sperm and egg can no longer meet
- Fallopian tubes can be closed or blocked with clip, ring, cauterization, or ligation

Advantages	Disadvantages
1. No birth control routine needed 2. Doesn't interfere with sexual activity 3. No significant long-term side effects 4. No hormones	1. Usually permanent (difficult and expensive to reverse) 2. May regret having procedure in future 3. Possible short-term surgery complications: abdominal discomfort, bruising, bleeding, infection at the incision site or reaction to anesthesia 4. If pregnancy occurs, there is a higher chance for an ectopic pregnancy 5. Failure rates vary depending on the type of procedure



## Essure

### How effective is this method?

- 99.8% with typical use
- 99.8% with perfect use

### What is it?

- A permanent method of birth control that works with the body to create a natural barrier to pregnancy
- A soft flexible insert is placed in the fallopian tubes
- Considered a permanent form of birth control



**Remember, this method does NOT protect against STIs!**

### How does it work?

- One small coil is placed in each fallopian tube
- Over a period of 3 months, a natural barrier forms around the insert to prevent sperm from reaching an egg
- A confirmation test is required 3 – 6 months after insertion

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. Non-surgical Procedure</li><li>2. Quick recovery</li><li>3. No hormones</li><li>4. Does not interfere with sexual activity</li></ol>	<ol style="list-style-type: none"><li>1. Not appropriate for people who are pregnant, have only one fallopian tube, one or both fallopian tubes closed or obstructed, have had tubal ligation or have a nickel allergy or a contrast dye allergy (used in X-ray exams)</li><li>2. Essure may be less effective if used in people who are taking or receiving therapy that suppresses your immune system (e.g. chemotherapy)</li><li>3. Permanent – may regret having procedure in future</li><li>4. Health Canada currently reviewing potential complications</li></ol>

# Vasectomy (Male Sterilization)

## How effective is this method?

- 99.9% with typical use
- 99.9% with perfect use

## What is it?

- A permanent surgical procedure to close or block the Vas Deferens (tubes that carry sperm to penis)
- An incision or puncture is made in the scrotum to reach the Vas Deferens
- Considered a permanent form of birth control

## How does it work?

- The vas deferens are closed or blocked by cauterization, a clip, or the removal of a small segment of the tube so that sperm cannot be released during ejaculation
- Vasectomies do not interfere with erection, ejaculation or orgasm
- Sperm make up only 1% of the fluid ejaculated, ejaculation will look, smell and taste the same after a vasectomy



**Remember, this method does NOT protect against STIs!**

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. No birth control routine required</li> <li>2. Doesn't interfere with sexual activity</li> <li>3. No significant long-term side effects</li> <li>4. Less invasive, fewer complications, and more cost-effective than tubal ligation (female) sterilization</li> <li>5. Allows person with penis to assume some responsibility for birth control</li> </ol>	<ol style="list-style-type: none"> <li>1. Usually permanent (difficult and expensive to reverse)</li> <li>2. May regret having procedure in future</li> <li>3. Possible short-term surgery complications: pain, vasovagal reaction, infection at incision site, bruising and swelling of the scrotum</li> <li>4. <b>Not effective immediately. Back-up contraception must be used between the time of surgery and the follow-up semen analysis to confirm that there is no sperm (2-3 months)</b></li> </ol>

# Fertility Awareness Based Methods (FABM)

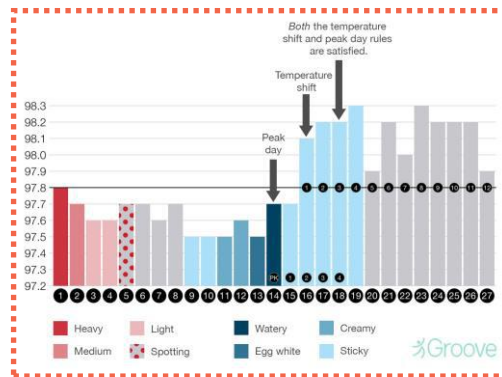
## How effective is this method?

- 80% with typical use
- 91-99% with perfect use



## What is it?

- A person who menstruates tracks the following to identify when they are, and are not, fertile:



- When they menstruate (track on a calendar)
- Cervical fluid (texture, amount, colour)
- Basal body temperature (first thing in the morning – looking for a spike in temperature that lasts a couple of days which shows ovulation)
- Symptoms and life stressors that may delay ovulation

**Remember, this method does NOT protect against STIs!**

## How does it work?

- This information, when tracked properly will help a person understand when they are most likely to get pregnant after engaging in unprotected sex, and when they are most likely not to get pregnant after engaging in unprotected sex
- During the fertility period abstinence or another form of birth control must be used in order for the method to work effectively

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Allows the person with the uterus to understand their cycle and body</li> <li>2. The information on fertility may help with pregnancy planning</li> <li>3. Cost-effective</li> <li>4. No hormones</li> </ol>	<ol style="list-style-type: none"> <li>1. Demands motivation, willingness</li> <li>2. Requires a period of abstinence or use of another form of birth control</li> <li>3. Requires time and effort to learn the correct use of the method</li> <li>4. May affect sexual spontaneity</li> </ol>

# Withdrawal Method

## How effective is this method?

- 73% with typical use
- 96% with perfect use



## What is it?

- During sexual activity, a person with a penis must remove their penis from the vagina before ejaculation
- Ejaculation should not occur on the vulva or anus

**Remember, this method does NOT protect against STIs!**

## How does it work?

- The penis is removed from the vagina before any sperm is released inside
- Ejaculation should occur away from the vagina as sperm on the vulva or anus can get into the vagina
- Most common problem with withdrawal is that the penis is withdrawn too late or the pre-ejaculate contained sperm

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1. May be used if other methods of contraception are not available at time of sexual activity</li><li>2. Can be used at the same time as any other method</li><li>3. No hormones</li><li>4. Cost-effective</li><li>5. Allows person with penis to assume some responsibility for birth control</li></ol>	<ol style="list-style-type: none"><li>1. Requires a lot of self-control and practice</li><li>2. Has a high failure rate</li><li>3. Pre-ejaculate (drop of clear fluid on the tip of the penis when the penis is erect) may contain sperm and sexually transmitted infections</li><li>4. May reduce pleasure for either partner</li></ol>

## Other Methods

### Abstinence

Abstinence is the only 100% effective method of preventing pregnancy and sexually transmitted infections (STIs). Abstinence involves the decision to refrain from sexual activity (meaning no birth control is needed). Abstinence might have different definitions for different people and should be a topic of open communication between partners. People who choose abstinence will choose to avoid some or all of the following activities:

- Vaginal intercourse (penis in vagina sex)
- Oral sex (mouth to penis, vagina and/or anus)
- Anal intercourse (penis in anus sex)
- Genital contact (any type of direct touching of penis, vagina or anus)
- Penetration of vagina and/or anus by a sex toy

It is important to remember that if your definition of abstinence does not include all of these activities you may be at risk of unintended pregnancy and you **are** at risk of contracting a sexually transmitted infection (STI).

### Dual Protection

Dual protection refers to using more than one form of birth control at the same time to decrease the potential of a pregnancy or STI transmission (e.g. using a condom and the pill; using the ring and withdrawal; using the patch and a diaphragm). You cannot take more than one hormonal method at one time. Withdrawal can always be used with another method.

Dual protection DOES NOT consist of using two condoms at the same time (this will cause friction making them more likely to break).

## Emergency Contraception (ECP)

Emergency Contraception (ECP) can help prevent unplanned pregnancies if used as soon as possible (from immediately to within 72 hours) after unprotected sexual activity. The effectiveness decreases with time. Common brand names include "Plan B" or "Next Choice" (there are also generic brands) and all contain a large dose of levonorgestrel (a progestin) that works similarly to the birth control pill by preventing ovulation, thickening cervical fluid and thinning the lining of the uterus. Emergency contraception is an over-the-counter medication, no prescription needed (it may be behind the counter) and can be purchased at any pharmacy, costing anywhere from \$21 - \$45.



These are some situations where ECP can be used:

- No birth control was used
- Missed birth control pills, patch or ring
- The condom broke, leaked or fell off inside or close to the vagina
- The diaphragm or cervical cap was dislodged or removed too early
- An error was made in a Fertility Awareness Based Method
- Non-consensual sexual activity (sexual assault)

**ECP is less effective in people over 165 lbs.**

**ECP may not be effective in people over 175lbs.**

Methods of emergency contraception are intended for *occasional* use. If used frequently a hormonal method of birth control is recommended.

## The IUD and IUS

The IUD (intrauterine device) or IUS (Intrauterine system) can be inserted by a health care provider into the uterus within 1 week of unprotected sexual activity to also prevent pregnancy. This however can be difficult to achieve as it can be costly and it may be difficult to get an appointment with a health care provider in the short time frame required.



## Postpartum Birth Control Methods

If you choose to use birth control after giving birth:

For the **first 6 weeks** after giving birth you will need to use non-hormonal methods of birth control such as:

- Condoms (external or internal)
- Diaphragm, cervical cap, sponge or spermicides
- IUD
- Withdrawal Method
- Fertility Awareness Based Methods

**After 6 weeks** you can use hormonal methods of birth control. What types you can use will be different if you are breastfeeding/chestfeeding or bottle feeding.

If breastfeeding/chestfeeding you can use the following methods after 6 weeks:

- The mini pill
- The shot (Depo-Provera)
- IUS
- Emergency Contraception

If bottle feeding you can use the above methods after 6 weeks plus:

- The pill
- The patch (Evra)
- The ring (NuvaRing)

## Abortion

Some people choose to have an abortion when they are pregnant. Abortions are legal in Canada and the decision of the person who is pregnant. Because birth control is not 100% effective it is possible to become pregnant when using it. Birth control failure is one of the reasons people choose to have an abortion.

If you have questions about abortion please contact the SHORE Centre at 519 743 9360 or online at [shorecentre.ca](http://shorecentre.ca).

**1.888.642.2725** – 24 hour Canada wide toll free number that provides information on reproductive and sexual health and referrals on pregnancy options.

For more information contact:

Stacey Jacobs, MSc

Community Sexual Health Education Manager

## SHORE Centre

Sexual Health Options, Resources & Education

235 King Street East, Suite 130  
Kitchener, ON N2G 4N5

Email: [education@shorecentre.ca](mailto:education@shorecentre.ca)

Website: [shorecentre.ca](http://shorecentre.ca)

Phone: 519 743 9360



**SHORE CENTRE**

SEXUAL HEALTH • OPTIONS • RESOURCES • EDUCATION