



# SHARP FACTS

## Family Planning



### Why is Family Planning Important?

In the United States, only half of pregnancies are planned at the time of conception. For some of these unplanned pregnancies, the women would prefer to get pregnant later; for others, the women desired no more children. About one half of unplanned pregnancies end in an induced abortion. Among active duty enlisted female Sailors who became pregnant in 2003, approximately 55% of pregnancies were unplanned. About half of these women were not using any form of birth control. Unplanned pregnancies are also associated with more problems for the mother and infant than planned pregnancies. Women with unplanned pregnancies cannot take advantage of preconception care, a special healthcare visit that helps the women achieve the healthiest possible pregnancy outcome. Planning to become pregnant at a time when a woman is healthy and ready to become a parent can maximize the health and opportunities for women, children and families and reduce the likelihood of abortions.

### What is the best method of birth control?

To choose the best method of birth control, a person should discuss the following issues with their partner and health care provider; their health, age, plans for future children, whether both partners are monogamous, the ability to use a method of birth control every time at intercourse, and for the woman, if she thinks she can take a pill every day. If a woman is postpartum or breastfeeding, there are additional issues and methods she needs to consider when selecting a form of birth control.

### What are the different birth control methods, their advantages and disadvantages?

**Abstinence** means not having sex. There are no health risks with abstinence. A disadvantage is there is no pregnancy protection if you change your mind. You must be prepared to have another birth control method handy.

**Birth control pills** contain estrogens and a progestin, or a progestin alone, which are hormones similar to those that occur naturally in women. The pill is very effective if taken correctly. A back-up method (foam, condoms, diaphragm) is needed if you miss any pills. While women might have mild side effects during the first few months, the pill is safe for most women. Provides no protection from STDs.

**DepoProvera®** is an injection (shot) of a progestin, which is similar to a naturally occurring hormone in women. Women must go to a clinic or doctor every 3 months to get the injection. Bleeding changes (spotting or no periods) are common. Provides no protection from STDs.

**Vaginal Ring** is a soft flexible ring which is easy to insert into the vagina and provides pregnancy protection for one month. The ring releases a low dose of 2 hormones, estrogen and a progesterone. Provides no protection from STDs.

**Birth control patch** is a very thin, soft patch that can be worn on the buttock, abdomen, upper torso (excluding the breasts) or the upper arm. Each patch is worn for 1 week at a time for 3 consecutive weeks. The fourth week is patch-free (your period should start this week). The patch is 99% effective when used correctly. Provides no protection from STDs.

**IUD (intrauterine device)** is a small, T-shaped piece of plastic which contains either copper or a hormone that prevents pregnancy. A doctor or nurse places it into the uterus, or womb. It may be kept in place for up to ten years.

Menstrual periods may be heavier and longer, especially at first. Provides no protection from STDs.

**Diaphragm or cervical cap** is inserted into the vagina and covers the cervix. It prevents pregnancy by stopping the sperm from entering the uterus. Diaphragms and cervical caps should be used in conjunction with spermicidal jellies or creams for maximum effectiveness. May provide some reduction of risk for STDs.

**Spermicides** - contraceptive jellies, forms, creams, and suppositories which contain spermicides can be inserted into the vagina using an applicator. They reduce the chance of pregnancy by killing most sperm before they enter the uterus. They are recommended as a supplement to other contraceptives such as the diaphragm and condom.

**Withdrawal** is a method that requires the male to withdraw from the vagina before ejaculation. Among typical users of this method, pregnancy rates of about 20% in the first year are probable. Withdrawal does not eliminate risks of STD

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transmission. The pre-ejaculate can contain HIV-infected cells, bacteria, and other viruses. Provides no protection from STDs.

**Female sterilization/tubal ligation** is a very effective, permanent method of birth control if a woman is sure that she will not want children in the future. It is a safe, simple surgery, sometimes done without putting the woman to sleep. There are no known side effects other than discomfort or short term complications from the surgical procedure. Provides no protection from STDs.

**Male sterilization, or vasectomy**, is a very effective, permanent method for men who are sure that they will not want children in the future. It is a safe, convenient, simple surgery done in a few minutes in a clinic or office, using local anesthetic for blocking pain. There are no known long term side effects. Provides no protection from STDs.

**Condoms** are easy to use and can reduce risk of pregnancy and sexually transmitted disease if used correctly every time intercourse occurs. While there are no side effects, the man must always use a condom for them to be most effective. The **Female Condom, or vaginal pouch**, has recently become available in the United States. A small study of this condom as a contraceptive indicates a failure rate of 21-26 percent in 1 year among typical users. For those who use the female condom correctly and consistently, the rate was approximately 5 percent. Although laboratory studies indicate that the device serves as a mechanical barrier to viruses, further clinical research is necessary to determine its effectiveness in preventing transmission of HIV. If a male condom cannot be used, consider using a female condom.

**Rhythm** requires a woman to know the most fertile time of her monthly cycle so that she can avoid intercourse or use another method of birth control during that time. While this method can be effective if used correctly, in actual practice it is frequently less effective. General illness, vaginal infections, breastfeeding and stress can interfere with the monthly cycle or ability to determine her most fertile time. While there are no physical side effects, close cooperation between sex partners is essential. Provides no protection from STDs.

### What can a woman do to prevent pregnancy if she has unprotected sex?

If a woman has intercourse without using birth control or if something happens (such as a condom breaks), she can use emergency contraception or "the morning after pill" up to 72 hours after unprotected sex. She should call her health care provider or family planning clinic as soon as possible for the dosage and timing of the pills. EC does not prevent sexually transmitted diseases.

### What services are available through the Navy?

#### Counseling and information

BUMED Instruction 6300.9 directs Naval medical facilities, including facilities on board naval vessels, to provide (or authorizes them to provide referral to) family planning services. Also, MANMED Article 15-76 provides annual health maintenance examination requirements for all active duty women which includes family planning, contraceptive counseling, and STD prevention counseling. Counseling should include information on availability and effectiveness of birth control methods (including emergency contraception).

#### Emergency Contraceptives

Emergency contraception pills are available by prescription from your health care provider.

### Where can I get more information?

For detailed information, counseling, and access to birth control options, contact your medical provider. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at <http://www-nehc.med.navy.mil/hp/sharp>.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate Population Health, Navy Environmental Health Center from BUMEDINST 6300.9 Family Planning Services (20 Sep 2001); MANMED Article 15-76, Annual Health Maintenance Examination Recommendations for Active Duty Members (change 118 20 Aug 2002); unpublished data from 2003 Pregnancy and Parenthood Survey, Navy Personnel Research, Studies, and Technology, Institute for Organizational Assessment, Millington TN (April 2004), and Contraceptive Technology by Robert Hatcher et al, 17<sup>th</sup> ed, Ardent Media Inc., NY (1998)