

GUIDE TO PREGNANCY PREVENTION

University Student Health Services & Wellness Resource Center

YOUR BODY & YOUR CONTRACEPTIVE CHOICES

The Female Body

The reproductive organs of women are well-hidden, so it's hard to see exactly what you're working with. It's less complicated than you think if we take a look at the female anatomy from the outside in:

- ❖ **The vulva** is the anatomically correct name for the external female organs (not the vagina, a term that most people use incorrectly). The vulva includes the mons veneris (the fatty cushion where pubic hair grows), labia majora, labia minora, clitoris, vestibule (the vaginal opening), and perineum (the tissue between the vagina and the anus).
- ❖ **The vagina** is actually an internal sex organ. It is a passageway that connects the vulva to the uterus; it dead-ends several inches internally at the cervix, which is the opening to the uterus. The vagina is a "potential space" (like a balloon) that can expand to accommodate things like a penis or a baby passing through. You cannot lose anything in the vagina because it is like a pouch or sock.
- ❖ **The cervix** is the lower, narrow end of the uterus (or womb). It is located at the end of the vagina and looks like a small pink doughnut with a hole in the center. This hole is only large enough for blood to get out (during your period) and sperm to get in. The cervix will dilate (or open) during labor to allow the passage of a baby into the birth canal (or vagina). The cervix is a firm structure that can be felt by inserting the finger deep into the vagina.
- ❖ **The uterus** is the womb. It is the size and shape of an upside-down pear. During your period, its muscles contract (to express blood and tissue from the uterine lining), which can cause cramping. During pregnancy, it enlarges to accommodate a growing fetus.
- ❖ **The fallopian tubes** connect the uterus and the ovaries.
- ❖ **The ovaries** are two walnut-sized structures located on either side of the uterus. They make the hormones and eggs required for pregnancy.

The Menstrual Cycle

The purpose of the menstrual cycle is to prepare the ovaries for ovulation (the release of a mature egg for fertilization) and to prepare the uterus for pregnancy. If an egg is produced and fertilized by sperm, it will implant into the lining of the uterus and grow, and there will be no menstrual period. If an egg is produced but not fertilized, it will be shed with the lining of the uterus two weeks later, and menstruation will occur.

Many women cycle every 28 days; however, it is normal for women to cycle every 21 to 35 days or more. A cycle is counted from the first day of one period to the first day of the next period. Keeping track of your periods with an app or calendar can be useful because a persistent change in your usual pattern may indicate a health concern.

When Are You Most Fertile?

The most fertile time of the menstrual cycle occurs at ovulation, when an egg is released from the ovary. In women who cycle every 28 days, this occurs mid-cycle (14 days before the next period). After ovulation, the egg only lives for 24 hours. However, sperm can live 3 to 5 days inside the body, waiting for the egg to mature. Therefore, it is possible to become pregnant during 5 to 6 days of each menstrual cycle. However, fertility cannot be predicted with absolute certainty because no two women are exactly alike. Even an individual woman's cycles can vary naturally from month to month or be affected by stress and other factors.

Consider the Big Picture

In addition to pregnancy, there are many other factors to consider when choosing to be sexually active:

- ❖ Being at risk for sexually transmitted infections (STIs) is a big one. STIs, such as chlamydia, herpes, and genital warts, are common on college campuses and in the general population. HIV is a less common but still important factor to consider. Many STIs have no symptoms so practicing safe sex and getting tested regularly cannot be overemphasized. Condoms are the only forms of birth control that protect against STIs.
- ❖ Once you have sex, you are also at greater risk for cervical cancer and should start getting regular Pap smears at age 21.
- ❖ Your emotional and psychological health and your readiness for physical intimacy are also important parts of the big picture. Only you can see your own "big picture."

Choosing the Method for You

Abstinence

When considering your contraceptive options, abstinence is the only method of birth control that is 100% effective.

Outercourse (Lower-Risk Intimate Behaviors)

Sometimes we forget that not all intimate contact places us at risk for pregnancy or diseases. "Outercourse" (physical intimacy with clothes on) carries no risk for pregnancy. Mutual masturbation where "wet to wet" external genital contact is strictly avoided is another way to avoid pregnancy and decrease risk for STIs. However, outercourse requires self-control and a strong commitment to the method.

Birth Control Options

The rest of this brochure reviews a wide range of birth control options, including both prescriptive methods (those that require a visit to a health care provider) and those that are available over-the-counter. If you are not sure which method(s) will be best for you, make an appointment at Student Health to discuss your options. Learn more at www.plannedparenthood.org, www.familydoctor.org, and bedsider.org.

❖ Prescriptive Methods

- Combined hormonal contraceptives: birth control pills, NuvaRing, the contraceptive patch
- Progestin-only contraceptives: progestin-only pill (mini pill), Depo Provera injection, Nexplanon implant
- Intrauterine devices (IUDs) with and without progestin
- Diaphragms
- Phexxi (vaginal contraceptive gel)
- ella (emergency contraception)

❖ Over-The-Counter Methods

- Condoms (male & female) *these are the only forms of birth control that protect against STIs!
- Spermicide
- Vaginal contraceptive film (VCF)
- Plan B (emergency contraception)

❖ Behavioral Methods

- Natural Family Planning
- Cycle Beads
- Withdrawal (pull out method)

EFFECTIVENESS:

HOW DO THE METHODS COMPARE?

Because research can't determine how many women using birth control would get pregnant without them, the only thing that can be measured is failure rates. The table on the following page lists failure rates from numerous studies. These failure rates correspond to the percentage of women in the U.S. experiencing unintended pregnancies during the first year of use of a birth control method:

- ❖ The "perfect use" rate refers to use of the method correctly with every act of sexual intercourse.
- ❖ The "typical use" rate refers to the actual use of the method, including incorrect or inconsistent use.

Keep in mind that failure rates in studies apply to groups, not to individuals. Even the best birth control in the world won't protect you if you don't use it or use it incorrectly. If you are careful about using your method as instructed, your failure rate may be much lower than that of others in the group.

Double The Protection

Don't forget that using two methods of birth control at the same time dramatically lowers the risk of accidental pregnancy. For example, condoms add extra protection to almost all forms of birth control. Just don't use male and female (internal) condoms together.

Not only are condoms a great backup if you make a mistake with your birth control or it fails...

CONDOMS (MALE & FEMALE) ARE THE ONLY FORMS OF BIRTH CONTROL THAT PROTECT AGAINST STIs.

Contraceptive Method	Perfect Use Failure Rate*	Typical Use Failure Rate*
Abstinence	None	None
Chance (no method)	85%	85%
Natural Family Planning	0.4-5%	15%
Withdrawal	4%	20%
Combined pill (estrogen/progestin)	0.3%	7%
Mini pill (progestin-only)	0.3%	7%
NuvaRing	0.3%	7%
Ortho Evra patch	0.3%	7%
Depo-Provera injection	0.2%	4%
Nexplanon	0.1%	0.1%
IUD		
▪ ParaGard (copper T)	0.6%	0.8%
▪ Mirena	0.1%	0.1%
▪ Liletta	0.1%	0.1%
▪ Kyleena	0.2%	0.2%
▪ Skyla	0.3%	0.4%
Male Latex Condom	2%	13%
Female Condom	5%	21%
Spermicide (alone)	16%	21%
Diaphragm (with spermicide)	16%	17%

* Percent of women with unintended pregnancies during first year of use.

Source: Hatcher, R., et al. Contraceptive Technology. New York: Ayer Company Publishers, 2018.

COMBINED HORMONAL METHODS

These birth control options contain a combination of two female hormones, estrogen and progesterone.

How they work: All methods containing estrogen and progesterone (the pill, the ring, or the patch) work similarly. These methods mimic normal body hormones but control fluctuations so that an egg is not produced. They also thicken cervical mucus to block sperm and may alter the lining of the uterus to make implantation difficult.

Advantages: Can help regulate menstrual cycles and decrease cramping and bleeding.

Disadvantages: These methods are generally not safe options for women who have migraines with aura, a history of blood clots, hypertension, heavy tobacco use, and other health issues. Talk to your provider for more information. These methods do NOT protect against STIs.

❖ Birth Control Pills (Oral Contraceptives)

www.plannedparenthood.org

Description: Synthetic hormone pills that contain both estrogen and progestin.

Advantages: Very high effectiveness and easy to use. Lighter periods with less cramping (meaning less blood loss and less risk for anemia).

Decreased risk for ovarian and uterine cancers. Decreased incidence of ovarian cysts. May help with acne.

Disadvantages: Need to be taken around the same time every day for effectiveness. Side effects may include spotting between periods, nausea, headaches, breast tenderness, increase in blood pressure. Most side effects are uncommon and can be managed by changing pills. Serious side effects, such as life-threatening blood clots, are rare.

❖ NuvaRing (Vaginal Contraceptive Ring)

www.nuvaring.com

Description: A slender, flexible ring about the size of a silver dollar.

Contains a combination of estrogen and progestin that is released as a continuous low dose into the body. Ring is inserted into the vagina and left in place for 21 days then removed for 7 days, when menstrual bleeding should occur. A new ring is inserted after 7 days.

Advantages: Very effective and convenient. Requires action only monthly. Because absorption is not through the gastrointestinal tract, the ring's effectiveness is not altered by antibiotic use, vomiting, or diarrhea.

Disadvantages: Side effects similar to those seen with the pill. If the ring is expelled, it can be washed off with cool water and reinserted.

❖ The Contraceptive Patch

www.xulane.com

Description: A thin beige patch that delivers continuous levels of synthetic estrogen and progestin through the skin and into the blood stream.

Changed once a week for 3 weeks. Not worn during the fourth week, when menstrual bleeding should occur. A new patch is applied after 7 days.

Advantages: Very effective and convenient. No daily pills to take. Because absorption is not through the gastrointestinal tract, the patch's efficacy is not decreased by antibiotic use, vomiting, or diarrhea.

Disadvantages: May cause skin irritation. Needs to be replaced if it comes off. Less private since patch may be visible to others. Studies suggest that women who use the patch are exposed to 60% more estrogen on average than those taking the pill; this may lead to a modest increased risk of life-threatening blood clots, especially in diabetic women. However, this risk is still far less than the risk of developing a blood clot during pregnancy.

PROGESTIN-ONLY METHODS

As their name suggests, progestin-only methods contain a synthetic progesterone hormone (without estrogen).

Advantages: Good options for women who cannot take estrogen, such as women who are breastfeeding or women with certain health risks (eg. migraines with aura, hypertension, blood clotting disorders, etc.).

Depo-Provera and Nexplanon are good options for women who have difficulty remembering to take a pill every day.

Disadvantages: Irregular menstrual bleeding is common. These methods do NOT protect against STIs.

❖ Progestin-only Mini Pill

www.plannedparenthood.org, www.familydoctor.org

Description: A synthetic hormone pill that contains progestin only. Very important that it is taken at the same time every day for effectiveness. If you are more than 3 hours late with this pill, a back-up method of contraception must be used for the next 48 hours.

How it works: Progestin thickens the cervical mucus for 20 hours and alters the lining of the uterus. Up to 40-50% of women using this pill continue to ovulate normally. Therefore, it is crucial for the pill to be taken at the same time each day in order to be effective.

Advantages: High effectiveness when taken on time. Good option for women who cannot take estrogen (see above).

Disadvantages: Can cause irregular bleeding. Less margin for error; must be taken at the same time every day.

❖ Depo-Provera Injections

www.plannedparenthood.org, www.familydoctor.org

Description: An injection of synthetic progesterone given once every 3 months. Available in 2 forms: intramuscular and subcutaneous.

How it works: Virtually eliminates any chance of ovulation for at least 3 months. After one year of use, half of women no longer have any menstrual bleeding at all because of the lack of ovulation.

Advantages: Simplicity! You only have to do something once every 3 months to prevent pregnancy. Less menstrual bleeding and cramping in most women; some women like not having periods. Good option for women who cannot take estrogen (see above).

Disadvantages: Inability to predict when you will have a period or vaginal spotting. May take 6-18 months after the last injection for fertility to return to normal. Studies show a decrease in bone density (thinning of the bones) while using Depo. Therefore, adequate calcium intake, vitamin D, and regular exercise should be used to protect against bone loss. Weight gain may occur in some patients. Possible risk of worsening depression.

❖ Nexplanon (Implantable Rod)

www.nexplanon.com

Description: A small, thin implantable plastic rod that contains a progestin hormone. Effective for up to 3 years.

How it works: Main mechanisms of action are thickening cervical mucus and decreasing fallopian tube motility.

Advantages: One of the most effective contraceptives available.

Long-lasting and cost-effective. No pills to take. Up to 20% of women have no periods while on it. Once removed, fertility returns quickly. Good option for women who cannot take estrogen (see above).

Disadvantages: Irregular menstrual bleeding is common, especially during the first 3 months of use. Requires minor office procedures for insertion and removal. Not offered at Student Health. Contact your OB/GYN or Planned Parenthood.

OTHER PRESCRIPTIVE OPTIONS

❖ Intrauterine Devices (IUDs)

www.plannedparenthood.org, www.paragard.com, www.mirena-us.com, www.skyla-us.com, www.liletta.com, www.kyleena-us.com

Description: A small plastic T-shaped device that contains copper (ParaGard IUD) or the progestin hormone (4 options available). Inserted inside the uterus by a healthcare professional. A short string hangs into the vagina after insertion through the cervix. The ParaGard IUD contains no hormones and is effective for up to 10 years. IUDs containing progestin are effective for 3-6 years, depending on the brand.

How it works: The device decreases sperm motility, survival, and ability to fertilize an egg. Also impairs implantation in the uterine lining. No evidence that it disrupts an implanted pregnancy. Progestin thickens cervical mucus, thins the uterine lining, and inhibits the binding of the sperm and egg.

Prevention of ovulation by progestin is variable.

Advantages: One of the safest and most effective forms of birth control available. Long-lasting and cost-effective. Easily inserted and removed without surgery. Decreased cramping and bleeding with progestin-containing IUDs. Fertility returns quickly after removal. Good option for women who cannot take estrogen.

Disadvantages: Requires office visit for insertion and removal. Initial expense is high but cost-effective over the long run. Possible increased cramping and bleeding (most likely with ParaGard). Serious problems are rare. Does not protect against STIs. Not available at Student Health. Contact your OB/GYN or Planned Parenthood.

❖ Diaphragm

www.plannedparenthood.org, www.familydoctor.org, caya.us.com

Description: A reusable soft dome-shaped silicone cup with a flexible rim. Available in single-size (one size fits most) and multi-size (must be fitted to the patient) options. The user fills the diaphragm with a tablespoon of spermicide before inserting into the vagina to cover the cervix. Can be inserted up to 1 hour before sex. If sex occurs more than 1 hour after placement, insert another applicator of spermicide into the vagina. If sex occurs again, add more spermicide into the vagina without removing the diaphragm. Leave the diaphragm in place for at least 6 hours after the last time sex occurred. Do not leave in the vagina for more than 24 hours due to the risk of infection. Check for holes or tears before use, and replace every 2 years.

How it works: Covers the cervix so that sperm cannot enter the uterus and reach an egg. Must be used with spermicide in order to be effective. Only use spermicides approved for use with a diaphragm.

Advantages: Birth control is completely in the hands of the woman. Hormone-free. Very high effectiveness when used with a condom.

Disadvantages: Requires an office visit for a prescription, diaphragm fitting (if not using single-size option), and training on use. May take practice to insert the diaphragm correctly. Must be refitted if weight changes 10 pounds or more. Should not be used during menses. Does not protect against STIs. Use of nonoxynol-9 spermicides multiple times a day can irritate the vagina and increase the risk of HIV and other STIs. Increased risk for bladder infections in some patients. Very low risk of serious complications like toxic shock syndrome. Not available at Student Health. Contact your OB/GYN or Planned Parenthood.

❖ Phexxi (Vaginal Contraceptive Gel)

www.phexxi.com

Description: A hormone-free vaginal gel approved for contraceptive use in 2020. Inserted into the vagina with a pre-filled applicator no more than 1 hour before each act of intercourse.

How it works: Maintains vaginal pH in an acidic range that decreases sperm motility. About 86% effective in preventing pregnancy (up to 93% with perfect use). Most effective when used with other forms of birth control.

Advantages: Contains no hormones. Less irritating than nonoxynol-9 spermicides. Bioadhesive properties keep it from leaking out of vagina. Can be used with most other forms of birth control, except the vaginal ring.

Disadvantages: Prescription required. Cannot be used with the vaginal ring. Side effects may include vaginal and/or penile irritation, UTIs. Does not protect against STIs.

OTHER PRESCRIPTIVE OPTIONS (continued)

❖ ella (Emergency Contraception)

www.plannedparenthood.org

Description: A back-up method of birth control that may be used up to 120 hours (5 days) after unprotected sex. More effective than other morning-after pills.

How it works: Keeps progesterin from binding to its receptor in order to prevent or delay ovulation for 5 days after unprotected sex. Does not prevent implantation. Works best when taken as soon as possible after unprotected sex. Does not work if you are already pregnant.

Advantages: Approved for use up to 120 hours following unprotected sex. More effective than other morning-after pills because can still work during later stages of egg maturation. Also more effective in people with higher BMIs compared to other morning-after pills.

Disadvantages: Requires a prescription (but can also be ordered online with a video consultation in Virginia; can be prescribed by a pharmacist in some states, but not Virginia). More expensive than other morning-after pills. Less effective in people with very high BMIs. May cause upset stomach (if you throw up within 2 hours of taking the pill, you will need to take it again). Avoid using birth control containing progestins for 5 days after taking ella (use condoms or abstinence instead) as exposure to progestins may decrease the effectiveness of ella.

OVER-THE-COUNTER METHODS

❖ Male Condom

Refer to our "[Safer Sex and Condom Use](#)" brochure for more information.

Description: A thin sheath worn on the erect penis during sex. May be non-lubricated, coated with water-soluble jelly, or lubricated with spermicide. Latex condoms are preferred, but polyurethane condoms are recommended for people with latex allergies. Natural lambskin condoms are another option, but they do not block the passage of small viral particles such as HIV and herpes.

How it works: Acts as a mechanical barrier that blocks the passage of sperm into the vagina. Needs to be placed on the erect penis before any genital contact. After ejaculation, the wearer needs to hold onto the base of the condom and withdraw immediately. A new condom must be used with each act of intercourse.

Advantages: Easily accessible. Latex and polyurethane condoms provide protection against HIV and other STIs. Almost 100% effective against pregnancy if used with another barrier method, such as the diaphragm, or with spermicide. Available at Student Health (6 latex condoms for \$3 or 6 non-latex condoms for \$5).

Disadvantages: Effectiveness dependent on user technique. If used with additional lubricant, choose only water-based lubricants. If spermicide is used, frequent exposure to its active ingredient, nonoxynol-9, can irritate genital tissue and increase the risk of HIV and other STIs.

❖ Female Condom (Internal Condom)

Refer to our "[Safer Sex and Condom Use](#)" brochure for more information.

Description: A soft, loose-fitting plastic pouch that lines the vagina. Has a flexible ring at each end. The ring at the closed end is used to put the device inside the vagina and hold it in place. The other ring stays outside the vagina and partially covers the vaginal lips.

How it works: Acts as a mechanical barrier that blocks the passage of sperm. Can be inserted up to 8 hours before sex and should be removed after sex, before standing up. A new female condom should be used with each act of intercourse.

Advantages: Latex-free (made from nitrile or polyurethane in the US). Protects against STIs. Birth control is in the hands of the woman. Can increase sensation for both female and male partners.

Disadvantages: More expensive and not as effective as the male condom. May take practice to use correctly. Cannot be used with the male condom. Problems may include minor vaginal irritation, slippage, or breakage. However, these risks are decreased with sufficient lubricant use.

❖ Spermicide

Refer to our "[Safer Sex and Condom Use](#)" brochure for more information.

Description: Wide variety sold over-the-counter. Available as a cream, film, foam, gel, tablet, or suppository. May come with reusable applicators or pre-filled disposable applicators. Most are used just prior to each act of intercourse.

How it works: Contains nonoxynol-9, a chemical that immobilizes sperm by damaging their cell membranes. Follow specific package directions regarding insertion, timing of use, and repeat applications. Most remain effective for only 1 hour after insertion. More spermicide should be inserted with each act of intercourse.

Advantages: When used with a condom, spermicides provide immediate back-up contraception if the condom should break. Effectiveness approaches 100% when condoms and spermicides are used together.

Disadvantages: Can be messy. Costs vary depending on product type. May cause vaginal irritation and burning. Does not protect against STIs. Frequent use of nonoxynol-9 spermicides can irritate the genitals, which may increase the risk of HIV and other STIs. Therefore, spermicides should not be used by patients at high risk for HIV or patients already infected with HIV. Not sold at Student Health. Check your local pharmacy.

❖ Vaginal Contraceptive Film (VCF)

www.vcfcontraceptive.com

Description: A thin 2 inch square of translucent material composed of nonoxynol-9 (spermicide), polyvinyl alcohol, and glycerin. Comes in boxes of individually wrapped squares.

How it works: Film is folded in half, placed over the fingertip, and pushed deep into the vaginal canal (as far as you can reach without causing discomfort). Insert at least 15 minutes before sex. Film dissolves quickly when wet, so should be inserted quickly with dry fingers. Once inside the vagina, the film dissolves into a gel and is effective for up to 3 hours or a single act of intercourse (one ejaculation), whichever comes first. Insert a new VCF with each act of intercourse. Naturally washes away with your body's fluids.

Advantages: Economical and easy to use. Less association with vaginal irritation than some other barrier methods. Nothing to remove or dispose of after use. Up to 99% effective when used with a condom.

Disadvantages: Not as effective as other birth control methods when used alone. 72%-94% effective, depending on how well user follows instructions. Frequent use of nonoxynol-9 products can cause genital irritation, which may increase the risk of getting HIV and other STIs. VCF is not available at Student Health. Check your local pharmacy.

❖ Plan B (Emergency Contraception)

www.planbonestep.com, www.plannedparenthood.org

Description: A back-up method for preventing pregnancy that is most effective when taken within 72 hours (3 days) of unprotected sex. May be effective up to 120 hours (5 days). Also known as the "morning-after pill". Multiple generics available. No prescription needed.

How it works: Contains a progesterin used in many birth control pills but at a higher dose. Delays the release of an egg from the ovary. Does not prevent implantation. Thickens cervical mucus. Works better the sooner it's taken after unprotected sex. Does not work if you are already pregnant.

Advantages: Up to 89% effective in preventing pregnancy if taken within 72 hours following unprotected intercourse. More effective when taken as soon as possible. Available at Student Health (for \$30) and local pharmacies without a prescription.

Disadvantages: Approved for use up to 72 hours after unprotected sex, versus 120 hours for ella (see above). May also be less effective in women with a higher BMI. May cause upset stomach (if you throw up within 2 hours of taking the pill, you will need to take it again). Birth control methods used on a regular basis are much more effective and less expensive than emergency contraception.

BEHAVIORAL METHODS

❖ Cycle Beads

www.cyclebeads.com

Description: A color-coded string of beads representing a woman's menstrual cycle. Uses the calendar method for natural family planning (see below). Also available as an app.

How it works: A rubber ring is moved daily along the cycle beads in order to determine which days you are most fertile (the days around ovulation). Avoid having sex during these days for pregnancy prevention.

Advantages: Very effective for women with cycle lengths of 26 to 32 days. No side effects. Inexpensive.

Disadvantages: Not effective for women with irregular cycles or regular cycles less than 26 days or longer than 32 days.

❖ Natural Family Planning (Rhythm Method or Fertility Awareness Method)

www.plannedparenthood.org, www.americanpregnancy.org

Description: These methods are recommended only for women who have very regular, predictable menstrual cycles and who are at low risk for STIs. Natural family planning uses different methods to predict ovulation and the most fertile days of your cycle. This information can be used to prevent or plan a pregnancy.

How it works: To prevent pregnancy, avoid having sex during the most fertile days of your cycle. The highest rate of pregnancy occurs with intercourse 1 to 2 days prior to ovulation. 3 methods are currently used:

- ❖ **Cervical mucus method:** Check the consistency of your cervical mucus each day. During ovulation, the cervical mucus is stretchy, clear, and slick (similar to an uncooked egg white).
- ❖ **Basal body temperature method:** Check your daily basal body temperature (BBT) using a BBT thermometer. This is done every morning at the same time, before getting out of bed. Regular BBT is 97-98°F. During ovulation, BBT will rise 0.5-1°F.
- ❖ **Calendar method:** This method is based on the calendar dates of your previous menstrual cycles. Tends to be less reliable because it doesn't allow for common changes in the menstrual cycle. The first day of your period is considered Day 1 of your cycle. Ovulation occurs around Day 14. Using cycle beads is one approach to the calendar method.
- ❖ When all 3 methods are combined, they're called the **symptothermal method**. Using all 3 methods to predict ovulation is the most effective. You can also track other symptoms, such as bloating, back pain, tender breasts, or pain in the ovaries.

Advantages: Low cost. Hormone-free.

Disadvantages: Requires discipline, daily attention to changes in your body, and a high level of education about the method used. About 90% effective in preventing pregnancy if methods are followed correctly. Does not protect against STIs.

If you are interested in these methods, please ask for more information from the clinic staff. There are also local classes available. Contact Planned Parenthood (804-355-4358) for more detailed information.

❖ Withdrawal (Pull Out Method)

Description: Withdrawal is better than nothing, but it still leaves the woman at risk for both pregnancy and STIs. It also puts all the power and contraceptive effectiveness into the hands of the male partner. No matter how good his control is, pre-ejaculate may leak, carrying sperm and/or disease(s). Student Health does not recommend using the withdrawal method as a primary form of birth control.