

CERTIFIED WOMEN'S HEALTH COUNSELOR ONLINE COURSE SESSION 2:

- **BIRTH CONTROL OPTIONS AND SIDE EFFECTS VS. HERBAL BIRTH CONTROL AND HERBAL PROGRAMS**

Making Choices

Having sex is about making choices. We choose our partners, when we're ready to have sex, when to wait, and what we feel comfortable doing.



Finally, we can *choose* to have sex in the safest way.

Not getting pregnant requires you to weigh the pros and cons of all birth control methods and to choose effective birth control that you find comfortable, can use correctly and will use consistently each time you have sex.

With so many options, choosing birth control methods may be hard. Here are the top questions to ask yourself when making this decision:

How comfortable would I be using a particular birth control method?

Consider your comfort level when choosing a birth control method. If you are not at ease with an option or might not consistently use it (for any reason), that method is unlikely to be reliable for you in the long run.

- Decide whether or not a particular method may cause irritation or discomfort for you or your partner.
- Consider how comfortable you are with touching your body. For women, some methods like a diaphragm or NuvaRing require inserting them into your vagina and taking them out. For men, using a condom requires rolling it onto your penis.

It's important to be honest about your feelings regarding these issues.

Birth Control Methods for You to Choose

Are you aware of your birth control options? With so many types of birth control methods available, you may be wondering where to start. Here is a brief overview that can help you begin to understand the various birth control methods and contraceptive options open to you.

Natural Family Planning Birth Control Methods

Behavioral methods (also known as natural family planning) include specific actions that individuals can take naturally to help prevent an unintended pregnancy. These are some of the oldest forms of contraception available. Many of these birth control methods are based on a thorough understanding of the menstrual cycle. Natural methods often do not cost anything and usually have no side effects.

Over-the-Counter Birth Control Methods

Over-the-counter contraceptives are barrier methods that obstruct sperm from fertilizing an egg. These birth control methods can be obtained without a doctor's prescription. Most of the available OTC methods are reliable, effective, and approved by the U.S. Food and Drug Administration.

Prescription Birth Control Methods

Prescription birth control is for women who wish to avoid a pregnancy by using certain hormones, barriers, or devices that are prescribed by a doctor (as they require some degree of medical supervision). In addition to oral contraceptives like the pill, there are also other hormonal contraceptives which offer alternative delivery systems. Also included in this category are devices (like a diaphragm) that must be fitted by a doctor. Many women prefer prescription birth control methods because they are effective and reversible, so a woman can become pregnant after she stops using them.

Sterilization - Permanent Birth Control Methods

Individuals who know for sure that they do not want to have any more (or any) children can opt for permanent birth control methods by undergoing specific surgical procedures. These sterilization methods are also referred to as "permanent infertility"; according to Planned Parenthood, permanent sterilization is typically the most popular birth control method in the United States.

Will the contraceptive prevent sexually transmitted diseases?

Condoms (both male and female) are the **only** birth control method that reduces your risk of catching sexually transmitted infections as well as HIV (the virus that causes AIDS). Remember, that unless you know for sure that your partner has no other sex partners and is free of sexually transmitted diseases you are at risk for catching an infection. To protect yourself, use a condom in addition to any other birth control method if you fall under this risk category. Keep in mind that a male condom should **NEVER** be used at the same time as a female condom.

How important is ease of use and convenience?

Some birth control methods are more convenient to use than others. Likewise, some methods are easier to understand. For example, The Patch (which only needs to be changed once a week) is more convenient than a diaphragm (which needs to be with you and inserted before intercourse). On the same note, receiving a Depo-Provera injection every 3 months is easier to figure out than using Natural Family Planning.

You should honestly evaluate how important these factors are to you and how your birth control method will fit into your lifestyle.

Do I want to have a biological child in the future?

First, you need to decide if you want a permanent or temporary birth control method. Whether or not you wish to conceive any (or more) children can help in this decision. If you are unsure about the future, consider a temporary method. When choosing one, think about how quickly you can become pregnant after stopping a particular method.

Also, keep in mind that you may regret choosing a permanent method if you are young, if you have few or no children, if you are choosing this method because your partner wants you to, you think it will solve money issues, and/or you believe this option will fix relationship problems.

How effective do I want my birth control method to be?

Though some birth control methods are more reliable than others, **no** birth control method is 100% effective in preventing pregnancy except for abstinence. So, choosing effective birth control is important. In general, permanent methods and some hormonal ones tend to be the most reliable.

Effectiveness rates are usually provided as a *typical user rate* and a *perfect use rate*. Normally methods that require less for you to do tend to have lower failure rates. Carefully consider how effective you want your birth control method to be and at what rate you will feel most comfortable.

How would an unplanned pregnancy affect my life?

Your answer to this question can also help to point you in the right direction when choosing birth control methods.



It is recommended that you choose a highly effective birth control method:

- If you would perceive an unplanned pregnancy as a potentially devastating event
- If an unintended pregnancy would seriously impact your plans for the future

You may feel comfortable using less reliable birth control methods if you are in a stable relationship, have a reliable source of income, and/or are planning to have children in the future (but would embrace a pregnancy should it happen now).

Do I have health factors that may limit my choice of contraceptive?

If you have certain health problems or other risk factors, some birth control methods may not be the safest option for you. Though there could be health issues that might prevent you from using a certain method, these are usually rare.

To be safe, *before beginning any contraceptive*, always talk with your doctor first. Another health factor to consider is whether or not you currently have or potentially could have been exposed to a sexually transmitted disease. These situations could also help determine the safest option for you to choose.

What are my religious and moral values?

If you are morally (i.e., vegans may not feel comfortable using vegan condoms), spiritually or religiously opposed to using certain birth control methods, there are natural family planning methods that can be used successfully - given that both partners are motivated with this choice. Couples report that these methods can be a truly rewarding experience once you figure out the technique that best suits you and become accustomed to it. These methods usually receive less attention, but do not rule them out until you have done some research. Though considered a Natural Method, please note that Withdrawal is not an effective birth control choice.

Condoms, Sexually Transmitted Diseases, and AIDS

How a Condom Could Save Your Life

This section is to help you understand why it's important to use condoms (rubbers, prophylactics) to help reduce the spread of sexually transmitted diseases. These diseases include AIDS, chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis. You can get them through having sex -- vaginal, anal, or oral.



The surest way to avoid these diseases is to not have sex altogether (abstinence). Another way is to limit sex to one partner who also limits his or her sex in the same way (monogamy). Condoms are not 100% safe, but if used properly, will reduce the risk of sexually transmitted diseases, including AIDS. **Protecting yourself against the AIDS virus is of special concern because this disease is fatal.**

About two-thirds of the people with AIDS in the United States got the disease during sexual intercourse with an infected partner. **Experts believe that many of these people could have avoided the disease by using condoms.**

Condoms are used for both birth control and reducing the risk of disease. That's why some people think that other forms of birth control -- such as the IUD, diaphragm, cervical cap or pill -- will protect them against diseases, too. But that's not true. **If you use any other form of birth control, you still need a condom in addition to reduce the risk of getting sexually transmitted diseases.**



A condom is especially important when an uninfected pregnant woman has sex, because it can also help protect her and her unborn child from a sexually transmitted disease.

Note well: Condoms are not 100% safe, but if used properly, will reduce the risk of sexually transmitted diseases, including AIDS.

Male Birth Control Information

Other than a vasectomy, the condom is the only available method of birth control for men. A condom blocks sperm from coming in contact with the inside of the vagina, where it could reach an egg. (If sperm reaches an egg, pregnancy can result.) A condom also prevents disease-causing substances from spreading from one person to another.

The male condom is a thin cover that fits over a man's erect penis. Condoms are made of:

- Animal skin (does not protect against the spread of infections)
- Latex rubber
- Polyurethane

How Well Does a Condom Work?

If a condom is used regularly and correctly, it should prevent pregnancy 97% of the time, and prevent the spread of most STDs. The actual effectiveness among users, however, is only 80 - 90%. This is due to:

- Break in condom due to manufacturing problems (rare)
- Failure to use a condom during each act of intercourse
- Occasional tear of a condom during intercourse
- Semen spilling from a condom during withdrawal
- Waiting too long to put a condom on the penis (penis comes into contact with vagina before condom is on)

Condoms that contain spermicides may slightly further reduce the risk of pregnancy. However, they are no more likely to reduce the risk of HIV or STDs than condoms lubricated with other substances.

Condoms are available without a prescription and are inexpensive. You can buy them at most drugstores, in vending machines in some restrooms, by mail order, and at certain health care clinics.

Disadvantages

- Allergic reactions to latex condoms are rare, but they do occur. (Changing to condoms made of polyurethane or animal membranes may help.)
- Friction of the condom may reduce stimulation of the clitoris and lubrication, making intercourse less enjoyable or even uncomfortable. (Lubricated condoms may reduce this problem.)
- Intercourse also may be less pleasurable because the man must pull out his penis right after ejaculation.
- Since the condom must be put on when the penis is erect, but before contact is made between the penis and vagina, there is usually a brief interruption during foreplay. Many couples solve the problem by making the process of placing the condom on the penis part of foreplay.
- The woman is not aware of warm fluid entering her body (important to some women, not to others).

Important Tips

- Make sure condoms are available and convenient. If no condoms are handy at the time of a sexual encounter, you may be tempted to have intercourse without one.
- Use each condom only once.
- Do not carry condoms in your wallet for long periods of time. Replace them every once in a while. Friction from opening and closing your wallet and from walking (if you carry your wallet in your pocket) can lead to tiny holes in the condom. Nevertheless, it is better to use a condom that has been in your wallet for a long time than to not use one at all.
- Don't use a condom that is brittle, sticky, or discolored. These are signs of age, and old condoms are more likely to break.
- If a condom package is damaged, don't use the condom because it also may be damaged.
- Do not use a petroleum-based substance such as Vaseline as a lubricant. These substances break down latex, the material in some condoms and can cause bladder infections.
- If you feel a condom break during intercourse, stop right away and put on a new one. Remember, ejaculation does not have to occur for a pregnancy to result (pre-ejaculatory fluids can contain active sperm), or for a disease to be transmitted.
- If ejaculation occurs with a broken condom, insert a spermicidal foam or jelly to help reduce the risk of pregnancy or passing an STD. You can also contact your health care provider or pharmacy about emergency contraception ("morning-after pills").
- Store condoms in a cool, dry place away from sunlight and heat.
- Be sure to urinate after sex after the condom has been removed.

How to Get Maximum Effectiveness from the Male Condom

A few simple steps can help you and your partner use condoms properly and effectively. Find out how to get the most effective results from condoms, and be protected against most sexually transmitted diseases and infections, as well as unplanned pregnancies.

Buy the right kind of condoms

Buying condoms made of the right type of material is the first step to protection against STDs or unplanned pregnancy for sexually active individuals who are not in long-term, monogamous, relationships. When shopping for condoms, you'll see a variety of types--those made from latex or other synthetics materials and natural membrane condoms. The CDC recommends using only latex male condoms; those with a latex allergy, however, are advised to use polyurethane condoms since they provide STD and pregnancy protection that is

comparable to latex condoms. While other non-latex synthetics provide a level of pregnancy protection that is similar to latex condoms, too, they are more likely to break or slip.

Natural membrane condoms are often called “lambskin” condoms, which is a bit confusing because they are actually made from lamb cecum--part of a pouch located at the beginning of the large intestine. While lambskin condoms provide similar pregnancy protection to other types of condoms, you should note that the CDC does not recommend using them. Natural membrane condoms have pores that, while smaller than sperm, can be more than 10 times larger than HIV and more than 25 times the size of hepatitis B or HBV. Studies have also found that viral STDs are transmittable through natural membrane condoms.



Store condoms properly

Condoms should be stored in a cool, dry place that is not in direct sunlight. Your car is definitely not the place to store condoms. Heat can weaken the materials condoms are made from. Properly stored condoms typically last about three years from the manufactured date on the condom package. Most of the time, however, condom packages have an expiration date marked "exp," which you should abide by.

Use a new condom for each sex act

This includes vaginal, anal, and oral sex, even during the same sexual encounter.

Handle condoms carefully

To prevent damage and tearing, don't use fingernails, teeth, or other sharp objects to open condom packages.

Choose lubricants wisely.

Opt for water-based lubricants only, which include K-Y Jelly, Astroglide, and other products made with glycerin. Never use oil-based lubricants, such as petroleum jelly, mineral oil, massage oils, lotions, or cooking oils, which can damage condoms and render them ineffective. Unless adequate lubrication is clearly present, always use a water-based lubricant with condoms during vaginal and anal sexual intercourse.

Make sure the penis is fully erect before putting the condom on.

The condom must be properly positioned on the penis before any oral, vaginal, or anal contact occurs.

Remove the condom while the penis is still erect.

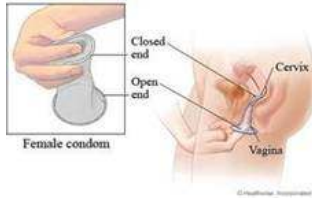
Hold the condom firmly at the base of the penis during removal to prevent slippage of the condom and spilling of semen.

Follow the rules--every time.

Condoms are only effective when used properly and consistently, during every sexual act.

How to Use the Female Condom

The female condom has several advantages over the male condom. Its use is controlled by the woman, and it covers more surface area. This allows it to protect more thoroughly against STDs that are spread through skin-to-skin contact. It can also be inserted earlier on during foreplay, or *even up to 8 hours before you have sex*, since it doesn't require an erect penis to use. However, it can be a bit intimidating to figure out how to use the female condom the first time. Here's what you need to do:



Here's How:

1. Check the expiration date on the condom, and open the package.
2. Unroll the condom and find the ring on the **closed** end.
3. Find a comfortable position, such as squatting, sitting on the toilet, lying down, or standing with one leg raised. Squeeze the ring (on the **closed end**) together with your thumb and middle finger, and insert that end of the condom into your vagina.
4. Put your index or middle finger into the condom, and push the ring you've inserted as far into your vagina as it will go. The ring at the **open end** should remain outside of the vagina.
5. Make certain that the condom isn't twisted inside the vagina.
6. During intercourse, guide the penis into the outside, open ring of the condom. (If the outer ring slips into the vagina during intercourse, you should remove the female condom and replace it with a new one.)
7. After intercourse, twist the outside end of the condom gently to close it off and hold in the semen. Gently pull the condom from the body.
8. Wrap the twisted condom in some tissue, or the package it came in, and throw it away in a garbage can. Do not flush the female condom.

Tips:

1. Using the female condom properly requires the cooperation of both partners. During penetration, it is important for the man to make certain that he is inserting his penis into the condom, as opposed to outside of it.
2. Putting lubricant both inside and outside the condom can make the experience more pleasurable. It is safe to use oil-based lubricants with these condoms, unlike with latex condoms.
3. The female condom can be inserted early during foreplay and does not need to be removed immediately after intercourse. This can provide extra flexibility during sexual play.
4. Do not use the female condom with a male condom. The friction between the two condoms can cause one or both of them to tear.
5. The female condom is made of polyurethane or nitrile, not latex. Therefore it can be used by people with latex allergies.

Advantages of Female Condoms

- Once learned, insertion is easy
- Do not require a prescription
- They conduct heat, so sexual intercourse can feel very sensitive and natural
- Easy to obtain
- Usually do not cause allergic reactions, so are a good alternative for people with latex allergies
- Have no effect on a woman's natural hormones
- Do not become damaged in high temperatures or humidity, so female condoms do not require special storage conditions

- Allow women to share responsibility for preventing infection
- Loosely line the vagina, so they are not tight or constricting
- Can be inserted by a partner as part of sex play
- Can be inserted before intercourse
- They stay in place whether or not a man maintains his erection
- Are not dependent on a male erection, so they do not interrupt sexual spontaneity
- Can be used with any type of lubricant (oil-based or water-based)
- Do not need to be removed immediately after ejaculation
- May enhance sex play as the external ring may stimulate the clitoris

Disadvantages

Although most people have no problems using this method, some report the following drawbacks:

- The FC may slip into the vagina during intercourse
- It may move around
- Feeling and sensation can be reduced
- The inner ring may irritate the penis
- The outer ring may irritate the vulva
- Vaginal irritation may occur
- Some women find it to be uncomfortable
- It may be noisy
- The FC may not be appropriate for women who are not comfortable touching their genitals
- Since the outer ring is visible outside the vagina, some women may feel self-conscious

Effectiveness

Female condoms are 79 to 95 percent effective. This means that with typical use, about 21 out of every 100 women whose use female condoms will become pregnant during the first year. With perfect use, five will become pregnant.

To be most effective, the female condom should be inserted before the penis comes into contact with, or enters, the vagina. It should be gently removed while making sure that the semen stays inside of the pouch.

STD Protection

The female condom reduces the risk of many sexually transmitted infections, including HIV. It functions as an extensive barrier that can protect the vagina, cervix and external genitalia.

The Today Sponge



The sponge is a reversible, over-the-counter barrier method of birth control. The Today Sponge is a round device that is 1.57 inches in diameter and about half of an inch thick. It is made of soft polyurethane foam, which feels like natural vaginal tissue, and is coated with sperm-killing nonoxynol-9 spermicide. It also has a cotton loop attached to the bottom for removal.

History

The Today Sponge was first introduced in 1983 and became the largest-selling over-the-counter female contraceptive in the U.S. It was the first product to combine a spermicide and a barrier contraceptive in one easy-to-use product for women.

How It Works

The Today Sponge prevents pregnancy for 24 hours by combining three separate modes of contraceptive action. Primarily, it works as a delivery system for spermicide. By continuously releasing spermicide throughout the vagina, it kills sperm on contact. It acts as a barrier method that blocks the entry of sperm into the cervix. The foam provides contraceptive protection by trapping and absorbing sperm.

The sponge is held in place by the vaginal muscles. Additionally, the indentation (dimple) helps position the Today Sponge properly and keeps it in place directly over the cervix.

Spermicide

Spermicide is an over-the-counter, contraceptive method that immobilizes sperm. Spermicides are available in several forms:

- Spermicidal jelly
- Cream
- Foam
- Tablets
- Suppositories
- Film

Some of the types of spermicide melt after being inserted and form a barrier that blocks the entrance to the uterus. However, the main way that spermicides prevent pregnancy is through disabling (or killing) sperm. Many spermicides contain the chemical Nonoxynol-9 (N-9); it is important that you follow the warning labels of these spermicides because too frequent use of N-9 may pose problems.

Spermicide is inserted into the vagina just before intercourse to prevent pregnancy. This type of contraception tends to be most effective when used with another method of birth control (like a condom). Vaginal spermicides are 71% to 85% effective. This means that with typical use, about 29 out of every 100 women who use contraceptive foam, cream, jelly, film, or suppositories will become pregnant during the first year. With perfect use, 15 will become pregnant.

Types of Spermicide

Spermicides are barrier birth control methods that are bought over the counter. Once inserted, these contraceptives kill sperm. Vaginal spermicides are available in several forms: spermicidal jelly, cream, foam, tablets, suppositories, sponge and film. Spermicide is inserted into the vagina just before sex to prevent pregnancy. Although spermicide is 71-85% effective when used by itself, it is more most effective when used with another method of birth control (like a condom or diaphragm)

Spermicidal Foam

Contraceptive foam comes in an aerosol can with an applicator and is the same consistency of mousse hair-styling products. After shaking the can for at least 30 seconds, press the tip of the applicator on the nozzle of the can and press down. This fills the applicator with foam. While lying down, a woman should insert the applicator into the vagina a few inches and push the plunger to squirt out the foam. The foam is active immediately, so it should be inserted within 30 minutes of having sex. Two applications may be better than one. The foam kills the sperm while also blocking the cervix (to prevent any surviving sperm from entering the uterus). The applicator may be washed with soap and water, stored in a clean, dry place and used again.



NuvaRing: Also known as the Birth Control Ring or Vaginal Ring

The NuvaRing is a comfortable, discreet, flexible vaginal ring that is about 2 inches in diameter. This is an easy and highly effective birth control method.



The simple and convenient NuvaRing is inserted into the vagina once a month and left in place for 3 weeks. The muscles in the vaginal wall will keep the ring in place. The birth control ring is removed after 3 weeks, which allows you to have your menstrual cycle. A new vaginal ring is then inserted (once the week is over) for continued pregnancy protection.

The NuvaRing slowly releases a low dose of synthetic hormones (estrogen and etonogestrel), which are activated by contact with the vagina. The walls of the vagina absorb the hormones and distribute them into the bloodstream to protect against pregnancy for one month.

Diaphragm

The dome-shaped diaphragm can be made of latex or silicone. Diaphragms have been used since the 1830s and are considered to be the first major innovation for women seeking personal control to protect themselves from an unintended pregnancy. Due to improvements in design and effectiveness, diaphragm use is still a popular birth control method.



In addition to size, there are two kinds of diaphragms: a flat ring option and an arcing or coil spring option.

Designed to fit securely in the vagina to cover the cervix, the diaphragm becomes a barrier that blocks the opening to the uterus. Diaphragms must be used with a spermicide (like Gynol) as this additional birth control method hinders sperm movement. Diaphragm use includes needing to be inserted before sex (no more than 6 hours ahead of time), and it should be left for 6 to 8 hours after ejaculation. It is important that you practice inserting your diaphragm – as you want to increase your diaphragm use success.

Depo Provera: Also known as the Birth Control Shot or Depo Shot



Depo Provera is a highly effective birth control method. There are two versions available -- the Depo Provera shot and the Depo-subQ Provera injection. Both injections work the same way and provide the same level of pregnancy protection.

The Depo Provera injection must be injected into a muscle and is injected into either the buttock or upper arm. This shot contains 150 mg of the progestin medroxyprogesterone acetate, and it requires 4 shots a year (every 11 to 13 weeks) to maintain Depo Provera's high effectiveness rate.

The Depo-subQ Provera 104 injection is the newer version of the original Depo shot. It contains 31% less hormone than the original Depo shot (104 mg of medroxyprogesterone acetate). Because of the lower dose of progestin, it may lead to fewer progestin-related side effects. The subQ stands for subcutaneous, which means this newer shot only has to be injected under the skin (not into a muscle), so it has a smaller needle and may cause less pain. Depo-subQ Provera 104 must be injected into the thigh or abdomen 4 times a year (every 12 to 14 weeks).

Pros and Cons of using Depo Provera Shots

- Both Depo Provera shots can help in the treatment of endometriosis-related pain (The Depo-subQ Provera 104 injection is the first new remedy in the last 15 years to be FDA approved for endometriosis pain).
- It is also recommended that you stop using Depo Provera one year before you wish to become pregnant. This is because it takes an average of nine to 10 months (sometimes more than a year) to regain fertility and begin ovulating after receiving the last shot.
- There is also a black box warning required in the package insert cautioning about possible bone loss: "Women who use Depo Provera may lose significant bone mineral density (BMD)." BMD measures how much calcium is stored in the bones. Using this method over time can result in a calcium loss, but calcium starts to return once this method is stopped.

The Mini Pill: Progestin-Only Birth Control Pills

The mini pill is only available in a 28-day pack, so you take a pill every day for the 4 week cycle (all 28 pills are considered active). Because progestin-only pills do not contain estrogen, they can be a good alternative for women who cannot use combined oral contraceptives.



These include:

- Cigarette smokers over the age of 35
- Women with a history of blood clots
- Women with high blood pressure
- Women who experience extreme migraine headaches
- Breastfeeding mothers

Implanon: The Implant Contraceptive or Birth Control Implant

Implanon contraceptive implant was FDA-approved in July 2006. This implant contraceptive consists of a thin rod, 40 mm in length and 2 mm in diameter and is made from a flexible plastic (it is latex and silicone free). Implanon is a progestin-only contraceptive option (so it is a type of hormonal birth control method). It continually releases a low dose of etonogestrel (a progestin) to protect against pregnancy for up to 3 years.



Insertion requires a local anesthetic and only takes a few minutes. The implant can also be removed any time before the 3 years are up. Implanon is a safe, highly effective and discreet birth control method. After removal, a woman's ability to become pregnant usually returns quickly.

IUDs: Mirena IUD and ParaGard IUD

The IUD is a totally discreet contraceptive method and is the most popular form of reversible birth control in the world. There are two IUD brands available in the United States:



Mirena IUD: which continuously releases a small amount of the progestin levonorgestrel and is effective for 5 years

ParaGard IUD (also known as Copper T 380A): which releases a tiny amount of copper (which acts as a spermicide) over a 10-year period as a way to prevent pregnancy. This IUD is the only non-medicated IUD available in the US and is hormone-free (so it does not alter a woman's natural menstrual cycle). It can also be used as emergency contraception

IUDs are long lasting, safe, and virtually maintenance-free and one of the most effective birth control types available.

Cervical Cap: Also Femcap and Leas Shield

A cervical cap is a soft, thimble-shaped device that is inserted into the vagina and fits snugly over the cervix. Like the diaphragm, the cervical cap prevents sperm from reaching an egg. Yet unlike the diaphragm, the cap is much smaller. The cervical cap keeps sperm from entering the uterus by forming a secure seal around the cervix as suction keeps the cap in place. For added protection, the cap should be used with spermicide (like Gynol). The cap can be inserted up to 24 hours before having sex, but you must wait at least 6 to 8 hours after having sex to remove it.



FemCap is silicone cup that is offered in 3 sizes:

- *Small* (never been pregnant)
- *Medium* (had a C-section or abortion)
- *Large* (had a vaginal birth)

Lea's Shield is also a silicone cup but has an air valve and a loop to aid in removal. It only comes in one size.

What is the Birth Control Patch?

A Healthy Female Reproductive System

The female reproductive system includes the uterus, fallopian tubes, and ovaries. The ovaries are almond-shaped glands located on either side of the uterus. They produce the sex hormones estrogen and progesterone, which regulate a woman's menstrual cycle. In addition to producing hormones, the ovaries contain hundreds of thousands of eggs. Each month hormones stimulate the ovaries to develop mature eggs. Usually, only one of these eggs reaches maturity and is able to be ovulated and then fertilized.

How the Female Body Makes Fertilization Possible

Fertilization can occur only during ovulation--the time in a woman's menstrual cycle when the mature egg is released from the ovary and travels through the fallopian tube. For conception to occur, one sperm must fertilize the mature egg while in the fallopian tube. A sign that fertilization has occurred is when the egg begins to cleave, or divide, into multiple cells forming a blastocyst. The blastocyst then travels down the fallopian tube and enters the uterus. Implantation of the blastocyst must occur within the lining of the uterus for the further development of an embryo.

The Birth Control Patch



The birth control patch is one method used to prevent pregnancy. The small square patch can be composed of several layers. The hormones estrogen and progestin (the synthetic form of progesterone), are usually located in the lower adhesive layer. This layer is placed directly on the skin, usually on the buttocks, stomach, or upper arm. It is considered a hormonal type of birth control, meaning that it delivers synthetic hormones into the bloodstream to interfere with a woman's normal menstrual cycle.

How the Birth Control Patch Prevents Pregnancy

These hormones prevent pregnancy by:

- Preventing eggs from being released from the ovaries
- Thickening the cervical mucus, thereby preventing sperm from reaching the egg
- Thinning the lining of the uterus, the endometrium, which will prevent an egg from implanting

A single patch can be worn for one week before it needs to be replaced. It should be replaced on the same day each week for three weeks in a row. The patch is not worn during the fourth week at which time the woman will have her menstrual period.

Risks of Birth Control Patch

The birth control patch is a prescription medication, and risks associated with its use are similar to those of oral birth control pills.

Natural Contraception Options

Natural birth control includes behavioral methods of specific actions that people can do naturally to help prevent an unintended pregnancy. These are some of the oldest forms of contraception available. Natural family planning often does not cost anything and usually has no side effects.

Abstinence

Abstinence is defined as not having any type of intercourse or sex play with a partner. It is the only birth control method that is 100% effective in preventing pregnancy as well as sexually transmitted diseases.



Withdrawal

Withdrawal is the behavioral action where a man pulls his penis out of the vagina before he ejaculates. This is not as reliable a method because a male ejects pre-ejaculate fluid while he is aroused and still inside the vagina – this fluid can contain at least 300,000 sperm (and it only takes 1 to fertilize an egg)! Plus, it relies on complete self-control. Finally, even if the man ejaculates outside of the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy (this also means that you can still get pregnant even without penile penetration if a male ejaculates on or near the vagina).

Fertility Awareness

"Fertility awareness" is when a woman will monitor her fertility and avoid unprotected intercourse during her ovulation. This method involves monitoring different body changes (such as basal body temperature or cervical mucus variations) and recording them to establish when ovulation occurs. A woman can also use a calendar method to determine ovulation, but this is not as reliable. The woman then abstains from unprotected sex for 7 days before and 2 days after when she may have ovulated. It is helpful for a woman to understand her menstrual cycle. This method also requires some meticulous effort and record-keeping.



Outercourse

Outercourse is any type of sexual play without vaginal intercourse. This includes kissing, erotic massage, manual stimulation (with one's hands), masturbation, frottage (rubbing against each other), oral sex, fantasy, anal sex, and/or using sex toys (like vibrators). Although this method is usually 100% effective, pregnancy can occur if semen or pre-ejaculate fluid gets into the vagina (by the man ejaculating too close to the vagina or the woman rolling onto it). Plus, this method may not fully protect against STD's due to there being skin-to-skin contact or the exchange of bodily fluids during oral and/or anal sex. The use of dental dams or condoms may help decrease the risk of contracting a STD during these activities.

Continuous Breastfeeding (Lactational Amenorrhea Method)

Continuous Breastfeeding (Lactational Amenorrhea Method) is considered a form of contraception because it can postpone ovulation for up to 6 months after giving birth. It works because the hormone required to stimulate milk production prevents the release of the hormone that triggers ovulation. A woman should not rely on this method for more than 6 months or if she has had a period since giving birth. It is only effective if the woman feeds her baby at least 6 times a day with both breasts, does not substitute other foods for breast milk, and feeds her baby every 4 hours during the day and every 6 hours at night.



Standard Days Method

Natural family planning methods can be effective contraception when used correctly. Research demonstrates that the Standard Days Method can meet the needs of a variety of women with varying characteristics and circumstances. The Standard Days Method, a fertility awareness birth control method, was developed by researchers who determined a formula that balances the need to provide effective protection from unplanned pregnancy while restricting a woman's fertile period to as few days as possible.



To be effective, couples must recognize the importance of tracking cycle length and abstaining (or using condoms) during fertile days. Of all the natural family planning options, the

Standard Days Method requires the least days of abstinence or barrier contraception. To successfully use this method, all you have to do is avoid unprotected sex from day 8 through day 19 of your cycle (a total of 12 days).

To maximize Standard Days Method effectiveness, women can use CycleBeads. These consist of a circular string of 32 color-coded beads. Using CycleBeads is simple -- you move a rubber ring over one bead every day as a way to visibly track where you are in your cycle. The colors of the beads show whether you are on a fertile or infertile day. CycleBeads are also a great way to monitor your cycle lengths to make sure they are between 26 and 32 days.



“The Standard Days Method (SDM) determines fertile days using two sets of probabilities: the probability of pregnancy with respect to ovulation and the probability of correctly timing ovulation with respect to the mid-point of the cycle. The SDM is appropriate for women whose menstrual cycles are usually between 26 and 32 days (approximately 78 percent of cycles are within this range). Thus, women with polycystic ovary syndrome, adolescents, breastfeeding women with amenorrhea, women who are recently postpartum, and women in the menopausal transition often are not good candidates.

A clinical trial in which nearly 500 women were taught this method and followed prospectively for up to 13 cycles reported a pregnancy rate of <5 per 100 women per year with correct use. The typical user pregnancy rate of the SDM was 12 per 100 women per year.”

Basically, the Standard Days Method works off of the premise of that abstaining from sexual intercourse during your fertile days will significantly decrease your chances of becoming pregnant. SDM calculates your fertile days by considering when you are most likely to ovulate. Because it is one of the easiest of all fertility awareness methods to use, most women can successfully use this method. As long as your menstrual cycle is 26 to 32 days long, you are a good candidate for the Standard Days Method.

Because teenagers' cycles are typically not regular, the SDM may not be ideal for them. If you have certain issues that cause irregular periods, like just having had a baby, beginning menopause or skipping/having no period, the Standard Days Method will not be reliable. Additionally, SDM is not a good option if you have polycystic ovary syndrome (an imbalance of a woman's female sex hormones, which can cause changes and irregularities in the menstrual cycle).

That being said, research shows that the Standard Days Method can be very effective at preventing pregnancy. One study found SDM to be over 95% effective (less than 5 out of every 100 women who correctly used SDM for over a year became pregnant). Yet not all women will use this method correctly, so with typical use, this method is about 88% effective (approximately 12 out of every 100 women using this method for one year became pregnant). The leading reason for SDM failure was that couples knowingly took the risk of having unprotected sex on fertile days. You also need to monitor your cycle length since you may have less regular cycles than you actually first thought. The Standard Days Method will be less effective if you have frequent cycles outside of the 26- to 32-day range. So if in one year, you have more than one cycle that is longer than 32 days or shorter than 26 days, it would be wise to find a different contraceptive method.

Additional data that included a total of 1,646 diverse women from 14 pilot studies also shows promising results. Results reveal that the Standard Days Method is an accepted option for women who did not want to use any type of birth control device. Another important finding was that the SDM allows for increased male involvement as it encourages men to abstain or use condoms during fertile days, obtain condoms and help their partners keep track of fertile days. It seems that the Standard Days Method improved patient-doctor interactions because doctors can use these discussions to screen for issues that undermine successful use, like poor couple communication, alcohol use and partner violence. Additionally, because this method relies on strong couple communication, couples who are considering its use have the opportunity to explore their relationship and deepen their connection to one another.

A doctor can help you determine if the Standard Days Method is appropriate through some simple counseling. Research suggests that a doctor only needs to ask about period regularity. If your periods typically are about a month apart and generally come when you expect them, a doctor should consider counseling you about this method. You can begin using the Standard Days Method if you know when your last period started — if not, you will need to wait until your next period.

Surveys and research consistently reveal that women choose fertility awareness methods, like the Standard Days Method, because of concerns about side effects and health risks of other birth control methods, such as hormonal contraception. A lot of women do not consider natural methods due to lack of information, misguided beliefs about these methods being inconvenient, and/or concerns about failure rates. According to *UptoDate*, only 1% of women in the U.S. use fertility awareness methods and 3.6% use it worldwide.

So, if you are looking for a fertility awareness birth control method, keep in mind that the Standard Days Method appeals to a broad range of women throughout the world. It is the easiest of all natural methods to both teach and use, and men and women report high satisfaction levels with this method.

The Billings Method

The Billings method is a form of natural birth control. The Billings method, also referred to as the Billings ovulation method, ovulation method or cervical mucus method, seeks to teach women how to recognize their own fertility patterns, so they can choose when to avoid sexual contact (to prevent pregnancy) or initiate sexual contact (in the attempt to conceive).



The Billings ovulation method is based on your interpretation of your cervical mucus. Generally speaking, over the course of each menstrual cycle, cervical mucus changes in predictable ways.

Specifically, cervical mucus is affected by estrogen 6 days before ovulation and becomes clear and elastic. So, ovulation is likely to occur the last day that mucus shows these properties. After ovulation, cervical mucus is affected by the production of progesterone and becomes thick, sticky and opaque.

The Billings method teaches you how to understand your individual fertility pattern by analyzing your cervical mucus each month. This is easily done by taking a cervical mucus sample (by hand) every day and recording its quantity, appearance and feel (as well as noting any other fertility/physical signs) on a daily chart. The Billings ovulation method allows for you to identify the fertile phase of your menstrual cycle by the presence of cervical mucus, and the sensation it produces at the vulva in the days leading up to ovulation.

As per the Billings method, there are 4 rules to follow for natural contraception: 3 early day rules and the peak rule:

- The early day rules have to do with the days leading up to ovulation – during this time, the cervical mucus tells you that you have begun your fertile phase. The peak rule applies once the peak day (ovulation) has been identified.
- The peak day is often characterized by being the last day of "lubricative sensation" and occurs extremely close to the time of ovulation. According to the Billings ovulation method, you may be fertile for another 3 days, and menstruation should occur 11-16 days later.

The Billings ovulation method doesn't require any form of rhythm counting, temperature taking, hormonal drugs or devices and allows couples to share in the responsibility of natural family planning. This natural birth control method can also be used from puberty to menopause, while breastfeeding, and in women who don't have regular menstrual cycles. It is important to note that the Billings method cannot be used with hormonal contraception (like the pill) because these birth control methods affect the hormones that regulate natural fertility symptoms, like cervical method. When you begin the Billings method, it is best to abstain from sexual intercourse as you may confuse sperm and/or seminal fluid with cervical mucus.

It is essential that you have accurate knowledge of this natural birth method before relying on it to prevent pregnancy. Success of the Billings method is greatly dependent upon proper teaching, correct understanding, accurate cervical mucus observation and daily charting, mutual motivation and cooperation between the couple. Couples can achieve a greater understanding and confidence by using an accredited Billings ovulation method teacher.

Effectiveness of the Billings Method

The Billings ovulation method is 78% to 97% effective. This means that with perfect use, 3 out of every 100 women who use the Billings method will become pregnant in one year. With typical use, 22 out of every 100 women who use the Billings method will become pregnant in one year.

Common Birth Control Myths and Sex Myths

Studies in *The Journal of Sex Research* have showed that, out of a list of eight reasons for having sex, having a baby is the least frequent motivator for most people (Hill, 1997). All throughout history, people have wanted to be able to decide when and whether to have a child. Given this, birth control methods have been used in one form or another for thousands of years. As contraceptives evolved, so too have the myths surrounding their use. How much do you know about birth control types, sex myths, birth control myths, and your chances of becoming pregnant? Can you identify the myths versus the facts?

A Female Can't Get Pregnant the First Time

A woman's chances for becoming pregnant are always the same, about 1 out of 20 -- even if it is her first time. A female can become pregnant any time after she begins to ovulate. This may mean that a person can become pregnant before she even has her very first period (since she ovulates approximately 14 days before her period begins). Do not be pressured by comments like, "don't worry, it's your first time", and don't assume that a person may be too young (or too old) to get pregnant.

Douching, Showering, or Bathing Can Prevent Pregnancy

Douching is not an effective method of birth control as it is impossible to douche fast enough to keep sperm away from fertilizing an egg. This is true even if you douche immediately after sexual intercourse. Urinating or taking a bath or shower will also not wash sperm out. There is a theory that douching with Coca-Cola is supposed to kill sperm; although this is true, it is not recommended as it can cause harm to the reproductive track. As a side note, deodorant vaginal suppositories or sprays do not work either and can be equally as harmful.

A Female Can't Get Pregnant if the Male "Pulls Out" Before He Ejaculates

This is a huge myth! Withdrawal is not always a reliable method, and there are several reasons for this. Once a male becomes aroused, he ejects pre-ejaculate fluid -- this fluid can contain at least 300,000 sperm (and it only takes 1 to join an egg)! There is also the risk that he doesn't pull out in time as, in the heat of the moment; it can be hard to keep control. Even if he ejaculates outside of the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy (this means that pregnancy can occur even without penile penetration if a male ejaculates on or near the vagina). Withdrawal can be an effective method, but only if it is done perfectly (which is extremely hard to do).

A Female Can't Get Pregnant if She Has Sex During Her Period

Many women (and men) believe this myth. It is possible for a female to get pregnant at any time during her menstrual cycle. Generally, when you are having your period, it means that you are not ovulating. If this is the case, then you will not get pregnant. However, females with irregular or shorter cycles can actually ovulate during their period. It is not guaranteed that you will ovulate mid-cycle. Sperm can live inside a woman's body for up to 5 days, so if you ovulate anytime within 7 days of having unprotected sex, you could become pregnant.

Birth Control Pills Cause Cancer

Though there may sometimes be side effects with the pill, it has not been conclusively linked to cancer; the most recent research suggests that the pill has little, if any, effect on the risk of developing breast cancer. In fact, according to Planned Parenthood, women who use the Pill are only 1/3 as likely to get cancer of the ovaries or lining of the uterus as those who do not. Protection against developing these cancers increases with each year of use and can last up to 30 years after stopping the combination pill.

Use Saran Wrap (or a Balloon) if You Can't Find a Condom

Yes, this is a myth floating around out there! Saran wrap is no substitute for a condom. If you do not have a reliable birth control method handy, do not use plastic sandwich wrap around a penis as a way to prevent pregnancy: It does not work (neither does using a balloon, so don't try that either)! On a somewhat related note, never use toothpaste in place of a spermicide (it does not kill sperm -- as many people have heard).

Pregnancy is Prevented by Jumping Up and Down or Placing Seeds in the Vagina

There are many believers out there that sneezing, coughing, and jumping up and down after sex will dislodge sperm. This is all untrue; sperm are too quick and too tiny for any of these methods to work. Plus, placing objects (such as seeds or plants) into the vagina before, during, or after sex will have no effect on preventing conception. This behavior can be dangerous as it can be harmful to the female's body.

Having Sex Standing Up Works as a Contraceptive

Myths surrounding the way you have sex are very common. The most frequent one that I hear is that you can't get pregnant if you are standing up while having sex. On a similar note, there are stories that you are less likely to get pregnant the fewer times that you have had sex. A note to the wise: Any "advice" you stumble across that depends on how many times you have had sex or the position you are in while engaging in intercourse is not a birth control method and will most likely result in failure.

Not Having an Orgasm Can Be a Great Method of Birth Control

A lot of women believe that if they don't allow themselves to climax during sex, they will not get pregnant. Pleasure has nothing to do with birth control - whether or not you enjoy sex (with or without an orgasm), you can still get pregnant.

A Woman is More Protected, the Tighter a Condom Fits Her Partner

This too is a misconception based on the belief that the tighter the condom, the less likely sperm will seep out or that the condom will slip off during sex. However, a condom that is too tight is more likely to rupture during intercourse. When using a condom, it is also important to leave some space near the tip to safely catch the ejaculate (sperm); this prevents the condom from being over-stretched once the man ejaculates.

How Do I Decide About Condom Use?

Male condoms come in many shapes, styles, lengths, widths and strengths for condom use. Condoms are made from:

- **Latex:** kind of rubber; the most common condom type and great at preventing pregnancy and STDs
- **Polyurethane:** type of plastic; good for those with latex allergies. Not as elastic as latex, so they may more easily slip off.
- **Lambskin:** good for preventing pregnancy but not STDs - they have pores that allow bacteria and viruses to pass through.
- **Polyisoprene (SKYN):** a non-latex condom made from natural rubber. FDA approved for pregnancy and STD prevention, SKYN condom use is gaining popularity and getting rave reviews.

Points to Consider When Choosing Condom Types

Look at the labeling

Make sure to read the condom label to check if it is FDA-approved for use against unplanned pregnancy and STDs. According to FDA regulations, anything that "sufficiently resembles" a condom must comply with FDA standards -- including novelty condoms, like those that glow in the dark or are flavored. If condoms do not comply with these standards, they may not claim to be a contraceptive device.

Condoms have an expiration (Exp) or manufacture (MFG) date on the box and on each condom's individual package. A condom used after the expiration date is more likely to tear or break. There should also be a package insert explaining how to use the condom properly, how to store it, and how to maximize effectiveness. Also, before purchasing, make sure to check that the package appears to be in good condition.

Strength

Condoms come in regular strength and thicker strength. Some people may prefer thicker condoms (sometimes called extra strong or ultra-strong), believing that these are more effective. Thinner condoms tend to allow for more sensation. As long as the condom is FDA approved, either strength is equally effective.

Lubrication

Condoms can come "wet" (with lubrication) or dry (non-lubricated). Lubrication can help prevent condom breakage, and many people prefer lubricated condoms because they may make sex more comfortable. Keep in mind, only water-based or silicone-based lubrication can be used with latex condoms.

Some condoms are lubricated with the spermicide nonoxynol-9; only use these condoms if you are not allergic to nonoxynol-9. If you are, it is possible to have a reaction resulting in little sores (which can make the transmission of HIV more likely).

Shape

There are many styles of condoms. They may be regular shaped (with straight sides), form-fitting (indented below the head of the penis), or they may be flared (wider over the head of the penis). The differences in shape are designed to suit various personal preferences and enhance pleasure. Condoms can also have different tips, including a reservoir tip, a plain tip, a spiral tip and an over-sized tip.

Size

There is no standard length for condoms, but ones made from latex rubber should stretch to fit the length of a man's erect penis. Condom widths can vary; there is about a 1.5 cm difference between the smallest and largest condom. A condom that is too small and tight may tear, and one that is too big may be more likely to slip off. You may have to experiment to find one that works for you.

Smaller, 'closer' fit condoms are typically labeled trim or snug fit. You may find larger condoms labeled as XL, XXL or Magnum. Avanti brand condoms tend to be the largest and least tight. Just a pointer: you may find the greatest selection of condoms, in both style and size, on the Internet (rather than in stores).

Texture

Condoms are also available with various textures, such as ribs, bumps/studs, or a combination of both. The positioning of the ribs and/or bumps are designed to maximize pleasure for either or both partners.

Novelty Condoms

These are special condoms usually intended more for fun and sex play, and they do not usually offer any protection against STDs or pregnancy. These condoms should be labeled 'FOR NOVELTY USE ONLY.'

Condoms can come in all different colors (even in multi-colors!) and flavors. Generally, flavored condoms are meant for oral sex as the flavoring may cause infection if the condom is used for intercourse. However, not all novelty condoms are created equal. Some colored, flavored, and novelty-type condoms are FDA-approved to be used as contraception. Make sure you exercise caution while buying novelty condoms. **Read the label!** If there is not an FDA approval, or if it says something to the effect of "novelty condom," make sure that a FDA-approved condom is worn under the novelty one for sex. Novelty condoms are usually fine for foreplay.

Condom Types: A Look at Different Condom Styles

Picking out condoms can be a fun experience, yet with so many kinds on the market, how do you choose between the different condom types? An important thing to consider is whether or not you plan to use the condom as a contraceptive or if you are just wanting to use it for sex play. If you need a condom for protection, make sure to read the condom label to see if it is FDA approved for use against unplanned pregnancy and STDs. Also, make sure to check the expiration date to make sure that the condom is safe to use. Here are some of the different types of condoms available.

Night Light: Glow-In-The-Dark Condom



This particular brand is the only FDA approved glow-in-the-dark condom that is intended to prevent pregnancy and STDs. The Night Light condom is non-toxic and will glow after about 30 seconds of exposure to ordinary light (be sure to expose it to the light before putting it on). The Night Light Glow-In-The-Dark Condom is made of three layers. The inner and the outer layer consist of regular latex while the third layer contains a safe pigment that begins to glow and is sealed between the two latex layers. This condom makes for a fun surprise.

Flavored Condoms



Many condom brands claim that their condoms have great flavors and tantalizing aromas. The flavor may be contained in the lubricant or directly on the condom. Some flavored condoms are even colored to match the flavor (such as red for strawberry flavor, yellow for banana). Flavors can include mint, grape, orange, banana, strawberry, and even chocolate, vanilla, and cola. These condoms are meant to add a yummy dimension to oral sex, and many of the brands are also FDA approved for strength and protection. If you are planning to use these condoms for vaginal sex, make sure they are sugar -free as sugar flavored condoms can throw off the pH in the vagina, which can lead to yeast infections.

Studded Condoms

These condoms are shaped and textured to increase pleasure for either the female, male or both partners (depending on where the raised studs and/or ribs are). Some of these condoms have two sections of ribs, on the top and at the base, which adds stimulation in just the right place for females. Others contain hundreds of raised studs, on the outside for female satisfaction and/or on the inside to enhance male enjoyment. The condoms that are marketed for mutual pleasure tend to be wider, have bulb-like tips, and a more contoured shape, which increase male comfort and allow nerve endings to remain at their most sensitive state (thus adding significantly more pleasure for him). Make sure to check for FDA approval (most are).



Warming Condoms



These condoms tend to be made of thinner latex, which helps to heighten sensation. Warming condoms are designed to enhance sensual pleasure through the release of gentle, warm sensations for both partners. They contain a warming lubricant that is activated by natural body moisture, so it heats up during sexual intercourse.

Edible Condoms

There are different brands of edible condoms that you can choose from. They usually come in packs of four and are available in a variety of flavors. The condom is rolled on, and then can be eaten off! Edible condoms are for novelty use only -- they do **not** provide any type of protection against pregnancy or sexually transmitted diseases.



Pleasure Shaped

The idea behind pleasure-shaped condoms is that they tend to be looser with enlarged, pouch-like tips. These wider tops allow for more friction because the extra latex stimulates the nerve endings at the tip of the penis. Some of these condoms, like the Inspiral brand or the Trojan Magnum Twister, also introduce a winding, twisting shape that allows for more vigorous action. This type of design stimulates nerve endings and heightens sensitivity for both women and men.



Colored Condoms

Condoms are available in almost every color; in fact, you can even find tri-colored condoms that feature the national colors of 36 countries, such as America, France, Spain, Russia and Italy. Dual-color condoms are also available, which may be fun to use during the holidays – like a black and orange condom for Halloween, red and green for Christmas, and pink and red condom for your Valentine. Many of the colored varieties of condoms are FDA approved for the prevention of pregnancy and sexually transmitted diseases, so make sure to read the label on the condom.



Sensis Condoms with "QuikStrips"



Sensis Condoms (lubricated and made of latex) represent the first new FDA-approved condom technology in over 50 years. These condoms have QuikStrips – which work very much like the pull-off tabs on a band-aid. The QuikStrips of Sensis Condoms help you to avoid common pitfalls that can lead to condom failure. Sensis condoms are different than conventional condom brands because of their QuikStrips technology. When the condom is taken out of its foil package, the ridged ends of the pull-down strips are uncovered on the top side of the condom. You can then feel for these ridges, and by holding the QuikStrips, you can pull down the condom and quickly and correctly put it on (then discard of the strips). They are available in thin and micro-dot ribbed option, which has a contoured shape (for a comfortable fit) and dots/bumps and ribbed rings to provide pleasure to both men and women.

Kiss of Mint Condoms



These condoms, made by LifeStyles, are non-lubricated and are coated with a mint flavored powder that provides a sweet spearmint taste. Although these condoms tend to be a real favorite for safe oral sex, they are FDA approved for pregnancy protection as well. These condoms tend to be a little bit wider than average condoms and have a flared, reservoir tip (it balloons out a bit) which allows for heightened male sensation.

French Ticklers

These condoms either have a soft rubber tickler tip or are made of soft jelly. Tickler condoms fit over the penis and come in various styles of nodules, nubs, and ridges and shapes that provide stimulation by "tickling" the inner walls of the vagina. These condoms are considered to be novelty types, so they do not provide prevention of pregnancy or disease. Perfect for couples where the woman is using a hormonal or permanent birth control method. If not, a man can wear a regular condom underneath the tickler to ensure contraceptive protection.



Tingling Pleasure Condoms



Some condoms, like Durex's Tingling Pleasure brand, contain a safe spearmint tingling lubricant as well as a minty scent. These condoms are formulated to provide an intensifying, tingling experience for both partners.

Can Women Use Hormonal Contraception After Age 40?

A healthy, lean 46-year-old woman who is a nonsmoker requests advice about contraception. She notes that her menstrual periods are less regular than previously, and she also reports intermittent bothersome hot flashes. She is in a new relationship after a divorce, and she is sexually active. She asks if she can begin to use an oral contraceptive. What would you advise?

If you are a woman age 40 or older, then listen up! It seems that your available birth control options just expanded -- no longer will your choices have to be somewhat limited to condoms, diaphragms, and tubal ligation.

Dr. Kaunitz, member of the Department of Obstetrics and Gynecology of the University of Florida College of Medicine, published research in the March 20, 2008 volume of the *New England Journal of Medicine* that examines women's use of hormonal contraception after age 40. Dr. Kaunitz explains that since the estrogen found in many of today's combination birth control pills has been dramatically reduced, the pill is now considered a safe alternative for slender, healthy, older women. In fact, Dr. Kaunitz further points out that many women may prefer the pill because it can:

- Reduce irregular menstrual bleeding
- Help control hot flashes
- Help reduce hip fractures
- Reduce the risk of ovarian, endometrial, and colorectal cancer

Keep in mind, though, that the risk of dangerous blood clots does sharply rise at age 40 for women who use estrogen-containing birth control pills, with an estimated incidence of more than 100 cases per 100,000 person (as compared with 25 cases per 100,000 persons of adolescent age). Also, the risk for venous thromboembolism is nearly twice as high among obese women as it is among non-obese women who use oral contraceptives.

If you are 40-plus-year-old woman or older mom who is obese, smoke cigarettes, have migraines headaches, high blood pressure or diabetes, Dr. Kaunitz's research suggests that the risk factors associated with combination birth control use are considered to outweigh the benefits. But, there is still good news. Older women with these risk factors could still be excellent candidates for the ParaGard IUD, or for progestin-only contraception options.

Currently, having one's tubes tied is the most common form of contraception for women 40 and older, but that could soon change. The safer use of hormonal contraception has recently been a necessity for the 40-something population — given that many women are choosing to put off child-rearing until later time, sterilization may just not be a good choice. Interestingly, statistics reveal that 40-plus aged women are the least likely to use birth control, yet (along with teens), these older women have the highest abortion rates. However, Dr. Kaunitz reports that older women of reproductive age who do use contraception are "more likely to use contraceptives correctly and consistently than younger women. Accordingly, women in this age group have lower rates of contraceptive failure than do younger women."

Hopefully, the expansion of the older woman's contraceptive options will find many women happily enjoying satisfying sexual relationships without the need to worry about getting pregnant.

Getting Your Tubes Tied: Surgical Tubal Ligation Options

You may have heard the term "having your tubes tied." But what does it actually mean? What are your options?

Tubal ligation (or having one's tubes tied) is a permanent form of contraception.

Transabdominal sterilization, a type of tubal ligation, is surgery that closes off a woman's fallopian tubes. Once the tubes are sealed, sperm will not be able to fertilize an egg, so pregnancy can't take place. There are several methods by which this can be achieved.

A woman's health may determine which procedure is best to use; two factors to consider include a woman's body weight and if she has had previous surgery.

Surgical Tubal Ligation Options

Laparoscopy

Laparoscopic sterilization is one of the two most common methods of having your tubes tied. During this procedure, a small incision is made to allow for a laparoscope (a small, telescope-like instrument with a light) to be inserted. This allows for the surgeon to see the fallopian tubes. The surgeon closes the fallopian tubes by using rings, clamps, clips, or by sealing them shut with an electric current (electrocautery). Then, the incision is closed. A tubal laparoscopy procedure takes about 30 minutes. There is minimal scarring, and most women can go home the same day as the procedure.

Mini-Laparotomy

Mini-laparotomy is the other most common method of having your tubes tied. Most women opt to have this procedure done right after giving birth. For a mini-laparotomy (or "mini-lap"), the surgeon makes a small incision at or above the pubic hairline. She then pulls the fallopian tubes up into or out of the incision, closes them off with a device that ties and cuts them (or seals them shut), puts the tubes back into place, and stitches the incision shut.

Laparotomy

A laparotomy procedure (open tubal ligation) is considered to be major surgery, so it is less commonly used than laparoscopy and mini-laparotomy. The surgeon will make a larger incision (2 to 5 inches) in the abdomen. The fallopian tubes will then be pulled up into or out of the incision, closed off (tied, clipped, or sealed shut) with a device, and put back into place. The incision will be stitched shut. An open tubal ligation is usually performed right before or after some other type of unrelated abdominal surgery, such as a Cesarean section.

Culdoscopy and Colpotomy

Culdoscopy and colpotomy are two types of vaginal sterilization approaches. The vaginal method of tubal ligation was once the preferred technique. However, since it is associated with higher risks than laparoscopic surgery, surgeons have been favoring the abdominal approach to transvaginal procedures.

Culdoscopy and colpotomy tend to be reserved for obese patients or for women with a retroverted uterus. Both procedures involve a small incision made into the vaginal wall. Research is showing that these methods are safer than originally thought. Both procedures are difficult to perform as they require a woman to be in a knee-to-chest position while under anesthesia.

Hysterectomy

Hysterectomy is a procedure to remove the uterus; it is considered major surgery. A hysterectomy is usually not used for sterilization, but it can be because the removal of the uterus makes it impossible for a woman to bear children. A hysterectomy can be performed through the vagina (vaginal hysterectomy) or abdomen (abdominal hysterectomy). Laparoscopically assisted vaginal hysterectomy is also another option. Types of hysterectomies include partial (or supracervical) hysterectomy, total hysterectomy, radical hysterectomy or complete hysterectomy.

Medical and Noncontraceptive Advantages of Tubal Ligation

Women who have chosen a tubal ligation or having your tubes tied (performed in any of the ways mentioned) as a permanent method of birth control may attain an extra medical benefit. Researchers have shown that a tubal ligation appears to lower a woman's risk for ovarian cancer. In fact, this is a well-established protective effect; tubal ligations seem to reduce the risk of ovarian cancer by about 30%. Although the exact relationship is unknown, the two main theories suggest:

- The interference with the blood supply to the ovary or some other mechanism reduces the level of hormones produced, which results in the reduced risk.
- The closing off of the fallopian tubes may, perhaps, protect the ovaries from environmental agents that could cause cancer.

Additionally, tubal ligation may lower a woman's risk of pelvic inflammatory disease (PID).

What Is a Vasectomy?

The Male Reproduction System

Sperm are male reproductive cells that are formed in the seminiferous tubules of the testes. Sperm travel through a lengthy duct system starting from the testes, through the epididymis, and then through long, narrow tubes called the left and right vas deferens. The sperm continue to move through the seminal vesicles, the prostate gland, and the bulbourethral gland, mixing with seminal fluid and forming the ejaculate called semen.

What Happens During a Vasectomy?

During a vasectomy, the vas deferens are cut and tied off so that sperm cannot be ejaculated. Ejaculation still occurs normally; however, sperm are not a product of the ejaculate. Therefore, fertilization will not occur. Following a vasectomy, sperm are still produced, but are harmlessly absorbed by the body.

Risks of a Vasectomy

There are several potential complications associated with this procedure that should be discussed with a doctor prior to surgery.

Research into Male Contraceptive Methods

When most people think of options for male birth control they think of condoms, vasectomy, and withdrawal.

Vasectomies are effective, but are not considered reversible (even though they can be). The withdrawal method (also called coitus interruptus) is often used, but has a high failure rate. Leaving male condoms as the only effective and easily reversible way for men to take responsibility for fertility planning during sexual intercourse.

Compared with the numerous choices women have for both barrier and hormonal birth control, men's choices are few.

But there are several research endeavors underway exploring new methods of male birth control. There are also some very old methods of male birth control that may be effective, even if they are difficult to practice.

Here is a review of a variety of research initiatives looking at new forms of male contraception. There are two main areas of research for male birth control:

1. Hormonal contraception (like the female pill) which is currently being studied for men, in the form of implants and injections.
2. Non-hormonal contraception that is either designed to impact the entire body, or methods that are more targeted

Hormonal male contraception research

Hormonal male contraception is likely to be available in the near future, and the results of a recent study in the medical journal *The Lancet* indicate that the contraception is reversible within a few months.

The study set out to determine whether one hormonal method, which inhibits sperm production using androgen or androgen-progestagen treatment, was reversible. It examined the results of thirty studies published between 1990 and 2005 which included 1500 men. What they were looking for was the point at which male sperm count returned to a threshold of 20 million per mL which is an indicator of fertility. The average time for sperm recovery to 20 million/mL was 3-4 months.

Research on Non-hormonal Methods of Male Birth Control

The Male Contraception Information Project is a nonprofit organization that raises public awareness of non-hormonal male contraceptives and advocates for increased government research in the area. The information that follows can be found, in greater detail and with full citations, on their website.

RISUG (Reversible Inhibition of Sperm Under Guidance)

This is a reversible, non-hormonal contraceptive that provides 10 or more years of protection after a 10-15 minute procedure. A gel injected into the vas deferens which is the tube sperm travel through before ejaculation. The gel then disables the sperm as they swim by. Another injection will dissolve the gel and return fertility. Concerns about side effects and insufficiency of safety data caused a halt to enrollment of human subjects in 2002. These issues were addressed and in 2006 research began again in India.

IVD (Intra Vas Device)

This is a set of tiny plugs that block sperm as they travel through the vas deferens. There are two plugs per side, and the design ensures that any sperm that gets past the first plug will be blocked by the second. Initial research with human subjects found that the method achieved either complete blockage of sperm, made sperm that passed through immotile, or lowered the sperm count enough to make the men essentially non-fertile. Possible negative impact of actually blocking sperm (for example epididymal ruptures) remain, and will have to be addressed in future research. In 2006 the FDA approved an 18 month trial with 90 men.

Injectable Plugs

These are silicone or polyurethane injections that are injected into the vas deferens and create a barrier to sperm. Research in the late 1980s in Taiwan showed great promise, but later research in China found very different results, with limited effectiveness and problematic side effects. It seems that the size of the vas deferens needs to be considered when injecting the plugs. This method of male birth control seems unlikely to become commercially available or viable in the near future.

IVD Revisited

There is research in China on a similar plug to the above described IVD (which is unfortunately also referred to as the IVD) which is a mesh-like plug that allows some sperm to pass through it, but only levels that will not result in contraception. The idea is to address concerns about a buildup of sperm created by the blockage.

Heat Methods of Contraception

This has been known about and used since ancient times. The reasons are not well understood, but the fact that the testes need to be several degrees cooler than normal body temperature in order to produce and maintain healthy sperm is well documented. Given this fact, several researchers over the years have hypothesized and developed methods to produce infertility by heating up the testes for periods of time. These methods include everything from simply soaking in hot water, to wearing specially designed underwear (contrary to the popular myth regular men's briefs do not cause infertility by "overheating" the testes), as well as a technique to keep the testes elevated and closer to the body.

Ultrasound

This seems to be a simple and convenient form of contraception that unfortunately has received very little research attention. Ten minutes of ultrasound can result in six months of birth control. The Male Contraception Information Project offers this description:

"For ultrasound contraception, ultrasound waves (very short, inaudible sound waves) are used to heat the testes. The ultrasound waves are of the same type and intensity as those used by physical therapists to treat injuries. To use the method, a man first sits in a special chair with his scrotum in a cup of water. In the bottom of the cup is an ultrasound element, which heats the water about as hot as a hot tub. It has also been hypothesized that the ultrasound creates an ion exchange between the fluid in the seminiferous tubules and the rete testis, making the environment in the testes inhospitable for sperm formation. The method is painless. Some men even report the procedure to be pleasurable. With two treatments 48 hours apart, ten or more months of infertility will result. Fertility returns gradually once the infertile months are over." What is unknown with this method is whether fertility would return after multiple years of using ultrasound. In addition to the above, there are several non-hormonal methods of oral male contraceptives that are being researched. More information can be found on the Male Contraception Information Project website.

Does Combination Birth Control Have Side Effects?

When it comes to hormonal contraception, it is also important to remember that common side effects may occur when taking these birth control methods. Most women, however, will not experience any side effects.

The following lists apply to combination birth control pills, the NuvaRing and Ortho Evra Patch (birth control that contains both estrogen and progestin).

Frequently Occurring Side Effects

(If a woman does, in fact, experience side effects, the following are the most common):

- Breakthrough bleeding (the most common side effect; will often resolve after the first 3 cycles)
- Nausea and vomiting (particularly for the first few cycles)
- Vaginal infections
- Increase or decrease in acne
- Dizziness/Headaches
- Mood changes
- Loss of libido
- High blood pressure
- Breast tenderness
- Bloating
- Amenorrhea
- Minimal weight gain - 2 lbs. on average (may occur as the progestin can cause a woman to be more hungry; weight gain will not occur if a woman sticks to her old eating habits)

Less Common Health Complications:

- Blood clots in legs, lungs, heart or brain
- Heart attacks
- Stroke
- Jaundice (rare)
- Liver tumors(rare)
- Gallstones (rare)
- Possibly cervical cancer

Herbal Birth Control and Herbal Programs

The following is from Footprints on the Path.

The only sure form of birth control is to abstain from sexual intercourse. The following has been used by some women with success; however, there are no guarantees.

Herbal Program for Women

A woman must use the following program daily for 6 weeks before attempting birth control.

- Wild Yam (6 capsules every day) plus
- Pro-G-Yam Cream applied twice daily (1/4 teaspoon on the fatty areas of the body)

Birth Control Pills (To provide Protection During Use)

The following nutrients provide nutrition support if a woman chooses to take prescription birth control pills:

- Female Comfort – To control side effects
- Vitamin B6 + B-Complex
- Magnesium Complex
- Vitamin E Complete w/Selenium – To prevent blood clots
- CoQ10 – For efficient cell metabolism
- Skeletal Strength, Calcium-Magnesium, Nature's Sea Calcium, Coral Calcium, or Liquid Calcium – Depending on pH.

Other:

Take SAM-e for liver damage caused by oral contraceptives.

CERTIFIED WOMAN'S HEALTH COUNSELOR ONLINE COURSE - SESSION 2 QUESTION & ANSWERS

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP, PC: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Please be sure to fill out the information above, complete the test and e-mail or mail it back to us at iridology@netzero.net or P.O. Box 485, Weimar, CA, 95736-0485. We will grade your question & answer session and will let you know if we have any questions or concerns. **Please use a separate sheet to do this assignment.**

1. List the sexually transmitted diseases you can get without using a condom and include their definition and description.
2. When can continuous breastfeeding be used as a contraceptive?
3. Who should and should not use Standard Days Method?
4. List the types of "female" birth control on the market and describe each one in detail.
5. List the types of "male" birth control on the market and describe each one in detail.
6. In dealing with women and women's issues, have you spoken to women about their choices in birth control? If so, what have you advised them to do?