

The university student's guide to

CONTRACEPTION

Contraception: Why bother?

Women, consider this personal question: Is it important that I don't get pregnant right now? An unplanned pregnancy can have an impact on many areas of a woman's life including academics, finances, future plans, relationships and her mental and physical health. It can have a tremendous impact on her partner's life as well. Perhaps you think that it won't happen to you; however, the risk of becoming pregnant is a real one for young women. The 1998 Canadian Contraception study found that 31% of women between the ages of 18 and 24 had had an unplanned pregnancy, with 45% of those women choosing to terminate the pregnancy. If you are sexually active or thinking of becoming sexually active and wish to avoid an unplanned pregnancy, you should consider your contraception options.

Contraception made easy

In Canada, many contraception options are available to prevent an unplanned pregnancy. The table later in this chapter highlights some of the main points about many of the options.

IMPORTANT INFO

Condoms are the only form of contraception that offer *protection against sexually transmitted diseases*

For more detailed information on condoms, consult the "Safer Sex" chapter

Withdrawal and fertility awareness methods

The table on the following pages does not provide information on fertility awareness methods. With these methods (also known as natural methods), a woman monitors physical signs related to ovulation (such as oral temperature, consistency of cervical mucous and timing of menstruation) to determine when an egg is released from the ovaries. In North America, these methods are often used to help plan conception rather than prevent it. However, in other parts of the world, especially those where people have negative attitudes towards contraceptive devices, they are used to avoid conception.

The withdrawal method, where the male pulls out of the vagina before ejaculation, is also not addressed. The effectiveness of this method is linked to a male's ability to

identify when he will ejaculate and his ability to withdraw in time. However, pre-ejaculatory fluid can contain sperm, which makes this method ineffective.

Deciding on a contraceptive method

When deciding on a method of contraception, it is always best to consult a health care professional. The following is a list of questions to contemplate:

- What are the health risks associated with this method?
- What are the side effects?
- How effective is this method?
- How easy is this method to use?
- Will this method protect me and my partner from HIV and other STD's?
- Will this method affect me in the future?
- How will my choice affect my partner?
- Will I use this method consistently and properly?
- How much will this cost?

Comparison of Effectiveness of Various Contraceptive Methods (Number of pregnancies per 100 women during first year of use)

Method	Typical Use	Perfect Use
No method	85.0	85.0
Cervical cap, women who have had a child	40.0	26.0
Spermicidal foam/suppositories	26.0	6.0
Fertility awareness (Periodic abstinence)	25.0	1.0-9.0
Female condom	21.0	5.0
Cervical cap, women who have not had a child	20.0	9.0
Diaphragm	20.0	6.0
Withdrawal	19.0	4.0
Condom	14.0	3.0
Oral contraceptives	5.0	0.1-0.5
IUD	0.8-2.0	0.6-1.5
Sterilization in women	0.5	0.5
Depo-Provera	0.3	0.3
Sterilization in men	0.15	0.10
Norplant	0.05	0.05
Abstinence	0.00	0.00

Source: Hatcher, R. H., *Contraceptive Technology*, 17th. Ed. New York: Irvington Press, 1998.

What to do if you miss a birth control pill

The birth control pill is a popular contraceptive method. The pill is most effective if taken at the same time every day. To reduce the chances of forgetting to take the pill, many women take it at the same time as doing some other regular daily activity such as brushing their teeth. Unfortunately, sometimes a woman may forget to take the pill. Here's what to do if that happens:

If you miss 1 pill:

Take it as soon as you remember and take the next pill at the usual time. This means you might take 2 pills in one day.

If you miss 2 pills:

If you start your pack on a Sunday and miss 2 pills in:

a) the first 2 weeks: Take 2 pills the day you remember and 2 pills the next day. After that, continue taking 1 pill a day until you finish the pack. Because of the increased risk of an unwanted pregnancy in this situation, you should use a back-up method of birth control (e. g. condom) if you have sex in the 7 days after you missed the pill.

b) the third week: Keep taking 1 pill a day until Sunday. On Sunday, safely discard the rest of the pack and start a new pack that day. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. You may not have a period this month. If you miss 2 periods in a row, call your doctor or clinic.

If you start your pack on a day other than Sunday and miss 2 pills in:

a) the first 2 weeks: Take 2 pills the day you remember and 2 pills the next day. Then take 1 pill a day until you finish the pack. Because of the increased risk of an unwanted pregnancy in this situation you should use a back-up method of birth control (e. g. condom) if you have sex in the 7 days after you missed the pill.


b) the third week: Safely dispose of the rest of the pill pack and start a new pack that same day. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. You may not have a period this month. If you miss 2 periods in a row, call your doctor or clinic.

If you miss 3 or more pills in a row:

a) If you start your pack on a Sunday: Keep taking 1 pill a day until Sunday. On Sunday, safely dispose of the rest of the pack and start a new pack that day. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. You may not have a period this month and if you miss 2 periods in row you should call your doctor or clinic.

b) If you start your pack on any day other than Sunday: Safely dispose of the rest of the pill pack and start a new pack that same day. Use a back-up method of birth control if you have sex in the 7 days after you miss the pills. You may not have a period this month and if you miss 2 periods in row you should call your doctor or clinic.

Note: In 28 day packs, if you forget to take a pill on the 4th week, which are just "reminder" pills, just throw away the pills that you missed and keep taking one pill each day until the pack is empty. In this case, you do not need to use a back-up method of birth control.



IN THE LENDING LIBRARY

Contraception, A User's Handbook

All About Birth Control

Canadian Contraception Guide

Guide Canadien sur la Contraception



Women's Health Matters
<http://www.womenshealthmatters.ca/centres/sex/birthcontrol/index.html>

Planned Parenthood
<http://www.plannedparenthood.org/bc/>

Sexuality related information from the Society of Obstetricians and Gynaecologists of Canada
<http://www.sexualityandu.ca>

Emergency contraception

There may come a time when a woman forgets to use her preferred method of contraception (such as forgetting to take the pill for a few days) or when a method is rendered ineffective, such as a condom breaking or slipping off. Also, a woman may be forced to have sex without using a contraceptive method. In these situations, a woman has the choice to avail herself of emergency birth control. In Canada there are two types of emergency birth control available: the emergency contraceptive pill (ECP) and the Copper-T intrauterine device (IUD). The IUD method requires a medical prescription and needs to be inserted by a gynecologist. The IUD can be inserted up to 7 days after unprotected sex. It reduces the chance of getting pregnant by 99%.

Emergency contraceptive pill

The emergency contraceptive pill is the most common type of emergency birth control. In Canada there are 2 types of ECP's used. The first, known as the Yuzpe method, contains the hormones estrogen and progestin. The second, known as Plan B, contains only progestin. These are the same hormones that are found in birth control pills. However, not all types of birth control pills can be used as ECP's. Your health care provider can help you choose the best type of emergency birth control for you.

The ECP prevents a pregnancy by delaying ovulation, stopping ovulation or altering the lining of the uterus to make it less likely for a fertilized egg to implant. If a woman takes the ECP and a fertilized egg has already implanted in the lining of the uterus, there will be no effect on the egg. The ECP is given in 2 doses. The

Method	What it is and how it works	How to use
Barrier Methods Condom	Condoms are latex sheaths that cover the penis and prevent sperm from entering the vagina.	A condom is unrolled over the length of an erect penis before vaginal or anal sex. Always check expiry date and be careful when opening package. Use water based lubricants ONLY.
Female condom	The female condom is a polyurethane pouch with rings at both ends. It prevents sperm from being deposited into the vagina.	Placed inside the vagina so that the inner ring (closed end) reaches the cervix. Outer ring (open end) hangs slightly outside the vagina. Can be used with both water-based and oil-based lubricants.
Diaphragm	The diaphragm is a flat ring with a latex cap that covers the cervix and prevents sperm from moving up the female genital tract to unite with an egg.	The woman inserts diaphragm in vagina before intercourse and places it so that it covers the cervix. Must be used with a spermicide gel or cream since diaphragm can move slightly during intercourse. Must be kept in place for 8 hours after sex but no longer than 24 hours. Diaphragm must be fitted by a physician.
Cervical cap	A cervical cap is a small latex cap (shaped somewhat like a thimble, but larger) that covers the cervix and prevents sperm from travelling up the female genital tract to unite with an egg.	Similar to diaphragm but can be left in place for up to 48 hours.
Sponge	The contraceptive sponge is a round disposable barrier made of a polyurethane foam that contains spermicide. It is placed deep in the vagina and absorbs and traps sperm so that they don't travel up the female genital tract to unite with an egg.	Similar to diaphragm but must be left in place for 6 hours and no more than 24 hours.
Spermicide	A spermicide is a chemical compound that kills sperm. Nonoxynol-9 is the only spermicide available in Canada. It comes in the form of foam, gel, cream, film or suppository.	Spermicide must be inserted into the vagina before intercourse. By itself, it is not very effective in preventing pregnancy and should be used in combination with other methods such as a condom or diaphragm.
Hormonal Methods Oral contraceptives	Oral contraceptives are synthetic compounds that mimic the effects of hormones (estrogen and progesterin). These hormones prevent the release of an egg from the ovaries.	Oral contraceptives come in pill form and are taken each day. They must be prescribed by a physician.
Depo-provera	Depo-provera is a single synthetic hormone (progesterin) that is injected into the muscles of the upper arm. The hormone prevents the release of an egg from the ovaries. It also thickens cervical mucus, which inhibits sperm from moving up the female genital tract.	Depo-provera is prescribed by a physician and a woman using this method receives an injection every 10-13 weeks.
Norplant <small>(Currently not available in Canada or U.S. Under review.)</small>	Norplant is a set of plastic rods that slowly release a synthetic hormone (progesterin). The rods are inserted under the skin or the upper arm. The hormone prevents the release of an egg from the ovaries.	During minor surgery a physician places 6 Norplant rods under the skin of the upper arm of a female. Protection lasts for 5 years.
Surgical Methods Female tubal ligation	The 2 Fallopian tubes that transport an egg to the uterus are separated surgically from the uterus. The egg cannot reach the uterus to unite with sperm.	To receive a tubal ligation, a woman must consult a physician and plan time for the surgical procedure. Certain criteria must be met.
Male vasectomy	In a vasectomy, the tube that transports sperm to meet up with ejaculatory fluids (the vas deferens) is blocked. The ejaculate no longer contains sperm, so the woman cannot get pregnant.	To receive a vasectomy, a man must consult a physician and plan time for the surgical procedure. Certain criteria must be met.
Other Methods Intrauterine Device (IUD)	An IUD is a small T-shaped device that contains a copper wire. It is inserted into the uterus by a physician. It works by killing sperm and altering the environment of the uterus to make it more difficult for a fertilized egg to implant.	To receive an IUD, a woman must consult with a physician who will insert the device. Must be a good candidate.

Advantages	Disadvantages	Who shouldn't use
Inexpensive. Easy to use. Easily accessible. Used when needed. When used properly, condoms effectively reduce the risk of STD's, including HIV.	Some people find that condoms interfere with sensation and interrupt sex. Some men may lose erection before condom is placed. Cooperation of male partner needed.	Those with an allergy to latex.
Easy to obtain. Can be used by people allergic to latex. Protects against many STD's, including HIV. Cooperation of male partner not necessary.	Can be messy and noisy. May irritate vagina or penis. More expensive than condoms. Some say that sensation is reduced.	Those with an allergy to polyurethane.
Inserted before intercourse so it doesn't interfere with sex. Used only when needed. A single diaphragm can be used for up to 2 years.	Have to carry it with you and have spermicidal cream or gel available. Some women find it difficult to insert. Must be fitted by a physician and refitted every year or two, or sooner with weight gain or loss of 5 kilograms or more. May be accidentally left in place.	Those who are sensitive to latex or spermicide. Those with severely displaced uterus or those who suffer from chronic urinary tract infections. Not to be used during menstruation.
Similar to diaphragm.	Similar to diaphragm. May be accidentally left in place.	Those who are sensitive to latex or spermicide. Not to be used during menstruation.
Doesn't need to be fitted and can be bought over the counter. Remains effective for 24 hours, so sexual activity can be spontaneous.	Sponge may be difficult to remove. May be accidentally left in place.	Those who are sensitive to spermicide.
May reduce the risk of some bacterial STD's.	Can be messy. Can irritate vagina or penis. Must be inserted shortly before sex. Should be used with another method to increase effectiveness.	Those who are sensitive to spermicide.
Simple, easy to use and very effective. Doesn't interfere with sexual activity. Offers additional potential health benefits such as reduced risk of certain cancers (endometrial, ovarian) and pelvic inflammatory disease, decreased menstrual flow, more regular periods and reduced acne.	May contribute to change in weight, moodiness and vaginal spotting. Must remember to take every day.	Women over 35 years of age who smoke. Those with a history of blood clots or inflammation of the veins. Women with unexplained vaginal bleeding or breast cancer. Those who are already pregnant.
Don't have to worry about taking a pill each day. Can be used by women who cannot take hormonal contraceptives containing estrogen. Offers additional potential health benefits. Lasts 3 months.	Not readily reversible. Any side-effects can last up to 3 months. May take up to 18 months to get pregnant once stopping this method. Possible weight gain and bleeding irregularities.	Women who experience certain health conditions such as unexplained vaginal bleeding, liver disease, heart attack, stroke, breast cancer or blood clots. Women with other conditions may require medical supervision during use.
Extremely effective. Reversible. "No-worry" method. Can be used by women who cannot take estrogen. Provides contraception for 5 years. Offers other possible health benefits.	Possible weight gain and bleeding irregularities. Possible problems associated with insertion of Norplant, such as infection at site.	Women who are already pregnant. Those who have, or have had, certain medical conditions such as breast cancer, liver growths, a specific type of high blood pressure or brain tumour. Those sensitive to ingredients in Norplant.
"No-worry" method. Extremely effective.	Generally a permanent method since reversal is difficult and often unsuccessful. Potential complications from surgery.	Those who are young or may want to have children in the future. Not to be done to solve relationship problems. Permanent partner should be consulted.
"No-worry" method. Extremely effective.	Generally a permanent method since reversal is difficult and often unsuccessful. Potential complications from minor surgery.	Those who are young or may want to have children in the future. Not to be done to solve relationship problems. Permanent partner should be consulted.
Offers immediate contraceptive protection for up to 8 years. Extremely effective. Can be used as an emergency contraceptive. No effect on fertility after removal. A "no-worry" method.	Potential problems with bleeding or cramping in first few months of use. IUD may be spontaneously expelled without a woman realizing. Insertion and removal must be done by a physician. Increased risk of pelvic inflammatory disease (PID) and infertility in women who are at risk for STD's.	Women who are already pregnant or currently have an STD. Those with abnormal vaginal bleeding. Women with allergies to materials in the IUD. Women with multiple sex partners and those who are not practising safer sex.

first must be taken as soon as possible after unprotected sex. The second dose must be taken 12 hours after the first dose. Both types of the ECP can be used for up to 5 days (120 hours) after unprotected sex, however, they are most effective if taken within 72 hours where they can reduce the risk of pregnancy from 75-89%. The **sooner** the treatment is started the **more effective** it is. Plan B is slightly more effective than the Yuzpe method. Overall, 98% of women will begin menstrual bleeding within 3 weeks of using the ECP. In Quebec, the ECP can be obtained by prescription or by seeing your pharmacist. The cost varies from \$20-\$35. It is available at Health Services for a fee of \$10.00 following an assessment by a nurse.

It is important to note that the ECP does not replace the correct and regular use of other contraceptive methods. It will not prevent pregnancy from future acts of unprotected intercourse. Neither the ECP nor the IUD will protect against sexually transmitted infections such as chlamydia, genital herpes and HIV/AIDS.

Certain women should not take ECP. These include women who suspect they are already pregnant, women with a history allergy to any of the ingredients in the ECP, women with recent abnormal vaginal discharge that has not been assessed, women with a history of breast cancer, and women with an active liver disease or tumor.

It is important to stress that ECP's are not a form of abortion. Gynaecologists and most other reproductive experts agree that pregnancy is not present until the egg has implants in the uterus. Also, hormones used to detect pregnancy are not present until the egg has implanted.

When contraception fails: Terminating a pregnancy

Besides abstinence, no method of contraception is 100% effective, although some methods come close. When a woman finds out she is pregnant, conflicting feelings can arise. Some women know right away that continuing the pregnancy is what they want. However, other women may be faced with issues that make continuing a pregnancy difficult.

Making the decision to continue or terminate a pregnancy can be very difficult. Here are a few questions you may want to ask yourself if you discover you are pregnant:

- Have I considered all my options?
 - I can choose to have the baby and raise the child
 - I can choose to have the baby and place the child up for adoption
 - I can choose to terminate the pregnancy
- How do I feel about having a baby?
- Is having a baby the best choice for me?
- Is raising a child a choice I could manage emotionally and financially?
- Am I ready to raise a child with a partner? By myself?
- How do I feel about adoption?
- What are my feelings about abortion?
- Is having an abortion the best choice for me?
- How would each choice affect my everyday life?
- Where do I see myself 9 months from now? 20 years from now?

Choosing a method of pregnancy termination

There are two methods used for terminating a pregnancy: surgical abortions and medical abortions. The earlier the procedure is performed, the fewer the risks and problems. After 20 weeks of pregnancy an abortion is performed only under exceptional circumstances.

Surgical abortion involves gently opening the cervix and extracting the contents of the uterus. It is the most commonly used method of abortion. To have a surgical abortion a woman must be at least 6 weeks pregnant. Surgical abortions are best done between 6 and 12 weeks; after 12 weeks, the procedure becomes more complicated. Risks with surgical abortion include infection, hemorrhage, laceration of the cervix, perforation of the uterus and incomplete abortion. However, the risk of such complications is less than 0.5% for pregnancies 6-12 weeks and less than 1% for pregnancies 12-20 weeks.

Medical abortions are available only before 49 days (7 weeks) of pregnancy. With this type of abortion, medication, rather than surgery, is used to end the pregnancy. A medical abortion requires regular visits (3 to 5) to the clinic to ensure that the abortion has occurred and that there are no complications, There is a 3-5% chance of needing a surgical abortion because the pregnancy has not been terminated or because of excessive bleeding. Compared with surgical abortions, medical abortions are less invasive. However, a medical abortion takes longer to complete and a woman may experience more significant bleeding and more acute pain than with a surgical abortion.