

THE PILL

EFFECTIVENESS

HOW IT WORKS

ADVANTAGES

IMPORTANT POINTS



99% (perfect use)
92% (typical use)

- Most pills contain the hormones *estrogen* and *progestin* which prevent pregnancy through the a) prevention of ovulation, b) thickening the cervical mucus to make it difficult for sperm to reach the egg, and c) thinning the lining of the uterus to prevent implantation. (There is a progestin only pill available for people who cannot take estrogen)

- May decrease PMS symptoms.
- Regulates menstrual cycle.
- Does not interfere with intercourse.

- Does not protect against STIs.
- Must be taken at the same time every day, ideally within 2-3 hours. If pill is taken late, or if either partner is concerned, call ISHS or refer to the Missed Pill Guidelines available on our website.
- Check in with your partner to see if they would like you to help them remember to take their pill. It can be helpful for some to have a back-up reminder.

THE PATCH



99% (perfect use)
92% (typical use)

- Sticks to the body and releases hormones (same ones as in the pill) through the skin. It prevents pregnancy in the same manner as the pill. Patch can be worn on the arm, back, buttocks or stomach.
- Must change patch once a week on the same day for 3 weeks. User goes patch-free for one week and repeats the 3 week on and 1 week off cycle.

- No daily routine required—just apply a patch once a week.
- Regulates menstrual cycle.
- Does not interfere with intercourse.

- Does not protect against STIs.
- Patch may detach from skin—if it does, a new one must be put on as soon as possible. To remain effective, a new patch must be put on within 24 hours.
- Like with the pill, it may be helpful to remind your partner to change the patch weekly.

THE RING



99% (perfect use)
92% (typical use)

- Ring sits at top end of vagina for 21 days and is removed for one week or can be used back to back.
- It contains the same hormones and prevents pregnancy in the same manner as the pill and the patch.

- No daily routine required—just insert and remove ring once a month.
- Regulates menstrual cycle.
- Does not interfere with intercourse or spontaneity.

- Does not protect against STIs.
- Ring will *not* catch on or hurt a penis, finger or hand. The ring is soft and flexible.
- Many partners report that they cannot feel it, or if they can, that it feels like extra texture.

THE SHOT (Depo-provera)



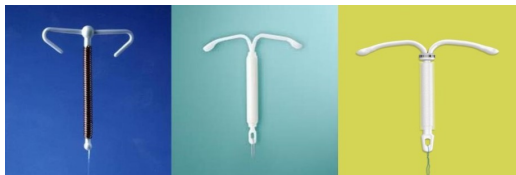
99% (perfect use)
97% (typical use)

- Contains only progestin, but prevents pregnancy in the same manner as the pill, the patch and the ring.
- Shot is administered by a doctor or nurse every 12 weeks (approx. 4 times per year).

- No daily routine required—an injection is given once every 12 weeks.
- Many users stop having monthly bleeds—this is safe.
- Does not interfere with intercourse.
- Private and does not interfere with spontaneity.

- Does not protect against STIs.
- May cause weight gain in some users
- Causes decreased bone density which is likely to return to normal once user stops using Depo-Provera. Check in with your partner to see if they are getting enough Vitamin D and calcium. Help pay for supplements if needed.
- If your partner is nervous about injections, go along to the clinic and be an emotional support.

IUDs (Copper/Mirena/Kyleena)



99% (Copper) **99.8%** (Mirena) **99.8%** (Kyleena)

- IUDs are inserted in to the uterus by a doctor.
- IUDs have soft strings that hang down a few centimeters through the cervix, which is at the end of the vaginal canal. This is used to check position monthly by user.
- Mirena and Kyleena IUDs release a small amount of levonorgestrel (hormone like progestin). It changes the lining of the uterus and thickens the cervical mucus to prevent implantation.
- Copper IUD releases small amount of copper ions that fight off sperm and cause them to lose mobility. It can also be used as an emergency contraceptive method within 7 days of sex.

- No daily routine required—user is required to check strings (i.e. feel cervix) each month to make sure IUD is still in place.
- Long acting—Copper can be used for up to 5 or 10 years (varies by type); Kyleena & Mirena up to 5 years.
- If your partner and you have decided that the IUD is not the right option or you wish to have a pregnancy, it can be removed at any time.

- Does not protect against STIs.
- IUDs will *not* interfere or hurt the penis during sex.
- Insertion may be temporarily uncomfortable for the user.
- If your partner is nervous about the insertion, go along to the clinic for emotional support.

Internal CONDOM

Effectiveness:

95% (perfect use)

79 % (typical use)



Important steps:

1. Rub outside of condom together to ensure lube is evenly spread inside. Add more lube if needed.
 2. Squeeze inner ring at closed end, and slide into vagina as far as it will go.
 3. Make sure the outer ring is outside the vagina and that the condom is not twisted.
 4. After sex, twist outer ring to keep semen inside and slide out gently. Throw away.
- Latex free.
 - Reduces risk of STIs.
 - User is in charge of placement and use. Partner can help.

External CONDOM

Effectiveness:

98% (perfect use)

85% (typical use)



Important steps:

1. Make sure there is air in the condom package. If not, could mean it was punctured.
 2. Check expiry date.
 3. Don't use teeth to open the package. Use fingers to gently tear open the jagged/scored edge.
 4. Make sure condom is facing the right way. The rim should roll out like a sombrero, not under. If you put on a condom the wrong way, throw it away and use a new condom, as there may be pre-cum on the tip of the penis.
 5. Pinch the tip as you roll condom down over penis/toy/object to the base. That leaves space for the condom to move and for ejaculate if applicable.
 6. After sex while penis is still erect, hold on to the rim while you withdraw. This will reduce the risk of it spilling or slipping off.
- Available FREE at ISHS, AVI, Youth clinic
 - NEVER USE 2 CONDOMS TOGETHER. They will break.

Birth Control Info for Partners



Beyond Condoms



Be informed,
not surprised.



Victoria (Main)
101-3960 Quadra St.
Victoria BC
250-592-3479

Camosun College
3rd Floor, Richmond House
Landsdowne Campus
250-592-3449

Royal Bay High School
Open to SD 62 students

www.islandsexualhealth.org

CONFIDENTIAL SERVICE · EDUCATION · TESTING · BIRTH CONTROL

250-592-3479

250-812-9374 (Q&A text line)

BIRTH CONTROL: BECAUSE CONDOMS AREN'T ALWAYS ENOUGH

Studies show that partners in sexual relationships do not always share the same level of knowledge about birth control. Because most methods are used by people who can become pregnant, partners might feel that they have little to offer when it comes to birth control use. This is far from true!

By learning together about birth control, all partners can share initiative and work to reduce unintended pregnancy.

Partner Involvement:

- Increases the **effectiveness** of the method & potential for **PLEASURE**
- Allows all to **share** responsibility in reducing the risk of unintended pregnancy.
- Puts all partners at **ease** knowing that there is less risk of unintended pregnancy.

This pamphlet is meant to provide basic information to partners wanting to learn more about the most common types of birth control. For more information, visit islandsexualhealth.org

For more info on Sexual Health:

www.smartsexresource.com

www.sexandu.ca

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EMERGENCY CONTRACEPTION

Emergency contraception works to prevent pregnancy after sex. They do not prevent STIs. The closer to sex it is used, the more effective it is. There are currently 2 types of emergency contraception.

EMERGENCY CONTRACEPTIVE PILLS (ECP)

A. Progestin pill (sold as Plan B, Contingency One, Next Choice, BackUp Plan OneStep, Norvelo)

Progestin ECP can be purchased at ISH and most pharmacies by anyone **without** a prescription. They are most effective if taken within 72 hrs but can be taken up to 120 hrs after sex with reduced effectiveness. **It's approx. 50% effective.** They delay ovulation in an attempt to prevent fertilization. Users Body Weight limits effectiveness. Check pkg for guidelines. ECP costs \$17-45 for a single dose.

B. Ullipristal Acetate Pill (ELLA)

Ullipristal type of ECP must be prescribed by a Dr. They are consistently ~64% effective up to 120 hrs after sex. The UA Pill delays ovulation in an attempt to prevent fertilization. Ella interferes with progesterone so it's not the best choice for people who are using it as backup for mis-use of the pill, patch, ring or shot. May be more effective than the progestin ECP with higher weighted users. ELLAS costs \$25-40/dose.

COPPER IUD

The Copper IUD must be inserted at a clinic within 7 days after sex. It is 99% effective against pregnancy. It prevents fertilization or implantation, depending on wherein a cycle it's inserted. Cost of an IUD \$100-150. Emergency Insertion can be accessed through Island Sexual Health