Perinatal Substance Use

Family Toolkit

1st Edition

October 2018

A Letter to You about Harm Reduction

In a perfect world, abstaining from all recreational substance use during pregnancy and breastfeeding is the safest option for just about everybody. Since we don't live in a perfect world, we understand that some people have trouble achieving abstinence, or simply don't want to. If you are one of those people, your health and your pregnancy still matter! Substance use is just one of many things that influence your health and your pregnancy outcome. This booklet will give you the tools you need to be as healthy as you can be, whether or not you decide to stop using.

This booklet is the first version of a much larger work that is continually evolving and growing. We will be periodically adding sections and releasing new versions. The ultimate goal is a guide to everything you need to know to achieve your goals around reproductive health as a person who uses or used substances. We have a long way to go, and we want your feedback! Please let us know if you think there are any changes we need to make, ideas for future sections, or how you can help our work.

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HARM REDUCTION

Harm Reduction is a radical change from the way our society has traditionally responded to substance use. Most of the problems related to substance use like disease, crime, and violence are not related to the substances themselves, but to the way we respond to their use. A common misconception about Harm Reduction is that is encourages people to use drugs. That's not what it is though. It's the idea that since we cannot completely eliminate risk and harm, we should do our best to minimize it as much as possible. Harm Reduction is wearing seatbelts, using condoms, getting enough sleep, and countless other things we all do in our daily lives. The most important and radical part of Harm Reduction is to demonstrate with our words and actions that we respect and love people who use drugs. Adding stigma and punishment to a situation where someone is already suffering from problematic substance use is cruel and ineffective. We advocate for providers (doctors, midwives, nurse practitioners, etc.) continuing to work with people who are unable or unwilling to stop using, rather than dropping them as patients. Multiple relapses are an expected part of everyone's journey to recovery from substance use disorder. It is the duty of your healthcare providers to work on goals that are chosen by you, and to celebrate Any Positive Change. That means that if you want to find employment or get glasses before you feel ready to work on your substance

use, a good provider will support that goal and not push you to get sober until it's your priority.

The following sections will give you the tools you need to stay **safe** and **alive** for as long as you use drugs, whether or not you are trying to cut back or stop.

We believe that your life, health, and pregnancy are precious and worth fighting for.

YOUR RIGHTS as a PREGNANT PATIENT and PERSON WHO USES SUBSTANCES

PATIENT AUTONOMY

You have the right to make decisions about your body and your health care, including the right to refuse any test or treatment. Because you are the expert. You know your body better than anyone else. You know your health history and understand what works well for you. You deserve health care from providers who appreciate that and respect your right to make the decisions that are best for you right now.

You have the right to trauma-informed health care. Gynecological care can be uncomfortable and

invasive. If you have experienced physical or sexual trauma before, medical visits can bring back memories or bring up powerful and overwhelming emotions. Because the medical environment is potentially traumatic, you have a right to talk about it with your health care providers. It is important for you to work with them to feel as comfortable and empowered as you can. Good providers will do their best to support you, listen to your needs, and reduce the imbalance of power that can exist between patients and providers.

You have the right to decide when and if you're ready to be pregnant or be a parent. You can talk to your health care provider, a case manager, a social worker, a friend, or advocate about resources and support in your community to help you meet your goals.

You have the right to health care for you and your baby. There are many barriers to accessing quality healthcare. However, when you're pregnant there are fewer. Special state and national programs have been created to help you and your baby have the best possible outcomes. You may be able to access special programs that will help you support a healthy pregnancy and birth.

You have a right to decide when and with whom you talk about your substance use. While there are benefits to talking about your substance use, there are also risks. Disclosing substance use may be the same as admitting to a crime in some places. Using substances while pregnant is sometimes considered criminal. Even when it's not, it can lead to investigations or actions from child welfare agencies that threaten parental rights. You may decide to build a relationship of trust with a provider before you share information with them.

- *We know that many of us don't have the opportunity to decide this for ourselves. Sometimes our use is disclosed for us by others. Even then, you still deserve the autonomy to make decisions and the respect that every patient needs to feel safe and valued.*

PROGRAMS YOU SHOULD KNOW ABOUT

MEDICAID is free or low-cost health insurance coverage for those who qualify. Medicaid is different in each state, so start by going to Medicaid.gov to see what's available to you.

HEALTHCARE.GOV Insurance is available through the Health Insurance Marketplace (Obamacare). Find out what your options are and what is covered under public and private insurance plans. www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant

WIC (Women, Infants, and Children) is a program that provides increased access to healthy foods for people who are pregnant or breastfeeding, babies and children. Go to www.fns.usda.gov/wic/ to learn more.

You have a right to mental health care. Mental health care is health care. It is impossible to separate one from the other because each affects the other. You deserve health care that addresses them together.

HARM REDUCTION

You have a right to individualized care. We are not all the same. Everyone has special health care needs. You have your own unique health history and you have your own goals for your health and wellbeing. First, you will need help to identify your unique risk factors. Work with your providers to make healthier choices so that you can be as healthy as you can be, even if you are still using substances.

You have a right to be seen as more than just your substance use. You deserve to be as healthy as you can be – even if you continue to use. While your substance use may be one of your health concerns, it is probably not your only concern. If necessary, remind your providers that you are there to discuss all your health needs. There are many factors that affect health - including nutrition, exercise, and chronic conditions. While it's important to know if your substance use is the cause of or is contributing to some of your conditions, it's also important to know when it isn't.

You have a right to use safely. If you continue to use your drugs of choice there are things you can do to use more safely. Ask for the information and tools you need to help you avoid infections, reduce your exposure to unwanted contaminants, prevent transmission of infectious diseases, and survive an overdose. This includes:

- Clean equipment, pipes, and syringes
- Prescription quality drugs
- Opioid agonist therapy like methadone and buprenorphine
- A prescription for naloxone (Narcan)

SHARED DECISION MAKING

You have a right to set your own health goals. You are responsible for making your own health care decisions. Partner with your doctors and health care providers to assess your medical needs and create a care plan to meet your needs.

You have a right to know your treatment options. There is good medical evidence to help us understand which interventions and treatments work well during and after pregnancy. You should be given all the information and guidance you need to make educated decisions about your healthcare. If your providers work with you to explore all your

options, you will be more likely to find solutions that reflect your values and preferences.

You have a right to know what the alternatives are. Every medication or medical intervention has both benefits and risks. Ask your provider about what you should expect and what you should do if there are side effects or complications. You can also ask your providers if there is another way to treat your conditions

INFORMED CONSENT

You have a right to privacy. Regulations like HIPAA (Health Insurance Portability and Accountability Act) are in place to protect your health information. Your providers should protect your health records from being shared without your permission. Let them know that you expect them to ask for your permission so that you have more control over who your information is shared with.

You have a right to know how the results of drug testing and screening will be used. Ideally, the results should only be used to improve the quality of care that you and your baby get. For example, they may be used to help you qualify for treatment specifically for people who are pregnant or to know

if you need more or less medication to treat withdrawal.

You have a right to know if the results of drug testing or screening will be shared with anyone who is not your health care provider. Physicians have a responsibility to do no harm. If they required by law to share the results of drug screenings or tests with law enforcement, family courts, or child welfare agencies, they should tell you. Then they should work with you to make a plan to reduce any harm that report may do.

We recommend reading:

RECOMMENDED RESOURCES

Quality Health Care is Your Right! A Guide for People Who Use Drugs — *Getting Better Care* from the Harm Reduction Coalition www.harmreduction.org

The Rights of Childbearing Women from Childbirth Connection www.childbirthconnection.org/rights

What is Substance Use Disorder (SUD)?

Substance Use Disorder is diagnosed based on 11 signs:

1. Taking the substance in **larger amounts** or for **longer** than you meant to

2. **Wanting to cut down or stop using** the substance but **not being able to**
3. Spending **a lot of time** getting, using, or recovering from use of the substance
4. **Cravings and urges** to use the substance
5. **Not managing** to do what you should at work, home, or school **because of substance use**
6. **Continuing to use**, even when it causes **problems** in relationships
7. **Giving up important** social, occupational or recreational **activities** because of substance use
8. Using substances again and again, even when it puts you in **danger**
9. **Continuing to use**, even when the you know you have a **physical or psychological problem** that could have been caused or made worse by the substance
10. **Needing more** of the substance to get the effect you want (tolerance)
11. Development of **withdrawal symptoms**, which can be relieved by taking more of the substance.

You might not have any of these, you might have a few, or you might have all of them. Every person's journey looks and feels different.

Most people try several times before they can kick their habits.
If a treatment does not work for you, try something else!

Remember, the treatment failed, not you.

The only way you can fail is if you stop trying, so keep at it and don't beat yourself up for not being perfect.

Routine Prenatal Care

Routine prenatal care is the normal, nothing out of the ordinary care recommended by medical professionals for all pregnancies. It is one of the **things you can do to increase your likelihood of having a healthy pregnancy, delivery, and baby**. In other words, it is the care you should get if there are no complications or no known high risks.

If there are complications or the pregnancy is considered high-risk, you will receive all of this care, but you will also have more frequent visits, more tests, and possibly additional ultrasounds that are specific to your unique medical needs.

Conditions that Make a Pregnancy High-Risk:

- Multiple gestation (twins and multiples)
- Advanced maternal age
- A history of pregnancy complications
- Conditions such as diabetes, high blood pressure, HIV, or obesity
- Heart, lung, or kidney disease

NUTRITION

During pregnancy, good nutrition supports the health and development of your baby, and increases your chances of delivering on time, without birth defects or complications. Good nutrition also protects your own health during pregnancy and delivery, reducing the risk of serious complications like preeclampsia and bleeding too much during delivery.

Eating a lot of fruits, vegetables, whole grains, and lean protein will help ensure good nutrition. Specific fruits and vegetables that are high in nutrients needed in pregnancy include leafy greens like kale and spinach, carrots, brussels sprouts, broccoli, sweet potato, pumpkin, cantaloupe, mango, apricots, and oranges. Healthy proteins include nuts, beans, soy, chicken, turkey, and fish (in moderation).
There are some foods pregnant people should avoid, due to the risk of infections or contamination that can harm you and or your baby. These foods include:

- Unpasteurized (raw) dairy products and juices.

- Raw sprouts (like alfalfa, clover, radish, and mung bean sprouts)
- Certain seafood that is high in mercury (like shark, swordfish, king mackerel, tilefish, bigeye tuna, marlin, and orange roughy).

Although fish is very healthy, it's important to be careful about how much and which kinds of fish you eat while pregnant because of the risk for mercury contamination. Mercury can damage the brain of the growing fetus.

It's also important to avoid getting infections like food poisoning. Wash your hands frequently, especially when preparing food. Before eating, make sure that all fresh fruits and vegetables are rinsed well, and any meat, fish, or eggs are fully cooked.

Even with a healthy, balanced diet, most pregnant people still need prenatal vitamins to get enough of the most important nutrients. For example, if you don't get enough vitamin B9 (folic acid), your baby's brain might not grow right. If you don't get enough calcium, your

body will take it out of your bones, weakening them, in order to make the baby's bones.

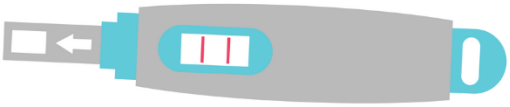
People usually have some nausea and even vomiting some or all of the time during pregnancy for at least part of the day. For most people, it is in the morning, so that is why it's commonly called 'morning sickness'. If you have morning sickness, try to drink fluids and eat bland foods; whatever sounds good and stays down. For most people, morning sickness is an unpleasant, but not harmful experience, but for some it can become severe and even life threatening. Hyperemesis gravidarum is nausea and vomiting so severe that you throw up everything you eat or drink, even water. It is very dangerous because you can become severely dehydrated and lose important nutrients and electrolytes. If you think you may be experiencing hyperemesis gravidarum, see a provider right away.

Tip: Talk to your medical provider or **local WIC (Women, Infants, & Children) program** for more specific information and resources for getting the nutrients you need. Call your state office and start your application online at: www.fns.usda.gov/wic

PROVIDER (Doctor, Midwife, Nurse Practitioner, etc.) VISITS

Getting regular prenatal care is very important for you and your baby. Getting prenatal care promotes healthier pregnancies, deliveries, and infants. **Getting timely pregnancy care has also been shown to reduce risks associated with using substances in pregnancy**.

The earlier a person sees a medical provider for a known or suspected pregnancy, the better. Ideally, you should make an appointment as soon as you suspect you're pregnant. You may realize you're pregnant by 6-8 weeks. However, it is not uncommon for people to not know they are pregnant until later than that.
It is important to start prenatal care as soon as pregnancy is confirmed.



For first-time, low-risk pregnancies it is common to see your provider:

- **every 4 weeks** until 28 weeks of pregnancy.
- **every 2 weeks** from 28-36 weeks.
- then **every week until** the baby is born.

People who have had prior, uncomplicated pregnancies and are still considered low-risk can be seen less often. **If you and your providers identify risk factors, you should be seen more often.**

If this schedule is followed, a person with a low-risk pregnancy who sees a provider for the first visit at 6 weeks and the last visit at 40 weeks will have **15 prenatal care visits**.

Getting early and consistent prenatal care is likely the most important thing you can do to have a healthy pregnancy and baby. **Prenatal care is considered *late* if started after 20 weeks of pregnancy.** It is considered ***insufficient*** **if you attend less than 80% of appointments**. Whenever possible, go early in your pregnancy and go often because it is healthier for you and the baby.

Going for care early and often will also demonstrate that you are committed to your and your baby's wellbeing. Getting care late in your pregnancy is considered a sign or "risk factor" that may identify you as someone with a substance use disorder, which can make it harder to get high-

quality care and protect your rights to keep custody of your baby.

Tip: Even if you don't know you're pregnant until late in the pregnancy, see a medical provider right away to get started on prenatal care. Every visit counts.

Tip: Make sure you attend all your prenatal visits so that your care provider can monitor your **blood pressure** for **signs of preeclampsia** or other problems.
Contact your doctor immediately, call **911**, or go to an emergency room if you have:

- severe headaches
- blurred vision
- visual disturbance
- severe pain in your abdomen
- shortness of breath

ROUTINE TESTS

Each time you go to a prenatal care visit your provider will:

- check your blood pressure and weight.
- check for proteins in your urine.
- check the growth, heart rate, and movement of the fetus.

Testing for HIV and other bloodborne or sexually-transmitted infections is routine. Providers will test for and treat infections that may be dangerous to the mother or baby. **It's normal for your provider to ask to test for HIV**, they're not making any assumptions or judgements— it is routine care for every pregnant person.

However, some forms of care may be discriminatory. For example, drug testing pregnant people at every visit is *not* routine, although it is often done for pregnant people who are being treated with opioid agonists treatments like methadone or buprenorphine.

You have the right to ask questions and/or decline any test or treatment that your provider recommends.

ROUTINE LAB TESTS and THEIR TIMING

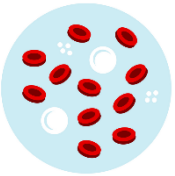
Rhesus type and red cell antibody screen (aka "Rh-factor")

When: first prenatal visit

This test is to find out one of your blood types. If you have an "Rh-negative" blood type (i.e. a negative blood type like O-, A-, B-, AB-) and the baby's blood type is positive (O+, A+, B+, AB+), your body's immune system could think your baby is a threat and make immune

cells in response. This learned immune response could lead to problems with future pregnancies, as those immune cells can attack the red blood cells of the fetus. If you have a negative blood type, you will likely need an injection that prevents this immune response.

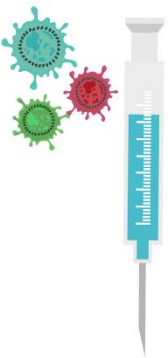
Hematocrit/hemoglobin and mean corpuscular volume (MCV)



When: first prenatal visit

These tests look at the level of iron in your blood, which is important for carrying oxygen throughout your body. Healthy blood iron levels also prevent some of the problems with bleeding during and after delivery. You may be prescribed an iron supplement (pills) if your levels are low.

Checking immunity to rubella and varicella



When: first prenatal visit

Rubella (measles) and varicella (chicken pox) infections are dangerous in pregnancy, but the vaccines for them can be harmful to the baby, too. It is important to know if you are not immune, so that steps can be taken to avoid infection. If you are not immune, you can be vaccinated after delivery.

Urine Protein & Urine Culture

When: each prenatal visit

Protein in the urine can signal serious problems like preeclampsia (dangerous high blood pressure in pregnancy), so it is important to check urine regularly for this. Urine culture is done to look for signs of infection, because it's possible to have a bladder infection or "UTI" without having any symptoms, and these infections are a risk for miscarriage or early delivery.

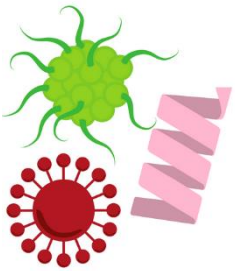
Pap Smear/Cervical Cancer Screening

When: first prenatal visit

If precancerous or cancerous cells are found, treatment may begin during or after pregnancy, depending on the severity.

Testing for HIV, Syphilis, Hepatitis B Antigen, and Chlamydia

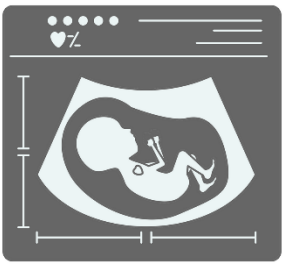
When: first prenatal visit



These infections pose serious risks to the baby, before AND after birth, so testing for them is important. If any of these tests are positive, treatment or other steps can be taken to lower the risks.

Ultrasound

9 weeks and 18-20 weeks



An ultrasound allows you and your provider to see a live image of the baby. The first ultrasound is used to learn the age, rate of growth, and heart rate of the fetus and to see if you are carrying more than one fetus. The second ultrasound is used to learn the sex of the baby, the position of the baby and the placenta, and the amount of amniotic fluid. It can also detect some birth defects.

People at increased risk for certain disorders (such as hypothyroidism or diabetes) or specific infections are tested for these conditions as well. Other tests may also be performed depending on your health history and risk factors.

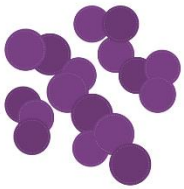
Blood Glucose:

24-28 weeks

This test checks for high blood sugar, a sign of gestational (during pregnancy) diabetes. Gestational diabetes can cause complications with the pregnancy but can usually be controlled with dietary changes.

Group Beta Strep (GBS)

When: 35-37 weeks of pregnancy



Many of us have GBS bacteria inside our vaginas that doesn't cause any problems for us. Some babies that are exposed to GBS during birth can become very sick. If you test positive for this common bacteria, you will be given antibiotics during labor to prevent the baby becoming sick. There is nothing wrong with having GBS bacteria, and nothing you can do to prevent it.

Complications

Pregnant people should look out for symptoms that may indicate some potentially serious problems. Some potential complications that can arise and should be addressed include:

Early (Preterm) Labor

- Bleeding or clear fluid leaking from your vagina
- Cramps or contractions. These may feel like contractions, or like a lower backache, menstrual cramps, pressure in the pelvis, or even diarrhea.

Concern: **Preterm labor is a medical emergency.** If you suspect you might be starting labor too early, call your provider right away even if your due date is far away.

A baby that is stressed or not doing very well

- Symptoms: the baby feels like it's moving less than it was before, or is not moving at all.

- Concern: This can be a sign that something is wrong, such as the baby is not getting enough oxygen.

How to know if the baby is moving less:

- At around 20 weeks you should start to feel the baby move and kick. If you've felt the baby kick for some time, and can no longer feel it, or it feels like they are kicking much less than usual, call your provider.
- "Kick counts" are a great way to track the baby's movements and understand patterns in their movement, which can help you notice if something changes, which may signal a problem. Here's how to do kick counts:
- Time how long it takes to feel 10 movements from the baby (any kicks, flutters, swishes, rolls, etc.). Normally, you should feel at least 10 movements in 2 hours or less.
- If you track these movements often you will learn patterns in your baby's movements, which will help you to notice if any significant changes occur.
- Tip: keeping a notebook is a helpful way to track kick count patterns. Simply write down the time you feel a movement, then make tally marks for each movement you feel after that, until you reach 10 tally marks- then write the time again. How long did it take to reach 10 movements?
- Ex. 9:25 ///// ///// 10:45 (1 hour, 20 mins)

Preeclampsia(Dangerously high blood pressure)

- Headache that doesn't get better with Tylenol
- Vision Changes
- Ongoing pain in the right upper abdomen
- High blood pressure

- Severe and/or rapid swelling in the hands or feet that isn't explained by something else like being on your feet all day or eating a salty meal

Concern: pregnant people with preeclampsia are at risk for life-threatening complications, like blood loss, internal bleeding, organ rupture, heart failure or stroke, preterm labor or pregnancy loss. This can quickly become a medical emergency.

Blood Clot: Deep Vein Thrombosis (DVT)or Pulmonary Embolism (PE)

- DVT: An area of redness, swelling, and pain, usually on your lower leg
    - **DO NOT MASSAGE** the area. If the clot breaks away and moves to your lungs, it can become a pulmonary embolism, which is even more dangerous
- PE: Sudden difficulty breathing, chest pain, coughing up blood, fainting

Concern: DVT and PE are medical emergencies. If you think you might be experiencing blood clots, call 911 or go to the emergency room right away.

If you have any concerns about these complications, experience any of these symptoms, or if you feel like something just isn't right, tell your medical provider. If you think you may be in early/preterm labor or there may be a risk of serious harm to you or the baby- go to the hospital right away.

Trauma Informed Care

Pregnancy can be a complicated time for most of us. It may not come as a surprise that many people with substance use disorders have experienced at least one traumatic event in their lifetime. Traumatic events can range from physical or sexual abuse,

intimate partner violence, natural disasters, war, or even bad experiences with health care providers from the past. As your pregnancy progresses, you may feel triggered by the rapid number of changes that take place with your body. It is not uncommon for pregnant people to report feeling heightened anxiety, a desire to detach from themselves, and a lack of control. In addition, many people avoid going to prenatal appointments because of having to deal with being touched. The good news is that there are some things that you can do to ensure that you have the most empowered and comfortable relationship with your providers possible. Even though you are sharing your body with another little human, it is *your* body. Your providers work for you, not the other way around, and you are entitled to ask for as little or as much as you need to feel safe. Pregnancy can be an opportunity to reclaim your power. You can use this information during your pregnancy and long after it's over!

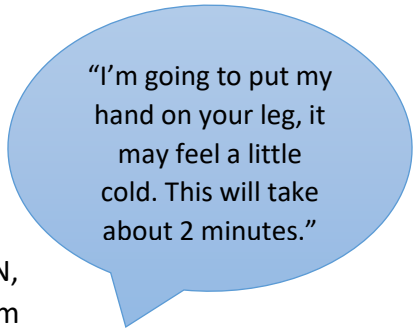
When choosing a doctor or provider, ask if they are familiar with trauma informed care. Let them know that you may request certain things from them while you are in their care. Now is also a good time to inform them of any gender pronouns that you use. Make sure that they will do their best to respect the terms you use to refer to yourself and your body. Sometimes appointments with you may require some extra time. If they cannot, or will not make extra time for you when needed, ask if they can recommend you to someone who will. Here is a list of some things that you can do that may make a difference to your level of comfort and overall experience.

The room:

- If the light is too bright or direct- ask if there is a dimmer or a lamp they could use instead.
- Ask to adjust the temperature or for a blanket.

- Request that medical instruments be covered or otherwise out of sight, or ask the provider to explain the purpose of each piece of equipment
- Ask unnecessary observers or students to leave if lots of people make you nervous, or ask for a chaperone if you want more than one provider in the room.
- Bring a support person with you, and keep them with you the whole time.

The exam:



- Tell your provider to let you know what they are going to do, before they do it. Ask them to explain what it may feel like and how long it will last.
- If- AT ANY TIME, FOR ANY REASON, you feel you need to stop the exam and take a break, tell your provider.
- If lying on your back is triggering, ask if you can sit or stand.
- Ask for a mirror so you can watch what is going on.
- Be sure to state your preferences when it comes to undressing. Ask for a disposable gown or a blanket draped over your knees.

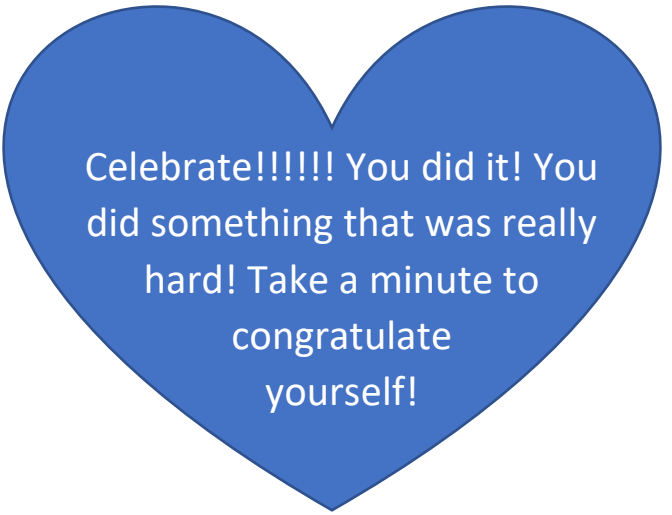
Birth:

- Sign up for a hospital/birth center tour to become more familiar with the space.
- Plan whether or not you want to receive pain medication with your provider and loved ones. You control how much

and what kind of medicine you take. You have the right to change your pain control plan at any time.

- Ask for some extra alone time for bonding with your baby. Whatever you feel right after the birth is ok, whether your feelings are negative, positive, or neutral.
- How to feed your baby is a very personal decision. Some trauma survivors find themselves unable to breastfeed. That is totally ok! Don't let anyone pressure you into doing anything you don't feel safe doing.

Remember , you don't need to explain the reasons for your preferences. It's your child. It's your body.



Birth Control:

Tools to Help You Plan Your Family and Manage Your Fertility

Birth control, also known as contraception, is any medicine, equipment, surgical procedure, or method to prevent pregnancy when you have penis-in-vagina sex. Whether you choose to use birth control, and which method you use is a very personal decision that only you can make. Most kinds of birth control are reversible, and you can become pregnant soon after removing your device or stopping your medication. If you don't want to become pregnant soon, but might want to eventually, these options are for you. If you never want to become pregnant, consider a form of Long Acting Reversible Contraception (LARC) like an Intrauterine Device (IUD) or surgical option, like tubal ligation.

This section will give you details about the different methods so that you can make the best decision for yourself and your family. We will begin with the most effective methods and finish with the least effective methods.

Before you decide which method to choose, it's important to understand how you become pregnant in the first place. Every month, an egg leaves one of your ovaries (called ovulation). The egg moves through one of your fallopian tubes for a few days, waiting for sperm to come fertilize it. Pregnancy happens if a

sperm cell meets up with one of your eggs, and the fertilized egg finds a good place to implant in your uterus.

You can access all of these methods with the help of your OB/GYN, midwife, or primary care doctor. You can also go to a public health clinic or Planned Parenthood. If you go to a clinic, be sure it's a real medical clinic since many so called "crisis pregnancy centers" try to look like legitimate clinics, but are run by anti-choice activists, not medical professionals. You can check for this by asking to see the credentials of the provider. They should be a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA), Certified Nurse Midwife (CNM), or Nurse Practitioner (NP or ARNP). To find a clinic near you, even if there is no Planned Parenthood in your area, check out www.plannedparenthood.org and to see if a clinic is legitimate, check exposefakeclinics.squarespace.com

Surgical Sterilization, IUDs, and Implants

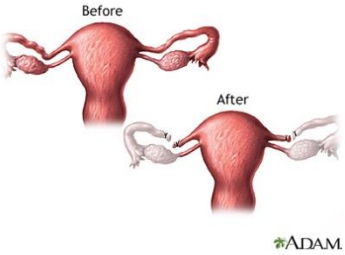
Fewer than 1 in every 100 people will become pregnant if they use surgery, IUD, or implant. These are the **most effective** methods.

Terms You Should Know:

- LARC: Long Acting Reversible Contraception
- IUD: Intrauterine Device
- STIs: Sexually Transmitted Infections, aka STDs

FEMALE STERILIZATION SURGERY: TUBAL LIGATION

getting your tubes tied

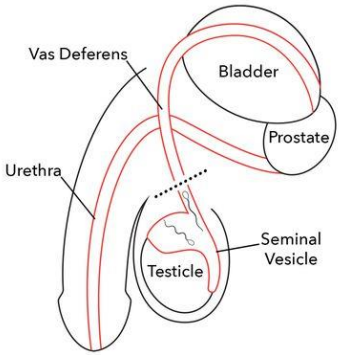


Tubal ligation is a surgical procedure that permanently closes or blocks your fallopian tubes. When the fallopian tubes are blocked after a tubal ligation, sperm can't get to an egg and cause pregnancy. Tubal ligation is sometimes known as sterilization, female sterilization or “getting your tubes tied.” Talk to your healthcare provider about the different procedures used for tubal ligation.

Tubal ligation is meant to be permanent. There is a surgery to unblock and/or reconnect your tubes, known as “tubal reversal”, but it is not always effective. If you know you don’t want to be pregnant for a long time, but are not sure about forever, consider one of the long acting reversible contraception (LARC) methods described below, like the IUD.

MALE STERILIZATION SURGERY: VASECTOMY

A vasectomy is a simple surgery done by a doctor in an office, hospital, or clinic. The small tubes in your partner’s scrotum that carry sperm are cut or blocked off, so sperm can’t leave their body and cause pregnancy. The procedure is very quick, and they can go home the same day. And it’s extremely effective at preventing pregnancy — almost 100%.



A vasectomy blocks or cuts each vas deferens tube, keeping sperm out of the semen. Sperm cells stay in the testicles and are absorbed by the body. Starting about 3 months after a vasectomy, semen won't contain any sperm, so it can't cause pregnancy.

Vasectomies don't change the way having an orgasm or ejaculating feels. Your partner's semen will still look, feel, and taste the same after a vasectomy — it just won't be able to get anybody pregnant.

Vasectomies are meant to be permanent. There is a surgery to reconnect the vas deferens, but it is not always effective. Your partner should only get a vasectomy if they're 100% positive they don't want to be able to get someone pregnant for the rest of their life.

INTRAUTERINE DEVICE (IUD)

IUDs are divided into 2 types: copper IUDs (ParaGard) and hormonal IUDs (Mirena®, Kyleena®, Liletta®, and Skyla®). Both copper IUDs and hormonal IUDs prevent pregnancy by changing the way sperm cells move so they can't get to an egg. If sperm can't make it to an egg, pregnancy can't happen. Your provider can put it in very quickly, but it does hurt a bit, usually just for a few minutes.

The ParaGard® IUD doesn't have hormones. It's wrapped in a tiny bit of copper, and it protects you from pregnancy for up to 12 years. Sperm doesn't like copper, so the ParaGard® IUD makes it almost impossible for sperm to get to that egg.

The Mirena®, Kyleena®, Liletta®, and Skyla IUDs use the hormone progestin to prevent pregnancy. Progestin is very similar to the hormone progesterone that our bodies make naturally. Mirena works for up to 6 years. Kyleena® works for up to 5 years. Liletta® works for up to 4 years. Skyla® works for up to 3 years. The hormones in the Mirena®, Kyleena®, Liletta®, and Skyla® IUDs prevent pregnancy in two ways: 1) they thicken the mucus that lives on the cervix, which blocks and traps the sperm, and 2) the hormones also sometimes stop eggs from leaving your ovaries (called ovulation), which means there's no egg for a sperm to fertilize. No egg, no pregnancy.

An IUD is not permanent. If you decide to get pregnant or you just don't want to have your IUD anymore, your nurse or doctor can quickly and easily take it out. This process is a little painful. You're able to get pregnant right after the IUD is removed.

IMPLANT: NEXPLANON®

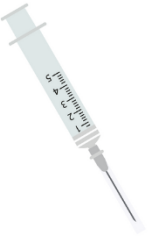
The birth control implant is a tiny, thin rod about the size of a matchstick. A healthcare provider inserts the implant under the skin of your upper arm. It releases the hormone progestin to stop you from getting pregnant.

The hormones in the birth control implant prevent pregnancy in two ways. 1) Progestin thickens the mucus on your cervix, which stops sperm from swimming through to your egg. 2) Progestin can also stop eggs from leaving your ovaries (called ovulation), so there's no egg to fertilize.

One of the awesome things about the implant is that it lasts for a long time — up to 4 years — but it's not permanent. If you decide you want to get pregnant or you just don't want to have your implant anymore, your doctor can take it out. You're able to get pregnant quickly after the implant is removed.

Injections

About 6 in every 100 people will become pregnant if they use the Depo/Provera® shot.



The depo shot is an injection you get from a nurse or doctor once every 3 months. It's a safe, convenient, and private birth control method that works really well if you always get it on time.

The birth control shot contains the hormone progestin. Progestin stops you from getting pregnant by preventing ovulation. When there's no egg in the tube, pregnancy can't happen. It also works by making cervical mucus thicker. When the mucus on the cervix is thicker, the sperm can't get through. And when the sperm and the egg can't get together, pregnancy can't happen.

Pills, Patches, and the Ring

About 9 in every 100 people will become pregnant if they use pills, patches, or the ring.

These methods use hormones to prevent pregnancy by stopping sperm from meeting an egg (which is called fertilization). They contain the hormones estrogen and/or progestin, which are similar to hormones our bodies make naturally. They stop your ovaries from releasing eggs (called ovulation). No ovulation means there's no egg hanging around for sperm to fertilize, so pregnancy can't happen. They also thicken the mucus on your cervix. Thicker cervical mucus makes it hard for sperm to swim to an egg.

BIRTH CONTROL PILLS

Birth control pills are a kind of medicine that you take every day to prevent pregnancy. There are many different brands of pills. The pill is safe, affordable, and effective if you always take it at the same time every day.

BIRTH CONTROL PATCH

The transdermal contraceptive patch is a safe, simple, and affordable birth control method that you wear on the skin of your belly, upper arm, butt, or back. Put a new patch on every week for 3 weeks, and it releases hormones that prevent pregnancy. Then you get a week off before you repeat the cycle.

BIRTH CONTROL RING: NUVARING

The birth control ring (AKA NuvaRing) is a safe, simple, and affordable birth control method that you wear inside your vagina.

You insert a new one every week for 3 weeks, and then take a week off for your period. The small, flexible ring prevents pregnancy by releasing hormones into your body. The ring is really effective if you always use it the right way.

Barrier Methods

About 12-21 in every 100 people will become pregnant if they use a barrier method.

Barrier methods work by physically blocking the sperm from entering your uterus. They are most effective if used correctly, so be sure to read the instructions and check with your healthcare provider to be sure you're using it correctly.

DIAPHRAGM

A diaphragm is a form of birth control that's a shallow cup shaped like a little saucer that's made of soft silicone. You bend it in half and insert it inside your vagina to cover your cervix. The diaphragm is a barrier that covers your cervix, stopping sperm from joining an egg. In order for a diaphragm to work best, it must be used with spermicide (a cream or gel that kills sperm, see below).

MALE CONDOM

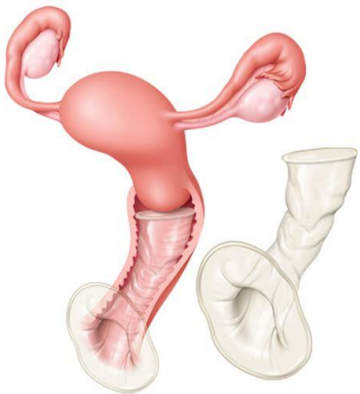
Condoms are thin, stretchy pouches that your partner wears on their penis during sex. Condoms provide great protection from both pregnancy and STIs. They're easy to use and easy to get.

A condoms is a small, thin pouch made of latex (rubber), plastic (polyurethane, nitrile, or polyisoprene), or lambskin, that covers your partner's penis during sex and collects semen. Condoms stop sperm from getting into the vagina, so it can't meet up with an egg and cause pregnancy.

Latex and plastic condoms also prevent STIs by covering the penis, which prevents contact with semen and vaginal fluids, and limits skin-to-skin contact that can spread sexually transmitted infections. Condoms are the ***only type of birth control out there that also help protect against STIs***. So even if you're using another form of birth control (like the pill), it's a good idea to also use condoms to prevent the spread of sexually transmitted infections.

> ***Lambskin condoms do not protect against STIs. Only latex and plastic condoms do.***

FEMALE CONDOM



Female condoms provide pretty much the same great protection from pregnancy and STIs as the better known male condoms. Instead of going on the penis, female condoms go inside your vagina for pregnancy and STI prevention, or into the anus (butthole) for protection from STIs. They're sometimes called internal condoms or referred to by their brand name, FC2 Female Condom®.

Female condoms are nitrile (soft plastic) pouches that you put inside your vagina or anus. They do not contain latex. They cover the inside of your vagina, creating a barrier that stops sperm from reaching an egg. If sperm can't get to an egg, you can't get pregnant. The female condom also helps prevent sexually transmitted infections by covering the inside of your anus or vagina, and some parts of your vulva. This decreases your chance of coming in contact with semen, pre-cum, or skin that can spread STIs.

Since all the other condoms out there are worn on a penis, many female condom fans love that there's a condom they can control. Female condoms let you take charge of your sexual health. Even if your partner doesn't want to wear a condom, you can still protect yourself.

CERVICAL CAP: FEMCAP®

A cervical cap is a little cup made from soft silicone and shaped like a sailor's hat. You put it deep inside your vagina to cover your cervix. The cervical cap covers your cervix, stopping sperm from joining an egg. In order for a cervical cap to work, it must be used with spermicide.

Cervical caps are smaller than diaphragms and the shape is a little different: diaphragms are shaped like a dish, and cervical caps look like a sailor's hat. They both work with spermicide and cover your cervix to prevent pregnancy.

You can leave the cervical cap in longer than a diaphragm (up to 2 days), but diaphragms are slightly more effective at preventing pregnancy.

Spermicides

About 12-28 in every 100 people will become pregnant if they use a spermicide method.

Spermicide is a chemical that can be used with another device, like a diaphragm, part of the lubricant that comes on spermicidal condoms, or used alone if you put it deep into your vagina right before sex. It prevents pregnancy two ways: blocking the entrance to the cervix so sperm can't get to your egg and stopping sperm from moving well enough to swim to your egg.

Spermicide comes in many different forms: creams, gels, film, foams, and suppositories (soft inserts that melt into a cream inside your vagina).

Nonoxynol-9, an ingredient in spermicide, may irritate sensitive genital tissues, especially if you use it several times a day. That irritation increases your risk for infections because it gives infections an easy pathway into your body. Some people are allergic to spermicide.

CONTRACEPTIVE SPONGE: TODAY® SPONGE

The birth control sponge is a small, round sponge made from soft, squishy plastic. You put it deep inside your vagina before sex. The

sponge covers your cervix and contains spermicide to help prevent pregnancy. Each sponge has a fabric loop attached to it to make it easier to take out. The sponge can be used by itself, or with condoms.

"I wouldn't mind getting pregnant" Methods

About 22-24 in every 100 people will become pregnant if they use the withdrawal (pulling out) or fertility awareness method.

The benefit of these methods is that they are completely do-it-yourself and do not require any device, hormone, or chemical. To work best, you must perform them as perfectly as possible. Even then, they are not very effective. If avoiding pregnancy is a high priority for you, please consider one of the more effective methods described above, or keep a supply of emergency contraceptive handy.

WITHDRAWAL: PULLING OUT

Pulling out is exactly what it sounds like: pulling the penis out of the vagina before ejaculation. If semen gets in your vagina, you can get pregnant. So having your partner ejaculate away from your vagina helps prevent pregnancy. There is a small amount of fluid that comes out of the penis as soon as it becomes hard, and this fluid contains a small amount of sperm, so even perfect withdrawal can still result in pregnancy. For every 100 couples who use the pull out method perfectly, 4 will get pregnant. But

pulling out can be difficult to do perfectly. So in real life, about 22 out of 100 women who use withdrawal get pregnant every year — that's about 1 in 5.

FERTILITY AWARENESS: THE "RHYTHM METHOD" OR "NATURAL FAMILY PLANNING"

Fertility awareness methods help you track your menstrual cycle so you'll know when your ovaries release an egg every month (this is called ovulation). The days near ovulation are your fertile days — when you're most likely to get pregnant. So people use FAMs to prevent pregnancy by avoiding sex or using another birth control method (like condoms) on those "unsafe," fertile days.

There are a few different FAMs that help you track your fertility signs. You can use 1 or more of these methods to predict when you'll ovulate:

- **The Temperature Method**: you take your temperature in the morning every day before you get out of bed.
- **The Cervical Mucus Method**: you check your cervical mucus (vaginal discharge) every day.
- **The Calendar Method**: you chart your menstrual cycle on a calendar.

It's most effective to combine all 3 of these methods. When used together, they're called the symptothermal method. For detailed information about how to do it, check out:

www.plannedparenthood.org/learn/birth-control/fertility-awareness

The Standard Days Method is a variation on the calendar method. You track your menstrual cycle for several months to figure out if your cycle is always between 26 and 32 days long — you can't use this method if it's longer or shorter. Once you've established that your cycle is in the right range, you use another form of birth control (or don't have vaginal sex) on days 8-19, which is when you're fertile.

The better you are about using FAMs the right way — tracking your fertility signs daily and avoiding sex or using birth control on "unsafe" days — the more effective they'll be. But there's a chance that you'll still get pregnant, even if you always use them perfectly.

EMERGENCY CONTRACEPTION: ELLA®, PLAN B®, PARAGARD®

There are 2 ways to prevent pregnancy after you have unprotected sex:

Option 1: Get a ParaGard® IUD within 120 hours (5 days) after having unprotected sex. This is the most effective type of emergency contraception.

Option 2: Take an emergency contraceptive pill (AKA the morning-after pill) within 120 hours (5 days) after having unprotected sex. There are 2 types of morning-after pills:

A pill with ulipristal acetate. There's only one brand, called ella®.

You need a prescription from a nurse or doctor to get ella® emergency contraception, but you can get a fast medical consultation and prescription with next-day delivery online at www.ella-kwikmed.com

ella® is the most effective type of morning-after pill.

You can take ella® up to 120 hours (5 days) after unprotected sex, and it works just as well on day 5 as it does on day 1.

If you're taking EC because you made a mistake with your hormonal birth control, Plan B® or the copper IUD are better options for you than ella®.

A pill with levonorgestrel. Brand names include: Plan B One Step®, Next Choice One Dose®, Take Action®, My Way®, AfterPill®, and others.

You can buy these morning-after pills over the counter without a prescription in most drugstores and pharmacies.

These types of morning-after pills work best when you take them within 72 hours (3 days) after unprotected sex, but you can take them up to 5 days after. The sooner you take them, the better they work.

You can use emergency contraception to prevent pregnancy if:

- you didn’t use a condom or other birth control method when you had vaginal sex
- you messed up your regular birth control (forgot to take your birth control pills, change your patch or ring, or get your shot on time) and had vaginal sex
- your condom broke or slipped off after ejaculation (male orgasm)
- your partner didn't pull out in time
- you were forced to have unprotected vaginal sex

If you use emergency contraception correctly after you have unprotected sex, it makes it much less likely that you’ll get pregnant. But don’t use it regularly as your only protection from pregnancy, because it’s not as effective as regular, non-emergency birth control methods (like the IUD, pill, or condoms).

Call your provider RIGHT AWAY if you experience:

- Difficulty breathing
- Bleeding from your vagina
- Leaking amniotic fluid (breaking your water)
- Preterm labor
- Severe headache that doesn’t go away with Tylenol
- Severe abdominal pain
- Trouble seeing
- The baby is not moving, or is moving much less than normal
- Nausea so bad you can’t keep anything down