




Gentle Beginnings Midwifery
Hormonal Methods of Contraception

TYPE	WHAT IS IT?	BENEFITS	DISADVANTAGES	FAILURE RATE	NOTES
<p>Oral Contraceptive (Pill)</p>	<p>A pill, that contains hormones, taken once a day used to prevent pregnancies.</p> <p>It works by preventing an egg to be released during your period.</p> <p>There are two common kinds:</p> <ul style="list-style-type: none"> - Progesterone only pills (mini pill) - Combined oral contraceptive pill (the pill) 	<ul style="list-style-type: none"> - Most effective form of contraception (when used properly) - Regulates period and reduces flow - can reduce acne and prevent certain cancers (i.e ovarian and endometrial) - reversible (meaning if you stop the pill, your cycle can return to normal) - the mini pill can be taken while breastfeeding 	<ul style="list-style-type: none"> - does not protect against STI's - can cause side effects such as breast tenderness, irregular period, weight gain, headaches and nausea - low risk of blood clot (even lower with mini pill) - the combined pill can reduce your breastmilk supply - slight increase in risk of breast cancer - slight increased risk of benign liver tumors. 	<p>3% user failure rate (meaning that the failure rate is from women not taking the pill properly)</p> <p>Make sure you take your pill every day (usually at the same time) to make the efficacy rate of 99.9%</p>	<p>You need a prescription for this and it can be obtained from your family doctor or a gynecologist (your midwife can refer you at your final visit)</p> <p>Most health plans cover the pill and many family planning clinics and public health clinics offer them for free</p> <p>If you are breastfeeding, you should let your doctor know. Taking the mini pill will not affect your breastmilk supply.</p>
<p>Contraceptive Patch (the patch)</p> 	<p>It is a patch that is 4cm x 4cm that slowly releases two hormones (progestin and estrogen) into the bloodstream</p> <p>It works by preventing an egg to be released during your period and can also make your uterus unfavourable for a pregnancy to be conceived</p>	<ul style="list-style-type: none"> - for women who forget to take the pill, the patch remains on you for 7 days before you need to switch it (easier to remember) - When used properly, efficacy rate of 99% - lighter periods with less cramping - reversible (when patch is removed, cycle usually resumes normally) 	<ul style="list-style-type: none"> - does not protect against STI's - side effects include breast tenderness, bleeding between periods, headaches, nausea, skin irritation, small weight gain or loss - may not be covered by drug plan - small risk of blood clots (especially if you smoke or are over 35 years old) 	<p>3% user failure rate (same as with pill)</p>	<p>You need a prescription to get the patch. You can talk to your family doctor or gynecologist to see if the patch is a good choice for you. (your midwife can refer you at your last visit)</p> <p>You can also obtain the patch at certain family planning clinics and public health clinics.</p> <p>Can not be taken while breastfeeding</p>
<p>Intra-uterine device (IUD)- The Mirena</p> 	<p>A small plastic t-shaped device that contains a hormone (levonorgestrel) that is put in the uterus to prevent pregnancy for up to 5 years. (does not contain estrogen)</p> <p>It works by thinning the lining of the uterus and thickening the mucus in the cervix so that the sperm can not enter easily the uterus.</p>	<ul style="list-style-type: none"> - unlike the Copper IUD, the Mirena decreases bleeding and may decrease cramping - 99% effective in preventing pregnancy - can be used while breastfeeding - provides contraception for up to 5 years 	<ul style="list-style-type: none"> - does not protect against STI's - complications can include irregular bleeding, IUD making a small hole in the uterus, IUD falls out and infections - increased risk of developing cysts on ovaries 	<p>Less than 1%</p>	<p>You need a prescription for the Mirena and it also needs to be inserted by a healthcare provider. Some family doctors can do it or a gynecologist can insert it. It is usually inserted during a clinic visit. (Your midwife can refer you at your last visit).</p> <p>The Mirena can be expensive but many healthcare plans cover it.</p>

<p>Vaginal Ring (NuvaRing)</p> 	<p>It is a clear, soft, plastic ring that is put in the vagina and slowly releases two hormones (estrogen and progesterone) for 3 weeks. It works like the pill by preventing eggs from releasing from your ovaries. You keep the ring in your vagina for 3 weeks then remove it for 1 week (period week), then restart. It stays in during sex, does not need to be placed anywhere specific and very rarely falls out.</p>	<ul style="list-style-type: none"> -as effective as the pill and sometimes more if woman has trouble remembering to take the pill. -similar benefits to the pill (lighter period, less cramping, more regular period) -does not cause weight gain or increase risk of vaginal infection -like the pill and patch, reversible (when removed, cycle usually returns to normal) 	<ul style="list-style-type: none"> -can't be used during breastfeeding (due to estrogen decreases quantity of breastmilk) -side effects include breast tenderness, headache, vaginal irritation, discomfort or discharge, bleeding between periods (5%). -does not protect against STI's 	<p>Similar to the pill. 3% user failure rate</p>	<p>You need a prescription for the vaginal ring. It can be obtained from a family doctor or gynecologist (your midwife can refer you at your last visit)</p>
<p>Injection (DepoProvera)</p>	<p>Is an injection of a hormone (progestin) that is given in the arm or buttocks every 12-13 weeks. It does cause loss of bone density therefore is usually recommended only in women who can't use any other contraceptive. It works similarly to other hormonal birth control by preventing release of eggs during your ovulation.</p>	<ul style="list-style-type: none"> -only needs to be taken 4 times a year -can be taken while breastfeeding -can stop your period completely (in 50% of women) -for women who have heavy or very painful period, the stopping of the period or decrease in frequency of period can be a benefit 	<ul style="list-style-type: none"> -causes bone density loss -does not protect against STI's -is reversible but if side effects are encountered, it can take longer to resolve as the injection can't be taken out once given. (cycle usually returns to normal on average of 9 months after last injection) - can cause irregular bleeding and weight gain 		<p>You need a prescription for this and you need to see your caregiver every 12-13 weeks to receive injection. You can talk to your family doctor or a gynecologist to see if this method is right for you. Your midwife can refer you at your last visit.</p>

It is important to talk to your healthcare provider to discuss which method is the best for you. A thorough health history is often needed prior to prescribing any of the above methods to make sure it is appropriate for you. We encourage that you review this handout and ask questions to make your decision. You can also visit the website www.sexualityandu.ca for more information.

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