

INTRAUTERINE SYSTEM (IUS)



- A T-shaped device that contains the hormone levonorgestrel (also called the “hormonal IUD”) and sits inside the uterus
- The hormone is released slowly over time and acts on the lining of the uterus
- The IUS can be left in place for up to 5 years
- Requires a prescription and has to be inserted by a physician (or health care provider)

- By preventing the sperm from fertilizing the egg
- Thickens the cervical mucus making it difficult for the sperm to get through
- Causes changes in the lining of the uterus
- In some women, it prevents the ovaries from releasing the egg

- The IUS is 99.9% effective

- Extremely effective and long lasting (up to five years)
- Does not contain estrogen
- Does not interfere with intercourse
- Decreases menstrual cramping and bleeding
- May decrease endometriosis pain
- May decrease the risk of precancerous cells developing in the uterus
- 20 - 30% of women will stop having periods

- Possible side effects after insertion include irregular bleeding or spotting
- Perforation of the uterus may occur at the time of insertion (but rare)
- May fall out or be expelled in up to 6% of women
- Does not protect against STIs
- A physician or nurse practitioner must insert and remove the IUS

MALE CONDOM



- A soft disposable sheath that fits over the erect penis
- Available in different sizes, shapes, thicknesses, colors and flavours
- Most are latex, but non-latex condoms are also available (polyurethane, silicone, lambskin)
- Available in stores, pharmacies and online

- Physical barrier acts to prevent direct genital contact and the exchange of genital fluids
- A new condom is used for each act of intercourse

- The condom is 98% effective when used perfectly
- With typical use, it is 85% effective

- Available without a prescription
- Latex condoms protect against sexually transmitted infections (if used consistently for all oral, anal and vaginal sex)
- May help to avoid premature ejaculation

- Must be stored and handled properly
- Must be available at time of intercourse and may reduce spontaneity
- May slip or break (consider the Emergency Contraceptive Pill, ECP)
- May reduce sensitivity (feeling) for either partner
- Use of water-based lubricant can increase sensitivity

Office Locations:

Sault Ste. Marie, ON

99 Foster Drive
1st Floor Civic Centre

Blind River, ON

9B Lawton Street

Elliot Lake

Algo Centre Mall
151 Ontario Avenue

Wawa, ON

18 Ganley Street

www.algomapublichealth.com/sex

Adapted from:

- 1) Contraceptive Technology, 19th edition revised edition, 2007
- 2) sexualityandu.ca



Algoma
PUBLIC HEALTH
Santé publique Algoma

BIRTH CONTROL OPTIONS

Algoma District	(800) 726-0398
Blind River	(888) 356-2551
Elliot Lake	(888) 211-6749
Sault Ste. Marie	(705) 541-7100
Wawa	(888) 211-8074

ORAL CONTRACEPTIVE (Birth Control Pills)



WHAT IS IT?

- “The Pill” is the most popular method of birth control
- Oral contraceptive pills contain estrogen and progestin
- They come in packs of 21 or 28 pills
- Progestin-only pills (“mini-pill”) are also available. They contain only progestin and can be prescribed to women who can’t take estrogen. Discuss with your healthcare provider for more information
- Requires a prescription from a health care provider

HOW DOES IT WORK?

- One pill is taken every day at about the same time
- Prevents the ovaries from releasing an egg
- Thickens cervical mucus so sperm can’t pass through it
- Causes changes in the lining of the uterus

EFFECTIVENESS

- The pill is 99.7% effective when used perfectly
- With typical use, it is 92% effective

ADVANTAGES

- Very effective and not permanent
- Makes periods more regular and decreases menstrual cramping
- Can often improve acne
- Decreases the risk of endometrial and ovarian cancer

DISADVANTAGES

- Must remember to take every day
- A possible side effect is irregular bleeding or spotting
- Other possible side effects are nausea, bloating, breast tenderness and headaches
- Is not recommended for women over 35 who smoke
- May increase the risk of blood clots
- Does not protect against sexually transmitted infections (STIs)

TRANSDERMAL PATCH (Evra)



- A small patch placed on the skin on the buttocks, upper outer arm, lower abdomen or upper body
- Two hormones (estrogen and progestin) are released slowly and absorbed through the skin
- Requires a prescription from a health care provider

- Apply patch once a week for three weeks and then one week without a patch
- Prevents the ovaries from releasing an egg
- Thickens cervical mucus making it difficult for sperm to get through
- Causes changes in the lining of the uterus

- The patch is 99.7% effective when used perfectly
- With typical use, it is 92% effective

- Very effective and not permanent
- Only change patch once a week
- Makes periods more regular and decreases menstrual cramping
- Probably similar benefits as “the pill” but no research available yet

- Possible side effects include irregular bleeding or spotting, breast tenderness and headaches
- Possible skin irritation where the patch is available
- Patch may partially lift off or detach from skin (this happens less than 3% of the time)
- May increase the risk of blood clots
- Is not recommended for women over 35 who smoke
- Does not protect against sexually transmitted infections (STI)

VAGINAL CONTRACEPTIVE RING



- A flexible ring that measures 54mm across (approx. 2 inches or 5.5cm)
- The ring releases two hormones (estrogen and progestin) that are absorbed through the vagina
- Requires a prescription from a health care provider

- The ring is inserted into the vagina where it stays for a total of three weeks. The ring is then removed and the woman has one “ringfree” week
- Prevents the ovaries from releasing an egg
- Thickens cervical mucus making it difficult for sperm to get through
- Causes changes in the lining of the uterus

- The ring is 99.7% effective when used perfectly
- With typical use, it is 92% effective

- Very effective and not permanent
- Only need to change ring once a month
- Makes periods more regular
- Does not interfere with intercourse
- Probably similar benefits as “the pill” but no research available yet

- Possible side effects include irregular bleeding or spotting, nausea, breast tenderness, and headache
- May cause vaginal discomfort or irritation (but this is uncommon)
- The ring may fall out (expelled) but this is uncommon

INJECTABLE CONTRACEPTIVE



- An injection that is given in the arm or buttocks 4 times per year (every 12 - 13 weeks)
- It contains only one hormone (a progestin) and does not contain estrogen. It can be used by women who cannot take contraceptive methods with estrogen, for example women over 35 who smoke.
- Requires a prescription and the injection has to be given by a healthcare professional

- Prevents the ovary from releasing the egg
- Thickens the cervical mucus making it difficult for sperm to get through
- Causes changes in the lining of the uterus

- The “shot” is 99.7% effective when used perfectly
- With typical use, it is 97% effective

- Very effective and not permanent
- Does not contain estrogen
- Only 4 times per year
- May be suitable for breastfeeding women
- May stop having periods (amenorrhea). After one year, over 50% of users will stop having periods, and after 2 years, over 66% of women will stop having periods
- Improves symptoms of endometriosis
- Decreases the risk of endometrial cancer

- Irregular bleeding is a common side effect
- Causes a decrease in bone mineral density. This appears to be reversible when the injection is stopped
- May cause increased appetite which may cause weight gain
- Delay in getting pregnant when it is stopped. May take up to 9 months after the last injection for the ovaries to start releasing an egg again
- Does not protect against sexually transmitted infections (STIs)