

Contraception and Family Planning Packet

Contraception helps you and your partner to make a family plan and decide when you want to become pregnant. Every woman has the right to factual, evidence-based information about contraception so she and her partner can make an informed decision. Contraception counseling should occur during well woman, pregnancy, and postpartum visits, or as requested by a patient or her partner.

Step 1: Please check the box that best describes you:

- I do not have a plan for contraception.
- I already have a plan for contraception. My plan is: _____.

Step 2: If you would like to learn more about contraception, please help guide your provider's counseling today and circle the answer that best describes your family plan and past contraception use:

Would you like to become pregnant in the next year?	YES	NO		
Do you think you would like more children?	YES	NO		
When do you think you might want more children?	1 YEAR	2 YEARS	3+ YEARS	UNKNOWN
How important is it to prevent pregnancy until then?	VERY IMPORTANT	NOT THAT IMPORTANT		
Are you planning to breastfeed or currently nursing?	YES	NO		
Have you used contraception in the past?	YES	NO		
What contraception have you used in the past? What is important to you about a contraceptive method?	_____ _____ _____			

Step 3: Please take a moment to look at the option grid on page 2 and explore your options for contraception. Page 3 is completed with your provider during your visit!

MOST EFFECTIVE METHODS = GREEN
SOMEWHAT EFFECTIVE METHODS = YELLOW
LEAST EFFECTIVE METHODS = RED

Which contraception method is best for me?

I AM INTERESTED IN THIS METHOD	METHOD	PREGNANCY RISK	COST	HOW DO I USE THIS METHOD?	HOW OFTEN DO I USE THIS METHOD?	BENEFITS	RISKS	OTHER CONSIDERATIONS
<input type="checkbox"/>	Female sterilization	0.5%	\$0-6,000	Surgical procedure	Permanent	Permanent procedure to prevent pregnancy	Pain, bleeding, infection	Surgery is considered permanent and irreversible; reversal is not covered by insurance
<input type="checkbox"/>	Male sterilization	0.15%	\$0-1,000	Surgical procedure	Permanent			Surgery is considered permanent and irreversible; must use back up method for at least 3 months
<input type="checkbox"/>	Hormonal IUDs	0.2%	\$0-1,300	Placed in uterus by provider	3 to 5 yrs	Reduced cramps/bleeding No estrogen	Spotting; lighter or no period	Discomfort with placement; monthly string checks; easily reversible; may place on labor and delivery after placenta - <u>expulsion rate 20%</u> ; tampon/cup use okay; safe for breastfeeding
<input type="checkbox"/>	Non-hormonal IUD	0.8%	\$0-1,300	Placed in uterus by provider	10 years	No hormones, Copper IUD, on market 40+ yrs	Period every month, heavier period initially	
<input type="checkbox"/>	Implant (Nexplanon)	0.05%	\$0-1,300	Placed in arm by provider	3 years	No estrogen	Irregular bleeding	Lidocaine used to place/remove implant; small scar on arm; easily reversible; safe for breastfeeding
<input type="checkbox"/>	Injection	6%	\$0-150	Shot in the arm or leg	Every 12 weeks	No estrogen; may reduce cramps	Weight gain, spotting, heavy bleeding, lighter/ no periods	Must remember to get shot every 12 weeks; safe for breastfeeding; may receive after birth /before discharge
<input type="checkbox"/>	Pill	9%	\$0-50	Daily pill	Every day at same time	Improved acne; reduction of menstrual cramps, anemia; lowers risk uterine and ovarian cancer	Nausea, breast tenderness, spotting common in first few months	Progestin only pills (safe for breast-feeding) or combined pills (not recommended for breastfeeding/smokers)
<input type="checkbox"/>	Patch	9%	\$0-150	Place a patch on your skin	Every week			FDA warning in 2005: small increased risk for blood clot not recommended for breastfeeding/smokers
<input type="checkbox"/>	Vaginal ring	9%	\$0-200	Place a ring in vagina	Every 3 weeks			Must be refrigerated; can be used with tampons; not smokers; may use while breastfeeding with caution
<input type="checkbox"/>	Diaphragm	12%	\$0-75	Place in vagina	Every time you have sex	No hormones; can place up to 6hrs before use	Irritation, allergic reaction; do not use >24hrs at a time	Must be comfortable with placement; use with spermicide; fitted by provider; refit if weight loss/gain 10% or pregnancy
<input type="checkbox"/>	Male condom*	18%	\$0-2	Place on penis	Every time you have sex	No hormones, no prescription needed	Irritation, allergic reaction	Protects against STDs/HIV; purchase over the counter; must plan ahead
<input type="checkbox"/>	Female condom*	21%	\$0-3	Place in vagina	Every time you have sex			Protects against STDs/HIV; purchase over the counter; insert up to 8 hours before intercourse;
<input type="checkbox"/>	Withdrawal	22%	\$0	Remove penis before ejaculation	Every time you have sex	Nothing to buy	None	None
<input type="checkbox"/>	Sponge	12-24%	\$0-15	Place in vagina	Every time you have sex	No hormones, no prescription needed	Irritation, allergic reaction; do not use >24hrs at a time	Single use, contains spermicide; may place 6 hrs before intercourse; do not use during your period
<input type="checkbox"/>	Fertility awareness method	24%	\$0-20	Monitor fertility	Every day	Increases fertility awareness	Difficult to track if periods irregular	Avoid intercourse/use condoms on fertile days
<input type="checkbox"/>	Spermicide	28%	\$0-8	Place in vagina	Every time you have sex	No hormones, no prescription needed	Irritation, allergic reaction	May purchase over the counter (gel, foam, cream, film, suppository, tablet forms available)
<input type="checkbox"/>	Lactation amenorrhea method	<2%	\$0	Monitor symptoms daily	From baby's birth to 6 months	Short term family planning method	You may ovulate before you have a period	Not effective if: your period returned; you are not exclusively breastfeeding; baby is 6 months old
<input type="checkbox"/>	Emergency contraception	N/A		Use after unprotected sex	Use after unprotected sex	No prescription needed; available OTC	Not as effective as regular contraception	Take within 5 days of unprotected sex; take pregnancy test if no period in next 3 weeks

* Only male or female condoms prevent against sexually transmitted diseases/HIV.

Created by A Midwife Nation (amidwifefenation.com). Sharing permitted but please credit original source. Tool adapted from: Contraceptive action plan. (2020). Contraceptive counseling model: A 5-step client-centered approach. Retrieved from <https://www.contraceptiveactionplan.org/index.php/tools-and-resources-menu-item/cap-birth-control-options-grid>; Quality family planning. (2016). Activity 3.1: Birth control information – simple and accurate. Retrieved from http://www.cardeaservices.org/documents/resources/QFPtoolkit/3.1_BirthControlInfo-SimpleAccurate.pdf; U.S. Department of Health and Human Services, & Centers for Disease Control and Prevention. (2011). Effectiveness of family planning methods. Retrieved from https://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive_methods_508.pdf; Planned Parenthood Federation of America Inc. (2020). Birth control. Retrieved from <https://www.plannedparenthood.org/learn/birth-control>

MY CONTRACEPTION PLAN



PERMANENT STERILIZATION

TUBAL LIGATION
VASECTOMY

- I RECEIVED ADEQUATE INFORMATION ABOUT THIS METHOD
- I UNDERSTAND THE ALTERNATIVES, RISKS AND BENEFITS OF THIS METHOD
- I PLAN TO HAVE THE SURGERY:
 - DURING MY HOSPITAL STAY
 - AFTER MY POSTPARTUM PERIOD
 - ON THIS DATE: _____
- I UNDERSTAND WHERE I CAN GET MORE INFORMATION ABOUT THIS METHOD
- ALL MY QUESTIONS OR CONCERNS HAVE BEEN ADDRESSED

LONG ACTING CONTRACEPTIVES (LARC) - IUD OR NEXPLANON

MIRENA IUD
KYLEENA IUD
PARAGARD IUD
SKYLA IUD
NEXPLANON

- I RECEIVED ADEQUATE INFORMATION ABOUT THIS METHOD
- I UNDERSTAND THE ALTERNATIVES, RISKS AND BENEFITS OF THIS METHOD
- I PLAN TO HAVE MY LARC PLACED:
 - TODAY
 - AT MY NEXT VISIT
 - POSTPLACENTAL
 - 8 WEEKS POSTPARTUM
- I UNDERSTAND WHERE I CAN GET MORE INFORMATION ABOUT THIS METHOD
- ALL MY QUESTIONS OR CONCERNS HAVE BEEN ADDRESSED

HORMONAL METHODS

DEPO INJECTION
PILL
PATCH
VAGINAL RING

- I RECEIVED ADEQUATE INFORMATION ABOUT THIS METHOD
- I UNDERSTAND THE ALTERNATIVES, RISKS AND BENEFITS OF THIS METHOD
- I PLAN TO START MY METHOD:

- I UNDERSTAND WHERE I CAN GET MORE INFORMATION ABOUT THIS METHOD
- ALL MY QUESTIONS AND CONCERNS HAVE BEEN ADDRESSED

GREEN = MOST EFFECTIVE METHOD
YELLOW = SOMEWHAT EFFECTIVE METHOD
RED = LEAST EFFECTIVE METHOD

MY CONTRACEPTION PLAN



BARRIER METHODS

DIAPHRAGM
MALE CONDOM
FEMALE CONDOM
WITHDRAWAL
SPONGE
FERTILITY AWARENESS
SPERMICIDE

- I RECEIVED ADEQUATE INFORMATION ABOUT THIS METHOD
- I UNDERSTAND THE ALTERNATIVES, RISKS AND BENEFITS OF THIS METHOD
- I UNDERSTAND I SHOULD USE THIS METHOD **EVERY TIME** I HAVE INTERCOURSE
- I UNDERSTAND WHERE I CAN GET MORE INFORMATION ABOUT THIS METHOD
- ALL MY QUESTIONS AND CONCERNS HAVE BEEN ADDRESSED

LACTATION AMENORRHEA METHOD

METHOD EFFECTIVE ONLY IF:
EXCLUSIVELY BREASTFEEDING
INFANT <6 MONTHS OLD
PERIOD HAS NOT RETURNED
NURSING/PUMPING EVERY 4 HRS

- I RECEIVED ADEQUATE INFORMATION ABOUT THIS METHOD
- I UNDERSTAND THE ALTERNATIVES, RISKS AND BENEFITS OF THIS METHOD
- I PLAN TO START MY METHOD AT BIRTH
- I UNDERSTAND WHERE I CAN GET MORE INFORMATION ABOUT THIS METHOD
- ALL MY QUESTIONS AND CONCERNS HAVE BEEN ADDRESSED

TAKE THIS SURE TEST WITH YOUR PROVIDER....

YES	NO	S – ARE YOU SURE THIS IS THE BEST CHOICE FOR YOU?
YES	NO	U – DO YOU UNDERSTAND THE INFORMATION?
YES	NO	R – DO YOU UNDERSTAND THE RISK-BENEFIT RATIO?
YES	NO	E – DID YOUR PROVIDER ENCOURAGE YOU ABOUT YOUR DECISION?

WANT MORE INFORMATION ABOUT CONTRACEPTION?

WWW.WOMENSHEALTH.GOV/A-Z-TOPICS/BIRTH-CONTROL-METHODS

WWW.BEDSIDER.ORG/METHODS

WWW.CDC.GOV/REPRODUCTIVEHEALTH/CONTRACEPTION/INDEX.HTM

WWW.KELLYMOM.COM/BF/CAN-I-BREASTFEED/MEDS/BIRTHCONTROL/