

# Women & Infants

New England's premier hospital for women and newborns

101 Dudley Street  
Providence, Rhode Island 02905-2449  
401-274-1100  
womenandinfants.org

A Care New England Hospital  
A Major Teaching Affiliate of The Warren Alpert Medical School of Brown University



**Women & Infants Hospital of Rhode Island**

2 Dudley Street  
Providence, Rhode Island 02905-3200  
(401) 274-1122, EXT. 42740, 42741  
**Women & Infants Primary Care Center**



## Family Planning

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## Family Planning

This guide is designed to help you make an informed decision about birth control. We are providing a brief introduction of your options. Your health care provider can best answer any questions you may have.

The following methods of birth control are currently approved for use. They may all not be available at this time. Each method has varying degrees of effectiveness, advantages and disadvantages. Also, your birth control method will depend on your own feelings, lifestyle and life plan.

**REMINDER:** Most methods of birth control do not protect against STIs (sexually transmitted infections) and HIV. Be sure to find out the specific details of the method(s) you plan to use. For protection against STIs and HIV, you should use a condom with your regular birth control method.

### How to reach us

To speak with a counselor, please call 274-1122, extension 42740. If you reach our voice mail, please leave a message and we will return your call. Counseling services are available by appointment.

### Where we are located

The Family Planning office at the Women's Primary Care Center is located on the fifth floor of the Cooperative Care Center, 2 Dudley Street, Providence.

## Services

The Family Planning office at Women & Infants' Women's Primary Care Center provides the following services:

- Education and counseling about methods of birth control are available for patients visiting the Women's Primary Care Center for gynecological and obstetrical services
- Counseling is available for all patients visiting the Women's Primary Care Center who request sterilization information
- Education material about all areas of reproductive care
- STI (sexually transmitted infection) prevention and safe sex education
- Free condoms
- HIV pre- and post-test counseling
- Emergency contraceptive pills offered to all patients who are eligible
- Counseling available by phone during office hours
- Services available in Spanish
- Appointments for physical exams and other services in the Women's Primary Care Center

## Oral Contraceptives

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Birth Control Pill (estrogen + progestin)	92%-99%	Pill taken daily. Suppresses ovulation (no egg is released), thickens cervical mucus preventing sperm from entering the uterus, and thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Effective when used correctly.</li> <li>• Reversible.</li> <li>• Regulates periods.</li> <li>• Decreases menstrual cramping.</li> <li>• Decreases risk of ovarian and endometrial cancer.</li> <li>• Safe for nearly every woman. Serious complications are rare.</li> </ul>	<ul style="list-style-type: none"> <li>• Must be taken every day.</li> <li>• Possible mild headaches, sore breasts, upset stomach, especially at first. These often go away.</li> <li>• Because of increased risk of circulatory disease including blood clots, not recommended for women over 35 who smoke.</li> </ul>
Mini Pill (progestin only)	92%-99%	Same as above.	<ul style="list-style-type: none"> <li>• Preferred pill for breastfeeding mothers.</li> <li>• Reversible</li> </ul>	<ul style="list-style-type: none"> <li>• Must be taken every day at the same time.</li> <li>• Slightly less effective than pill containing both estrogen and progestin.</li> </ul>

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## Skin Patch Contraceptives

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Ortho-Evra	92%-99%	Band-aid like patch that is worn on the skin. Delivers estrogen and progestin into body. Replaced weekly. Worn for 3 weeks in a cycle. Suppresses ovulation (no egg is released), thickens cervical mucus preventing sperm from entering the uterus, and thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Easy method, only need to remember weekly.</li> <li>• Reversible.</li> <li>• Regulates periods.</li> <li>• Decreases menstrual cramping.</li> <li>• Safe for nearly every woman. Serious complications are rare.</li> </ul>	<ul style="list-style-type: none"> <li>• Must be replaced weekly.</li> <li>• Patch may cause skin rash.</li> <li>• Possible mild headaches, sore breasts, upset stomach, especially at first. These often go away.</li> <li>• Because of increased risk of circulatory disease including blood clots, not recommended for women over age 35 who smoke.</li> <li>• Slightly decreased effectiveness in women over 198 lbs.</li> </ul>

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## Vaginal Insert Contraceptives

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
NuvaRing	92%-99%	Small, flexible ring inserted into the vagina. Delivers estrogen and progestin into the body. Left in vagina for 3 weeks, removed for 1 week. Suppresses ovulation (no egg is released), thickens cervical mucus preventing sperm from entering the uterus, and thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Easy method, only need to remember monthly.</li> <li>• Less hormonal side effects than with the pill.</li> <li>• Reversible.</li> <li>• Regulates periods.</li> <li>• Decreases menstrual cramping.</li> <li>• Safe for nearly every woman. Serious complications are rare.</li> </ul>	<ul style="list-style-type: none"> <li>• Must be replaced monthly.</li> <li>• Possible mild headaches, sore breasts, upset stomach, especially at first. These often go away.</li> <li>• Because of increased risk of circulatory disease including blood clots, not recommended for women over age 35 who smoke.</li> </ul>

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## Injections

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Depo Provera	97%-99%	Long-acting progestin. Injected into the muscle. Suppresses ovulation (no egg is released), thickens cervical mucus preventing sperm entry, and thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Given every 3 months (11-13 weeks).</li> <li>• No need to remember daily.</li> <li>• Reversible.</li> <li>• Safe during breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Must return to the clinic every 3 months for the injection.</li> <li>• After stopping injections, it may take some women a few months to become pregnant.</li> <li>• Spotting and unexpected bleeding often occur in the first several months, then often bleeding stops.</li> <li>• Gradual weight gain is possible.</li> <li>• May predispose women to weak bones if used long-term.</li> </ul>

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## Implants

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Nexplanon	99%	Rod inserted under the skin of upper arm. Delivers progestin into the body. Suppresses ovulation (no egg is released), thickens cervical mucus preventing sperm entry, and thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Continuous protection up to 3 years.</li> <li>• No need to remember daily.</li> <li>• Reversible.</li> <li>• Safe during breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires insertion procedure.</li> <li>• Unexpected light bleeding or spotting may occur, or monthly bleeding may stop. Bleeding pattern will be unpredictable.</li> </ul>

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## Intrauterine Device (IUD)

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Paragard (Copper IUD)	99%	Small flexible device inserted into uterus by a medical provider. Prevents sperm from fertilizing egg.	<ul style="list-style-type: none"> <li>• Continuous protection up to 10 years.</li> <li>• No need to remember daily.</li> <li>• Reversible.</li> <li>• No hormones.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires insertion procedure.</li> <li>• Possibly heavier and longer monthly bleeding, especially at first.</li> </ul>
Mirena (Progestin IUD)	99%	Small flexible device inserted into uterus by a medical provider. Prevents sperm from fertilizing egg. Thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Continuous protection up to 5 years.</li> <li>• No need to remember daily.</li> <li>• Possibly lighter monthly bleeding with less menstrual cramping.</li> <li>• Reversible.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires insertion procedure.</li> <li>• Spotting and unexpected bleeding may occur in the first several months.</li> </ul>
Skyla	99%	Small flexible device inserted into uterus by a medical provider. Prevents sperm from fertilizing egg. Thins out the lining of the uterus.	<ul style="list-style-type: none"> <li>• Continuous protection up to 3 years.</li> <li>• No need to remember daily.</li> <li>• Possibly lighter monthly bleeding with less menstrual cramping.</li> <li>• Reversible.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires insertion procedure.</li> <li>• Spotting and unexpected bleeding may occur in the first several months.</li> </ul>

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## Barrier Methods

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Male Condom	85%-98%	Worn on male penis. Stops sperm from entering the vagina.	<ul style="list-style-type: none"> <li>• Best protection against STIs (sexually transmitted infections) and HIV.</li> <li>• Low cost.</li> <li>• Easily obtained.</li> <li>• Easy to use.</li> </ul>	<ul style="list-style-type: none"> <li>• May reduce sensation</li> <li>• May break.</li> <li>• Must be used correctly and consistently every act of sexual intercourse.</li> </ul>
Female Condom	79%-95%	Inserted into the vagina. Stops sperm from entering the vagina.	<ul style="list-style-type: none"> <li>• STI and HIV protection.</li> <li>• May be inserted before intercourse.</li> <li>• Controlled by woman.</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to use.</li> <li>• May be more visible or less comfortable than male condom.</li> </ul>
Diaphragm (with spermicide)	84%-94%	Small rubber dome fitted to cover the top of the vagina and cervix. Stops sperm from entering the cervix. Spermicide kills sperm.	<ul style="list-style-type: none"> <li>• Can be inserted up to 6 hours before sexual intercourse.</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to insert or remove.</li> <li>• May increase risk of bladder infection.</li> </ul>
Cervical Cap (with spermicide)	84%-94%	Thimble-shaped cap that covers the cervix. Stops sperm from entering the cervix. Spermicide kills sperm.	<ul style="list-style-type: none"> <li>• Can be inserted up to 48 hours before intercourse.</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to insert or remove.</li> <li>• Decreased effectiveness in women who have had children.</li> </ul>

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Spermicide Sponge (Today)	68%-91%	Soft foam sponge inserted into the vagina to cover the cervix. Spermicide kills sperm.	<ul style="list-style-type: none"> <li>• Easily obtained.</li> <li>• One sponge provides continuous protection for up to 24 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to remove.</li> <li>• Can cause vaginal dryness.</li> <li>• Decreased effectiveness in women who have had children.</li> </ul>
Spermicides (gels, foam, suppositories, film, creams)	71%-82%	Inserted into the vagina. Contains chemicals to kill sperm.	<ul style="list-style-type: none"> <li>• Easily obtained.</li> <li>• Good results when used with other barrier methods.</li> </ul>	<ul style="list-style-type: none"> <li>• Reapplication needed with repeated intercourse.</li> <li>• Possible irritation of the vagina.</li> </ul>
Withdrawal (coitus interruptus)	73%-96%	Prevents sperm from entering the vagina by the man withdrawing his penis before ejaculation.	<ul style="list-style-type: none"> <li>• No cost, medication, or visits to medical provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-ejaculate fluid that is released before ejaculation may contain some sperm.</li> <li>• Man may not be able control ejaculation.</li> <li>• Requires male cooperation.</li> </ul>
Fertility Awareness-Based Methods	75%-97%	Identifies the most fertile days of the menstrual cycle. Couples avoid vaginal intercourse or use barrier methods during these fertile days.	<ul style="list-style-type: none"> <li>• No medication or side effects.</li> <li>• Active involvement of male partner.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires training and not be suitable for women with irregular periods.</li> <li>• Requires male cooperation.</li> </ul>

## Sterilization

BIRTH CONTROL METHODS	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	PROS	CONS
Tubal ligation (laparoscopic or post-partum)	99%	In females, fallopian tubes are cut or sealed shut through a cut in the abdomen.	<ul style="list-style-type: none"> <li>• Continuous protection.</li> <li>• Permanent method.</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical procedure.</li> <li>• Permanent method.</li> </ul>
Hysteroscopic tubal ligation (Essure)	99%	In females, fallopian tubes are blocked by small metal coils inserted through the vagina.	<ul style="list-style-type: none"> <li>• Continuous protection.</li> <li>• Permanent method.</li> <li>• No incisions required.</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical procedure.</li> <li>• Permanent method.</li> <li>• Use another method for the first 3 months until the method starts to work.</li> </ul>
Vasectomy	99%	In males, the tube that carries sperm to the penis is cut and closed, blocking sperm passage.	<ul style="list-style-type: none"> <li>• Continuous protection.</li> <li>• Permanent method.</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical procedure.</li> <li>• Permanent method.</li> <li>• Use another method for the first 3 months until the vasectomy starts to work.</li> </ul>

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## Emergency Contraception

	EFFECTIVENESS	HOW IT WORKS TO PREVENT PREGNANCY	SIDE EFFECTS
Emergency Contraceptive Pills	Treatment within 72-120 hours after unprotected intercourse. Reduces the risk of pregnancy by at least 75%-89%. More effective if used within 24-48 hours after unprotected intercourse.	May work to suppress ovulation (no egg is released), delay ovulation, prevent fertilization, or prevent implantation.	<ul style="list-style-type: none"> <li>• Possible mild nausea and temporary menstrual changes.</li> </ul>
Paragard (copper) IUD	Treatment within 5 days after unprotected intercourse. Reduces the risk of pregnancy by at least 99%.	May work to prevent fertilization or prevent implantation.	<ul style="list-style-type: none"> <li>• Possible abdominal cramping and vaginal spotting.</li> </ul>

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