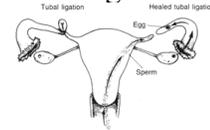
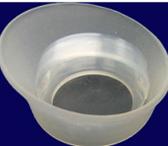
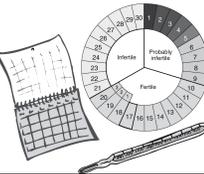


WOMEN'S SPECIALISTS of New Mexico, Ltd.

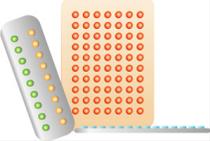
Birth Control Methods

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
		Typical Use	Perfect Use				
Permanent Methods	Tubal Ligation 	5 in 1000	5 in 1000	Surgically blocks passage of ovum	Permanent	Post surgical discomfort, nonreversible	Minor surgical and anesthesia risks
	Essure 	1 in 1000	1 in 1000	Surgically blocks passage of ovum; done in the office; confirmation of complete blockage of tubes is done	Permanent, in-office procedure	Post surgical discomfort (although usually less than a tubal ligation), nonreversible	Minor surgical risks
	Vasectomy 	1-2 in 1000	1 in 1000	Surgically blocks passage of sperm; done in the office	Permanent, in-office procedure	Post surgical discomfort, nonreversible	Minor surgical risks

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Non-hormonal Methods	Copper T IUD / “Paragard” 	8 in 1000	6 in 1000	Inhibits sperm activity, kills sperm. Inserted into uterus by provider, lasts up to 10 years.	No hormonal side effects, long term, easy to use, rapid return to fertility after removal, very confidential	Initial cost, provider must insert and remove	Occasional cramping, heavier periods
	Condoms 	150 in 1000 (male condom) 210 in 1000 (female condom)	20 in 1000 (male condom) 50 in 1000 (female condom)	Prevents sperm from entering the uterus. Placed on penis or in vagina at time of expected intercourse, a new one must be used every time	Inexpensive, no need for prescription, prevents transmission of sexually transmitted infections (STIs)	Requires partner cooperation, can break, may interrupt spontaneity	Rare latex allergy with male condom
	Diaphragm with Spermicidal Gel 	160 in 1000	60 in 1000	Prevents and inhibits sperm from entering the uterus. Placed into vagina before expected intercourse (can be placed up to 6-8 hours before sex); provider must initially fit	Few side effects, no hormones	Must learn proper insertion technique, may interrupt spontaneity	Rare bladder infection; NOTE: new diaphragms are made of non-latex material
	Cervical Cap with Spermicidal Gel (FemCap) 	320 in 1000 (women who have given birth) 160 in 1000 (women who have not given birth)	260 in 1000 (women who have given birth) 90 in 1000 (women who have not given birth)	Prevents and inhibits sperm from entering the uterus. Placed into vagina before expected intercourse (can be placed up to 6-8 hours before sex)	Few side effects, no hormones	Must learn proper insertion technique, may interrupt spontaneity	Cervical irritation

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Non-hormonal Methods	Birth Control Sponge “Today Sponge” 	320 in 1000 (women who have given birth) 160 in 1000 (women who have not given birth)	200 in 1000 (women who have given birth) 90 in 1000 (women who have not given birth)	Prevents and inhibits sperm from entering the uterus. Placed into vagina before expected intercourse (can be placed up to 24 hours before sex). Must use a new sponge every time.	No prescription needed, no hormones, few side effects	Must learn proper insertion technique, may interrupt spontaneity	May cause vaginal irritation
	Spermicide (alone) – foams, gels, creams 	290 in 1000	180 in 1000	Blocks the cervix so sperm cannot reach the egg, keeps sperm from moving so it cannot join the egg. Placed into the vagina about 10-60 minutes before sex, must be placed each time.	No prescription needed, no hormones, few side effects	Messy	May cause vaginal irritation
	Fertility Awareness Method (Natural Family Planning) Fertility Awareness 	250 in 1000	20 in 1000	Uses events of menstrual cycle and fertility signs to predict periods of fertility	Inexpensive, no hormones, helps a woman learn about her body	Requires careful daily attention to fertility signs and calendar, dependent on regular menses, hard to use when breast feeding	None
	Withdrawal	270 in 1000	40 in 1000	Greatly reduces amount of sperm released into vagina as penis is removed from vagina <i>before</i> ejaculation of semen	Inexpensive, can be used at the last minute	Requires partner cooperation	May decrease sexual satisfaction

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Combined-Hormonal Methods	Combined Birth Control Pill 	80 in 1000	1-3 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Take one pill every day by mouth. Must get new packet of pills each month.	Decreased risk of ovarian cancer, uterine cancer, osteoporosis, benign breast masses, and acne. Regular cycles, less cramping, improved PMS, protects against PID	Needs to be taken daily, reduces breast milk supply	Nausea, headaches, breast tenderness initially, irregular spotting, mood changes, decreased libido
	The Patch 	Unknown	3 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Apply to skin – a new patch is applied every week.	Similar to birth control pills; more constant level of hormones, possibly less nausea than pills	Must replace patch on schedule, reduces breast milk supply, decreased effectiveness if weight over 198lbs, not covered by Medicaid/Salud	Same as combined birth control pills; skin irritation
	Vaginal Ring (NuvaRing) 	Unknown	3 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Insert ring into vagina. A new ring is inserted every month.	Similar to birth control pill; once-a-month application, more constant level of hormones, possibly less nausea	Must replace ring on schedule, reduces breast milk supply, not covered by Medicaid/Salud	Same as combined birth control pills; possible increase in vaginal infection/secretions or irritation

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Progestrone Only Methods	Levonorgestrel IUD / "Mirena" 	1 in 1000	1 in 1000	Thickens cervical mucous, inhibits sperm. Inserted into uterus by provider, lasts up to 5 years.	Extremely effective, decreases cramping, decreases menstrual bleeding, can continue to breastfeed while using	Initial cost, provider must insert and remove	Irregular to scant menses
	Progestin Injection / "Depo-Provera" / The Shot 	30 in 1000	3 in 1000	Disrupts ovulation, thickens cervical mucous, thins uterine lining. Injected every 3 months by provider office	Easy to use, very confidential, decreases blood loss	Regular office visit for injection, may need 12-18 months for return of fertility, cannot be removed after injection	Irregular to no menses; risk of weight gain due to increased appetite, mood changes
	Progestin Pill / "Mini-Pill" 	50-80 in 1000	3-5 in 1000	Thickens cervical mucous, thins uterine lining. Take one pill every day by mouth. Must get new packet of pills each month.	Can continue to breastfeed while using, appropriate for some women who cannot take combined pill	Must take at same time every day to be effective	Irregular to no menses
	Birth Control Implant / "Implanon" 	Less than 1 in 1000	Less than 1 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Inserted just under the skin on the inner side of your upper arm, can be left into place up to 3 years	Extremely effective, can continue to breastfeed while using, decreases menstrual bleeding	Initial cost, provider must insert and remove	Irregular to scant menses