

Do You Know Your Family Planning Choices?

Your family planning provider can help. Please ask!



Contraceptive Implants

- One or 2 small rods placed under the skin of a woman's upper arm. Little to do once implants are in place.
- Very effective for 3 to 5 years, depending on which implant.
- Can be used at any age and whether or not a woman has had children.
- A woman can have a trained provider take out the implants at any time. Then she can become pregnant with no delay.
- Unexpected light bleeding or spotting may occur, or monthly bleeding may stop. Not harmful.
- Safe during breastfeeding.

Intrauterine Device (IUD)

- Small, flexible device made with either copper or hormone, placed inside the womb.
- Very effective, reversible, long-term copper TCU-380A IUD can be used at least 12 years. Hormonal LNG-IUD can be used for 3 to 6 years.
- Can be inserted right after childbirth, as well as at other times.
- Some pain during insertion. With copper IUD monthly bleeding may be heavier and longer, especially at first. With LNG-IUD no heavier bleeding and helps prevent anemia (low blood iron).
- Serious complications are rare. Pelvic infection occasionally occurs if a woman has certain sexually transmitted infections when the IUD is inserted.
- Can come out on its own, especially at first.
- A woman can become pregnant with no delay after the IUD is removed.

Female Sterilization

- Meant to be permanent. For women who are sure that they will not want more children. Think carefully before deciding.
- Very effective (but not 100% effective).
- Involves physical exam and safe, simple surgery. The woman usually stays awake. Pain is blocked.
- Pain and swelling can last a few days after procedure. Serious complications are rare.
- No long-term side effects. No effect on sexual ability or feelings.
- Can be done right after childbirth, as well as at other times.

Vasectomy

- Meant to be permanent. For men who are sure that they will not want more children. Think carefully before deciding.
- Use another method for the first 3 months, until the vasectomy starts to work.
- Very effective after 3 months (but not 100% effective).
- Safe, simple, convenient surgery. Done in a few minutes. Pain is blocked.
- Pain, swelling, or bruising can last a few days. A few men have lasting pain.
- No effect on sexual ability or feelings.

Injectable Contraceptives

- Three types: DMPA—injection every 3 months (13 weeks); NET EN—injection every 2 months; Cyclo-Fem and others—injection every month.
- Can still get next injection even if 4 weeks late for DMPA, 2 weeks late for NET EN, or 1 week late for monthly injectables.
- Effective and safe.
- Private. Others cannot tell you are using it.
- Can be used at any age and whether or not you have had children.
- DMPA and NET EN are safe during breastfeeding, starting 6 weeks after childbirth. Monthlies not advised.
- May be able to get injections in the community. Can give yourself the DMPA-SC injection.
- With DMPA and NET EN, often spotting and irregular bleeding in the first several months, then often monthly bleeding stops. Gradual weight gain, mild headaches. Not harmful.
- With monthly injectables, monthly bleeding usually becomes lighter, shorter or less frequent. Spotting and unexpected bleeding can occur.
- When injections stop, a woman can get pregnant again. After DMPA, it may take a few more months.

LAM (Lactational Amenorrhea Method)

- A family planning method based on fully or nearly fully breastfeeding, for up to 6 months after childbirth.
- A breastfeeding woman uses LAM when:
 - Her baby gets little or no food or drink except breast milk, and she breastfeeds often, both day and night, and
 - Monthly bleeding has not returned, and
 - Her baby is less than 6 months old.
- Before she can no longer use LAM, a woman should plan for another method

Combined Oral Contraceptives

- Effective and reversible without delay.
- Take one pill every day and start new packs on time for greatest effectiveness.
- Unexpected bleeding or spotting may occur, especially at first. Not harmful. Monthly bleeding becomes lighter and more regular after a few months.
- Some women have mild headaches, weight change, upset stomach, especially at first. These often go away.
- Safe for nearly every woman. Serious complications are very rare.
- Can be used at any age and whether or not a woman has had children.
- Help prevent menstrual cramps, heavy bleeding, anemia (low blood iron), and other conditions.

Progestin-Only Oral Contraceptives

- Good choice for breastfeeding mothers who want pills.
- Very effective during breastfeeding and reversible without delay.
- Take one pill every day for greatest effectiveness.
- If not breastfeeding, spotting and unexpected light bleeding are common. Not harmful.

Condoms

- Help prevent pregnancy and some sexually transmitted infections (STIs), including HIV/AIDS, when used correctly every time.
- For protection from STIs/HIV, some couples use condoms along with other family planning methods.
- Easy to use with a little practice.
- Effective if used correctly every time. Often not used every time, however.
- Some people object that condoms interrupt sex, reduce sensation, or embarrass them. Talking with partner can help.

Diaphragm With Spermicide

- Woman places diaphragm deep in vagina each time before sex. Can do this ahead of time.
- Effective if used correctly every time.
- Usually, woman must have an internal examination to get diaphragm of correct size.
- Bladder infection is more common.

Fertility Awareness Methods Including Standard Days Method

- A woman learns to tell the fertile time of her monthly cycle.
- During the fertile time a couple avoids vaginal sex, or they use another method such as condoms.
- Can be effective if used correctly. Usually only somewhat effective, however.
- Requires partner's cooperation.
- No physical side effects.
- Certain methods may be hard to use during fever or vaginal infection, after childbirth, or while breastfeeding.

Emergency Contraceptive Pills

- Help prevent pregnancy when taken within 5 days after unprotected sex or a mistake with a family planning method.
- Safe for all women.
- They do not disrupt pregnancy or harm the baby if a woman is already pregnant.
- Regular family planning methods are more effective. Please consider starting another method now.

Some Methods Are Not Advised If You Have Certain Health Conditions

Condition	Methods Not Advised
Smoke cigarettes and also age 35 or older	Combined oral contraceptive pills (COCs). If you smoke heavily, monthly injectables.
Known high blood pressure	COCs, monthly injectables. If severe high blood pressure, also 2- and 3-month injectables.
Fully or nearly fully breastfeeding in first 6 months	COCs, monthly injectables
Breastfeeding in first 6 weeks	2- and 3-month injectables
First 21 days after childbirth, not breastfeeding	COCs, monthly injectables. (COCs and monthly injectables not advised for first 6 weeks after delivery if there are special reasons that you might develop blood clot in a deep vein (VTE). These clots are more likely for several months following the birth of a child.) Wait until 6 weeks after childbirth to fit diaphragm correctly.
Certain uncommon serious diseases of the heart, blood vessels, or liver, or breast cancer	COCs, injectables, progestin-only pills, implants. Ask your provider.
Migraine headaches (a type of severe headache)	COCs, monthly injectables. Ask your provider.
Migraine aura (sometimes see a growing bright spot in one eye), at any age	COCs, monthly injectables. Ask your provider.
Gall bladder disease	COCs. Ask your provider.
Certain uncommon conditions of female organs	IUD. Ask your provider.
Sexually transmitted infections of the cervix or very high individual risk of getting those infections; pelvic inflammatory disease (PID); untreated AIDS	IUD. Use condoms even if also using another method. Women with HIV, including women with AIDS and those on treatment, can generally use any family planning method they choose. (This includes the IUD for a woman with actual AIDS if she is on treatment and doing well.) Women at high risk of HIV infection can use any method except methods that involve spermicides.
Known pregnancy	No method needed.

Note: Also consult national standards for specific guidance.

For more information about these family planning methods, health care providers can consult *Family Planning: A Global Handbook for Providers*. Health care providers can obtain the handbook and more copies of this wall chart from Knowledge SUCCESS, Johns Hopkins Center for Communication Programs (JHCCP), 1111 Market Place, Suite 310, Baltimore, Maryland 21202, USA; email orders@jhccp.org. This chart updates and replaces previously published editions. This wall chart was made possible by support from the United States Agency for International Development, Global, GH/PRH/PEC, under the terms of Cooperative Agreement 7200AA19CA00001. Revision © 2021, Johns Hopkins Center for Communication Programs.



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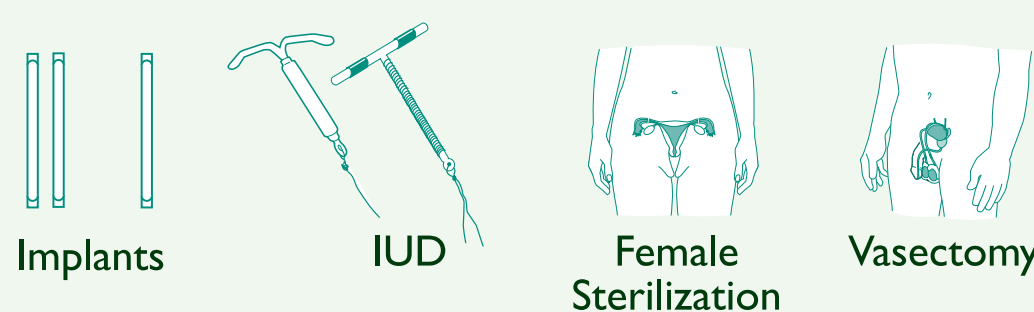


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Comparing Effectiveness of Family Planning Methods

More effective

Less than 1 pregnancy per 100 women in one year



How to make your method more effective: Implants, IUD, female sterilization:

After procedure, little or nothing to do or remember

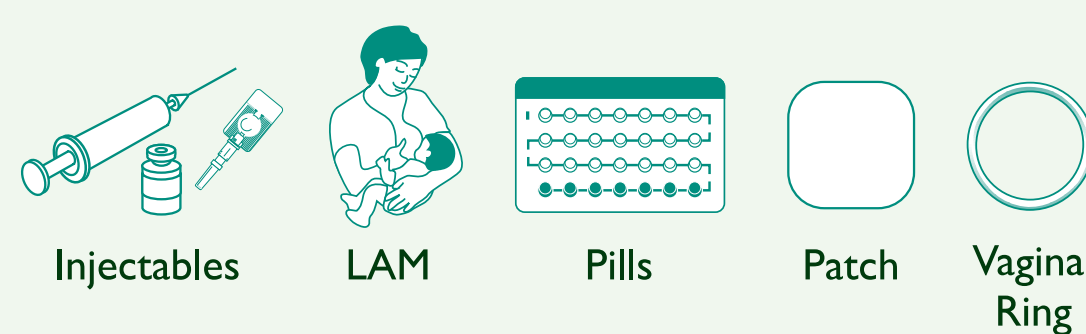
Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational Amenorrhea Method (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time



Male condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Standard Days Method and Two Day Method may be easier to use.



Less effective

About 20 pregnancies per 100 women in one year



Female condoms, withdrawal, spermicides: Use correctly every time you have sex