



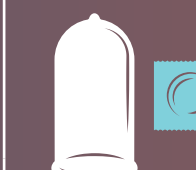


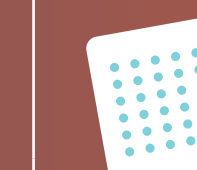
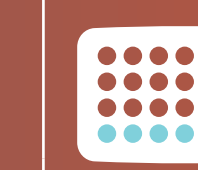
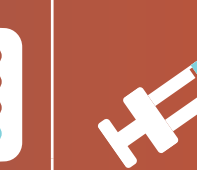





Less Invasive, Less Effective

More Invasive, More Effective

	 Fertility Awareness Methods	 Sponge	 Withdrawal	 Female Condom	 Male Condom	 Diaphragm	 Ring (NuvaRing)	 Patch (Evra)	 Pill (Alesse, TriCyclen, Yasmin, Seasonique, etc.)	 Injections (Depo-Provera)	 Intrauterine Device (IUD) (Mirena, Kyleena, Jaydess, and Libérté)		 Male Sterilization (Vasectomy)	 Female Sterilization (Tubal Occlusion or Tubal Ligation)	
<b>What is it?</b>	It involves daily tracking of the menstrual cycle and abstaining from sex or utilizing barrier methods of contraception during days of ovulation. It can increase awareness and understanding of a woman's fertility signs. Difficult for women whose periods are not regular. <sup>1</sup>	This is a disposable sponge that fits snugly against the cervix and contains spermicide, which helps to prevent sperm from entering the uterus and reaching the egg. <sup>1</sup>	This method requires trust. It involves withdrawal of the penis from the vagina before ejaculation. It is important to note that sperm can be present before ejaculation, which explains the high failure rate. <sup>1</sup>	A latex sheath is placed against the vagina, providing a barrier between the vagina and what is inserted into it and catching the sperm after ejaculation. <sup>1</sup>	A latex sheath fits over an erect penis. It provides a barrier between the penis and the vagina/anus/mouth and catches the sperm during ejaculation, thus preventing semen and other secretions from entering the person's body. <sup>1</sup>	This is a small, dome-shaped, silicone cup, which is inserted into the vagina and acts as a barrier against your cervix, helping to prevent sperm from reaching the egg. Diaphragms come in various sizes and a health care provider can determine proper fit. Some find it difficult to insert and take out. <sup>1</sup>	It involves inserting a thin, flexible ring that slowly releases hormones into the vagina. The hormones prevent the ovaries from releasing an egg. The ring woks for three weeks at a time and must be removed in the fourth week to allow for a menstrual period to occur. <sup>1</sup>	This is a thin, plastic patch that is placed on the skin (belly, arm, back, or bum). It slowly releases hormones and prevents the ovaries from releasing an egg. It also interrupts the sperm from entering the uterus. It works for one week. It may fall off the skin or a woman may forget to change it every week. <sup>1</sup>	This is a small pill taken at the same time daily. The pill contains hormones that prevent the ovary from releasing an egg every month. <sup>1</sup>	It involves a hormonal injection in the clinic. Hormones are slowly released into the bloodstream, preventing the ovaries from releasing an egg and also interrupting the sperm from entering the uterus. It lasts 8-15 weeks at a time. <sup>1</sup>	A T-shaped device made from copper is inserted by a clinician into the uterus. It prevents the sperm from reaching the egg, preventing fertilization. <sup>1</sup>	A T-shaped device that is inserted by a clinician into the uterus that slowly releases hormones. It prevents sperm from reaching the egg, preventing fertilization. <sup>1</sup>	This is a surgical procedure that closes or blocks the tubes in the testicles that carry sperm (vas deferens). While reversal is possible, it is expensive, complicated, and not guaranteed to work. <sup>1</sup>	<b>Tubal occlusion</b> is a procedure where a surgeon blocks the fallopian tubes by either applying clips, rings, or tying them. This prevents the egg from travelling down the fallopian tube and meeting the sperm, preventing fertilization and pregnancy. While reversal is possible, it is expensive, complicated, and not guaranteed to work. <sup>1,2</sup>	Tubal ligation is a permanent surgical procedure in which the two fallopian tubes are disconnected by cutting and removing a small piece or removing the tubes altogether (salpingectomy). Tubal ligation is considered permanent; reversal is NOT possible. <sup>1,2</sup>
<b>Effectiveness (in percent)</b>	76%	76-88%	78%	79%	82%	88%	91%	91%	91%	94%	99.2%	99.8%	99.85%	99.5%	
<b>Potential side effects</b>	None	Allergic reaction, irritation	None	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation. Some experience more urinary tract infections.	Temporary spotting, nausea, and breast tenderness	Temporary spotting, nausea, and breast tenderness	Temporary spotting, nausea, and breast tenderness. May also cause mood swings and weight changes.	Spotting, no periods, increased appetite, and weight gain. Some women have difficulty conceiving for several months after the shots are stopped.	Heavy periods, pain with placement	Spotting, no periods, pain with placement	Pain, bleeding, infection	Pain, bleeding, infection	
<b>How often it is used</b>	Daily	Every time you have sex	Every time you have sex	Every time you have sex	Every time you have sex	Every time you have sex	Every month	Every week	Every day	Every three months	Lasts 3-12 years		<b>PERMANENT</b>		
<b>Covered by Non-Insured Health Benefits (NIHB)?</b>	N/A	✓	N/A	✓	✓	✓	✓	✓	✓	✓	✓		N/A	N/A	
<b>Reduces the risk of sexually transmitted blood-borne infections (STBBIs)</b>	x	x	x	✓	✓	x	x	x	x	x	x		x	x	

○ Non-hormonal

○ Hormonal

○ Surgical (permanent)

One of your rights as a patient navigating the health system is having access to information about your sexual and reproductive health in order to make informed choices. This includes understanding all your options when it comes to birth control, contraception, and family planning.

### Emergency Contraception

Emergency contraception is not intended as a regular method of birth control, but rather something that can be used on occasion when the birth control options above have not been used or have failed.<sup>3</sup> Examples include if you missed a dose of your pill, patch, or injection; the condom or diaphragm slipped or broke; you made an error when calculating days of ovulation/fertility; or no form of contraception was used and you know that you do not want to get pregnant. In Canada, there are two methods of emergency contraception:<sup>3</sup>

**Morning-After Pill:** There are two kinds of morning-after pills, one that requires a prescription (Ulipristal acetate- Ella) and one that doesn't (Plan B, Norlevo, and Next Choice). Both kinds are covered by NIHB and are most effective when taken within 24 hours of sexual intercourse. While their effectiveness starts to decline after 24 hours, they can be taken up to five days after sexual contact. Should a pregnancy occur despite taking them, they will not harm the fetus.<sup>3</sup>

**Copper IUD:** The copper IUD is the most effective form of emergency contraception. A health care provider must insert it within seven days of unprotected sexual intercourse. If left in place, it can continue to provide ongoing birth control.<sup>3</sup>

### Abortions

An abortion is a safe, legal, and common medical procedure in Canada.<sup>4</sup> It ends a pregnancy. Like any other form of birth control, it is an extremely personal choice and is yours alone to make. There are two types of abortions: medical and surgical. The availability of these options depend on how long you've been pregnant, with medical abortions only being available if you have been pregnant for less than 8 weeks.<sup>4</sup>

**Medical Abortion:** This is when a health care provider provides you with a pill (Mifegymiso) that blocks the hormone that is necessary for pregnancy to continue. It also causes the uterus to contract and push the pregnancy out of the body. Medical abortions may involve cramping and heavy bleeding (may contain clots) and may require multiple appointments.<sup>4</sup>

**Surgical Abortion:** This is when a health care provider physically removes pregnancy tissue from your womb using surgical tools. This option requires either local or general anesthesia. Surgical abortions do not require cutting or stitches.<sup>4</sup>

**Disclaimer:** Content in this toolkit contains information and discussions on the common causes of trauma, such as forced or coerced sterilization and traumatic health care experiences, which may trigger trauma. If you need support at any time, please call the Hope for Wellness Help Line at 1-855-242-3310.

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### References

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