

BIRTH CONTROL KIT

The BIRTH CONTROL KIT is a tool that may be used to assist in teaching about contraceptives and STI protection. Pre-made kits may be available from community health units or school nurses. In these kits, any products shown are examples of similar products available and the use of any particular brand is not endorsed.

This overview of the BIRTH CONTROL KIT is for information only. For medical information, consult a health care provider. Different products may be available in different parts of Canada, new products may become available and products listed may no longer be available. *It is the responsibility of the professionals or agencies in possession of the kit to ensure safety in the storage and use of the kit and to keep the kit up to date.*

How to make a BIRTH CONTROL KIT

Health units, schools or individuals can use the following list of contents to assemble their own kits. Having actual products as a tactile object for clients to see and feel can enhance learning and familiarity. A picture will be sufficient in the event that some of the items are difficult to obtain. Ensure that any actual medications are clearly labeled as “EXPIRED – DO NOT USE”.

How to use a BIRTH CONTROL KIT

To use the BIRTH CONTROL KIT, have each item available to guide discussion. Use the discussion points below to explain what the item is, how it works, how to correctly use it and how to obtain it. Pass the product or pictures around to the students/client to touch.

Please note:

- All of the methods may not be appropriate for all ages, grades, developmental levels.
- **Refer to the health information sheets for each method included in the kit for more detailed information about each method.**
- Additional, up to date contraceptive information is available at www.sexualityandu.ca
- Lesson plans, activities, demonstration videos and illustrations are available at: www.teachingsexualhealth.ca

BIRTH CONTROL KIT CONTENTS LIST AND DESCRIPTION

WITH DISCUSSION OF EACH METHOD, PLEASE NOTE THAT THE ONLY BIRTH CONTROL METHODS THAT ALSO OFFER STI PROTECTION ARE ABSTINENCE AND CONDOMS.

Most methods below state effectiveness rates as either typical use or perfect use.

- **Typical use means directions for use are not followed all of the time**
- **Perfect use means following the exact instructions all of the time**

Abstinence

- Means making the decision not to have sexual activity.
- Often referred to as being 100% safe, eliminating the risk of STI or pregnancy. *This is only true if abstinence is interpreted to mean no intimate sexual contact with another person: no contact with vaginal or seminal fluid, no contact with the anal or genital area and no intimate skin to skin contact.*

- One does not need to be a virgin to be abstinent. Just because someone has had sex in the past does not mean that they need to continue. Abstinence can be chosen at any time and can last for as long as a person wants it to.

Male Condom – can include latex, non-latex, flavored

- A male condom is a barrier put on the penis that prevents direct genital contact and prevents semen from coming in contact with another person.
- Use one condom for each sex act. Use one condom at a time as friction between 2 condoms can break them down. Do not use a male and a female condom at the same time.
- Condoms are effective in preventing pregnancy and STI.
- 85% effective with typical use; 97% perfect use. Good protection from STI.
- Please see demonstration video and demonstration notes at:
<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos/>

Female Condom

- A female condom is a NON-LATEX barrier put in the vagina that prevents direct genital contact and prevents semen from coming in contact with the female reproductive system.
- Female condoms are for penis-vagina sex only.
- Use one condom for each sex act. Use one condom at a time as friction between 2 condoms can break them down. Do not use a female and a male condom at the same time.
- Condoms are effective in preventing pregnancy and STI.
- 80% effective with typical use; 95% perfect use. Good protection from STI.
- Please see demonstration video and demonstration notes at:
<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos/>

Emergency Contraception Pill (ECP)“Morning After Pill”

- ECP is a hormonal medication that is taken AFTER sex in event of unprotected sex, missed pills, broken condom or sexual assault.
- Works by stopping or delaying release of egg; thickening cervical mucous preventing sperm from fertilizing egg; **changing lining of uterus preventing implantation.**
- Does NOT end a pregnancy that has implanted.
- Available at sexual health/ teen clinics and off the shelf or over the counter at pharmacies.
- Effectiveness drops as time goes by: from 98% when taken within 24 hours of sex to 58% if taken on the 5th day after sex. Not effective after day 5.
- Anyone needing EC can speak with pharmacist or health care provider.

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC) – the birth control injection and IUDs are less user-dependent for effectiveness. This results in higher typical use effectiveness rates than short acting reversible contraceptives.

Intra-Uterine Device (IUD) copper and hormonal

- IUD is a medical device available by prescription that is inserted by a health care provider into the uterus in a clinical setting.
- The strings are checked monthly to confirm placement by inserting fingers in to the vagina to feel for the strings.
- Depending on product, can remain inserted for 3-10 years but can be removed by doctor at any time.
- Prior to insertion, provider may test for pregnancy and vaginal infections.

- Copper IUDs kill sperm in the uterus and prevent implantation. 99.1% effective.
- Copper IUDs can be used as emergency contraception.
- Hormonal IUDs, often called IUS (intra-uterine system), contain hormones that thicken cervical mucous preventing sperm from fertilizing the egg, changes uterine lining preventing implantation and can also prevent ovulation. 99.8% effective.

Birth Control Injection (DepoProvera) “the shot”

- The birth control injection is a hormone (progestin) injection available by prescription and administered by a health care provider every 10-12 weeks in the arm or buttocks.
- Prevents ovulation, thickens cervical mucous preventing sperm from fertilizing the egg and changes the uterine lining preventing implantation.
- 97% effective with typical use: 99.9% perfect use.
- Some women may notice changes in vaginal bleeding, including breakthrough bleeding, shorter/lighter periods, heavier periods or not getting periods.
- May have negative impact on bone density. Calcium and vitamin D supplements recommended. Bone density may be regained after stopping product.
- May affect return to fertility for some women.
- Can be used with barrier or spermicide products but not hormonal or IUD products.

Combined Hormonal Contraceptives (CHC)

- **Birth Control Pills**
- **Birth Control Patch**
- **Vaginal Contraceptive ring**

Combined hormonal contraceptives are birth control products that contain 2 hormones (estrogen and progesterone) that prevent ovulation (release of egg).

- Available by prescription and must be used exactly as directed.
- **Pills** are taken orally daily and must be taken at the same time each day. Hormones are absorbed via digestive system.
- **Patch** is applied to skin as directed and stays adhered for 7 days at which time it is replaced with new patch. Hormones contained in the sticky stuff are absorbed through the skin system.
- **Ring** is inserted high into the vagina and remains in place for 21 days. Hormones are absorbed into the bloodstream via the walls of the vagina. Typically doesn't interfere with sex, but can be removed for a short time (up to 2 hours) if necessary.
- Speak with a pharmacist or other health care provider if there is a mistake in using combined hormonal contraceptives, such as missing a pill.
- Depending on product, regimens include: *traditional use* (21 days hormones, 7 day hormone free break), *continuous use* (uninterrupted use of hormones) or *extended use* (prolonged use of 2 or more months with planned hormone free breaks). Bleeding occurs during hormone-free breaks.
- 92% effective with typical use; 99 - 99.9% perfect use.
- Tend to regulate menstrual symptoms. May have other non-contraceptive benefits.
- Side effects tend to be minor and go away after a couple of months.
- Can be used with barrier or spermicide products but not with other hormonal products.

Progestin Only Pills (POP, mini-pill)

- POP contain progesterone only so may be option for women who can't take estrogens.
- Available by prescription. Must be used exactly as directed: same time each day.
- Hormone is absorbed via digestive system. There are no hormone free days.

- Thickens cervical mucus keeping sperm from uterus; changes uterine lining making implantation difficult and may prevent release of egg.
- 90 - 95% effective with typical use; 97% perfect use.
- Side effects tend to be minor and go away after a couple of months.
- Can be used with barrier or spermicide products but not with other hormonal products.

Sponge

- The sponge is a single use, spermicidal soaked sponge that is a barrier to sperm from entering the cervix.
- Available off the shelf at some pharmacies.
- Inserted into the vagina by user before sex and is left in for 6 hours after.
- 68% effective with typical use; 80% perfect use.
- May result in tissue irritation with frequent use increasing risk of infection.

Vaginal Contraceptive Spermicides - Foam or Film

- Spermicides contain nonoxynol-9 which kills sperm.
- Available off the shelf at some pharmacies.
- Applied/inserted into the vagina prior to sex as directed on package (film is folded and inserted by finger; foam is injected into vagina with plastic tube tool).
- 71% effective with typical use; 82% perfect use. Use with condom for increased protection.
- May result in tissue irritation with frequent use, increasing risk of infection.

Diaphragm – currently not generally discussed as not commonly available

- Latex or silicone cup used as a barrier.
- Gel product (lactic acid) is applied to the diaphragm and the diaphragm is inserted into the vagina as directed before sex and is left in place for 6 hours after sex.
- 84% effective with typical use; 94% perfect use.
- Available in some pharmacies or online.

Vasectomy

- Surgical procedure to permanently close vas deferens (tube that carries sperm) so that sperm is not ejaculated in semen. Semen is still ejaculated.
- Difficult and costly to reverse.
- 99% effective.

Tubal Ligation

- Surgical procedure to permanently close fallopian tubes so egg does not enter the uterus.
- Difficult and costly to reverse.
- 99.5% effective.

Fertility Awareness Based Methods (FAB, Natural Family Planning)

- Method requiring self-awareness, specific knowledge about fertility and training by a health care provider and using that knowledge to plan sexual activity.
- Easier to use when woman has regular menstrual cycles and symptoms of ovulation.
- 75-85% effective with typical use; 95-98% perfect use.

Withdrawal Attempt to prevent pregnancy by withdrawing penis from vagina prior to ejaculation.

- Not very effective, especially in young men.
- Live sperm present in pre-ejaculatory fluid.
- Ejaculating near vagina can result in pregnancy.

- 73% effective with typical use; 96% perfect use.

8 to 9 women out of 10 women will get pregnant in one year if they have intercourse and do not use birth control