Emergency Contraception

1. ParaGard Copper IUD
   a. Placed within 120 hours, decreased pregnancy risk by 99.9% (most effective option available)
   b. Need to see a healthcare provider.
   c. Discussed under Long-Acting Reversible Contraception

2. Progestin (levonorgestrel) Pill ("Plan-B")
   a. Available over the counter to anyone 15+
   b. Taken within 120 hours, but decreases in effectiveness every day. Recommended to take within 72 hours.

3. Ulipristal Acetate Pill ("Ella")
   a. Works as a selective progesterone receptor modulator and delays/prevents ovulation.
   b. Taken within 120 hours.
   c. Requires prescription or you can purchase from an online pharmacy without a prescription.
   d. More effective than progestin pill emergency contraceptive.


There are many birth control options to choose from. There isn't one choice that works best for everyone. Talk with your doctor, nurse, pharmacist and research online for more information.

Please note: Not all possible contraceptives are outlined in this brochure, only the more common ones. For more information about the methods listed as well as alternatives, please ask your provider or go to:

http://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm313215.htm#
Long Acting Reversible Contraception:

1. **Intra-uterine-device (IUD) (~99% effective)**
   a. Placed in and removed from the uterus by healthcare provider
   b. *does not protect against STIs*
   c. **Hormonal**: Skyla which lasts for ≤ 3 years and Mirena which lasts for ≤ 6 years. Both are *progestin-only*.
   d. **Non-Hormonal**: ParaGard Copper IUD which lasts for ≤ 10 years

2. **Implantable Rod – (~99% effective)**
   a. Placed under the skin in your upper arm & is effective for ≤ 3 years
   b. *Does not protect against STIs*
   c. **Progestin Only**

3. **Depo-Provera Injection – (~94% effective)**
   a. Injection given every 3 months
   b. *Does not protect against STIs*
   c. **Progestin Only**

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**Hormonal Methods – Interfere with ovulation and thicken cervical mucous**

1. **Oral Contraceptives (“the pill”) – (~91% effective)**
   a. Pill must be taken every day at the same time whether or not you have sex.
   b. Requires a prescription.
   c. Available in progestin only ("the mini pill") and combined estrogen-progestin.
   d. *Does not protect against STIs*

2. **Intra-vaginal contraceptive ring – (~91% effective)**
   a. Flexible ring that is 2 inches around. The ring stays in the vagina for 3 weeks and is removed for week 4 (your menstrual period starts during this week).
   b. Cannot be outside of the vagina for more than 3 hours.
   c. Combined Estrogen and progestin
   d. *Does not protect against STIs*

3. **Trans-dermal patch (~91% effective)**
   a. Beige 2in square that looks like Band-Aid that is stuck onto skin.
   b. Replaced every week for three weeks and then week 4 is patch-free (your menstrual period starts during this week).
   c. *Does not protect against STIs*

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**Barrier Methods – Block sperm from reaching egg**

1. **Male Condoms – (~82% Effective)**
   a. Placed over the penis when erect before intercourse, used once and then thrown away.
   b. *Protects against STIs (Sexually transmitted infections)*

2. **Female Condom – (~79% Effective)**
   a. Placed in vagina before intercourse, used once and then thrown away.
   b. *Protects against STIs*

3. **Diaphragm w/ spermicide (~88% Effective)**
   a. Dome shaped disk that fits around cervix. Place spermicidal jelly on inside of diaphragm before inserting into vagina before sex.
   b. Must stay in vagina for 6 hours after sex.
   c. Fitted by a healthcare provider
   d. *Does not protect against STIs*

4. **Spermicide Alone (~72% effective)**
   a. Insert in vagina near cervix.
   b. *Does not protect against STIs.*