



Contraceptive Options

		Effectiveness	Usage	Return to Fertility after use	Protection from STD's?
Hormonal Contraceptives * work by preventing release of an egg * tend to make periods more regular, lighter, and less painful	"The Pill" (Oral Contraceptives)	up to 99%	take 1 pill daily at about the same time every day	1-3 cycles	No
	"The Patch" (<i>Ortho Evra</i>)	up to 99%	apply once a week for 3 weeks, 4th week off	1-3 cycles	No
	"The Ring" (<i>NuvaRing</i>)	up to 99%	insert into vagina, replace monthly	1-3 cycles	No
	"The Shot" (<i>Depo Provera</i>)	> 99%	monthly or every 3 months	ovulation may be delayed up to 1 year	No
Implantable Devices * work by preventing release of an egg or by making the uterus an "unfriendly" environment	Progestin-Releasing Intrauterine System (ie - <i>Mirena</i> , <i>Skyla</i> or others)	>99%	<i>Skyla</i> 3 years <i>Mirena</i> 5 years	1 cycle	No
	Copper Intrauterine Device (<i>ParaGard</i> IUD)	>99%	10 years	1 cycle	No
	Implantable Device (<i>Nexplanon</i>)	>99%	3 years	1 cycle	No
Nonhormonal Contraceptives * prevent pregnancy by providing a barrier against sperm, by interfering with sperm movement, or creating an "unfriendly" environment for sperm	Male Condom	up to 97%	new condom with each act of intercourse	N/A	Yes
	Female Condom	up to 95%	new condom with each act of intercourse	N/A	Yes
	Spermicides	94%, use with barrier to increase effectiveness	with each act of intercourse	N/A	No
	Diaphragm	up to 94%	with each act of intercourse	N/A	minimal protection
	Surgical Sterilization <i>Tubal ligation</i> or <i>Vasectomy</i> <i>Essure</i>	>99 %	permanent and irreversible	permanent	No

Bedsider.org

PAYSON
15 S 1000 E Suite 125
Payson, Utah 84651
Phone : 801-465-2559

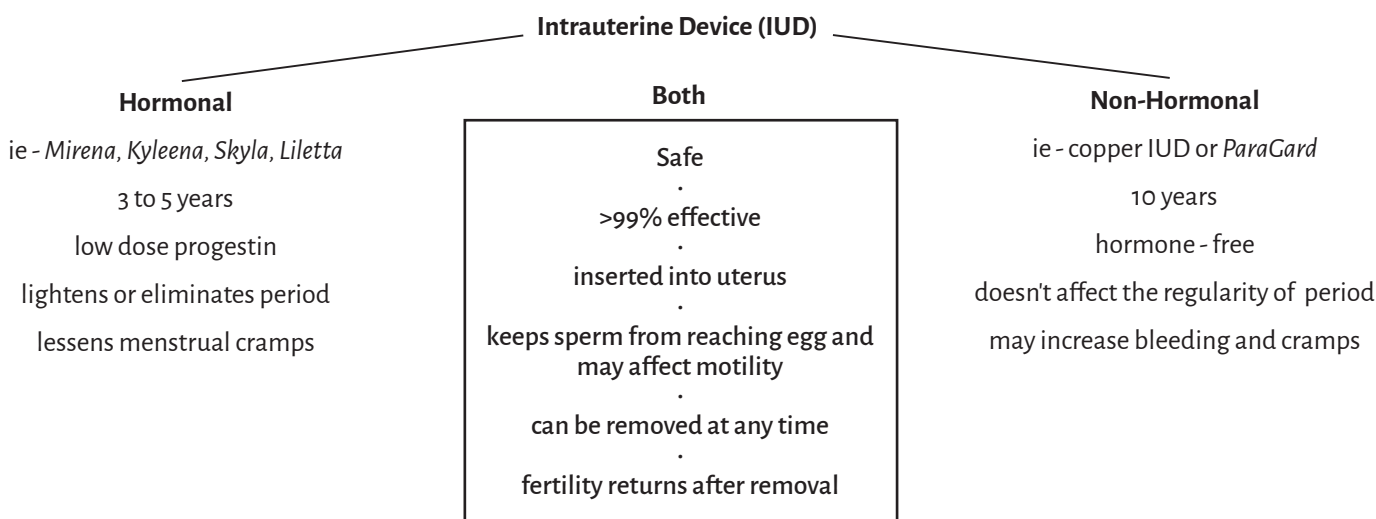
SPANISH FORK
325 W Center
Spanish Fork, Utah 84660
Phone : 801-465-2559

Visit -
CanyonViewWomensCare.com
for additional information on other interesting health topics.



The Intrauterine Device (IUD)

An intrauterine device (IUD) is a small T-shaped, plastic device that is inserted into the uterus to prevent pregnancy. IUDs are among the most effective forms of non-permanent birth control, and the failure rate is similar to that of having the tubes tied for a female or a vasectomy for the male. IUDs work by preventing fertilization and interferes with the sperm's ability to reach the egg. The IUD does not work by causing an abortion. Depending on the type, an IUD may affect the frequency of your periods but has minimal or no effect on ovarian function.



*IUDs do not prevent sexually transmitted infections (STI's).

*IUDs carry a very small risk of perforating through the uterus or being expelled from the uterus.

An IUD is inserted in the office and takes only a few minutes. Most women experience some cramping at the time of insertion but normally no anesthetic is needed. Take ibuprofen (400 to 800mg) before coming to the office if you are concerned. IUDs can be placed at any time during your cycle but the best time for insertion is the last day or two of your cycle. *It is important to avoid intercourse or consistently use condoms for two weeks prior to placement to ensure there is no possibility of pregnancy.* If you have recently delivered a baby, your 6-week postpartum check is an ideal time for placement. Most insurance companies cover the cost of an IUD but you should verify this before coming to the office for placement.

NEXPLANON (Implantable rod)

NEXPLANON (www.nexplanon-usa.com, formerly known as IMPLANON) is a flexible plastic rod the size of a matchstick that is inserted under the skin of your upper arm. It contains a progestin hormone called etonogestrel, and will last up to three years. It does not contain estrogen, is compatible with breast feeding and generally considered safe even with a history of blood clots. (For specific questions, please talk to your provider.) It does not contain latex or silicone and will not dissolve. It is very convenient and effective, easy to have placed and removed.

NEXPLANON prevents pregnancy in several ways. It prevents the release of an egg from the ovary, changes the cervical mucus to help keep sperm from reaching the egg and affects the lining of the uterus making it less favorable for the egg to implant. Your chance of getting pregnant is less than one pregnancy per 100 women who use NEXPLANON for one year.

The most common side effect of NEXPLANON is a change in your menstrual periods. Expect periods to be irregular and unpredictable throughout the time you are using NEXPLANON. You may have more bleeding, less bleeding, or no bleeding. The time between periods may vary, and in between periods you may have spotting. Most women find these menstrual changes acceptable. Other less common side effects may be similar to other hormonal methods of contraception.

NEXPLANON placement is an office procedure that takes only a few minutes. It is placed in the inner aspect of your upper arm. The skin is cleansed with a bacterial killing soap, and a small amount of local anesthetic is injected. NEXPLANON is inserted with a needle containing the small, flexible rod just under the skin in the soft layer of fat. Once inserted, the rod can be felt with your fingers, but is not usually visible. A pressure bandage is applied which remains in place for 24 hours. A small amount of temporary bruising may occur in some patients.

Removing the NEXPLANON rod involves a similar process. The skin is cleansed, a local anesthetic is injected, and a small incision is made over the end of the rod where NEXPLANON is easily removed. Normally, no stitches are needed. A new device may be inserted at the same time if you desire.

You should check with your insurance provider as to their coverage of NEXPLANON prior to having it inserted.

