

BIRTH CONTROL KIT

The BIRTH CONTROL KIT is a tool that may be used to assist in teaching about contraceptives and STBBI 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.*

Creating 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”. Ensure that any non-active demonstration models are labelled “DEMONSTRATION PRODUCT ONLY – DO NOT USE”.

Using 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. When possible, 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 AHS Health Information Sheets (HIS) for each method. Hard copies of HIS are included in birth control kits available in Calgary area community health centers.
- Up to date, digital versions of the HIS are available at <https://teachingsexualhealth.ca/teachers/lesson-plans-resources/print-resources/>
- Lesson plans, activities, demo videos and illustrations are available at: www.teachingsexualhealth.ca

General contraception discussion points:

- Pregnancy can occur anytime there is contact between a penis or semen and the anal-vaginal area.
- When discussing contraception, it is important to emphasize that the only birth control methods that also offer STBBI protection are abstinence and condoms.
- 8 to 9 out of 10 people will get pregnant in one year if they have vaginal intercourse and do not use birth control.
- Dual protection is using a combination of condom plus another effective birth control method such as Hormonal Contraception or IUD to prevent pregnancy. Not only does the addition of a condom offer protection against STBBI, it offers back up to the other method, increasing overall effectiveness.
- Long Acting Reversible Contraceptives (LARC) – are products that are less user-dependent for effectiveness. This results in higher typical use effectiveness rates than short acting reversible contraceptives (SARC).
- The most effective contraception tends to be the one that is safest for the person and that they are willing and able to use correctly and consistently.
- Age, lifestyle, medical history and preference are all important considerations when choosing contraception.
- Birth control needs to be used exactly as directed for it to work properly. Hormonal birth control can't be combined with other hormonal birth control, but can be used with condoms.

BIRTH CONTROL KIT CONTENTS DESCRIPTION

Abstinence (health information sheet)

- Means different things to different people, but generally means to not have sex.
- To provide “no risk for STBBI and pregnancy” must be defined as *no contact between one person’s body and another person’s anal/genital area (incl. skin to skin), semen or vaginal fluid*
- Abstaining for contraception only means not having penis or semen contact with the vaginal area.
- Abstinence can be chosen at any time and can last for as long as a person wants it to.

Condom (Product x 5 – can include latex, non-latex, flavored)

- A condom is a barrier put on the penis, preventing direct genital or semen contact.
- Demo video & notes at: <http://teachers.teachingsexualhealth.ca/resources/demonstration-videos/>
- Use one condom for each sex act; one condom at a time friction between condoms can break them.
- Oil based products, heat, freezing and repetitive folding can break down condoms.
- 82% effective with typical use; 98% perfect use. Offers good protection from STBBI.

Vaginal Condom (Product)

- A vaginal condom is a non-latex barrier put in the vagina that prevents direct genital and semen contact.
- Vaginal condoms are for penis-vagina sex only.
- Demo video and notes at: <http://teachers.teachingsexualhealth.ca/resources/demonstration-videos/>
- Use one condom for each sex act; one condom at a time friction between condoms can break them.
- 79% effective with typical use; 95% perfect use. Good protection from STI.

Combined Hormonal Contraceptives (CHC)

- **Birth Control Pills (product x 2)**
- **Birth Control Patch (product or picture)**
- **Vaginal Contraceptive ring (product or picture)**

- 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 swallowed and need to be taken at the same time each day.
- **Patch** is applied to skin as directed and stays on for 7 days then replaced with new patch. The hormones are in the sticky stuff are absorbed through the skin.
- **Ring** is inserted high into the vagina and remains in place for 21 days. The hormones are absorbed through 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.
- 91% effective with typical use; 99.7% perfect use.
- Tend to regulate menstrual symptoms. May have other non-contraceptive benefits (acne, mood)
- Side effects tend to be minor and go away after a couple of months.
- If started first day of period, works right away; any other day, use a backup (e.g. condoms, abstinence) for 7 days

Progestin Only Pills (POP, mini-pill) (health information sheet)

- POP contain progesterone only so may be option for those who can't take estrogen.
- Available by prescription. Must be used exactly as directed: same time each day.
- There are no hormone free days.
- Thickens cervical mucous keeping sperm from uterus; changes uterine lining making implantation difficult, slows down the egg and may prevent release of egg.
- 90-95% effective with typical use; 99% perfect use.
- Side effects tend to be minor and go away after a couple of months.

Birth Control Injection (DepoProvera) (picture)

- The birth control injection is a hormone (progestin) injection available by prescription and administered by a health care provider every 12-13 weeks in the arm or buttocks.
- Prevents ovulation, thickens cervical mucous preventing sperm from fertilizing the egg and changes the uterine lining preventing implantation.
- 94% effective with typical use: 99.8% perfect use.
- Some people may notice changes in vaginal bleeding, including spotting between periods, shorter/lighter periods, heavier periods or not getting periods.
- May increase risk of thinning bones. This is usually temporary and goes away when you stop using this product. Calcium and vitamin D supplements are recommended.
- When you stop getting the injection, it can take several months for your body to start to release eggs.

Intra-Uterine Device (IUD) (product and picture; one copper, one Mirena, one Kyleena)

- IUD is a medical device available by prescription that is inserted by a health care provider into the uterus in a clinical setting.
- The HCP will check for pregnancy and infection before inserting the IUD.
- Placement should be confirmed monthly by inserting fingers into the vagina to feel for the strings.
- Depending on product, can remain inserted for up to 10 years but can be removed by HCP at any time.
- Prior to insertion, provider may test for pregnancy and vaginal infections.
- There are 2 types of IUDs
 - Copper IUDs thicken mucous and slows sperm movement so it's harder for the sperm to reach an egg 99.1% effective. **Copper IUDs can be used as emergency contraception. See health care provider.** Copper IUDs sometimes make periods a bit heavier, longer or crampier or can cause a bit of spotting between periods
 - Hormonal IUDs, contain hormones that thicken cervical mucous preventing sperm from fertilizing the egg, changes uterine lining preventing implantation, slows sperm movement and can also prevent ovulation. 99.8% effective.

Emergency Contraception Pill (ECP)/"Morning after Pill" (Picture or empty box)

- ECP is a hormonal medication taken AFTER sex (e.g. unprotected sex, broken condom, sexual assault)
- Works by stopping or delaying release of egg.
- Does NOT end a pregnancy; do a pregnancy test if you don't get your period within 2 weeks of using EC or if your period is much lighter than usual
- There are 2 types of ECP
 - Levonorgestrel (plan B, NorLevo etc.) – widely available off the shelf or over the counter at pharmacies without prescription; it is more effective the earlier it's taken; somewhat effective up to 5 days after sex, decreasing pregnancy risk 50-90% depending on when it was taken
 - Ulipristal Acetate (Ella etc.) – available by prescription only; is more effective than Levonorgestrel and lowers the risk of pregnancy 85% up to 5 days after sex
- Copper IUDs can also be used as EC – most effective, can be inserted up to 5-7 days after sex, and can be left in up to 10 years to offer ongoing contraception; a prescription and insertion by HCP.

Sponge (picture or product) –may not be appropriate to discuss with all groups

- This is a single use, spermicidal soaked sponge that acts as a barrier to sperm.
- Available off the shelf at some pharmacies.
- Follow instructions. 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 cause tissue irritation with frequent use increasing risk of infection.

Vaginal Spermicides - Foam or Film (picture) – may not be appropriate to discuss with all groups

- Spermicides contain nonoxynol-9 which is intended to kill sperm.
- Available off the shelf at some pharmacies.
- Applied/inserted into the vagina prior to sex as directed on package.
- 71% effective with typical use. 82% effective with perfect use.
- May result in tissue irritation with frequent use, increasing risk of infection.

Diaphragm (picture) –may not be appropriate to discuss with all groups

- Latex or silicone cup used in combination with a special type of gel intended to kill sperm.
- Gel is applied to the diaphragm which is inserted into the vagina before sex; left in for 6 hours after sex.
- Traditional version needs sized & prescribed by doctor and purchased at a pharmacy. The spermicide containing nonoxynol-9 no longer available.
- New version is available off the shelf at some pharmacies and via internet. Does not require prescription or sizing. Spermicide is a lactic acid product.
- 84% effective with typical use; 94% effective with perfect use.

Vasectomy (health information sheet) – may not be appropriate to discuss with all groups

- Surgical procedure to permanently close vas deferens (tube that carries sperm) so that sperm is not ejaculated in semen. Semen is still ejaculated.
- Takes several weeks after surgery to be effective
- More than 99.0% effective

Tubal Ligation (health information sheet) – may not be appropriate to discuss with all groups

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

Fertility Awareness Based Methods (FAB, Natural Family Planning) (health information sheet) – may not be appropriate to discuss with all groups

- 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 person has regular menstrual cycles and clear symptoms of ovulation.
- 99% effective with perfect use; 76% effective with typical use.

Withdrawal (health information sheet)

- Attempt to prevent pregnancy by withdrawing penis from vagina prior to ejaculation.
- 96% perfect use; 78% typical use
- Live sperm present in pre-ejaculatory fluid. Ejaculating near vagina can result in pregnancy.