

EVALUATING BIRTH CONTROL METHODS

Different birth control methods have different features.

How effective is it?*	BIRTH CONTROL METHOD	Does it contain hormones?	How is it used?	Do I need a prescription?	Does it protect against STDs?
>99%	 Female or male sterilization	NO	<ul style="list-style-type: none"> • Backup birth control may be required following the procedure until confirmation of effectiveness • No other action required after surgery 	NO Performed surgically	NO
	 PARAGARD® (intrauterine copper contraceptive)	NO	<ul style="list-style-type: none"> • Inserted in uterus • Lasts up to 10 years • Requires monthly self-check 	YES Inserted by a healthcare professional	NO
	 Other IUDs	YES	<ul style="list-style-type: none"> • Inserted in uterus • Lasts up to 3-5 years • Requires monthly self-check 	YES Inserted by a healthcare professional	NO
	 Implant	YES	<ul style="list-style-type: none"> • Implanted under skin of the arm • Lasts up to 3 years • No additional action required 	YES Inserted by a healthcare professional	NO
91% to 94%	 Injectable	YES	<ul style="list-style-type: none"> • Injected every 3 months 	YES Injected by a healthcare professional	NO
	 Pills	YES	<ul style="list-style-type: none"> • One pill taken every day at the same time 	YES	NO
	 Patch	YES	<ul style="list-style-type: none"> • Applied to skin and changed weekly 	YES	NO
	 Ring	YES	<ul style="list-style-type: none"> • Inserted monthly and left in place for 21 days 	YES	NO
78% to 88%	 Diaphragm	NO	<ul style="list-style-type: none"> • Inserted every time before sex and kept in place for 6 hours after 	YES Fitted by a healthcare professional	NO
	 Cervical Cap	NO	<ul style="list-style-type: none"> • Inserted every time before sex and kept in place for 6 hours after 	YES Fitted by a healthcare professional	NO
	 Sponge	NO	<ul style="list-style-type: none"> • Inserted every time before sex and kept in place for 6 hours after 	NO	NO
	 Male Condom	NO	<ul style="list-style-type: none"> • Worn by partner every time during sex 	NO	YES (latex or synthetic only)
	 Female Condom	NO	<ul style="list-style-type: none"> • Inserted every time before sex 	NO	YES
	 Withdrawal	N/A	<ul style="list-style-type: none"> • Partner withdraws before ejaculation 	NO	NO
	 Spermicide	NO	<ul style="list-style-type: none"> • Applied every time before sex 	NO	NO
25%	 Periodic Abstinence	N/A	<ul style="list-style-type: none"> • Abstaining or using condoms on fertile days 	NO	NO
15%	 Chance	N/A	<ul style="list-style-type: none"> • No birth control method is used 	NO	NO

*These numbers reflect "typical use," which accounts for inconsistent or incorrect use of the birth control method.

What if my birth control fails?

While you should always use your method of birth control correctly and consistently to help maintain its level of effectiveness, it's important to know what your options are in case of unprotected sex or contraceptive failure. Talk to your doctor about emergency contraceptives to see which one may be right for you. **Plan B One-Step® (levonorgestrel)** can be used as a backup plan to help prevent pregnancy up to **72 hours (3 days)** after unprotected sex or contraceptive failure. The sooner you take **Plan B One-Step®**, the better it works. It's also the first emergency contraceptive available over the counter. **Plan B One-Step®** should not be used as routine contraception. Use **Plan B One-Step®** as directed.

Please see Important Safety Information about PARAGARD® on reverse side and accompanying full Prescribing Information.

CHOOSING A BIRTH CONTROL METHOD

Consider the following questions when choosing a birth control method.

What would it be like if you got pregnant right now?

- It would be OK
- It would not be something I planned
- It would be terrible and would affect how I planned my future

How soon do you want to get pregnant?

- Within the next few years
- I'm not sure
- I do not want to have any more children
- I do not plan/want to have children

Do you have multiple sexual partners?

- Yes
- No, I am in a monogamous relationship

Would you remember to take your birth control every day?

- Yes, I can remember to take my birth control at the same time every day
- No, it would be difficult to remember

Are you comfortable with birth control that can change your natural period?

- Yes, that would be OK
- No, I prefer to maintain my natural menstrual cycle

Are you comfortable taking a birth control product that contains hormones?

- Yes, that would be OK
- No, I would prefer not to take hormones if I don't have to

Would you be comfortable inserting a device in your body?

- Yes, that would be OK
- No, I would prefer not to

Together, you and your HEALTHCARE PROFESSIONAL can decide which option is right for you.

PARAGARD® (intrauterine copper contraceptive) is indicated for intrauterine contraception for up to 10 years.

Important Safety Information

- Do not use PARAGARD® if you have a pelvic infection, get infections easily or have certain cancers. Less than 1% of users get a serious infection called pelvic inflammatory disease.
- If you have persistent pelvic or stomach pain, or if PARAGARD® comes out tell your healthcare provider. If it comes out, use back-up birth control.
- In rare cases, PARAGARD® may attach to or go through the uterine wall and cause other problems.
- Although uncommon, pregnancy while using PARAGARD® can be life threatening and may result in loss of pregnancy or fertility.
- Bleeding or spotting may increase at first but should decrease in 2 to 3 months.
- **PARAGARD® does not protect against HIV or STDs.**

You are encouraged to report negative side effects of prescription drugs to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see accompanying full Prescribing Information.

PARAGARD® is a registered trademark of Teva Women's Health, Inc. Plan B One-Step® is a registered trademark of Women's Capital Corporation.

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PARAGARD® T380A
intrauterine copper contraceptive

Sexually Transmitted Infections (STIs)

	Disease	Symptoms	Disease Outcomes	Treatment
Bacterial STI's	Gonorrhea	Possible yellowish discharge, painful urination; burning, itching, or soreness in the genitals; painful intercourse; often, no symptoms appear	If left untreated, may lead to pelvic inflammatory disease (PID), a condition that can cause infertility	Antibiotics
	Chlamydia	Possible yellowish discharge, painful urination, pelvic pain; painful intercourse; there may be no symptoms	If not treated, may lead to pelvic inflammatory disease (PID) and infertility	Antibiotics
	Syphilis	<i>1st Stage:</i> May get painless sore at infection site and swollen lymph nodes ("glands") <i>2nd Stage:</i> Skin rash, often on palms of hands, soles of feet; there may be no signs, symptoms <i>3rd Stage:</i> Heart, nervous system, and other internal organs may be affected	Without treatment, the symptoms may go away, but the disease remains and can cause major health problems and even death	Antibiotics
Parasitic	Trichomoniasis	Associated with greenish-yellow, frothy discharge; a patchy rash in the vagina; irritation and soreness in the genitals and thighs; painful urination or intercourse; often no symptoms will appear	Frequently accompanied by bacterial vaginosis	Antibiotics
Viral STI's	Genital herpes	Tingling, itching or burning at site of infection; small, painful blisters; headache, fever, malaise; burning or stinging during urination	May recur weeks or years after treatment; attacks may reappear during stress, menstruation, or illness	No known cure; drug treatment makes outbreaks less severe
	Genital warts	Painless, fleshy growths that may grow singly or in cauliflower-like groups on external genitals or inside the vagina where they are more difficult to detect	May come back even after treatment; the virus that causes genital warts is associated with precancerous changes on the cervix and cancer of the cervix	Removal can be with surgical methods or topical treatment with chemicals
	Hepatitis B (HBV)	Jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting; may cause no symptoms	No cure; can lead to chronic active hepatitis and liver damage, cancer, and death	HBV can be prevented through vaccination – particularly important for people with multiple sex partners
	HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome)	Initial infection with HIV may have no symptoms, or symptoms may include a short, flu-like illness; as disease progresses, symptoms may include weight loss, fatigue, swollen lymph nodes, fever lingering opportunistic infections (pneumonia), severe herpes outbreaks, cancer of the lymph nodes	Most people with HIV will develop AIDS, which is almost always fatal; drugs can help slow the disease and help patients live longer	No cure; there are preventive treatments for related opportunistic infections

Prevention of STIs

- Oral Contraceptives (pills), Depo Provera, Lunelle, IUD's, Implanon, the Evra Patch and the Nuva Ring do **not** protect against HIV and other STIs
- Always use a latex condom during sex
- Limit the number of partners you have
- Know the sexual history of your partner(s)
- Learn to recognize the symptoms of STIs and get tested if you suspect you may have been exposed or infected
- Ask your health care provider how you can protect your sexual health

When used consistently and correctly, male latex condoms are effective in preventing the sexual transmission of HIV infection and can reduce the risk for other STIs (i.e., gonorrhea, chlamydia, and trichomonas). However, because condoms do not cover all exposed areas, they are likely to be more effective in preventing infections transmitted by fluids from mucosal surfaces (e.g., gonorrhea, chlamydia, trichomoniasis, and HIV) than in preventing those transmitted by skin-to-skin contact (e.g., herpes simplex virus [HSV], HPV, syphilis and chancroid).

Consult your health care provider for additional information