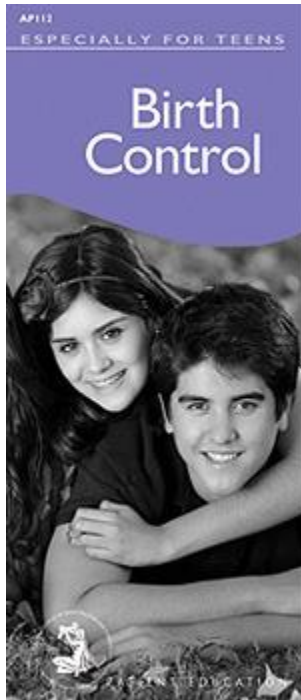


Birth Control -- Especially for Teens



Making the decision whether to have sex can be difficult. You should make up your own mind when the time is right for you. If you are not ready for sex, say so. If you think you are ready to have sex or if you are already having sex—even only now and then—you should take steps to avoid pregnancy and **sexually transmitted diseases (STDs)**. Thousands of teens become pregnant each year because they do not use birth control or they do not use it correctly.

This pamphlet explains

- types of birth control
- how to choose a birth control method that is right for you
- which birth control methods protect against STDs

Teens and Birth Control

There are many reasons teens may not use birth control, even if they do not want to have a baby. They

may

- think they will not get pregnant
- be afraid to go to a health care provider or clinic to ask for birth control

- not know how to get birth control or think they cannot afford it
- worry about their parents finding out
- be afraid of what their partner thinks about birth control
- think that birth control might hurt their ability to get pregnant in the future
- have sex that was not planned
- think that they will not get pregnant the first time they have sex

Many teens are deciding to protect themselves from pregnancy and STDs, and you can too. You may have heard about “tricks” you can use to not get pregnant (see Box [“What Does Not Work”](#)). Do not depend on them—they do not work.

Sex and Reproduction

Knowing how pregnancy occurs will help you understand how the different methods of birth control work. A woman has two **ovaries**, one on each side of the **uterus**. Each month, one of the ovaries releases an egg into a **fallopian tube**. This is called ovulation. It usually happens about 12–14 days before the start of **menstruation** (the menstrual period).

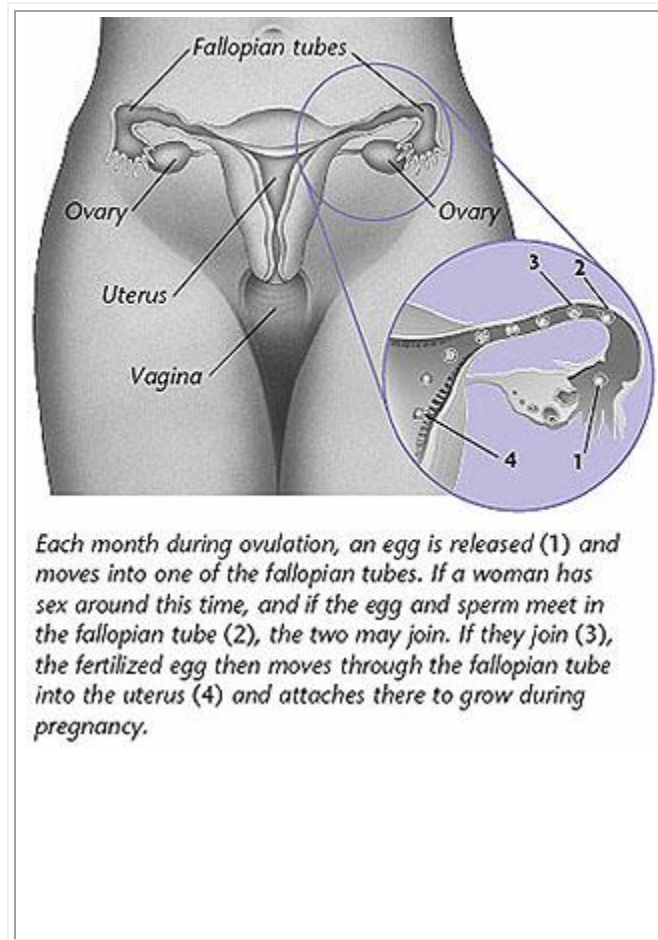
During sexual intercourse (sex), the man's **penis** goes into the woman's **vagina**. When a man ejaculates (“comes”), his penis releases **semen**, which contains millions of **sperm**. If this happens during sex, the semen is released into the vagina. Sperm in the semen can swim up the **cervix** and into the uterus and the fallopian tubes. If a sperm meets an egg in the fallopian tube, fertilization—joining of an egg and sperm—can occur. The fertilized egg then can travel to the uterus and attach to the lining. Once the fertilized egg has attached to the lining of the uterus, the woman becomes pregnant, even if it is her first time having sex.

What Does Not Work

The following things DO NOT stop you from getting pregnant:

- **Douching**—Squirting water or any other liquid into the vagina after sex does not kill sperm or prevent pregnancy and may cause infections.
- **Plastic wrap instead of a condom**—Plastic wrap or a plastic bag can tear and let sperm escape.
- **Urinating right after sex**—Urine does not pass through the vagina, so it does not get rid of the sperm.
- **Having sex for the first time**—You can get pregnant from just one act of unprotected sex.
- **Having sex in a special position**—No matter what position you have sex in, if the penis enters the vagina or comes close to the vagina, you can get pregnant.

How Pregnancy Occurs



Types of Birth Control

When choosing a type of birth control, you should know your options. Questions to think about before choosing a method

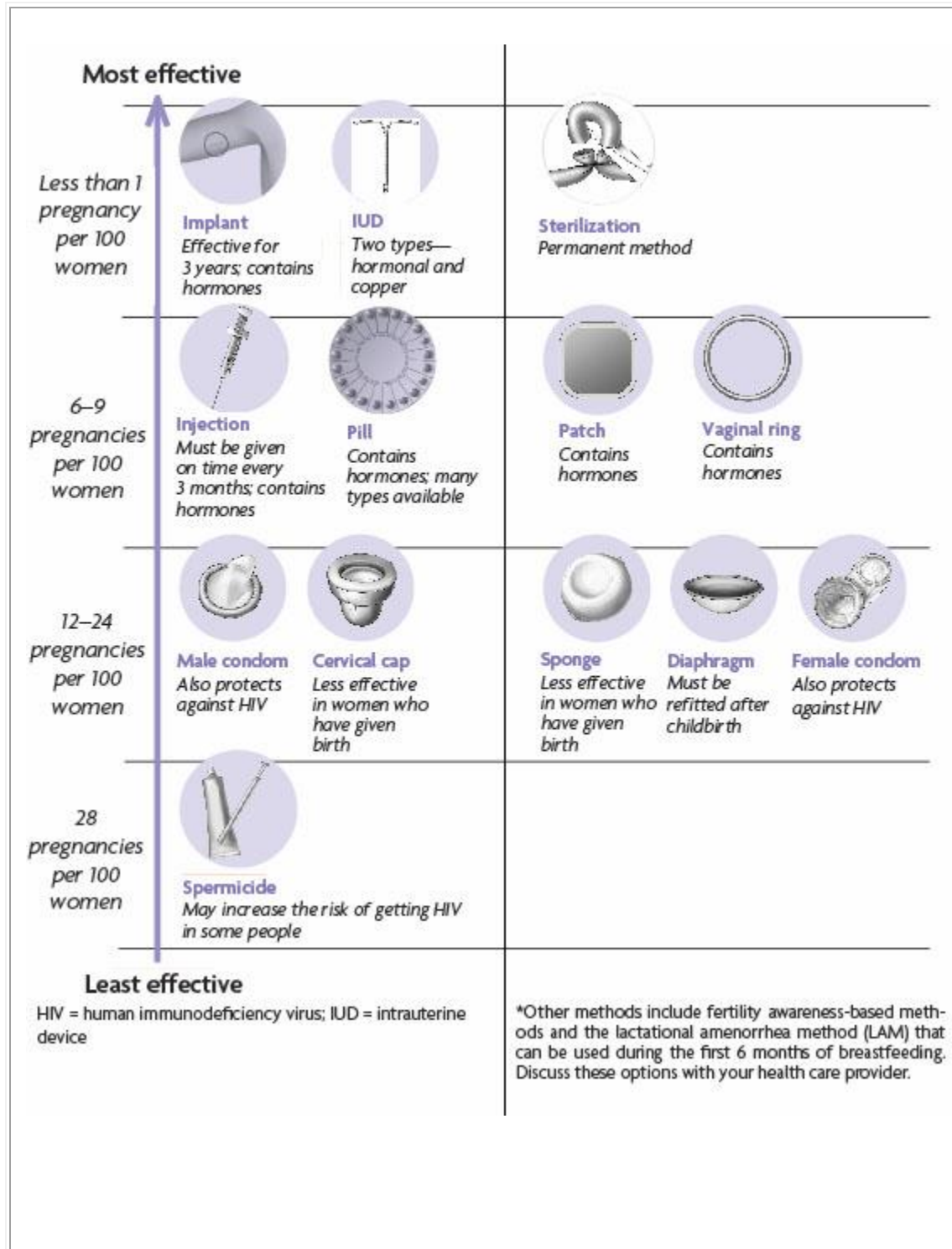
ent pregnancy (see [Table 1](#) on pages 8 and 9)?

st STDs?
lth problems?

include the following:

Some types of birth control require a prescription, and you have to see a health care provider or go to a clinic to get them. A **pelvic exam** is not needed to get most forms of birth control from a health care provider, except for the intrauterine device (IUD), diaphragm, and cervical cap. If you have already had sex, you may need to have a pregnancy test and STD test before birth control can be prescribed.

Table 1. Effectiveness of Birth Control Methods*





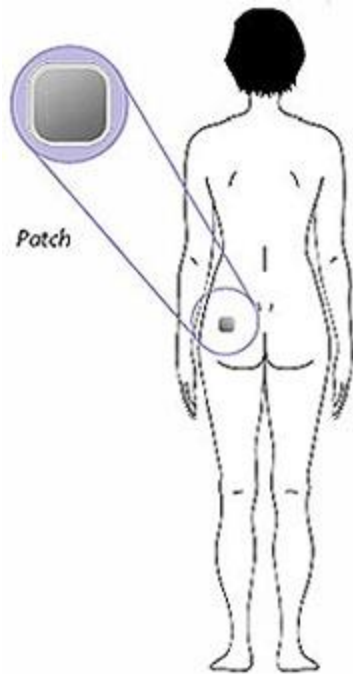
Birth control pills

Some types of birth control may not be safe if you have certain diseases or medical conditions. You should talk with your health care provider about any possible risks and the safety of each method to find the best option for you.

If you are having sex, you also need to protect yourself from STDs. Male condoms made from latex or polyurethane provide the best STD protection for both partners. Female condoms also provide some protection against STDs. You can use a male or female condom with other forms of birth control for STD protection.

Hormonal Methods

Some types of birth control contain **hormones** that prevent pregnancy. Hormones are made by the body to control its functions. The hormones in birth control keep a woman's body from releasing an egg each month. If your body does not release an egg, you cannot get pregnant. Some methods also thicken the mucus in front of the cervix, which helps prevent sperm from getting into the uterus, and thin the lining of the uterus, which makes it less likely that a fertilized egg can attach to it.

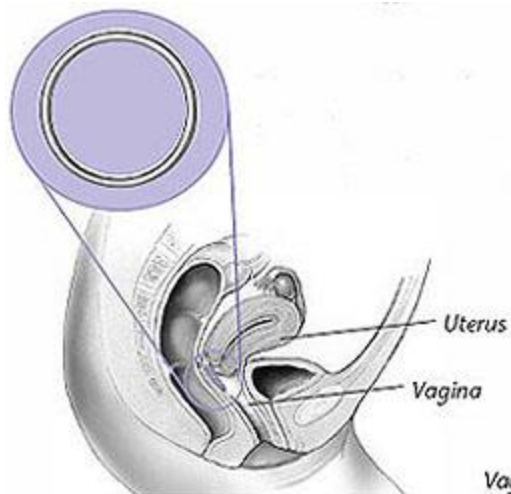


There are many types of hormonal methods. They are safe for most young women and work well when used as directed. To begin to use any hormonal method, you need to see a health care provider. Hormonal birth control methods do not protect against STDs. A male or female condom should be used in addition to these methods to protect against STDs.

Birth Control Pills. Birth control pills, often referred to as the “pill,” are the most popular hormonal method. You have to take a pill at the same time every day. If you miss a pill, you need to know what to do. Read the directions that came with your pack of pills. You also may want to contact your health care provider.

There are many types of birth control pills. Your health care provider can help you choose the right one for you.

Skin Patch. The patch is a small (1.75 square inch) adhesive patch that is worn on the skin. A new patch is worn for a week at a time for 3 weeks in a row. During the fourth week, a patch is not worn, and you will have your menstrual period. The patch can be worn on the buttocks, chest (excluding the breasts), upper back or arm, or abdomen. The patch can be worn during activities such as bathing, exercising, and swimming.

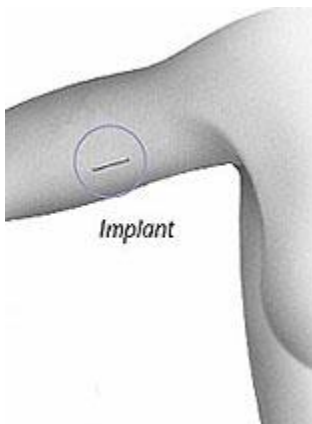


Vaginal ring

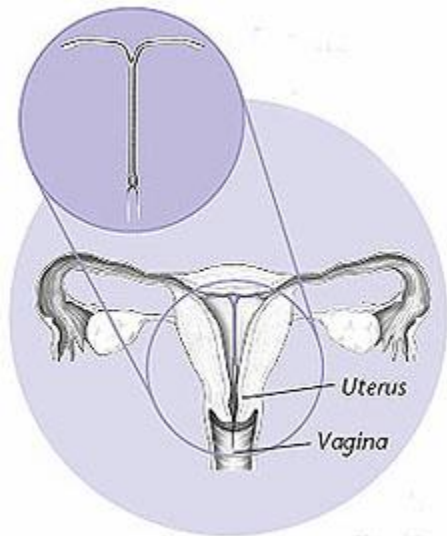
Vaginal Ring. The ring is a flexible plastic ring that you insert into the upper vagina. It is worn inside the vagina for 21 days and then removed for 7 days. During those 7 days, you will have your menstrual period. Then you insert a new ring.



Birth Control Shot. This shot (depot medroxyprogesterone acetate [DMPA]) is given in the upper arm or buttock every 3 months. The birth control shot may be a good choice for people who have trouble remembering to take a daily pill.



Implant. The implant is a small plastic rod about the size of a matchstick that your health care provider inserts under the skin of the upper arm. It releases hormones. The implant protects against pregnancy for 3 years. It may be a good choice for people who have trouble remembering to take a daily pill.



Intrauterine device

Intrauterine Device

The IUD is a small, T-shaped, plastic device that is inserted and left inside the uterus. The IUD must be inserted and removed by a health care provider. Two types are available in the United States: 1) the hormonal IUD and 2) the copper IUD. The hormonal IUD lasts 5 years. The copper IUD lasts as long as 10 years. The IUD does not protect against STDs. A male or female condom should be used in addition to the IUD to protect against STDs.

Once the IUD is inserted, nothing else needs to be done to prevent pregnancy. It has a string that can be checked to be sure the device is in place.

Barrier Methods



Barrier methods keep sperm from reaching the egg. These methods include spermicides, condoms, diaphragms, cervical caps, and sponges. You must use

barrier methods each time you have sex. Condoms, sponges, and spermicides can be bought in drugstores. A diaphragm or cervical cap must be fitted to your body and requires a prescription.

Spermicides. These are chemicals that are put into the vagina to make sperm inactive. There are many types of spermicides: foam, gel, cream, film (thin sheets), or suppositories (solid inserts that melt after they are inserted into the vagina). Follow the directions carefully. Spermicides must be put in the vagina no more than 30 minutes before you have sex. The spermicide needs to stay in place for 6–8 hours after sex.

When used alone, spermicides do not protect against STDs, including infection with **human immunodeficiency virus (HIV)**. Frequent use of spermicides may increase the risk of getting HIV from an infected partner. Spermicides should only be used if you are at low risk of HIV infection (see Box [“A Warning About Using Spermicides”](#)).

A Warning About Using Spermicides

Nonoxynol-9 (N-9) is a chemical found in all spermicides sold in the United States. Frequent use of N-9 may cause changes in the vagina and rectum that increase the risk of getting HIV from an infected partner. You should only use a spermicide for birth control—by itself or with another barrier method—if you are at low risk of HIV infection. You are at high risk of HIV infection if you have any of the following:

- Have had more than one sexual partner since your last HIV test or a sexual partner who has had more than one partner since the partner's last HIV test
- Have been diagnosed with an STD in the past year
- Have a history of prostitution or injected drug use
- Have had a past or present partner who is HIV positive
- Had a blood transfusion from 1978 to 1985
- Have a history of invasive cervical cancer
- Live in an area where there is a high rate of HIV infection

Condoms. Condoms come in male and female versions. The male condom (“rubber”) covers the penis and catches the sperm after a man ejaculates (see Box [“How to Use a Condom”](#)). Male condoms are easy to use and can be bought in many places, including drugstores, without a prescription. Condoms that are made of latex or polyurethane are the best way to reduce the risk of getting an STD. They can be used alone or with other birth control methods to protect against STDs. For example, you may decide to use the IUD or implant, which are both very effective in preventing pregnancy, with a condom to protect against STDs.

The female condom is a thin plastic pouch that lines the vagina. It may be put in place up to 8 hours before you have sex. It can be bought in drugstores. The female condom may be a good choice for women whose partners will not use a male condom. It provides some protection against STDs.

Condoms work better to prevent pregnancy when used with spermicide. Spermicides should only be used if you are at low risk of HIV infection (see Box

[“A Warning About Using Spermicides”](#)).



How to Use a Condom

Using a condom the right way can prevent pregnancy and help protect you and your partner against STDs. A condom should be put on before you have sex, not during sex. Also, using a lubricant with a condom will make it less likely to break or tear. Use the right kind. Do not use lotion, petroleum jelly, or baby oil with latex condoms. They can weaken latex and cause the condom to break.

To use the male condom, place the rolled-up condom over the tip of the erect penis. Hold the end of the condom to allow a little extra space at the tip. With the other hand, unroll the condom over the penis.

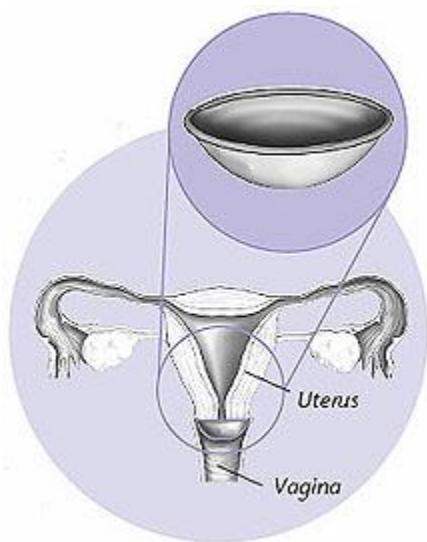


Right after ejaculation, hold the condom against the base of the penis while it is withdrawn from the vagina. Then throw the condom away. Do not reuse it.

To use the female condom, squeeze the inner ring between your fingers and insert it into the vagina (like a tampon). Push the inner ring into the vagina as far as it can go. Let the outer ring hang about an inch outside your body. Guide the penis through the outer ring.

Right after ejaculation, squeeze and twist the outer ring and pull the pouch out gently. Like the male condom, it should be thrown away—never use it again.

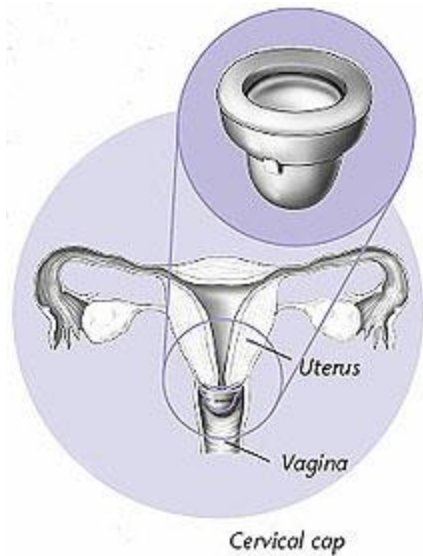
Do not use the male and female condom at the same time. It makes both condoms more likely to break.



Diaphragm

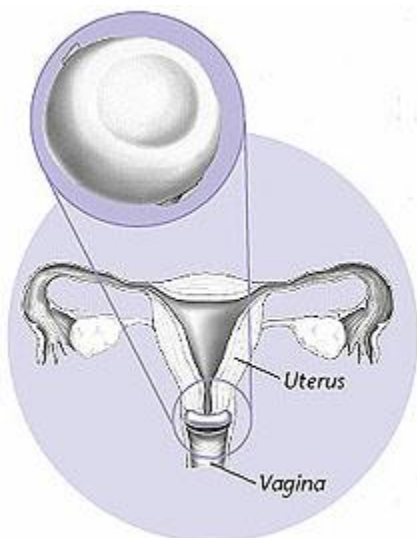
Diaphragm. The diaphragm is a small dome-shaped device made of latex or silicone that fits inside the vagina and covers the cervix. Diaphragms are available by prescription only. A health care provider needs to do a pelvic exam to find the right size of diaphragm for you. It always is used with a spermicide. Birth control methods that need spermicides to work should only be used if you are at low risk of HIV infection (see Box [“A Warning About Using Spermicides”](#)). The diaphragm does not protect against STDs. A male or female condom should be used with the diaphragm to protect against STDs.

A diaphragm may be put in place up to 2 hours before you have sex. If it is inserted more than 2 hours before, the spermicide must be reapplied. It must be left in place at least 6 hours after sex, but not more than 24 hours total.



Cervical cap

Cervical Cap. The cervical cap is a small, thin latex or plastic dome shaped like a thimble. It fits tightly over the cervix. Like the diaphragm, it is available by prescription only, and a health care provider needs to do a pelvic exam to find the right size for you. The cervical cap must be used with a spermicide. Less spermicide is needed than with a diaphragm, and it does not need to be added before each act of sex. After sex, the cap should be left in place for 6 hours but not longer than 48 hours total. Birth control methods that need spermicides to work should only be used if you are at low risk of HIV infection (see Box [“A Warning About Using Spermicides”](#)). The cervical cap does not protect against STDs. A male or female condom should be used with the cervical cap to protect against STDs.



Sponge

Sponge. The sponge can be bought without a prescription at drugstores and other stores. It is a doughnut-shaped device made of soft foam that is coated with spermicide. It is pushed up in the vagina to cover the cervix. The sponge is effective for up to 24 hours. It is good for more than one act of sex during

this time. The sponge must be removed within 30 hours of the time it is inserted. But it must be left in at least 6 hours after the last act of sex. Birth control methods that have spermicides should only be used if you are at low risk of HIV infection (see Box [“A Warning About Using Spermicides”](#)).

Birth Control in an Emergency

If you have sex without using any birth control, if the birth control method did not work (for instance, the condom broke during sex), or if you are raped, you can use emergency birth control to prevent pregnancy. It should only be used in an emergency—not for regular birth control. Emergency birth control can prevent some, but not all, pregnancies. It is most effective when taken as soon as possible after having unprotected sex.

There are three types of emergency birth control pills: 1) the progestin pill, 2) regular birth control pills taken in certain amounts, and 3) ulipristal. The progestin pill is available in pharmacies without a prescription if you are 17 years or older. If you are younger than 17 years, you will need a prescription. The other two types of pills are available by prescription only, no matter how old you are.

Progestin pills and birth control pills are most effective when they are taken within 3 days of unprotected sex. They are still somewhat effective if taken within 4–5 days. Ulipristal can be taken up to 5 days after unprotected sex with no decrease in effectiveness.

If you use birth control pills as your regular method of birth control, you can take a certain number of pills for emergency birth control. The number is different for each type of pill. Ask your health care provider or pharmacist what the right number is for the type of pill you are taking, or go to <http://www.not-2-late.com>.

Another form of emergency birth control is to have a copper IUD inserted. It needs to be inserted within 5 days of unprotected sex. You need to see a health care provider if you decide to use this method. A benefit of using this form of emergency birth control is that it provides continued protection against pregnancy.

If you need more information about emergency birth control or need to find a health care provider, go to <http://www.not-2-late.com> or call the emergency birth control hotline at 1-888-NOT-2-LATE. Some health care providers will give you a prescription for emergency birth control in advance. This way, you will have it on hand if you need it.

Your Parents and Your Privacy

In most states, minors (people younger than 18 years) have the right to make choices about birth control without their parents' permission. Ask your health care provider if the visit will be kept private.

Be aware that if you use your parents' health insurance to pay for birth control or a special health care provider's visit, it may appear on the bill that your parents receive. You may want to talk about birth control with your health care provider at a visit for something else, such as a physical exam.

Often, the best way for a teen to have privacy and to afford birth control is to go to a family planning clinic. Some clinics may provide free birth control.

Talk to Your Partner

Before you have sex, talk to your partner about using condoms. This is the best way to prevent STDs. Do not be shy—be direct. Be honest about your feelings and needs. You can talk about it in many ways. Here are some examples:

- “You know, it makes sex even better for me knowing that both of us are protected. Let's use a condom.”
- “I'd really like to have sex with you as long as we use condoms. Condoms protect both of us.”

Finally...

As a teen, you face many decisions. To help you make choices that are right for you, talk to someone you trust, such as your parents, your health care provider, or your school counselor. If you decide to have sex, use birth control and protect yourself against pregnancy and STDs. No matter which method of birth control you choose, be sure that you know how to use it correctly.

Glossary

Cervix: The opening of the uterus at the top of the vagina.

Fallopian Tube: One of two tubes through which an egg travels from the ovary to the uterus.

Hormones: Substances produced by the body to control the functions of various organs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Menstruation: The monthly discharge of blood and tissue from the uterus that occurs in the absence of pregnancy.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Penis: An external male sex organ.

Semen: The fluid made by male sex glands that contains sperm.

Sexually Transmitted Disease (STD): A disease that is spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sperm: A male cell that is produced in the testes and can fertilize a female egg cell.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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