PROGESTERONE

COMBINED PILL

HORMONAL IUD

STERILISATION

VAGINAL RING

DIAPHRAGM

CONDOMS

FERTILITY AWARENESS

METHODS

PROGESTERONE ORTHODOX, OTHER CALLED THE ROD

WITHDRAWAL

WHAT IS IT?

Also called the mini pill, consists of progesterone and is a low dose of hormone. It is used for a pregnancy, and prevents ovulation from occurring.

99.8% success rate for five years. Cost effective over time. Not all nurses and doctors are trained to do insertion. The cost of having the device inserted is expensive.

WHAT DOES IT WORK?

It is necessary to take it daily according to the instruction sheets. If missed, extra contraception methods may be necessary. Not suitable for women with little or no control over if, when or how sex happens.

WHAT EFFECTIVE IS IT?

Not suitable for women who have little or no control over when, how or how often sex happens. Can be easily removed by another person when not in use.

WHAT ARE ITS ADVANTAGES?

It may be a back up for a pregnancy, and prevents sperm from meeting the egg. Makes the lining of the uterus unsuitable for a pregnancy, and prevents sperm from entering the vagina. Prevents egg from being released.

WHAT ARE ITS DISADVANTAGES?

Pills can be easily disposed of by anyone with access to them. Needs forward planning so may not be suitable for women who have little or no control over when, how or how often sex happens. Not suitable for women who have little or no control over when, how or how often sex happens.

WILL SOMEONE ELSE KNOW I’M USING IT?

Not suitable for women who have little or no control over if, when or how sex happens. Condoms can be damaged or removed, or the man may not put one on after promising to.

COULD SOMEONE ELSE TAMPER WITH IT?

The man can easily take control of putting on a male condom instead of a female condom. Can be removed by another person when not in use. Not suitable for women who have little or no control over if, when or how sex happens.

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- HORMONAL IUD
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This resource is intended as a guide only and should not replace a full consultation with a medical professional. Please visit our website for more information on your contraceptive or pregnancy options, at www.childrenbychoice.org.au.
EMERGENCY CONTRACEPTION

For women with compromised access to regular effective contraception, emergency contraception can play an important part in supporting some level of reproductive autonomy. Research shows that repeat use of the emergency contraception pill (ECP) is medically safe and effective for the woman and:

- will not harm the embryo if the woman is already pregnant;
- is safe to use more than once within the same menstrual cycle; and
- is not linked to increased risks of ectopic pregnancy.

The ECP works by delaying the release of an egg from the ovary thereby preventing the sperm from reaching the egg. There are two different types of ECP available in Australia as well as over the counter medications:

1. A 1.5mg single dose levonorgestrel pill (LNG-ECP), licensed for use up to 72 hours (three days) after unprotected sex. It is approximately 85% effective if taken within 24 hours. There are many brands and generic versions available in Australia.

2. A 30mg single dose ulipristal acetate (UPA) pill, licensed for use up to 120 hours (five days) after unprotected sex. It is approximately 95% effective if taken within this timeframe. There is currently only one brand of ulipristal acetate on the market. EthinylE.

A copper IUD (IUCD) can be inserted up to five days after unprotected sex. It is more effective than the emergency contraceptive pill but it can be more difficult and more expensive to access. IUDs need to be inserted by trained professionals.

SAFETY CONSIDERATIONS

Because the ECP does not usually require a prescription it will not appear on a woman's medical records. The single dose can be taken immediately at the time of use so it does not need to be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication can be reduced. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication cannot be hidden. Once digested the effectiveness of the medication cannot be hidden. If the woman needs to delay taking the dose after supply, the single tablet is easy to hide and could be removed from its packaging, although once removed from the blister pack the effectiveness of the medication cannot be hidden. Once digested the effectiveness of the medication cannot be

WHAT IS REPRODUCTIVE COERCION?

Reproductive coercion is any perpetrator behavior aimed at establishing and maintaining power and control over a woman by interfering with her reproductive autonomy. This can occur regardless of whether a woman is in a relationship or not. The strategies may include denying her control, decision making and access to options regarding reproductive health. Perpetrators’ behaviors include pressure to become pregnant, contraceptive sabotage, and pregnancy and abortion coercion.

Overall rates of reproductive coercion are estimated to be between 20% to 25% of women seeking sexual and reproductive health services reporting reproductive coercion in some studies. Research shows that young women, women from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait islander women are at a significantly greater risk of experiencing reproductive coercion.

Accessing reproductive health care can also be used as an excuse and against control against a woman may start or become more frequent and more intense during pregnancy.1, 2 Women experiencing reproductive coercion may do so in proportion with the severity of other abuse to which women are subjected.8 This is important in considering any option for supporting the woman to have greater control of barrier methods of contraception, consider providing or referring for opportunistic STI screening and treatment.

Other factors for consideration include:

- Has anyone ever made you feel afraid if you didn't do what they wanted you to do with a pregnancy or the pill?
- Have you ever been forced to have sex when you did not want to?
- Do you feel okay about talking to your partner about if or when you might want to get pregnant?
- Does your partner respect your wishes if you do not want to get pregnant?
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